

Report on an unannounced inspection of

HMP/YOI Isis

by HM Chief Inspector of Prisons

23 July–2 August 2018

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP/YOI Isis is a category C training prison in South East London which sits within the wall line of the high security Belmarsh prison. At the time of our inspection, Isis held just over 600 convicted prisoners. Almost 70% of the population were under 30 and 22% were under 21 years old. Nearly half of those held were serving over four years.

Our last inspection of Isis in 2016 was disappointing. At the time we recorded insufficient progress and a failure to attend to the delivery of some basic services. We were particularly critical of a restricted regime first put in place in 2013 which was still in operation when we inspected three years later. Restrictions persisted but, reassuringly, improvements had been made and the average number of prisoners locked up during the working day had reduced to 22% of the population compared to 40% last time. Prisoners also had better access to domestic activities and association time, which included evening association for those on the enhanced wing. The prison again talked about plans to introduce and improve the regime, although at this inspection the plans seemed more credible as staffing numbers had improved significantly.

The current governor took up post shortly after our last inspection and had clearly prioritised getting the basics right, with visible leadership evident and a more positive culture beginning to emerge. The prison had been authorised to conduct a local recruitment campaign to recruit prison officers, instead of relying on the usual national campaign which sometimes displaced people from their home areas and created long commutes. The governor believed that this local recruitment had enabled her to appoint a team of officers more committed to the aims of her establishment. The influx of new staff clearly brought its own challenges, with 80% of the staff group still in their first year of service, but the governor commendably saw this as a long-term opportunity for the prison and not a hindrance.

Similar to other prisons holding significant numbers of young people, levels of violence at HMP/YOI Isis had increased and were high. One in four prisoners in our survey reported feeling unsafe, but the senior team had introduced a number of initiatives aimed at reducing violence and encouraging good behaviour. The quality of investigations of violent incidents had improved significantly, systems to identify and deal with gang activity were well managed, and relationships with the local police were very good.

Additionally, the governor was clearly focused on tackling any potential staff corruption. New behaviour management processes designed to deal with the most complex individuals were promising, although it was a little too early to see their benefits. Concerted effort had been made to encourage good behaviour, including the introduction of an enhanced unit, peer support roles and opportunities for release on temporary licence (ROTL). All departments were working together to try to tackle drug misuse.

It was vital that this commendable initiative and effort was sustained. Our survey of those held was very negative around two critical areas: only 48% of respondents said that most staff treated them with respect, and only 46% could say that they had not experienced any kind of victimisation by staff. Important recent steps had been taken by the senior team to deal with staff who contributed to the negative experiences of prisoners, but more work was needed to understand and address these negative perceptions. Our own observations and discussions with prisoners about staff, in contrast, were more positive. Indeed, we were encouraged by the energy and commitment of many staff we met. Most prisoners spoke about 'good officers' they could talk to if they needed help. Prison staff and managers had received hundreds of letters of thanks from prisoners they had helped through difficult times.

Living conditions had improved since our last inspection. Communal areas and most external areas were clean and well presented. Prisoners were encouraged to clean their cells and there was little graffiti and few offensive pictures on display. The governor and a team of her staff also hosted regular 'think tank' meetings with prisoners to discuss ways to improve conditions at the prison. However, our visit took place during the summer heatwave and inspectors were struck by the oppressive heat in some of the cells that had no curtains or fans to lower the temperature.

One of our most serious concerns was around the use of force, which we were not assured was always justified. We identified a need for more rigorous scrutiny of when and how force was applied. When there had been a failure to turn on body-worn cameras, de-escalate incidents, or complete important assurance paperwork, governance arrangements did not robustly challenge this. Some of the youngest prisoners are often the most vulnerable and yet they were disproportionately represented in the statistics relating to force and segregation.

We were disappointed that very little had been done to achieve the main recommendation made at the last inspection concerning the prison's management of equality and diversity, and we have been compelled to make a similar main recommendation in this report. The diverse population at Isis demands more flexibility in the application of policy to ensure that difference is recognised and understood. We were particularly concerned about adverse outcomes for foreign national and young prisoners. The establishment needed to do more to understand the distinct needs of these groups on arrival at the prison and dedicate resources to ensuring that their needs were met. In the case of young prisoners, a greater understanding of the developmental needs of young people still going through the process of maturation was required.

Prisoners still did not spend enough time in education or training, and those on vocational courses often did not have time to gain accredited qualifications. Poor attendance and punctuality contributed significantly to Ofsted's judgement that the overall effectiveness of education, skills and work required improvement. Prisoners were supported to build and maintain family ties, but a shortfall of offender assessment system (OASys) assessments impacted prisoners' ability to progress through their sentence. Offender management and the quality of supervision were mixed and there were weaknesses in public protection arrangements. Support for care leavers and resettlement planning were, however, better.

Our assessments have remained largely unchanged since the last inspection, although this was not the whole story. We noted an encouraging change in direction since the appointment of the current governor and the culture and atmosphere in the prison were definitely improving. We left the prison confident that the senior managers and staff would use our report to effect further positive change, particularly in those areas which caused us most concern.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2018

Fact page

Task of the establishment

A young adult and category C training prison for young adult and adult males

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 612

Baseline certified normal capacity: 478

In-use certified normal capacity: 478

Operational capacity: 628

Notable features from this inspection

51% of prisoners said they had felt unsafe at some point at Isis.

Use of force had continued to rise and was too high at 316 incidents over six months.

A wider age range of prisoners was now held, but one in five were under 21 and 47% were aged 21 to 29.

Eighty per cent of officers were in their first year as officers.

Over 38% of prisoners were being supported for substance misuse need.

Prison status (public or private) and key providers

Public

Physical health provider: Oxleas NHS Foundation Trust

Mental health provider: Oxleas NHS Foundation Trust

Substance misuse provider: Oxleas Interventions

Learning and skills provider: Novus

Community rehabilitation company (CRC): London CRC (MTCnovo)

Escort contractor: Serco

Prison group

London

Brief history

HMP/YOI Isis in South East London was the first young adult and category C training prison for young men and adults in the London region. Constructed within the perimeter of HMP Belmarsh, it received its first prisoners on 26 July 2010. Young adult prisoners who turn 21 can remain to continue their sentence, if this is in the interest of successful completion of their sentence plan and they are intending to resettle locally. Isis is the first whole-build public sector prison to be built in the last 20 years. In December 2016, the age cap of 18–30 was lifted, allowing prisoners of all ages to be transferred to Isis.

Short description of residential units

The two house blocks, Thames and Meridian, are of a similar size, with four spurs radiating from a central hub and three landings on each spur. On average, there is accommodation for about 80 prisoners on each spur in a mixture of single and double cells. There are also a few fully-equipped cells for prisoners with disabilities.

Name of governor and date in post

Emily Thomas, since June 2016

Independent Monitoring Board chair

Peter Ward

Date of last inspection

3–13 May 2016

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

Safety Prisoners, particularly the most vulnerable, are held safely.

Respect Prisoners are treated with respect for their human dignity.

Purposeful activity Prisoners are able, and expected, to engage in activity that is likely to benefit them.

Rehabilitation and release planning Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

- **Outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **Outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **Outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **Outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.¹ The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

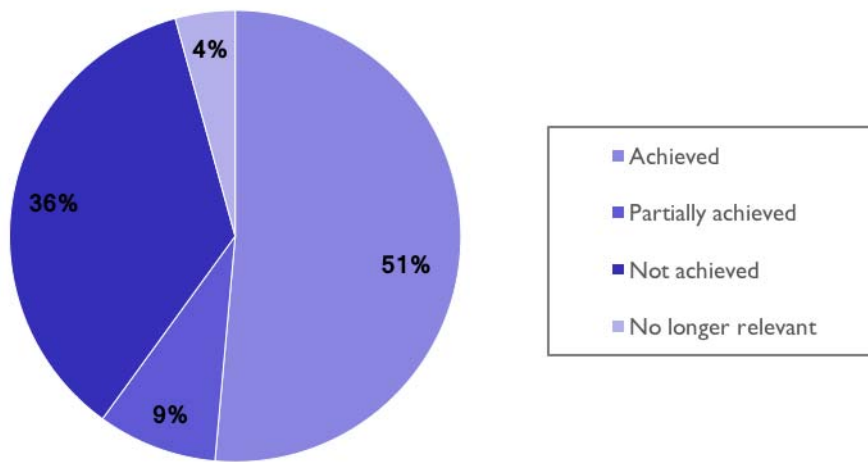
¹ <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

- S1 We last inspected HMP/YOI Isis in 2016 and made 70 recommendations overall. The prison fully accepted 60 of the recommendations and partially (or subject to resources) accepted five. It rejected five of the recommendations.
- S2 At this follow-up inspection, we found that the prison had achieved 36 of those recommendations, partially achieved six and not achieved 25 recommendations. Three recommendations were no longer relevant.

Figure 1: HMP/YOI Isis progress on recommendations from last inspection (n=70)



- S3 Since our last inspection, outcomes for prisoners stayed the same in the safety, and rehabilitation and release planning healthy prison areas. Outcomes for respect had improved and were now reasonably good. Outcomes for purposeful activity had improved since the last inspection but were not sufficiently good.

Figure 2: HMP/YOI Isis healthy prison outcomes 2016 and 2018³



³ Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

- S4 *The reception process was swift and there had been some improvements to the way new arrivals were received. One in four prisoners felt unsafe and levels of violence were high. There were promising initiatives to reduce violence, but it was too early to judge their success. The introduction of the enhanced wing motivated some prisoners to behave, but prisoners remained on the basic level of the scheme for too long. The use of force was high and not always needed or proportionate. The management of segregated prisoners had improved. A comprehensive and well-coordinated drug strategy was not yet fully effective in reducing drug misuse. Support for prisoners in self-harm crisis was generally good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S5 *At the last inspection in May 2016 we found that outcomes for prisoners in Isis were not sufficiently good against this healthy prison test. We made 19 recommendations in the area of safety.⁴ At this inspection we found that 14 of the recommendations had been achieved, two had been partially achieved and three had not been achieved.*
- S6 In our survey, prisoners were significantly more negative about their early experiences of the prison when compared to similar establishments. We found that there had been small improvements since the previous inspection, but this work required better management oversight. Most prisoner journeys to the prison were short. The reception process was generally swift, although too many prisoners had problems with lost or delayed property on arrival. First night cells were adequately prepared, although new prisoners were not always provided with important basic items, such as cutlery. Induction was facilitated by the chaplaincy in a relaxed environment. There was good use of peer support in the delivery of induction.
- S7 One in four prisoners in our survey reported feeling unsafe. Levels of violence fluctuated but had increased since the last inspection and remained too high. The quality of investigations of all violent incidents had improved significantly, and the collection and analysis of data were particularly good. There were promising new behaviour management strategies to deal with the most complex individuals, but these were not yet embedded. Support plans for the more vulnerable prisoners were good, but behaviour management compacts to deal with violent behaviour were applied inconsistently and care planning was often poor. The violence reduction strategy lacked sufficient attention to prisoners under 25 who accounted for a disproportionately high number of violent incidents.
- S8 The introduction of an enhanced unit was a positive step and there were numerous initiatives that encouraged good behaviour, albeit uncoordinated. Many prisoners were managed on the basic level of the incentives and earned privileges (IEP) scheme for too long, with little concerted effort by staff to identify or address the root causes of poor behaviour. The number of adjudications was higher than at the last inspection, reflecting increased levels of violence and related issues. The adjudication process was generally fair and governance was good.
- S9 The use of force had increased and was too high. Most incidents resulted in use of full restraint and, in some cases, there was insufficient de-escalation. Not all planned interventions were recorded, and there was a failure to activate body-worn cameras at appropriate times. The establishment had identified some of these weaknesses but

⁴ This included recommendations about substance misuse treatment, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison area of respect.

governance was not yet sufficiently robust. There was inadequate oversight of the use of special accommodation.

- S10 Living conditions in the segregation unit were reasonably good and there had been some small but important improvements to the regime. Relationships between unit staff and prisoners were very good, and reintegration planning was effective. Oversight was generally very good.
- S11 Security arrangements remained proportionate. The management of intelligence was very good, and security-led meetings were well attended. Systems to identify and deal with gang activity were well managed, and relationships with local police were very good. Arrangements to tackle staff corruption were given a high priority. The drug strategy document was based on an assessment of local needs, and there was a prison-wide approach to reducing the use of new psychoactive substances (NPS),⁵ but drug misuse was currently still too high.
- S12 Levels of self-harm had increased since the last inspection, although a small number of prisoners accounted for nearly a third of all incidents. The safer custody team conducted a weekly review of all incidents of harm, useful data were analysed for discussion at a well-attended monthly safer custody meeting. Documentation for assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was generally good, and case reviews were multidisciplinary. There were some examples of staff documenting prisoners' concerns that were not then explored further by case managers during reviews. There were insufficient trained Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), but plans were in place to address this. Most prisoners supported through ACCT case management received good care from Isis staff.

Respect

S13 *Staff-prisoner relationships were mostly good. The prison was cleaner than at our last inspection, but standards in some cells were still inadequate. Most prisoners were very positive about the food. Consultation arrangements and the use of peer support were reasonable. Prisoners lacked confidence in the complaints system. Equality work was not prioritised by prison managers, and there were weaknesses in the support for foreign national prisoners and understanding of young adults. The chaplaincy provided good pastoral and spiritual support to prisoners. Health services remained reasonably good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S14 *At the last inspection in May 2016 we found that outcomes for prisoners in Isis were not sufficiently good against this healthy prison test. We made 27 recommendations in the area of respect. At this inspection we found that 15 of the recommendations had been achieved, one had been partially achieved, 10 had not been achieved and one was no longer relevant.*

- S15 In our survey only 48% of prisoners said that most staff treated them with respect, and a significant number reported victimisation by staff. We observed many positive interactions between prisoners and staff across all disciplines. Most staff were enthusiastic and energetic,

⁵ NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporised and inhaled in e-cigarettes and other devices.

supporting the development of a rehabilitative culture. However, given the negative survey results, the prison needed to understand this apparent contradiction.

- S16 External areas and most communal areas of the prison were clean and well maintained. Living conditions had improved and most cells had kettles and TVs. Prisoners had better access to showers, telephones, and clean laundry. We saw very little graffiti or inappropriate displays on walls. However, despite some effort by the prison to clean toilets in cells, too many remained badly stained, there were no toilet seats or lids and screening was inadequate. We visited during a heatwave and some cells had no curtains to provide shade or fans to provide cool air in poorly ventilated cells. Standards of cleanliness and tidiness were not good enough in some cells, including those on the enhanced wing. Communal showers lacked privacy.
- S17 In our survey, 67% of prisoners said that the prison food was good, which was impressively twice as many as the comparator. Most prisoners now had the opportunity to dine communally for some meals. However, there was minimal supervision of the serveries, food trolleys were not always clean, and leftover food remained out overnight. Prisoners could buy a range of items through the prison shop, but some new arrivals built up debt while waiting to receive their first shop order.
- S18 Good arrangements to consult prisoners included a consultative committee and a staff-prisoner 'think tank', which generated ideas to improve conditions, motivate prisoners and raise money for charity. However, minutes of the meeting did not always address actions and poor communication left some prisoners feeling frustrated or unaware of the progress made. The availability of peer support roles motivated and inspired some prisoners, but opportunities were limited in number.
- S19 In our survey, only 30% of those who had made a complaint said that the system operated fairly. However, there had been recent steps to improve the complaints system, with effective monitoring to ensure quality, timeliness and learning. The cases we examined demonstrated this improvement. Provision for legal visits was sufficient, and the video link was used frequently.
- S20 Some improvements had been made in equality work since our last inspection but they were not yet embedded across the prison. The equality meeting monitored data effectively and had identified issues in the application of IEP and the use of force. The number of discrimination incident reporting forms submitted were low; responses to the issues raised were adequate. The chaplaincy provided very good support for Travellers. Work with foreign national prisoners was poor. In our survey, prisoners with disabilities were more negative than those without about some key aspects of safety, and the prison needed to explore these perceptions. Support for the small number of prisoners with physical disabilities was reasonable. There were pockets of good work with young adult prisoners but they were still over-represented in disciplinary processes, and systems and procedures were not sufficiently targeted to work effectively with young adults. The chaplaincy provided a calm and welcoming environment, considerate pastoral support, and a variety of activities and courses.
- S21 Health services remained reasonably good, with robust partnership working and effective governance structures in place for most aspects of the service. There was good health promotion, and an active approach to screening and treatment for blood-borne viruses. The enhanced secondary health and well-being screening of new arrivals was a positive initiative, promptly identifying the need for ongoing help and support. Although the demand for social care was low, comprehensive arrangements were in place. Mental health support for patients with primary and secondary mental health needs was good. Substance misuse clinical treatment was flexible and psychosocial support was good, including innovative family work

and behavioural change work for known dealers. Some aspects of medicines management were poor; the lack of effective supervision of medicine queues compromised patient confidentiality and increased the potential for medication diversion. Dental services were good with short waiting times.

Purposeful activity

S22 *Time out of cell had improved significantly but prisoners had too little time in purposeful activity. The overall effectiveness of education, skills and work required improvement. There were sufficient activity spaces for all prisoners to work part time. Partnership working between the governor and college managers had made some improvements to provision since the last inspection. Links with employers offered the opportunity for a small number of prisoners to gain employment on release. Attendance and punctuality at education and skills activities required improvement. Teaching and learning were not consistently good. Too few prisoners participated in activities that led to recognised qualifications but those who did usually achieved them. Prisoners behaved well in activities.*
Outcomes for prisoners were not sufficiently good against this healthy prison test.

S23 *At the last inspection in May 2016 we found that outcomes for prisoners in Isis were poor against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this inspection we found that four of the recommendations had been achieved, two had been partially achieved, five had not been achieved and one was no longer relevant.*

S24 Time out of cell had improved significantly since the previous inspection and association time had been increased. However, the regime remained too restricted for a training prison. During our roll checks we found an average of 22% of prisoners locked up. Most prisoners could access around eight hours out of cell on weekdays, but for the significant number of prisoners on the basic IEP regime this was as little as an hour on most days. There was significant slippage in the regime.

S25 The library was welcoming and provided good resources to prisoners. However, it remained underused and only 31% of prisoners said they visited it at least weekly. The gym was well managed, facilities were good, and the team offered a good range of courses. More than half of prisoners told us they attended the gym at least twice a week.

S26 The prison provided enough activity places for every prisoner to have a part-time role, and managers had realistic plans to ensure sufficient full-time places for the change to regime due in September 2018. Some aspects of the learning and skills induction lacked purpose, and it delayed prisoners' allocation to vocational activity. Prison and college leaders had implemented processes and systems to monitor and improve provision, and these were beginning to impact on prisoners' outcomes. Prison and college managers had productive relationships with employers and external agencies, which were beginning to help prisoners enter employment and education on release.

S27 Although the range of provision had increased, there were not enough opportunities for prisoners to achieve qualifications that would help them gain and sustain employment on release. Most of those on qualification courses achieved them. Vocational training engaged prisoners and most developed the practical skills expected. Prisoners had opportunities to take distance learning and Open University courses, and the majority were successful.

S28 Teaching and learning, although improving, was not yet consistently good. Too many sessions lacked pace and did not motivate prisoners to progress as well as they could. Tutors' feedback on marked work did not help prisoners to improve their work sufficiently well.

- S29 Prisoners behaved well in education and training. However, attendance at education and training was consistently low, and prisoners who did attend were often late to lessons, which disrupted learning.

Rehabilitation and release planning

S30 *Prisoners were supported to build and maintain family ties, but too many experienced problems keeping in contact by mail and telephone. A lack of offender assessment system (OASys) assessments for too many prisoners had affected their ability to access interventions or progress through their sentence. There was good management of prisoners who presented a high risk of serious harm, but the management of those assessed as medium and low risk was not sufficiently robust. Some prisoners had minimal contact with offender supervisors. There were weaknesses in public protection arrangements. Home detention curfew (HDC) was well managed. Support for care leavers was good. Resettlement planning was sound. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S31 *At the last inspection in May 2016 we found that outcomes for prisoners in Isis were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of resettlement.⁶ At this inspection we found that three of the recommendations had been achieved, one had been partially achieved, seven had not been achieved and one was no longer relevant.*

S32 In our survey, 60% of prisoners reported delays in sending or receiving mail. Prisoners could access telephones daily but not in the evenings, when many families were at home. The provision for social visits was adequate and there were plans to enhance the provision with more visits sessions during the week and at weekends. Some prisoners also had the opportunity for a longer family visit each month. Families were also involved in offending behaviour programme reviews, which was supportive of rehabilitation.

S33 The meeting overseeing delivery of the reducing reoffending strategy did not have consistent attendance from prison managers and partner agencies, which hampered its ability to drive progress. Too many prisoners continued to arrive without a completed OASys assessment. Despite efforts by the prison to complete these assessments, the shortfall had affected prisoners' ability to access interventions or progress through their sentence. Management of the prisoners who presented a high risk of serious harm was generally of a good standard and most had an up-to-date OASys assessment, including sentence plan objectives and a risk management plan. In contrast, the management of prisoners assessed as medium and low risk of serious harm to others was not sufficiently robust. Offender supervisor contact with prisoners was determined by identified risk. As the personal officer scheme was not functioning, this meant that some prisoners had only minimum contact with an offender supervisor to encourage progression during their time at Isis. The planned introduction of offender management in custody (OMiC)⁷ later in 2018 would address this issue. Support for care leavers and young adults transferring to the adult estate was better than we often see.

S34 We were not assured that the interdepartmental risk management processes were robust enough to provide oversight of all prisoners who were eligible for multi-agency public

⁶ This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

⁷ Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management and the introduction of prison offender managers (POMs), is being introduced gradually, from 2019.

protection arrangements (MAPPAs). We saw several cases where medium risk of serious harm prisoners subject to the lowest level of MAPPA management ran the risk of being released without an up-to-date risk management plan. The quality of probation officer contributions to external multi-agency public protection panels was good.

- S35 HDC processes were started in good time for prisoners to be released on their eligibility date, although some were delayed by factors outside the prison's control. Assessment of suitability for open conditions for some prisoners was delayed by the lack of an OASys assessment. This led to frustration for those prisoners who felt they could do nothing more to demonstrate their suitability to progress. Once recategorised, prisoners then often experienced delays in moving to open conditions.
- S36 There were gaps in the provision of accredited programmes, such as those to address domestic violence and high intensity needs. Prisoners' progression was delayed by difficulties in arranging transfers to complete accredited programmes at other prisons. Completion rates for the two accredited programmes offered had improved, and prisoners could also access some relevant non-accredited interventions. A few prisoners had been given release on temporary licence (ROTL), which was a positive step forward given that there had been no use of ROTL at the previous inspection.
- S37 Information provided by the prison indicated few prisoners left without accommodation. However, there was no follow-up to assess the sustainability of the accommodation entered. The resettlement team saw all prisoners to develop a resettlement plan in good time for their release. Practical arrangements for the day of release were suitable.

Main concerns and recommendations

- S38 **Concern:** Use of force incidents had continued to rise and were too high, with many resulting in full and prolonged restraint. Too many incidents were in response to non-compliance, many incidents could have been prevented, and there was a lack of focus on de-escalation. Governance arrangements had not addressed missing documentation and the failure to activate body-worn video cameras during incidents.

Recommendation: Use of force incidents should be subject to rigorous scrutiny to ensure that force is only used as a last resort and not in response to non-compliance. Failure to de-escalate an incident, activate body-worn video cameras or complete essential paperwork in a timely manner should be challenged robustly.

- S39 **Concern:** The promotion of equality and diversity was still not sufficiently prioritised and the needs of some protected groups were not met. The communication, welfare and legal needs of foreign national prisoners were not routinely identified and met. Young adults were not managed as a group that were distinct or with awareness of their developmental needs.

Recommendation: Work to promote equality and diversity should be given a higher priority throughout the prison. Prisoners with protected characteristics should be identified early and their needs met. A priority is the improvement in support offered to foreign national prisoners and prisoners under 25.

S40 **Concern:** Attendance at education and training remained too low. Prisoners on vocational courses had insufficient opportunity to gain accredited qualifications.

Recommendation: Leaders and managers should ensure that prisoners attend education and training regularly and on time. Opportunities to take accredited qualifications should be increased.

S41 **Concern:** The risk management processes were not robust enough to provide oversight of all prisoners who were eligible for multi-agency public protection arrangements (MAPPA).

Recommendation: All prisoners who present a medium or higher risk of serious harm to others should be subject to robust oversight as they approach release to ensure there are adequate risk management arrangements in place. This includes, where appropriate, confirmation of multi-agency public protection arrangements (MAPPA) management levels.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- I.1 In our survey, more prisoners than at comparator sites reported having problems on arrival at the prison. Only 22% of prisoners said that staff helped them to deal with such problems, which again was significantly worse than at comparable prisons (36%). While we found some improvements since the last inspection, more focused work was needed to address outstanding weaknesses in reception, first night and induction processes.
- I.2 Journeys to the prison for most prisoners were reasonably short, typically completed within one hour. Escort vans were reasonably clean and prisoners told us that they were treated well by escort staff. During the inspection, escort staff provided prisoners with bottled water and a light snack. We were encouraged to see that there were now arrangements to allow the entry of escort vans, if required, during lunch periods. Prisoners disembarked from vehicles promptly.
- I.3 Most prisoners arrived with some property but many told us of long delays in receiving property from other establishments when transferred. They also told us that staff were often unhelpful with this; prisoners had to resort to the formal complaints procedures just to get this simple administrative issue resolved. In our survey, 32% of prisoners said they had had delayed or lost property, against the comparator of 20%.
- I.4 Prisoners were not routinely strip-searched. Instead, reception staff carried out a rub-down search on all new arrivals. However, only 75% of prisoners in our survey said that they had been searched in a respectful way, which was significantly below the comparator. Staff confirmed prisoners' identity before locating them in holding rooms that were clean but lacked any useful information.
- I.5 Overall, reception processes for new arrivals were now generally swift and included private interviews with reception staff and a member of the safer custody team, and a health screening. However, as at the previous inspection, the information gathered by reception and safer custody staff was basic and not routinely passed on to first night staff or used adequately to assess risk.
- I.6 New arrivals were moved to the first night and induction wing (G) and were accompanied by peer support induction workers, who also attended reception and could offer initial information and assurance. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) did not routinely meet with new arrivals to identify any vulnerability or anxieties prisoners may not wish to share with staff (see paragraph I.50).
- I.7 In our survey, only 70% of prisoners said that they felt safe on their first night, which was significantly lower than at comparable prisons. Similar to our observations at the last inspection, staff were very functional in their role and did not interact with new arrivals to

provide assurance. Although staff conducted enhanced checks on new arrivals on their first night during the inspection, the records for the previous eight weeks indicated that these checks had been sporadic.

- I.8** Prisoners who arrived during the day were no longer routinely locked up on G wing. They could now make a further free telephone call and were offered a shower. However, shower facilities were then turned off prior to the serving of the evening meal, which meant that prisoners who arrived in the late afternoon did not have the opportunity to shower until the next day. First night cells were adequately prepared and were being repainted. Most cells were clean but too many toilets remained filthy. Peer support workers issued new arrivals with essential items, although there had been a shortfall of some basic items, such as cutlery, for several weeks.
- I.9** Induction started promptly the day after reception and was facilitated by the chaplaincy in a relaxed environment. The multidiscipline programme involved peer support workers, one of whom delivered a useful and well-received presentation. He encouraged new arrivals to engage in the activities on offer and assured them that they would 'get on well at Isis'. That said, a lack of management oversight meant that important aspects of prison life were not always explained to new prisoners, including how to use the biometric kiosks, which allowed them to order meals and access other facilities (see paragraph 2.24).

Recommendations

- I.10** **There should be a robust process to locate prisoners' property that is missing or lost from other prisons.**
- I.11** **The safer custody screening assessment should ensure that relevant information about new arrivals is passed on to first night and induction staff, and there should be enhanced checks of all new arrivals during their first night in custody.**
- I.12** **New arrivals should be given all essential basic items and offered a shower before they are locked up on their first night.**
- I.13** **The induction programme should provide sufficient information to cover key aspects of life at Isis, and be regularly reviewed by staff and managers.**

Managing behaviour

Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- I.14** Despite encouraging downward trends in 2017 and during the first quarter of 2018, levels of violence had increased overall since the last inspection and remained too high. The prison reported that there had been 163 violent incidents in the previous six months. Although this figure did not correlate exactly with the data recorded by national HMPPS performance monitoring, both sets of data showed high and recently growing levels of violence - 124 incidents had been recorded at the last inspection, and 122 for the same six-month period in 2017. The most recent figures included 60 assaults on prisoners, 42 on staff and 61 fights.

While still too high, these figures were broadly similar to other category C prisons also holding a higher proportion of prisoners between the ages of 18 and 25.

- I.15** Too many prisoners said that they felt unsafe. In our survey, about half of respondents said they had felt unsafe at some time at the prison, about a quarter said they felt unsafe currently, and over half said they had experienced some intimidation, threat or bullying by staff (see also paragraph 2.2).
- I.16** The quality of investigations of all violent incidents had improved significantly since the last inspection and was very good. The collection and analysis of data were particularly good and used to inform some violence reduction measures. Allegations of violence were treated consistently and were investigated promptly by full-time violence reduction officers. Good quality support plans were developed for the vulnerable prisoners and monitored regularly by the safer custody team.
- I.17** There had been a full review of the prison's violence reduction strategy following our last inspection and, as a result, there was a new violence reduction policy document and action plan. Some promising initiatives had been introduced recently, such as the 'Changing the Game' course, to address gang violence, and a restorative justice programme. However, the policy largely focused on the punitive aspects of the incentives and earned privileges (IEP) scheme rather than promoting what could be achieved through good behaviour or dealing with the causes of poor behaviour with individual prisoners. The violence reduction strategy did not differentiate prisoners under 25, who accounted for a disproportionately high number of violent incidents - about 70% of the total (see paragraph 2.41).
- I.18** Behaviour management compacts to support prisoners change their poor behaviour had been introduced, but they were not embedded and rarely used to beneficial effect. The quality of the plans we saw were poor. Where set, targets were superficial, and there was little evidence that changes in behaviour or circumstances were monitored well enough or acted on. We saw examples where targets had not been set, and in some cases there was no evidence that behaviour was monitored at all. Compact reviews were poorly attended and not multidisciplinary.
- I.19** Prisoners were punished for violence or antisocial behaviour following an adjudication and placed on the basic level of the IEP scheme, usually for a minimum of 28 days. However, the IEP scheme was not well managed and reviews were often cursory. The number of prisoners under 25 on the basic level was disproportionately high at about 72%, while only 38% were on enhanced, which was disproportionately low. In our survey, only a quarter of respondents said that had been treated fairly in the scheme.
- I.20** The introduction of an enhanced unit on D wing was a positive step and popular with prisoners, but the number of prisoners under 25 on the unit was again disproportionately low. We saw examples of initiatives that encouraged good behaviour, such as the issuing of reward slips, and thank you letters from staff to prisoners following acts of good behaviour.
- I.21** Around 15% of the population overall were on the basic regime of IEP and many remained there for a minimum of 28 days. Although some attended an activity, too many did not and had insufficient time out of their cells to demonstrate any improvement in behaviour. Apart from about an hour for domestic duties and exercise, they were locked in their cells all day. We saw little evidence of any meaningful target setting, and there was no quality assurance of the work with basic-level prisoners.

Recommendation

- I.22 Managers should ensure that the behaviour management process is properly utilised to address poor behaviour and motivate good behaviour.**

Adjudications

- I.23** There had been 1,164 adjudications in the previous six months, which was much higher than at the last inspection and reflected higher levels of violence and related issues.
- I.24** Governance of adjudication processes was very good and had improved since the last inspection. Data about the number and nature of adjudications were presented at adjudication standardisation meetings, and were noted, categorised and used to identify and address trends. Adjudicating governors attended the meetings regularly, and the minutes indicated good discussion of relevant issues. The governor checked at least 10% of hearings every month.
- I.25** The records of hearings we examined and the hearings we attended demonstrated that proceedings were conducted fairly, and that prisoners could explain their version of events.

Use of force

- I.26** At the previous inspection, we reported that use of force had increased significantly and this trend had continued. There had been 316 incidents in the previous six months, which was higher than we find at similar prisons. Most incidents had resulted in full control and restraint techniques and the sustained use of force. We were not assured that the use of force was always proportionate (see paragraph I.30).
- I.27** The increase in force was reflected in our survey, in which 26% of respondents said that they had been restrained in the previous six months - significantly worse than the comparator of 9%. Forty per cent of Muslim prisoners said that they had been subject to a use of force by staff, double the 20% of non-Muslims prisoners who reported being restrained.
- I.28** The governor chaired monthly use of force meetings. The safer custody analyst presented a synopsis of the previous month's incidents, which provided useful data on the type of incident, prisoners involved and the reasons for the force to be instigated. The data demonstrated that force was often used as a reaction to a violent incident but also to deal with non-compliance. The meeting now included a sample review of footage and documents to identify learning opportunities; it was too early to measure the impact of these changes.
- I.29** In the sample of incidents that we examined, a high number of staff statements had not been completed and CCTV or body-worn video camera footage were not available. Local data showed that for the incidents that took place between January and June 2018, 266 documents were either missing or had not been submitted, including 131 staff statements. (See main recommendation S38.)
- I.30** In the incidents that we could review, many were escalated too quickly and in some cases the use of force could have been avoided. Force was too often used to deal with non-compliance and there was insufficient use of de-escalation techniques. We were particularly concerned that staff did not routinely activate body-worn video cameras during an incident. The establishment had identified some of these weaknesses and had taken some steps to alleviate hotspots, but governance was not yet strong enough to measure any long-term

impact or effect a reduction in the incidence of force. (See main recommendation S38 and paragraph I.28.)

- I.31** There were very few planned interventions. Although the local policy directed that such incidents should be recorded, none of the five incidents in April 2018 had been recorded or adequately documented.
- I.32** Special accommodation records indicated that these cells had been used only twice in the previous six months and for short periods. However, truculent prisoners were located into 'dirty protest' cells, which had been used eight times in the same period. The dirty protest cells had no sanitary equipment or running water, which effectively made them special accommodation, although there was no appropriate governance for the prisoners located in these stark, smelly cells.

Recommendation

- I.33** **The use of any form of special accommodation should be subject to appropriate governance.**

Segregation

- I.34** Use of segregation had increased since the last inspection to 271 prisoners in the previous six months, compared with 217 at the previous inspection. The average length of segregation was about three weeks for those segregated under prison rule 45 for the good order of the prison, although some prisoners had been segregated for longer than 42 days. Eleven prisoners were segregated at the time of our inspection – four as punishment and seven under prison rule 45. A disproportionate number (54%) were between the ages of 18 and 21.
- I.35** Conditions in the segregation unit were reasonably good. Most communal areas and cells were clean, but the shower on the ground floor was dirty and a few cells were dirty and had graffiti. The cells were oppressively hot during the summer and prisoners were not issued with fans. The two exercise yards were in good condition.
- I.36** Relationships between unit staff and prisoners were very good. We saw all officers interacting positively with prisoners, and they did not overreact to demanding behaviour or adopt a heavy-handed approach. Reviews of longer stay prisoners were timely, and planning to return them to normal location was well developed. Individual management plans had been raised for longer stay prisoners, and there was evidence that staff supported individuals and dealt with some of the issues that had caused their segregation.
- I.37** Although the unit regime was basic it had improved since the last inspection and was better than we often see. Segregated prisoners had access to exercise, the telephone and a shower every day. A few longer stay prisoners were given in-cell work, and all prisoners had a radio and in-cell education packs that were reviewed every week.
- I.38** Governance arrangements were good. There was a local segregation policy and a segregation monitoring group met monthly to review cases.

Recommendation

- I.39 Action should be taken to reduce the disproportionate number of segregated prisoners aged under 21.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- I.40** There were no obvious weaknesses in the prison's physical security. Routine checks of perimeter walls and fences were well established. Isis benefited from an enhanced perimeter security because of its proximity to the high-security HMP Belmarsh.
- I.41** Principal elements of dynamic security were in place, and the management and use of intelligence were very good. Relationships between staff and prisoners were generally positive, and the interactions we observed indicated that many staff, particularly residential officers, knew about the personal circumstances of their prisoners, which supported the general security of the prison. Supervision in key areas, such as residential wings and education, was good, helped by extensive use of CCTV cameras.
- I.42** The flow of intelligence into the security department was also good. Information reports were processed quickly and led to swift actions. Searching was generally productive, driven by intelligence, and successful in detecting a large number of prohibited articles. The security risk assessments and subsequent management systems that we reviewed were effective, and included information about prisoners' custodial behaviour as well as historic data. We saw no evidence that the prison was risk averse when allocating prisoners to activity spaces, although there were some rational restrictions in higher risk areas.
- I.43** Security-led meetings were very well attended and examined a wide range of data. Security objectives and priorities were based on intelligence and reflected the key risks. Links with the police were very good, and prison intelligence officers from the Metropolitan Police worked with the security team.
- I.44** The management of members of organised criminal networks was robust. The identification and management of gangs were good, and work to tackle staff corruption was prioritised.
- I.45** Mandatory drug testing (MDT) positive results had increased since the previous inspection and were high at 18%. Drug misuse was a serious concern for the safety of the prison. The drug strategy was based on an assessment of local needs. Security and substance misuse services worked very well together to address prisoners' alcohol and drug issues, and there were comprehensive drug reduction strategies, including separate policies for reducing the emerging problem of new psychoactive substances (NPS).⁸ A wide-ranging supply reduction action plan was reviewed at well-attended drug strategy meetings, ensuring that the whole prison contributed to managing the issue. Suspicion drug testing was well supported and carried out quickly, target searches had increased, and there was a good success rate in finds of illicit drugs and associated items.

⁸ NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporised and inhaled in e-cigarettes and other devices.

Safeguarding

Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- I.46** There had been 121 incidents of self-harm in the previous six months, which was a concerning increase; there had been just 27 incidents in the same period in 2014 and 68 in the six months before the 2016 inspection. However, the number of prisoners who had self-harmed had reduced, and a small number of prisoners accounted for a third of all self-harm incidents. Most incidents involved superficial cutting, and there had been no serious incidents or near-misses during 2018 to date.
- I.47** At the time of the inspection, only eight prisoners were subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm. Local records indicated that between six and 10 documents on average were open at any time. There had been 100 ACCTs opened during the previous six months, which was similar to the previous inspection. Most prisoners who we spoke to said that they felt cared for by staff while on ACCT.
- I.48** The quality of ACCT documentation was generally good with reasonable quality entries by staff and named case managers. There had been an improvement in care maps, which were now detailed, and there was evidence that actions specific to the needs of the individual were followed up. Multidisciplinary reviews took place at the relevant time. However, we found several significant issues or concerns raised by prisoners that were well documented by staff but not discussed at the subsequent case review. For example, staff had documented that one prisoner had been restrained twice, and another had raised concerns to staff about victimisation and debt, and yet these issues were not discussed at the subsequent case reviews, at which both ACCTs were closed.
- I.49** The safer custody team met weekly to monitor all incidents relating to safety, including concerns or incidents of self-harm. A safer custody analyst reviewed a range of data that were presented to a well-attended monthly safer custody meeting, which was chaired by the governor. Many issues raised were dealt with before the next meeting, while more long-term and strategic actions were monitored using the prison's continual improvement plan.
- I.50** At the time of the inspection, there was a shortage of trained Listeners with just three in place. This was reflected in our survey; only 33% of prisoners said it was easy to speak to a Listener and only 20% had the opportunity to do so when they first arrived (see paragraph I.6). The temporary reduction was partly the result of action to remove several Listeners who had abused their position. However, the shortage and requested additional training course for replacements placed additional strain on the local Samaritans branch.

Recommendations

- I.51 Assessment, care in custody and teamwork (ACCT) case managers should ensure that all relevant incidents and case notes are considered at each review.**
- I.52 The number of trained Listeners should be increased.**

Protection of adults at risk⁹

- I.53** The local adult safeguarding policy had recently been revised and the deputy governor had responsibility for aspects of adult safeguarding. The establishment had a memorandum of understanding with the Royal Borough of Greenwich, and there were useful links with the Greenwich safeguarding adults board.
- I.54** Not all staff we spoke to understood the safeguarding policy or when a referral should be made. The local safeguarding reporting form had not been used for some time and was not widely promoted.

Recommendation

- I.55** **The local safeguarding policy should be communicated to ensure that all staff understand their responsibilities for adult safeguarding at Isis.**

⁹ Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.1** Relationships between prisoners and staff had improved since our last inspection. The prison was now fully staffed following an innovative local recruitment campaign. Eighty per cent of officers were in their first year in the role, which presented a significant challenge. However, the governor and her team were embracing the opportunity and providing good support to the new staff, many of whom brought renewed energy and enthusiasm to the work. Despite their relative lack of experience, we observed mainly confident, well-trained staff engaging courteously, but assertively when necessary, with prisoners on the wings and in other areas. Staff who did not share the prison's values and who displayed inappropriate behaviours were being challenged more robustly by senior managers. The majority of staff we spoke to across all disciplines now understood and were committed to their role in the rehabilitation of prisoners.
- 2.2** Despite these improvements, in our survey only 48% of respondents (against the comparator of 71% since September 2017) said that most staff treated them with respect, only 51% said there was a member of staff they could turn to, and only 46% could say that they had not experienced any kind of victimisation by staff. We were unable to evidence exactly why these survey findings were so negative, but concluded that there were findings throughout the inspection that negatively influenced prisoners' perceptions of safety and respect, such as: high levels of violence; the propensity of some staff to use force; and a restrictive regime that affected the opportunity to build trusting relationships with staff. Some prisoners also complained that they were treated like juveniles, which was not helped by some staff's tendency to refer to the population as 'boys'. The governor recognised these issues and was planning to address them as part of a long-term strategy. Many of the prisoners we met spoke positively about most staff, and almost all said that they had a member of staff they could turn to. Staff entries on the electronic case management system (P-NOMIS) were generally appropriate and balanced.
- 2.3** In our survey, only 58% of respondents said they had a personal officer (against the comparator of 83% since September 2017), and only 29% (against 45%) said that officers were helpful. We observed that each spur now had some regular staff, and many officers knew the prisoners by name. During our visit, 54 prisoners had a key worker. Preparation for 'offender management in custody' (OMiC)¹⁰ had commenced with a realistic plan to provide all prisoners with a key worker by November 2018.

¹⁰ Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management and the introduction of prison offender managers (POM), is being introduced gradually, from 2019.

Recommendation

- 2.4 The prison should explore further and consult with prisoners to understand and address their negative perceptions of staff reported in our survey.**

Good practice

- 2.5** *The prison was now fully staffed following an innovative local recruitment campaign.*

Daily life

Expected outcomes:

Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 2.6** Living conditions for prisoners were better than when we inspected in 2016. The prison had introduced a 'cell decency' monitoring system to drive up standards. However, too many cells designed for one prisoner were occupied by two.
- 2.7** Communal and most external areas were clean and rubbish was promptly removed. The flooring in both house blocks was breaking down and creating hazards. Some toilets were still excessively stained, none had seats or lids, and not all were adequately screened. However, we observed an assertive approach to maintenance, including rapid-response prisoner 'odd-job' men who de-scaled the toilets and painted the walls in an attempt to improve conditions.
- 2.8** While some cells were excessively cluttered and dirty – even on the enhanced unit – most were kept to a reasonable standard, and had chairs and some shelf storage. All cells now had televisions and kettles. There were still too many cells without curtains and not all prisoners could afford to buy fans to keep cool in the oppressively hot cells. Cells were not fitted with notice boards to display pictures neatly within a contained space. Instead walls were stained by toothpaste, which prisoners had used to attach photos, etc.
- 2.9** We saw prisoners being encouraged to clean their cells. Access to cleaning materials had improved but was still not as good as at some other training prisons. We saw little graffiti in cells and no offensive materials on display.
- 2.10** All cells had emergency cell call bells. Prison monitoring data for staff responses to cell call bells were unreliable. In our survey, only 16% of respondents, against a comparator of 34%, said that they were answered within five minutes. A new system was partially in place to improve performance, but it was not yet fully effective.
- 2.11** Showers were reasonably clean, but they remained inadequately screened. However, prisoners could now access showers daily, and were good supplies of personal toiletries. They could also make telephone calls while on association, but this was only in the daytime for most prisoners.

- 2.12** Prisoners could wear their own clothes. There were unit laundry rooms where prisoners could wash their clothes, but most prisoners used the in-house laundry service, which returned laundry on the same day, twice weekly. Access to towels and clean sheets had improved.

Recommendation

- 2.13** **Staff should answer cell bells correctly and respond to prisoners within five minutes.** (Repeated recommendation 2.10)

Good practice

- 2.14** *The rapid-response prisoner 'odd-job' men carried out minor repair work quickly, which helped to maintain a respectful environment.*

Residential services

- 2.15** Prisoners we spoke to were satisfied with the food. In our survey, 67% of respondents said the food was of good quality, twice as many as comparator prisons inspected since September 2017. They could select lunch and dinner from a four-week rolling menu of diverse meals that offered a reasonable variety of healthy options, including fruit and vegetables every day. However, meals were served too early and the small breakfast packs were issued at lunch on the preceding day. The bad practice of serving meals at cell doors had ceased, and there were communal dining facilities for most prisoners.
- 2.16** The kitchen was reasonably clean and very well managed. Much of the floor tiling was in disrepair and required attention. Catering staff provided an excellent working environment for over 20 prisoners who worked with them in the kitchen. During our visit, there were temporary arrangements for chilled and frozen food storage, with a separate area for halal food, due to equipment failure in the hot weather. A kitchen journal recorded the dates, times and food temperatures from delivery to placement on food trolleys to be taken to residential units.
- 2.17** Some wing serveries were grubby; some remained uncleaned overnight with food left out, which could encourage vermin. Each servery had a temperature and cleanliness monitoring book, which the catering manager monitored monthly, but there was no evidence that residential staff and managers were proactive in this area. Although there were comments sections in these books they were not accessible to prisoners at the servery. Servery workers on wings did not wear protective clothing, and supervision of serveries by staff was frequently inadequate.
- 2.18** Prisoners used the biometric kiosks (see paragraph 2.24) to buy from a list of over 300 shop items, which had been selected following regular prisoner consultation. They could also shop from several catalogues. In our survey, 59% of respondents said the shop sold what they needed, which was better than the 38% in 2016. New arrivals had to wait several days for their first shop orders, which increased opportunities for debt and bullying; although they could be advanced a variety of packs at reception. Orders arrived in the prison a day before distribution, but were not stored in a cool environment. During the hot summer, some prisoners complained that food items, such as chocolate, had become inedible having been left in a hot yard for two days.

Recommendations

- 2.19** Breakfast packs should be issued on the day they are to be eaten.
- 2.20** Meals should be served at standard meal times.
- 2.21** Wing serveries and food trolleys should be clean and well maintained, serveries should be properly supervised and monitored by staff, and servery workers should wear appropriate protective clothing.

Prisoner consultation, applications and redress

- 2.22** Monthly consultation meetings with prisoner representatives discussed matters such as the living environment and facilities. There were also ‘think tank’ staff-prisoner meetings, which generated ideas to improve conditions, motivate prisoners, and raise money for charity. This was an encouraging and innovative initiative. However, the minutes of these meetings did not always focus on actions taken, and some prisoners were frustrated as they were not told about progress on issues.
- 2.23** We met several peer supporters who assisted prisoners in a variety of ways. Prisoners who aspired to be in peer support roles were encouraged to behave. However, a number of prisoners held multiple roles, which affected the time they had available to support fellow prisoners, and reduced the opportunities for other prisoners to hold these important community roles.
- 2.24** Prisoners continued to access information and make applications – around 6,000 a month – using the biometric kiosks (with electronic screens similar to bank cash points) throughout the prison. They could use the kiosks to choose meals, shop, make appointments and book visits. A recent audit of kiosk use had positive results, but identified that prisoners believed that applications were sometimes ignored.
- 2.25** Governors were sited at strategic positions during prisoner free-flow movement to and from activities and were observed offering guidance to prisoners about how to resolve their issues. Prisoners also mentioned that the governor was visible on residential units. There had been 978 formal complaints in the six months to the end of June 2018, slightly less than in a similar six-month period in 2016. In contrast to our 2016 inspection, the prison had received 204 written letters of thanks and praise. Quality assurance was now in place, and monitored quality and timeliness of responses to complaints, and shared learning. Significant complaints were discussed at senior management team meetings. Despite this, in our survey only 30% of respondents who had made a complaint believed the system was fair, and 30% said that they had been prevented from making a complaint. Although we found no evidence of this during our inspection, the prison needed to explore these negative perceptions of this critical process.
- 2.26** Most responses to complaints that we sampled were courteous, timely and dealt with the issue raised, and many included a face-to-face meeting. A handful were superficial and most were handwritten, some being difficult to read. Apologies were offered to prisoners as appropriate.
- 2.27** In the six months to the end of June 2018 there had been 104 complaints against staff, which was high, with half of them about their attitudes to prisoners; these were dealt with by the deputy governor.

2.28 Key workers directed prisoners to legal representation when requested, and prisoners could telephone their lawyers. Free legal and bail advice was available monthly from the 'Prisoner Advice Service' run by visiting human rights lawyers. Provision for legal visits was sufficient, and designated visits rooms were private and well equipped. There were also videolink facilities that were well used. The library held a range of legal textbooks and Prison Service Instructions. Despite all of this, only 33% of respondents to our survey said that it was easy to communicate with their legal representatives, which would be worthy of further exploration with a consultative group of prisoners.

Good practice

2.29 *The governor and her senior team were regularly available on the wings and during free-flow movement, which meant that prisoners could quickly resolve minor issues without having to make formal complaints.*

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics¹¹ and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.30** Work around equality and diversity had not been prioritised by managers and the small improvements that had been made were not yet delivered consistently or embedded across the prison (See main recommendation S39.) A dedicated equality manager was now in post, working within the safety custody team.
- 2.31** The monthly equality meeting was chaired by the governor and well attended. However, the meeting was not strategic and did not drive improvement throughout the prison. There was too little focus on practical outcomes for prisoners and ensuring that equality and diversity work was progressed. The action plan was sparse and too many actions were carried over from one equality meeting to the next. It was sensible that each member of the senior management team had responsibility for a specific protected characteristic, but they did not appear to have gripped the responsibility and it had not led to any tangible results.
- 2.32** Monitoring of data was good and outcomes were analysed. The prison had identified areas where there were differential outcomes or over-representation of some groups (see paragraphs 2.37 and 2.41). Partly as a result of the monitoring, the prison had started procedural justice reviews of key processes to encourage transparent decision-making. This was a positive initiative but not yet embedded in practice.
- 2.33** There was no prisoner involvement in equality work, such as the appointment of prisoner equality representatives. Consultation with prisoners was poor and there was little consultation with prisoners from protected groups, although the equality team was running surveys through the kiosks. There was little promotion of equality work across the prison.

¹¹ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.34** Discrimination incident reporting forms (DIRFs) were widely available, but prisoners had low awareness of and confidence in the system. Only 14 forms had been submitted in the previous six months. Investigations were reasonable and all the individuals involved in incidents were spoken to, but the responses were too formulaic. Although an independent charity had scrutinised discrimination-related complaints in the past, this had not happened in the last six months.

Protected characteristics

- 2.35** In our survey, responses from black and minority ethnic prisoners were not significantly different from those of white prisoners. At the time of the inspection, over two-thirds of the population (68%) were from a black and minority ethnic background. It was positive that the new intake of prison officers had contributed to a more diverse workforce.
- 2.36** Travellers received very good support from the chaplaincy, which ran a monthly meeting for them. The Irish Commission for Prisoners Overseas visited the prison to provide welfare support to individuals. However, there was too little awareness across the prison of the distinct needs of prisoners from Traveller communities.
- 2.37** In our survey, more Muslim prisoners than non-Muslims said they had been prevented from making a complaint, and they believed that they were more likely to have force used against them by staff. Indeed, monitoring data showed that young Muslim prisoners were disproportionately involved in use of force incidents. In our prisoner group, Muslim prisoners raised concerns about cell searches and inconsistent and punitive use of the incentives and earned privileges (IEP) scheme.
- 2.38** Twelve per cent of the population were foreign national prisoners, but there was little awareness of their welfare and cultural needs. We found over 30 prisoners who were not receiving visits and had not been given their entitlement of a free monthly international telephone call. There was not enough support for the few prisoners with little English, and the prison relied informally on staff or other prisoners to translate, which was not always appropriate. There was poor use of professional telephone interpreting services, and very little information available in other languages. An immigration officer attended weekly but too many prisoners were unsure about what was happening in their case. There was no dedicated prison manager providing support, advice and information about useful services and helplines. (See main recommendation S39.)
- 2.39** At the time of the inspection, two foreign national prisoners were held as detainees after they had served their sentences. We found cases where prisoners had received notice that they were to be detained and considered for deportation two days before their release date, which was unacceptable.
- 2.40** In our survey, 28% of prisoners identified as having a disability, which was higher than the prison's records indicated. Prisoners with disabilities reported significantly poorer experiences of their safety and victimisation compared with prisoners without disabilities; the prison needed to explore these perceptions. Most of the disabilities recorded by the prison were mental health or learning disabilities and difficulties. Not all residential staff had enough awareness of these issues, but the health department had good resources for prisoners with these needs. Support for the very few prisoners who had physical disabilities was reasonable. The site was accessible with lifts and adapted cells. Personal emergency evacuation plans were in place, although not everyone was familiar with the content. Although retired prisoners were unlocked during the day, the policy on unlock for prisoners unable to work due to long-term illness was unclear.

- 2.41** Although the prison now accepted prisoners from all age groups, the population remained predominately younger men. One in five prisoners were under 21 and 47% were aged from 21 to 29. Some good interventions from outside agencies focused particularly (but not exclusively) on younger prisoners. These included Kinetic Youth, a specialist youth work agency, Changing the Game (working with young men involved in gangs) and Belong, (a mediation service). The prison analysed job participation to ensure younger prisoners had equal access. It had also identified that young prisoners were over-represented in some disciplinary processes (such as being on basic level, adjudication and segregation.) Despite this, there was no overall strategy for working with young adults, and the recently implemented violence reduction and IEP policies did not address their needs. Prison procedures did not focus sufficiently on the distinct needs of young adults or consider the impact of punitive measures on them. Staff had undertaken a little training on challenging behaviour but more was needed to understand developmental maturity. (See main recommendation S39.)
- 2.42** In our survey, 10 prisoners identified as being veterans (ex-services). Work with this group was in development, a lead had been identified and there were links with forces' support organisations.
- 2.43** Two prisoners identified as transgender in our survey, but they were not known to staff, and the prison had no experience of managing transgender prisoners. Three prisoners identified as bisexual. As at our last inspection, there was no support for gay or bisexual prisoners, and nothing to raise awareness and promote tolerance.

Recommendation

- 2.44** **Prison staff should work with health care to identify all prisoners with disabilities, including mental health and learning disabilities. Residential staff should receive appropriate training, and support for these groups should be coordinated.**

Faith and religion

- 2.45** The prison's records identified a large proportion of prisoners, 87%, as having a faith. Over half of prisoners were from different Christian denominations and a third were Muslim. In our survey, the majority of respondents said they could attend worship if they wanted to. Staff and prisoners spoke highly of the chaplaincy, who were well integrated into prison life and visible on the wings. The team was fully staffed and highly motivated. New arrivals attended the multi-faith room the day after reception for an informal and supportive induction session, including a one-to-one interview with chaplains and time talking with peer workers (see paragraph 1.6).
- 2.46** Chaplaincy facilities were reasonable, and provided a tranquil and welcoming environment. The numbers of Muslim prisoners meant that Friday prayers took place in the visits hall. Access to worship with a chaplain was good and covered all the main faiths, apart from Rastafarians, although they could meet weekly as a group, and Mormons, who were waiting for a chaplain to be given security clearance. Officers supervising services and prayers were sometimes noisy when entering and leaving the room and did not always turn their radios down, which was likely to have contributed to the negative survey finding about respect.
- 2.47** Pastoral support was strong. There were effective procedures in place to support prisoners who were receiving bad news, and a chaplain accompanied prisoners on compassionate release on temporary licence where possible. The chaplaincy ran 'time out' sessions for

prisoners who needed additional support, and visited at-risk prisoners on case management and prisoners in segregation.

- 2.48** The chaplaincy ran worship and faith study groups, and also facilitated the Sycamore Tree (victim awareness) and STARI (anger management) courses. There was a prisoner band and singers for Sunday worship, and the chaplaincy had worked with Finding Rhythms on a music course.
- 2.49** The chaplaincy held exit interviews with prisoners a week before their release, or earlier where possible, to link them with faith groups in the community. Mentoring to support prisoners with their resettlement was in development.

Recommendation

- 2.50 All officers supervising faith services should wear earpieces and keep noise to a minimum.**

Health, well-being and social care

Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 2.51** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹² and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 2.52** Oxleas NHS Foundation Trust had been the main health provider since April 2015 and subcontracted clinical substance misuse and improving access to psychological therapies (IAPT) services to Addaction. As part of a clinical review, and to provide a more integrated service, Oxleas had decided to terminate this current arrangement and provide these services direct from October 2018.
- 2.53** Strategic governance structures and meetings were embedded with very good partnership working between the prison, commissioners and Oxleas. Health and social needs assessments had been completed in 2016 and, following the change in population in April 2017 to incorporate all ages, a further needs assessment to look at the emerging needs of this population had been commissioned.
- 2.54** The operational manager and team leaders provided effective clinical leadership to a conscientious staff group, who received regular managerial and clinical supervision and access to training opportunities. The service had some staff vacancies but they were covered by the team and regular bank staff. Registered nurses were available 24 hours a day.

¹² CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.55** Appropriate action was taken in response to clinical incidents with evidence of trend analysis. Lessons learned were discussed in team meetings, supervision and governance meetings with the wider trust.
- 2.56** The health complaints system was confidential but prisoners had to ask for a health complaints form, which were not readily accessible. We saw cases where health care staff met prisoners face-to-face to resolve concerns, and the written responses were timely, courteous and addressed the concerns raised.
- 2.57** Clinical records on SystmOne (the electronic clinical information system) were generally good, although we identified some interactions that were not recorded, which meant that some care provision could not be evidenced.
- 2.58** Most services were delivered from the well-equipped health centre, with medication administration and nurse triage clinics from the house block treatment rooms. All clinical areas were clean and mostly complied with infection control standards, although some fixture and fittings needed to be replaced; this had been identified in the annual infection control audit and action plan.
- 2.59** The health care waiting area now had easy-clean chairs. Free-flow prisoner movement had eliminated the need for patients to wait for escort staff for lengthy periods before and after appointments, which was positive. It had also contributed to the reduction of non-attendance at health appointments; any non-attendance was actively followed up and appointments rebooked if necessary.
- 2.60** Oxleas staff were trained in resuscitation skills and had access to strategically sited automated external defibrillators (AEDs), oxygen and associated equipment. The equipment was in good working order but inconsistent monitoring meant that it could be ineffective in an emergency. Some of the emergency medication, which we were informed was for doctors' use, was stored in the emergency bag in a large plastic sack and would not be easy to access during an emergency.

Recommendation

- 2.61** **There should be effective monitoring to ensure that all emergency resuscitation equipment is in good order, and emergency medication should be stored appropriately.**

Promoting health and well-being

- 2.62** Effective joint working had facilitated the prison to become 'smoke free' in March 2018, and there was good smoking cessation support for prisoners who wanted to stop smoking e-cigarettes.
- 2.63** A weekly obesity clinic was run on both house blocks. This had good links with the gym, which provided remedial gym sessions, and the kitchen, for any special dietary requirements.
- 2.64** A monthly health promotion newsletter was delivered to each cell by peer health care representatives. The editions for April and July 2018 had focused on synthetic cannabinoids and the impact on health, which was informative. A wide range of health promotion was displayed in the health care centre, and information could be translated into foreign languages. Telephone interpreting services could be accessed when needed.

- 2.65** The three peer health care representatives helped others engage with health services. They attended a monthly health forum where issues were raised and actioned, helping to improve the service.
- 2.66** The service made good use of visiting specialists. There was an active approach to screening and treatment for blood-borne viruses and sexual health services for all new arrivals and throughout prisoners' time at Isis. A recent health promotion day focused on hepatitis C and over 200 prisoners were screened. Other disease prevention screening and immunisations were accessible. Barrier protection was available from health staff.
- 2.67** Prisoners were seen at a pre-discharge clinic and received take-home medicines as required, and assistance to find a GP if they did not have one.
- 2.68** Staff were aware of how to deal with communicable disease outbreaks and had access to a comprehensive range of policies, including food refusal and infection control.

Good practice

- 2.69** *Peer health care representatives were used effectively to help others engage in the service, and contributed to service developments.*
- 2.70** *There was an active and impressive approach to blood-borne virus screening and treatment.*

Primary care and inpatient services

- 2.71** New arrivals received a health assessment identifying any immediate or ongoing health or substance misuse needs. The following day, they had an enhanced secondary health and well-being screening to ascertain more in-depth information. This was a promising initiative with different members of the multidisciplinary team undertaking the screening and coordinating any complex care.
- 2.72** There was a range of primary care services with reasonable waiting times. GPs could be seen on the same day for urgent issues, and within 10 days for routine appointments, which was equivalent to the community. GPs were available out of hours.
- 2.73** The use of NHS England's Quality and Outcomes Framework supported the identification and monitoring of prisoners with long-term conditions. Nurses liaised with the GP and external specialists to ensure a coordinated approach, and there were evidence-based care plans.
- 2.74** The service was keen to reduce the need for external hospital appointments by upskilling staff and increasing in-reach specialist services. Liver scans were now completed in house. On-site X-ray equipment was being installed during the inspection, and there was a service level agreement for radiographers to provide in-house services.
- 2.75** External hospital appointments were well managed. The reason for any appointment rescheduling was recorded, with few cancelled due to lack of officer escorts.

Social care

- 2.76** Social care was commissioned by the Royal Borough of Greenwich and provided by Change, Grow, Live (CGL), which worked in close partnership with the prison and Oxleas. The

demand for social care was low but comprehensive arrangements were in place, including prompt assessment and regular review of care plans, and progress notes were recorded on SystemOne. The team consisted of an experienced manager, registered nurse, CGL social carers, and peer care and support orderlies, who were well trained and supervised, although there was currently only one due to the low demand.

- 2.77** In the previous 12 months, there had been eight referrals, including two prisoners requiring equipment or cell adaptations, and a prisoner was currently receiving a weekly welfare check. New arrivals with social care needs were identified promptly or could self-refer.

Mental health care

- 2.78** Oxleas provided a stepped care model. There was a range of community-equivalent interventions for patients needing primary and secondary care, including counselling and psychological therapies for anxiety, stress, bereavement and trauma. The team had an appropriate skill mix of nurses, psychologists and psychiatrists who linked closely with other specialist workers. There was a good pathway for prisoners with learning disabilities or ADHD. New arrivals were assessed and referred to the mental health team promptly.
- 2.79** There was an open referral system and demand was relatively low; the team's caseload was 45 for patients needing secondary care. Eleven prisoners with enduring and significant mental health problems were managed under the care programme approach (CPA). Staff had developed CPA plans, that included input from the patient's key family members and appropriate development objectives. The prison supported health care by facilitating family visits for patients' CPA reviews.
- 2.80** The clinical team met weekly with other stakeholders to discuss new referrals, routine case management and complex care. Patients received physical health care checks and medication reviews when needed.
- 2.81** Working relationships with other areas of the prison were generally positive. There were systems to trigger assessment and reviews of prisoners held in the segregation unit for over two weeks. The team continued to support all relevant assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm, and responded promptly to all urgent requests. In the six months from January 2018 there had been delays in transferring the two prisoners to hospital who needed treatment under the Mental Health Act.
- 2.82** Few custody staff had received mental health awareness training, and staff we spoke to said they would benefit from further training.

Recommendation

- 2.83 All custody officers should receive regular mental health awareness training to enable them to recognise and support prisoners with mental health problems.**

Substance misuse treatment¹³

- 2.84** Oxleas Interventions provided psychosocial support, and Addaction delivered clinical treatment to prisoners with substance misuse needs. Both teams worked effectively with partners to support the prison's drug strategy and continuous improvement plan.
- 2.85** Screening of new arrivals indicated potential need, and all prisoners were seen during induction and given information about services. Referrals were taken from any source, including self-referral, security intelligence and following mandatory drug testing.
- 2.86** Changes in provider since our last inspection had resulted in a recruitment freeze, although this had been lifted and vacancies were being filled. The team was supporting 236 prisoners (over 38% of the population) and had maintained most of its programme through increasing caseloads and prioritising access based on need. Prisoners were seen promptly for an assessment and the only waiting times were for specialist programmes.
- 2.87** Prisoners had access to an extensive range of one-to-one and group work, which included innovative family interventions and behavioural change work with dealers. Caseloads were large, but we found a well-led, motivated team delivering good support to prisoners. Prisoners were assisted through several groups led by one of the psychosocial team, with some supported by prisoners and a small cohort of peer mentors.
- 2.88** Twenty-eight prisoners were receiving opiate substitution treatment (OST), which had increased since our last inspection but was in line with the changing population. Addaction provided clinical support and all OST administration. There were flexible, person-centred approaches to treatment, in line with national guidance, and all cases were reviewed.
- 2.89** Release planning arrangements were good for prisoners with substance misuse needs. Training on use of naloxone (a drug to manage substance misuse overdose) was due to be delivered. Naltrexone (an opiate blocker to support abstinence) and lofexidine (providing symptomatic relief of withdrawal symptoms) were now part of the treatment options. The teams had positive engagement with the offender management unit (OMU), and links to community services facilitated continuity of support for prisoners after their release.

Good practice

- 2.90** *The behavioural change work with drug dealers and the family interventions programme were innovative and responsive to need.*

Medicines optimisation and pharmacy services

- 2.91** Medicines were dispensed by Oxleas and individually labelled. The on-site pharmacy was open from 9am-5pm on weekdays. Out of hours, an emergency cupboard held necessary medicines. Prisoners could request a consultation with a pharmacist for a review of their medicines or to visit the minor ailment clinic.
- 2.92** Approximately 61% of medication was supplied as in possession, and we observed appropriate risk assessments taking place and reviewed regularly. New arrivals had their medicines checked on reception to ensure they were appropriately continued.

¹³ In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.93** We observed competent nursing staff administering and recording medication twice a day from Oxleas for regular medicines or by Addaction for OST. Any medication required more frequently was facilitated. However, we also saw some staff administering medicines by tipping them into their hands, without gloves, before putting them into a pot to hand to the prisoner, which was inappropriate practice.
- 2.94** The clinic rooms were very crowded when there was simultaneous administration by both services at one hatch, which made the risk of error more likely. Prisoners congregated around the hatch for long periods, and poor officer supervision of medicine queues made it difficult for prisoners to receive medicines confidentially, and increased the risk of diversion.
- 2.95** Medicines, including controlled drugs, were stored securely. Over-the-counter remedies were available to ensure nurses could respond promptly to minor ailments. There were mechanisms to allow the administration of emergency medicines quickly, except for diazepam (for seizures) which required a prescription. There was no prescriber on the initial emergency response team, although a patient group direction (authorising appropriate health care professionals to supply and administer prescription-only medicine) was being developed and needed to be implemented as soon as possible.
- 2.96** Medicines errors were reported and investigated, but there was no oversight of the number of missed doses across the prison, and this needed to be monitored and audited.
- 2.97** The records for the daily monitoring of the refrigerator on one wing that stored medicines showed the temperature was repeatedly out of range, but no action had been taken. There was no regular monitoring of clinic room temperature on the wings. We found some medication that had a reduced shelf-life when taken from the fridge with no date recorded on it to revise the expiry date. However, the provider started to address this at the time of the inspection. Further audits will need to be carried out.
- 2.98** A medicines management committee met regularly with an appropriate agenda.

Recommendations

- 2.99** **Nurses should be reminded of the correct way to carry out basic processes and techniques to ensure effective hygienic administration of medication.**
- 2.100** **The administration of all medication, including opiate substitution therapy, should ensure patient confidentiality, and officer supervision of administration should enable compliance and minimise the risk of diversion.**
- 2.101** **There should be robust procedures to ensure that heat-sensitive medicines are appropriately stored and fridge temperatures are recorded regularly, with remedial actions recorded when temperatures fall out of the required range of 2-8°C. (Repeated recommendation 2.69)**

Dental services and oral health

- 2.102** In our survey, 25% of prisoners said it was easy to see a dentist, against the comparator of 14% since September 2017. Oxleas subcontracted a local dentist to provide a full range of NHS treatment, including oral health promotion. Prisoners had prompt access to the dentist for routine care and urgent referrals could be seen promptly, with the primary health care team offering triage and pain relief as required. The dental suite was spacious and well

equipped. Dental apparatus was appropriately maintained and decontamination procedures were good. Overall governance was effective.

Section 3. Purposeful activity

Prisoners are able and expected to engage in activity that is likely to benefit them.

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 Time out of cell had improved since our last inspection, and significantly more prisoners were out of their cells during the core day. Enhanced prisoners could now access association in the evening. However, for most other prisoners, time out of cell remained poor in the evenings and at weekends, which severely limited their opportunity for social, creative and recreational activity. The prison was still running a restricted regime with no evening association or activities for the majority of prisoners, and a 'split regime', with half the prison participating in activities and half on association during core day sessions. This meant that most prisoners could only work part time, which was inadequate for a training prison. However, managers had realistic plans to ensure sufficient full-time places for the change to the regime due in September 2018. Prisoner free-flow movement to activities was managed reasonably well.
- 3.2 During our roll checks, we found 22% of prisoners locked up, which was too high. There was also too much slippage in the regime; for example, despite the published regime stating that lock up was at 6pm, evening lock up was called at 5.15pm and most prisoners were in their cells by 5.30pm.
- 3.3 Most prisoners could generally access only eight hours out of cell on a weekday. Time out at weekends was poorer, and until recently prisoners had spent a 24-hour period in their cell every other weekend, which was unacceptable. The significant number of prisoners on the basic or a separate regime, and those in segregation, had only around an hour out of cell a day for outside exercise, showers and telephone calls. In our survey, 29% of prisoners said they had less than two hours a day out of cell at a weekend, compared with 18% of prisons inspected since September 2017. Staff training days, incidents and the separate regimes regularly affected prisoner time out of cell. The prison had recruited sufficient staff to develop a new regime, which was due to be implemented in September 2018.
- 3.4 Prisoners could have 30 minutes in the open air, which was too short, and it was only offered first thing in the morning, which was not attractive to many prisoners. Exercise yards were in reasonable condition and contained gym equipment. Association equipment varied in condition but was well used and accessible.
- 3.5 The library, run by Greenwich council, was a welcoming space and valuable resource, but was underused. Attendance had been decreasing since our previous two inspections. In our survey, only 31% of prisoners said they went to the library at least once a week. The library's own figures showed that only a quarter of prisoners were active members who regularly borrowed books. All prisoners attending education courses attended the library once a week, but the system to facilitate access for prisoners on the wings was not effective. The library monitored use of its services by age and ethnicity. There was a small outreach service once a month, but this needed to be expanded.

- 3.6** In our survey, only around a third of prisoners using the library felt the material met their needs. We found the stock was generally appropriate, although there were few books in foreign languages. Legal materials and word processing were available, and prisoners on enhanced status could borrow DVDs over the weekend. Stock loss was high and would have been higher without the prisoner recycling team regularly locating discarded books and returning them.
- 3.7** The library ran a programme of outside speakers, events focused on the needs of the population and a reading group. They also supported family days and the Storybook Dads scheme (enabling prisoners to record a story for their children).
- 3.8** In our survey, 59% of prisoners told us that they attended the gym twice a week or more. However, the few sessions available for prisoners on the basic regime were sometimes cancelled. The gym monitored attendance to ensure all groups could access provision. There were weekend gym sessions for prisoners on enhanced status and working full time, and evening provision was planned in the new regime starting in September 2018. The induction was thorough, included manual handling and basic life support, and effectively linked with health care for fitness screening. There were regular remedial sessions for prisoners referred by health care staff and the physiotherapist.
- 3.9** The gym was well managed and facilities were good, with two all-weather pitches, two fitness suites with weight and cardiovascular machines, and a large sports hall. The gym staff made effective use of prisoner orderlies to support its programme. Changing facilities and showers were reasonable. The range of activities was varied, with six sessions of classes, training, weights or team sports every weekday. The range of accredited courses included nutrition, first aid, manual handling, football coaching, spin instructor and gym instructor qualifications.
- 3.10** The PE department ran regular fundraising events and supported family days. There were useful links with community organisations, including twice yearly team events with local emergency services and football teams. Links with local gyms were developing, with the aim of sourcing work experience for prisoners on release.

Recommendations

- 3.11 Prisoners should have a minimum of 10 hours a day out of their cell.**
- 3.12 The prison should work with the library staff to increase prisoner attendance and maximise the benefit of this valuable resource.**

Education, skills and work activities (Ofsted)¹⁴

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.¹⁵

3.13 *Ofsted made the following assessments about the education, skills and work provision:*

Overall effectiveness of education, skills and work:	Requires improvement
<i>Achievements of prisoners engaged in education, skills and work:</i>	<i>Requires improvement</i>
<i>Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>
<i>Personal development and behaviour:</i>	<i>Requires improvement</i>
<i>Leadership and management of education, skills and work:</i>	<i>Requires improvement</i>

Management of education, skills and work

3.14 The overall effectiveness of the leadership and management of education, skills and work required improvement. The prison provided enough activity places for every prisoner to have a part-time role, but the split regime restricted the opportunity for most prisoners to be occupied in full-time purposeful activity. Managers had realistic plans to ensure sufficient full-time places for the change to regime due in September 2018. Allocation to activities was generally effective although managers allocated prisoners to an extended induction first, which delayed the commencement of the activity.

3.15 Since the previous inspection, leaders and managers had established the basis on which to build an effective education and training programme. The education provider, Novus, had fully staffed its courses and appointed a new education manager. Cancellation of classes had significantly reduced. However, managers had not been successful in improving attendance at education and training, a recommendation from the previous inspection, which remained stubbornly low. (See main recommendation S40.)

3.16 The range and number of education, work and training activities had increased. There was a broader range of vocational training courses, including a few at level 3, such as scaffolding, and level 3 units in barbering. There were also plans to introduce accredited training in aerial cleaning and coding. The gym had a good range of accredited learning, including manual handling and gym instructor courses. Work activities consisted of cleaning, work parties, orderly roles, education mentors and work in the kitchens. However, due to the restricted regime and slow progress in lessons, the majority of prisoners took too long to achieve their qualifications.

¹⁴ This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

¹⁵ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.17** Managers had established four vocational pathways based on the annual assessment of prisoners' needs and local employment opportunities. However, not all pathways offered prisoners an opportunity to achieve accredited qualifications. (See main recommendation S40.) The four-week long induction programme to activities, which most prisoners attended, helped prepare them for education and training but delayed their progression on to vocational programmes. Too much of the induction programme was uninspiring, lacked challenge and was not aligned to the vocational aims or aspirations of many prisoners.
- 3.18** Prison managers had oversight of education and training activities. The quality improvement group was well attended and considered a range of data on the quality of provision and the destinations of prisoners on release. However, Novus managers did not monitor the progress that prisoners made towards achieving their qualification or learning goals.
- 3.19** The education and vocational training provided by Novus accounted for most education and training activities; it required improvement. Managers' observations and action planning had not yet raised the standard of teaching and learning sufficiently, and they did not always follow up agreed improvement actions quickly enough. Tutors' continued professional development did not give sufficient priority to the skills they needed to improve. For example, managers had trained tutors in the use of individual learning plans and writing objectives but had not done enough to improve their teaching in lessons.
- 3.20** Prisoner pay rates were fair and did not act as a disincentive to attendance at education or training. Tutors supported the few learners in the segregation unit to continue their learning well. A few prisoners were on distance learning, Open University and Access courses, with the majority successful.
- 3.21** Prison managers worked well with partners, external agencies and employers to identify job opportunities, and this had begun to result in a small number of prisoners gaining employment or entering education on release. However, prisoners had insufficient access to high quality careers information and guidance during their sentence and before release. Jobcentre Plus and Catch 22 (subcontracted by the community rehabilitation company¹⁶) provided support but not enough prisoners benefited from this due to insufficient staff.

Recommendations

- 3.22 Observations of teaching and learning and tutors' professional development should lead to consistently good teaching.**
- 3.23 Novus managers should monitor the progress prisoners make during their courses, and intervene when this is not as expected.**

Quality of provision

- 3.24** The quality of teaching, learning and assessment required improvement. Too many sessions lacked pace and did not motivate prisoners to progress as well as they could. Staff identified prisoners' starting points at induction. However, they did not use this information sufficiently well to plan lessons that met the needs of all prisoners. For example, tutors did not challenge the more able prisoners enough in lessons and, as a result, they often had to wait for others to complete tasks with little to do. Too often tutors did not check prisoners' understanding

¹⁶ Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service has maintained responsibility for high- and very high-risk offenders.

adequately before moving on to a new topic. Consequently, prisoners did not always remember what they had learned in previous lessons and topics had to be repeated. Tutors did not give prisoners work to do outside lessons to reinforce learning or help them progress faster.

- 3.25** The minority of prisoners in horticulture, the Quays restaurant and barbering made good progress and were rightly proud of their achievements. In the restaurant, prisoners were set weekly challenges to devise, test and develop new recipes or to train other prisoners in a task they had mastered themselves.
- 3.26** Most tutors helped prisoners improve their mathematics skills well. For example, prisoners on the scaffolding course developed effective skills in estimating, and in using imperial and metric units. Prisoners on the money management course developed an understanding of the merits and costs of different types of insurance.
- 3.27** The feedback that prisoners received from their tutors did not help them sufficiently to improve their written work. A minority of tutors in vocational training did not mark prisoners' work often enough. When it was marked, prisoners did not follow up on spelling and grammatical mistakes, or add additional material suggested by the tutor to improve their work. Consequently, prisoners often repeated the same mistakes and made slow progress with developing their English skills.
- 3.28** Teaching resources were generally good, but interactive white boards in vocational training workshops were poorly maintained and few were working. Teaching areas were bright, and contained good displays of work and useful information to help prisoners with their studies.

Recommendations

- 3.29 Tutors and trainers should plan learning activities more effectively to ensure that all prisoners make good progress.**
- 3.30 Tutors should ensure that prisoners are challenged sufficiently to reach their potential, and are able to retain their new knowledge and skills.**
- 3.31 Tutors should routinely mark prisoners' work to ensure they know how to improve their work and do so.**

Personal development and behaviour

- 3.32** Prisoners behaved well and showed a positive attitude to keeping themselves and others safe, although we observed a few lapses in the use of personal protective equipment in vocational areas. Prisoners were respectful to prison and other staff during lessons when they eventually got there. Those employed as cleaners and painters and decorators on the house blocks worked hard and demonstrated a good work ethic.
- 3.33** Attendance at education classes and vocational training was consistently low. Some prisoners often arrived late to their lessons and disrupted learning for others, and did not demonstrate essential work skills, such as punctuality, respect for their peers or a positive attitude to work. (See main recommendation S40.)
- 3.34** Learning mentors and learning support staff provided prisoners with effective additional help during theory and practical sessions, which enabled most prisoners to keep up with the majority of the group. In response to the recommendation from the previous inspection,

peer mentors were now working towards an advanced level qualification in learning and development.

Recommendation

- 3.35 Prison leaders and managers should promote prisoner learning and positive attitudes to work through ensuring a high rate of attendance and punctuality in education and training.**

Outcomes and achievements

- 3.36** Prisoners' outcomes and achievements required improvement. Their progress through their qualifications was undermined by the restricted regime, low levels of attendance and poor punctuality. Too few prisoners took part in education and training that led to an accredited qualification.
- 3.37** Most prisoners who stayed long enough to complete their courses achieved their qualification. However, the achievement of level 2 qualifications in English was not high enough. Managers had successfully eliminated many of the previous variations in the achievement of different groups of prisoners, and most groups achieved equally well as a result.
- 3.38** Prisoners enjoyed their learning; they worked well individually and in pairs or small groups. Their work was of an appropriate standard for the course they were following, enabling them to develop the relevant employment skills.

Recommendation

- 3.39 Novus managers should further improve prisoners' achievement of level 2 English qualifications to increase their chances of gaining sustained employment or training on release.**

Section 4. Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes:

The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 4.1 Prisoners could send two free letters a week, and family and friends could use the 'email a prisoner' scheme. In our survey, 60% of prisoners reported problems sending or receiving mail. The prison had recently started to photocopy all incoming post to detect illegal substances impregnated into stationery. Staff were confused about how this process was being implemented.
- 4.2 Most prisoners had daily access to telephones, but only those on the enhanced spur could use them in the evening, when families were more likely to be at home. 'Prison voicemail' enabled families and friends to leave voice messages for prisoners.
- 4.3 Social visits took place on two weekday afternoons and Saturdays, and there were plans to extend these to more weekdays and Sundays. Prisoners booked their own visits through the biometric kiosks (see paragraph 2.24).
- 4.4 Visitors could use the visitors' centre next to Belmarsh prison, run by the Prison Advice and Care Trust (PACT), a national charity providing prisoners and their families with support. It offered refreshments, and information and advice. A PACT family engagement worker specifically for Isis had been appointed after a short gap in the provision.
- 4.5 Visits lasted for one hour; prisoners on the enhanced level could have double visits sessions. There was more flexibility about allowing late arrivals into visits than at the previous inspection. The furniture in the visits hall was movable and enabled appropriate interactions. There was a small play area for visiting children and a snack bar. Supervision of visits was unobtrusive, and the atmosphere was relaxed on the session we observed. Closed visits facilities were reasonable; prisoners were only placed on closed visits for visits-related reasons.
- 4.6 There were monthly family visits for up to 30 prisoners and their families, which had good input from different areas of the prison. The visits were longer than standard visits and often themed or offered activities for the families to take part in. Attendance was not restricted to prisoners on enhanced level, and the opportunity to take part was shared around the population. Many departments across the prison encouraged and supported family involvement through reviews and celebrations of success.

Reducing risk, rehabilitation and progression

Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.7** The reducing reoffending strategy was clearly linked to the prison's two-year strategic delivery plan. A recent needs analysis, based on a range of data and which made recommendations for development work, was being finalised. Reducing reoffending work was overseen by a strategic committee that met every two months. Membership included internal managers and external partner organisations but attendance was inconsistent, which hampered its ability to drive improvements.
- 4.8** The prison's strategic planning was also informed by preparation for the phased introduction of offender management in custody (OMiC).¹⁷ OMiC had just started with 50 prisoners allocated to keyworkers. The main roll out was planned for autumn 2018, and preparation for prison officer keyworkers included awareness of the range of reducing reoffending and resettlement services available at Isis.
- 4.9** Catch 22 delivered resettlement services in the prison for the contracted community rehabilitation company (CRC),¹⁸ MTCnovo. The Catch 22 team shared a large office with the offender management unit (OMU), which aided communication about prisoners. There were regular meetings between the prison and the CRC and other agencies involved in reducing offending work. The prison had actively sought external partners who could assist with community support, training and post-release employment.
- 4.10** As at the two previous inspections, prisoners continued to arrive without an offender assessment system (OASys) assessment or sentence plan. Although offender supervisors prioritised the completion of missing assessments, they never managed to eradicate the backlog. This left too many prisoners without an OASys, which affected their ability to access interventions and sentence progression.
- 4.11** The OMU included four National Probation Service (NPS) posts, eight band-four supervising officer offender supervisor (OS) posts and an administrative support team. Management was provided by a governor and a senior probation officer. Most of the administrative support posts were vacant. The reduction in staffing meant that managers took on caseloads of prisoners and completed routine administrative tasks to keep on top of the work. This affected their ability to manage the team actively and provide clear direction about priorities. While the offender supervisors were no longer regularly redeployed, some were relatively new to the role and not yet working at full capacity.
- 4.12** Prisoners were allocated to offender supervisors on the basis of the risk they presented. Probation officers managed prisoners assessed as high or very high risk of harm, and medium-risk prisoners were managed by band-four offender supervisors. Prisoners who were low risk were not allocated an offender supervisor. Contact between supervisors and prisoners was in effect determined by risk levels and, when combined with the lack of an effective personal officer scheme, this meant low-risk, and some medium-risk, prisoners

¹⁷ Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management and the introduction of prison offender managers (POMs), is being introduced gradually, from 2019.

¹⁸ Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The National Probation Service has maintained responsibility for high- and very high-risk offenders.

received little individual encouragement to progress while at Isis. The introduction of OMiC, which will provide all prisoners with regular keyworker sessions, was designed to address this and increase the involvement of residential officers in reducing risk, rehabilitation and progression work.

- 4.13** The full-time senior probation officer provided regular supervision sessions for the probation officers, but there was nothing comparable for the band-four offender supervisors; their training was generally limited to an OASys course with no access to ongoing training. Probation officers who had more training and experience in the management of risk countersigned the OASys assessments completed by the band-four offender supervisors. Other than this, and 10% sampling of completed OASys assessments by managers, there was no quality assurance of band-four offender supervisor work. OMU staff used the prison's electronic case management system to share information about prisoners with the rest of the prison.
- 4.14** In the sample of cases we looked at, the management of prisoners who presented a high risk of serious harm was generally of a good standard; all but one case had an up-to-date OASys assessment, including sentence plan objectives and a risk management plan prepared by the community offender manager. There was evidence of regular contact between the offender manager and the offender supervisor in most cases, which was recorded on the prison's electronic case notes. There had been some three-way sentence planning meetings involving the external offender manager, offender supervisor and the prisoner.
- 4.15** There was evidence of referrals for prisoners to attend one of the two accredited programmes at the prison and a record, where applicable, that the post-programme report was shared and discussed with the prisoner. Offender supervisors also endeavoured to refer prisoners to other prisons to complete suitable programmes, although this was sometimes thwarted by the imminence of home detention curfew (HDC) and waiting lists at other prisons.
- 4.16** The management of prisoners who presented a medium risk of serious harm was less robust. Prison figures showed that 90 of the 319 medium-risk prisoners did not have an OASys assessment. We were not convinced that the prison operated a sufficiently robust system to ensure that prisoners assessed as medium risk of harm had an up-to-date OASys and sentence planning objectives, or a named offender supervisor who made regular contact and supported them to achieve their objectives.
- 4.17** New arrivals were screened for indicators of harassment, child protection issues or domestic violence, and mail and telephone restrictions were applied when necessary. Prisoners were informed of the restrictions made. A monthly interdepartmental risk management (IDRM) meeting had good attendance by staff across the prison who held good knowledge of the prisoners being discussed. However, minutes of the meeting indicated it was not sufficiently well focused on managing the risk of serious harm when prisoners moved from the prison into the community.
- 4.18** The OMU produced lists of prisoners who were eligible for multi-agency public protection arrangements (MAPPAs). Some prisoners had been confirmed as requiring multi-agency management on release, but it was not clear how these prisoners were overseen through the IDRM. Not all MAPPA-eligible prisoners had their management level confirmed before release, and we saw some cases where medium risk of harm prisoners subject to the lowest level of MAPPA management on release could potentially have no risk management plan in place. (See main recommendation S41.)
- 4.19** Probation officers completed MAPPA Fs (information sharing forms) to inform the decisions of community multiagency panels on the ongoing management of prisoners requiring higher level multiagency oversight in the community. Those we reviewed were of a good standard.

- 4.20** HDC procedures were given sufficient priority. Eligible prisoners could generally apply in good time, although some prisoners arrived close to their eligibility date. The prison did not compile statistics on the proportion of applications that were successful but local databases indicated that most who were successful were released on their eligibility date. The number of successful applications had doubled in the previous six months. The lack of a suitable address was the main reason for not granting HDC; prisoners could be referred for a place in Bail and Support Services accommodation but there was often a lack of spaces, which then delayed release beyond HDC eligibility dates.
- 4.21** Most prisoners aged 21 and over were category C, with 14 category D and one category B prisoner. The remainder were young prisoners who were not categorised until they were 21. Categorisation reviews mostly took place in the month in which they were due, and prisoners received brief written feedback following their review. Assessment of suitability for open conditions was delayed for some prisoners while an OASys assessment was completed - prisoners told us they were frustrated by the delay after working to demonstrate their suitability for progression to an open prison. There could then be further delays waiting for transfer to an open prison, and in arranging transfers for prisoners who needed to complete accredited offending behaviour programmes not available at Isis.
- 4.22** There was support for young prisoners preparing to transfer to Isis from the juvenile estate. An offender supervisor took the lead in liaising with the sending YOI and, when possible, met the prisoner (either in person or by video link) before his arrival. Identification of and support for prisoners who were care leavers was more developed than at some other prisons. In these cases, an offender supervisor contacted the local authority to ensure it fulfilled its obligations to prisoners who had been in its care. Catch 22 resettlement team workers had recently completed training about care leavers.

Recommendations

- 4.23 Prisoners who require an offender assessment system (OASys) assessment should not be transferred to Isis without one that is up to date.**
- 4.24 Casework, professional supervision and personal development should be provided to all offender supervisors, whatever their professional background.**
- 4.25 All prisoners should have a sentence plan with targets and objectives to reduce their risk and likelihood of reoffending, and receive regular support and encouragement to achieve these.**
- 4.26 The number of Bail Accommodation and Support Services hostel places should be increased to enable the prompt release of prisoners on home detention curfew.**
- 4.27 Prisoners should be transferred to other prisons for their progression or to complete sentence plan targets as early as possible.**

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.28** The prison delivered two accredited offending behaviour programmes - the Thinking Skills Programme (TSP), designed to address distorted thinking associated with offending, and Resolve, which addressed violence. Completion rates for these programmes had improved, albeit from a low starting point. The combined annual target for the current year was 45 prisoner completions, with many more prisoners than this identified as suitable for the two programmes. Year-to-date achievements against the target were promising.
- 4.29** There were gaps in the provision. For example, the prison's needs analysis indicated that 6% of prisoners would benefit from work to address domestic violence, but the prison had been unsuccessful in its bid to provide the accredited programme to meet this need. Prisoners who required high intensity programmes had to transfer to other prisons; we were told that transfers to complete programmes elsewhere were difficult to arrange, which affected prisoners' progression.
- 4.30** There were also non-accredited interventions that focused on identified needs in the population. Level-Up aimed at building motivation for future programmes and enhancing decision making. Changing the Game focused on prisoners from a black and minority ethnic background involved in gang activity and who had experienced trauma. Both interventions were being evaluated. The chaplaincy offered the Sycamore Tree victim awareness course, and Oxleas Interventions provided a range of substance misuse-related interventions for prisoners (see paragraph 2.84)
- 4.31** Catch 22 resettlement workers helped prisoners to obtain photographic identification and open bank accounts while they were still at Isis. A money management course was provided by Novus. Prisoners who would be managed by the CRC on release could attend a Catch 22 'Getting it Right' course, which included financial management input from an external organisation. The resettlement workers contacted courts about outstanding fines on behalf of prisoners and could help them complete letters to creditors. Jobcentre Plus staff were on site to help prisoners set up benefits claims and appointments, and there was support for writing CVs and disclosure of offences.
- 4.32** Figures provided by Catch 22 showed that in the first six months of 2018 almost 70% of the 329 prisoners released went to live with family or friends. Accommodation services were provided by the Depaul UK charity on behalf of St Mungo's. In the same six months, 109 prisoners had been referred to them and 97 had secured release accommodation; 12 prisoners had been released without accommodation. There was no data on the sustainability of accommodation after release.
- 4.33** The prison had used release on temporary licence (ROTL) 22 times for six different prisoners in the previous six months. Although still low, this was an improvement on the previous inspection, when there had been no use of ROTL. It was used mainly to promote family ties, but a prisoner who had secured employment on release was able to start work in the week before his release, returning to the prison each evening. The prison was actively working to increase employment opportunities for prisoners, both through ROTL and post release, including hosting job fairs. Catch 22 could refer prisoners assessed as ready for employment for support with finding work.

Recommendation

- 4.34** The prison should provide sufficient resources, including offending behaviour programmes, for prisoners to address all of their offending behaviour while at Isis.

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.35** The prison had released an average of 55 prisoners a month over the previous six months. Prisoners had the chance to see a Catch 22 resettlement caseworker in the last three months of their sentence (including three months before their HDC date, if eligible) to review and update their resettlement plans. Some prisoners had less than three months to serve when they arrived at Isis, which reduced the time for resettlement planning. Most plans covered the key issues, and there was evidence of follow up of cases. Resettlement plans were completed on OASys assessments and also copied to the responsible officer in the community.
- 4.36** Suitable arrangements were in place for the prisoner's day of release. An officer went through their licence requirements with them, their stored property was returned and they were given fares to home areas and, if eligible, a discharge grant. Clean non-prison clothing was available for prisoners with nothing suitable to wear, but there were no unmarked bags for them to carry their property.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1** **Concern:** Use of force incidents had continued to rise and were too high, with many resulting in full and prolonged restraint. Too many incidents were in response to non-compliance, many incidents could have been prevented, and there was a lack of focus on de-escalation. Governance arrangements had not addressed missing documentation and the failure to activate body-worn video cameras during incidents.

Recommendation: Use of force incidents should be subject to rigorous scrutiny to ensure that force is only used as a last resort and not in response to non-compliance. Failure to de-escalate an incident, activate body-worn video cameras or complete essential paperwork in a timely manner should be challenged robustly. (S38)

- 5.2** **Concern:** The promotion of equality and diversity work was still not sufficiently prioritised and the needs of some protected groups were not met. The communication, welfare and legal needs of foreign national prisoners were not routinely identified and met. Young adults were not managed as a group that were distinct or with awareness of their developmental needs.

Recommendation: Work to promote equality and diversity should be given a higher priority throughout the prison. Prisoners with protected characteristics should be identified early and their needs met. A priority is the improvement in support offered to foreign national prisoners and prisoners under 25. (S39)

- 5.3** **Concern:** Attendance at education and training remained too low. Prisoners on vocational courses had insufficient opportunity to gain accredited qualifications.

Recommendation: Leaders and managers should ensure that prisoners attend education and training regularly and on time. Opportunities to take accredited qualifications should be increased. (S40)

- 5.4** **Concern:** The risk management processes were not robust enough to provide oversight of all prisoners who were eligible for multi-agency public protection arrangements (MAPPA).

Recommendation: All prisoners who present a medium or higher risk of serious harm to others should be subject to robust oversight as they approach release to ensure there are adequate risk management arrangements in place. This includes, where appropriate, confirmation of multi-agency public protection arrangements (MAPPA) management levels. (S41)

Recommendations

To HMPPS

Reducing risk, rehabilitation and progression

- 5.5** Prisoners who require an offender assessment system (OASys) assessment should not be transferred to Isis without one that is up to date. (4.23)
- 5.6** The number of Bail Accommodation and Support Services hostel places should be increased to enable the prompt release of prisoners on home detention curfew. (4.26)
- 5.7** Prisoners should be transferred to other prisons for their progression or to complete sentence plan targets as early as possible. (4.27)

Recommendations

To the governor

Early days in custody

- 5.8** There should be a robust process to locate prisoners' property that is missing or lost from other prisons. (1.10)
- 5.9** The safer custody screening assessment should ensure that relevant information about new arrivals is passed on to first night and induction staff, and there should be enhanced checks of all new arrivals during their first night in custody. (1.11)
- 5.10** New arrivals should be given all essential basic items and offered a shower before they are locked up on their first night. (1.12)
- 5.11** The induction programme should provide sufficient information to cover key aspects of life at Isis, and be regularly reviewed by staff and managers. (1.13)

Managing behaviour

- 5.12** Managers should ensure that the behaviour management process is properly utilised to address poor behaviour and motivate good behaviour. (1.22)
- 5.13** The use of any form of special accommodation should be subject to appropriate governance. (1.33)
- 5.14** Action should be taken to reduce the disproportionate number of segregated prisoners aged under 21. (1.39)

Safeguarding

- 5.15** Assessment, care in custody and teamwork (ACCT) case managers should ensure that all relevant incidents and case notes are considered at each review. (1.51)
- 5.16** The number of trained Listeners should be increased. (1.52)
- 5.17** The local safeguarding policy should be communicated to ensure that all staff understand their responsibilities for adult safeguarding at Isis. (1.55)

Staff-prisoner relationships

- 5.18** The prison should explore further and consult with prisoners to understand and address their negative perceptions of staff reported in our survey. (2.4)

Daily life

- 5.19** Staff should answer cell bells correctly and respond to prisoners within five minutes. (2.13, repeated recommendation 2.10)
- 5.20** Breakfast packs should be issued on the day they are to be eaten. (2.19)
- 5.21** Meals should be served at standard meal times. (2.20)
- 5.22** Wing serveries and food trolleys should be clean and well maintained, serveries should be properly supervised and monitored by staff, and servery workers should wear appropriate protective clothing. (2.21)

Equality, diversity and faith

- 5.23** Prison staff should work with health care to identify all prisoners with disabilities, including mental health and learning disabilities. Residential staff should receive appropriate training, and support for these groups should be coordinated. (2.44)
- 5.24** All officers supervising faith services should wear earpieces and keep noise to a minimum. (2.50)

Health, well-being and social care

- 5.25** There should be effective monitoring to ensure that all emergency resuscitation equipment is in good order, and emergency medication should be stored appropriately. (2.61)
- 5.26** All custody officers should receive regular mental health awareness training to enable them to recognise and support prisoners with mental health problems. (2.83)
- 5.27** Nurses should be reminded of the correct way to carry out basic processes and techniques to ensure effective hygienic administration of medication. (2.99)
- 5.28** The administration of all medication, including opiate substitution therapy, should ensure patient confidentiality, and officer supervision of administration should enable compliance and minimise the risk of diversion. (2.100)
- 5.29** There should be robust procedures to ensure that heat-sensitive medicines are appropriately stored and fridge temperatures are recorded regularly, with remedial actions recorded when temperatures fall out of the required range of 2-8°C. (2.101, repeated recommendation 2.69)

Time out of cell

- 5.30** Prisoners should have a minimum of 10 hours a day out of their cell. (3.11)
- 5.31** The prison should work with the library staff to increase prisoner attendance and maximise the benefit of this valuable resource. (3.12)

Education, skills and work activities

- 5.32** Observations of teaching and learning and tutors' professional development should lead to consistently good teaching. (3.22)
- 5.33** Novus managers should monitor the progress prisoners make during their courses, and intervene when this is not as expected. (3.23)
- 5.34** Tutors and trainers should plan learning activities more effectively to ensure that all prisoners make good progress. (3.29)
- 5.35** Tutors should ensure that prisoners are challenged sufficiently to reach their potential, and are able to retain their new knowledge and skills. (3.30)
- 5.36** Tutors should routinely mark prisoners' work to ensure they know how to improve their work and do so. (3.31)
- 5.37** Prison leaders and managers should promote prisoner learning and positive attitudes to work through ensuring a high rate of attendance and punctuality in education and training. (3.35)
- 5.38** Novus managers should further improve prisoners' achievement of level 2 English qualifications to increase their chances of gaining sustained employment or training on release. (3.39)

Reducing risk, rehabilitation and progression

- 5.39** Casework, professional supervision and personal development should be provided to all offender supervisors, whatever their professional background. (4.24)
- 5.40** All prisoners should have a sentence plan with targets and objectives to reduce their risk and likelihood of reoffending, and receive regular support and encouragement to achieve these. (4.25)

Interventions

- 5.41** The prison should provide sufficient resources, including offending behaviour programmes, for prisoners to address all of their offending behaviour while at Isis. (4.34)

Examples of good practice

- 5.42** The prison was now fully staffed following an innovative local recruitment campaign. (2.5)
- 5.43** The rapid-response prisoner 'odd-job' men carried out minor repair work quickly, which helped to maintain a respectful environment. (2.14)
- 5.44** The governor and her senior team were regularly available on the wings and during free-flow movement, which meant that prisoners could quickly resolve minor issues without having to make formal complaints. (2.29)
- 5.45** Peer health care representatives were used effectively to help others engage in the service, and contributed to service developments. (2.69)

- 5.46** There was an active and impressive approach to blood-borne virus screening and treatment. (2.70)

- 5.47** The behavioural change work with drug dealers and the family interventions programme were innovative and responsive to need. (2.90)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Deborah Butler	Team leader
Francesca Cooney	Inspector
Ian Dickens	Inspector
Keith Humphreys	Inspector
Angela Johnson	Inspector
Gordon Riach	Inspector
Paul Tarbuck	Inspector
Sharlene Andrew	Researcher
Charli Bradley	Researcher
Helen Ranns	Researcher
Emma Seymour	Researcher
Joe Simmonds	Researcher
Maureen Jamieson	Lead health and social care inspector
Steve Eley	Health and social care inspector
Anne Melrose	Specialist pharmacist inspector, Care Quality Commission
Lynda Day	Care Quality Commission inspector
Phil Romain	Ofsted lead inspector
Bob Cowdrey	Ofsted inspector
Martin Hughes	Ofsted inspector
Steve Lambert	Ofsted inspector
Maria Navarro	Ofsted inspector
John Steele	HMI Prisons chief communications officer (observer)
Caroline Hacker	Care Quality Commission (observer)

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, the prison failed to provide appropriate support and decent living conditions for new arrivals. Too many prisoners felt unsafe and levels of violence were too high, with limited interventions to manage perpetrators or support victims. The quality of case management plans for prisoners at risk of suicide or self-harm was reasonably good, but too many prisoners were locked up with nothing to do. Vulnerable prisoners had limited access to work and education. The incentives scheme was not effective. Adjudication procedures were well managed, although overused. Governance of use of force was good but levels of use were high. The segregation environment was positive but the regime was poor. Management of substance misuse services was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The prison should ensure that all aspects of early days procedures are improved to provide better support for new arrivals to the prison. (S39)

Partially achieved

The number of fights and assaults should be reduced and the prison should monitor and address prisoner perceptions about their safety. Governance of prisoners on formal violence reduction measures should be improved. There should be a purposeful and structured regime for such prisoners, and planned interventions to address bullying behaviour and support victims. (S40)

Partially achieved

Recommendations

Prison escort vans should be clean and free from graffiti. (1.2, repeated recommendation 1.3)

Achieved

Prisoners arriving during the staff lunch period should be disembarked from escort vans immediately. (1.3, repeated recommendation 1.5)

Achieved

Safer custody officers should be allocated sufficient time to carry out their duties. (1.15)

Achieved

The prison should ensure that prisoners in crisis do not spend long periods locked up without activity. (I.21)

Achieved

Prisoners on an open assessment, care in custody and teamwork (ACCT) case management document should only be segregated in well-documented exceptional circumstances. (I.22)

Achieved

The prison should develop a detailed drug supply reduction strategy and action plan. (I.30, repeated recommendation I.49)

Achieved

The mandatory drug testing programme should be sufficiently resourced to undertake the required level of suspicion testing. (I.31, repeated recommendation I.48)

Achieved

Prisoners should only be placed on and remain on closed visits when there is sufficient intelligence relating to visits to support it. (I.32, repeated recommendation I.50)

Achieved

The prison should explore and address prisoners' poor perceptions of the incentives and earned privileges scheme, to ensure the scheme is both legitimate and effective. (I.36, repeated recommendation I.56)

Not achieved

The prison should examine the differentials between standard and enhanced levels of the IEP scheme to provide a greater incentive for good behaviour. (I.37)

Achieved

The regime for prisoners on basic should be improved and include access to showers and telephones every day. (I.38, repeated recommendation I.55)

Achieved

The adjudication standardisation meeting should explore and seek to reduce the high number of adjudications. (I.41)

Achieved

Use of force, particularly as a consequence of prisoner non-compliance, and use of handcuffs should be further reduced. (I.46, repeated recommendation I.68)

Not achieved

The use of segregation should be reduced. (I.53, repeated recommendation I.76)

Not achieved

The quality of documents authorising segregation should be improved and should include meaningful targets for prisoners. (I.54, repeated recommendation I.78)

Achieved

The regime in the segregation unit should be improved and should include daily access to showers, telephone calls and one hour of outside exercise. (I.55, repeated recommendation I.77)

Achieved

The clinical substance misuse service should include naltrexone and lofexidine as treatment options for opiate dependent prisoners working towards and wanting to maintain abstinence. (I.60, repeated recommendation I.86)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, living conditions for some prisoners were unacceptable, with dirt and graffiti in many areas. The restricted regime prevented daily access to showers and telephone calls home. Prisoners were negative about staff and, despite some of the positive and supportive interactions we saw, relationships between staff and prisoners were strained. Given the diverse population at Isis, it was unacceptable that work to promote equality remained as bad as it was at the last inspection. This was compensated somewhat by good support and faith services provided by the chaplaincy. Health care provision was good. Prisoners were positive about the food they received. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Staff should actively engage with prisoners and help support them through their sentence. They should challenge inappropriate conduct and behave fairly and consistently while responding to meet their basic needs. Prisoners should have a nominated individual officer they can turn to for support or to resolve problems in the prison. (S41)

Partially achieved

The management and promotion of equality work should be robust and informed by routine consultation with groups with protected characteristics and effective use of prisoner representatives. (S42)

Not achieved

Recommendations

All residential units, including cells and communal areas, should be clean, free from graffiti and properly maintained. (2.8, repeated recommendation 2.8)

Achieved

All cells should be equipped with televisions, kettles and adequate cell furniture. (2.9)

Achieved

Staff should answer cell bells correctly and respond to prisoners within five minutes. (2.10)

Not achieved (recommendation repeated, 2.13)

Prisoners should be able to access adequate clean clothing and bedding consistently. (2.11, repeated recommendation 2.9)

Achieved

The staff resources for equality and diversity work should be consistently available and sufficient to meet need. (2.21)

Achieved

The prison should develop and implement a programme to challenge racist and discriminatory prisoner behaviour at Isis. (2.22, repeated recommendation 2.25)

No longer relevant

Immigration detainees should be transferred promptly to a facility more suitable for their needs (2.31)

Not achieved

The prison should provide a coordinated approach to managing the needs of foreign national prisoners, ensure that all essential information is translated into the necessary languages, and that foreign national prisoners have access to free independent immigration advice. (2.32)

Not achieved

The prison should develop and promote more information and support services for gay and bisexual prisoners. (2.33)

Not achieved

Complaints processes should be consistently implemented, prisoners should always receive responses that are courteous and address the issues raised, and complaints against staff should be investigated thoroughly. (2.39)

Achieved

Patient forums should be established to provide systematic opportunities for prisoners to contribute to the development of health services. (2.50)

Achieved

There should be a well-advertised programme of coordinated, multiagency health promotion initiatives. (2.51)

Achieved

Health staff should share all non-health related risk issues that emerge from the health screening of new arrivals with the safer custody team. (2.56)

Achieved

Prisoner access to the optician should be equivalent to that in the community. (2.57)

Achieved

The health care department should monitor the non-attendance rate and ensure it is maintained at under 10%, and prisoners should not have excessive waits in the health care department before or after health appointments. (2.58)

Achieved

There should be discrete and safe waiting areas in the health care centre for prisoners with vulnerabilities. (2.59)

Achieved

There should be additional pharmaceutical services, such as medicine use reviews, to enable better health outcomes for patients. (2.66)

Achieved

Medicine queues should be fully supervised by prison staff. (2.67)

Not achieved

Patient group directions should be introduced to enable the supply of more potent medication by the pharmacist and/or nurse. (2.68)

Achieved

There should be robust procedures to ensure that heat-sensitive medicines are appropriately stored and fridge temperatures are recorded regularly, with remedial actions recorded when temperatures fall out of the required range of 2-8°C. (2.69)

Not achieved (recommendation repeated, 2.101)

Relevant and in-date pharmacy policies (standard operating procedures) should be in place and signed by all staff who use them. (2.70)

Achieved

All prisoners identified as requiring enhanced input through the care programme approach (CPA) should have comprehensive CPA plans that demonstrate a full assessment and appropriate identification of care needs. (2.77)

Achieved

Breakfast packs should be issued on the day they are to be eaten, meals should be served at standard meal times, and lunch should be served from the servery. (2.82)

Not achieved

Wing serveries and food trolleys should be clean and well maintained, serveries should be properly supervised by staff, and servery workers should wear appropriate protective clothing. (2.83)

Not achieved

New arrivals should be able to buy items from the prison shop within their first 24 hours. (2.85, repeated recommendation 2.97)

Not achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2016, it was unacceptable that prisoners in a category C training facility holding a young population were subjected to such a severely restricted regime. Our roll checks found that only a third of the population were in purposeful activity and 40% were locked up during the core day. The management of learning, skills and work required improvement. Fewer prisoners attended education. There was not enough vocational training and not all activity spaces were filled. Attendance was low in some areas, but punctuality and behaviour in sessions were generally good. Most prisoners were working towards and achieved a qualification, but achievements in the critical areas of English and mathematics were not good enough. Teaching, learning and assessment required improvement. Too many prisoners did not have good access to the library. PE continued to be a good provision. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

Prisoners should be able to access a full prison regime every day, including all planned activities and opportunities to maximise their learning, ensure their personal hygiene needs are met, and have the opportunity to maintain regular telephone contact with family and friends. (S43)

Achieved

Additional activity places should be provided urgently to meet the needs of the population. (S44)

Achieved

Recommendations

The prison should offer prisoners at least one hour's exercise in the fresh air each day. (3.3, repeated recommendation 3.5)

Not achieved

Allocation of prisoners to activities should ensure that the maximum number benefit from the spaces available while meeting their sentence planning needs. (3.9)

Achieved

Prison leaders and managers should improve action planning for activities, including the setting of challenging targets, to ensure swift improvements. (3.10)

Partially achieved

A wider range of work opportunities, including support towards the development of English and mathematics skills, should be provided to prisoners on the safer custody spur. (3.15)

No longer relevant

Prisoners' development of English and mathematics skills should be improved across all activities, and in particular their achievement rates at level 2. (3.22)

Achieved

Tutors and trainers should plan learning more effectively to ensure that all prisoners make good progress. (3.23)

Not achieved

Target-setting for individual prisoners should be further developed to make sure that they know what they need to do to improve. (3.24)

Not achieved

Prison leaders and managers should ensure a high rate of attendance at activities to maximise prisoners' learning and engagement opportunities. (3.28)

Not achieved

There should be improved access to the library for prisoners not participating in education and vocational training. (3.33)

Not achieved

Prison managers should offer more accredited PE qualifications, and should consider opening the PE facilities in the evenings. (3.37)

Partially achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2016, strategic management of resettlement was reasonably good, and integration between resettlement, offender management and the community rehabilitation company (CRC) was developing well. Offender management contact with prisoners and quality of the work were inconsistent. There was still a backlog of incomplete OASys (offender assessment system) assessments, which affected contact time. Many formal sentence plans were insufficient to address prisoner risk and need, but there were examples of positive work. There continued to be substantial delays in home detention curfew (HDC) releases. Public protection arrangements were good. Reintegration planning was reasonable and work on most resettlement pathways was good. The number of prisoners who were released into work was impressive. The visits experience needed to improve. There was not enough essential offender behaviour work. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All appropriate prisoners should have a completed and up-to-date OASys assessment and sentence plan based on this information. Sentence plans should address identified risk factors, and offender supervisors should engage effectively with prisoners to help them meet these objectives. (S45)

Not achieved

Recommendations

The prison should pursue a 'whole prison' approach to resettlement and encourage and support staff from all departments, especially personal officers, to take an active role in the work of the offender management unit in assessing and implementing prisoner objectives to reduce their risk of reoffending. (4.5, repeated recommendation 4.7)

Not achieved

Prisoners should not be transferred to Isis without an up-to-date offender assessment system (OASys) assessment. (4.6, repeated recommendation 4.17)

Not achieved

There should be casework reviews and regular professional supervision for all offender supervisors to ensure consistent standards of service delivery and effective case management. (4.16, repeated recommendation 4.19)

Not achieved

Delays in home detention curfew releases should be minimised. (4.17)

Not achieved

The prison should increase the opportunity for prisoners to access release on temporary licence. (4.18)

Achieved

Prisoners being considered for recategorisation should have an up-to-date OASys assessment completed, including a risk assessment, before they are approved for category D status. (4.21)

Achieved

Quality assurance of resettlement provision should focus on both resettlement plans and progress at the point of release to improve outcomes for prisoners. (4.26)

Not achieved

Staff from the offender management unit should share prisoners' sentence plans with resettlement and learning and skills staff to ensure that prisoners' needs are prioritised. (4.32)

No longer relevant

The prison should undertake regular analyses to establish the extent of prisoners' debt problems, and provide appropriate and sufficient support and guidance to prisoners. (4.36)

Partially achieved

The prison should offer sufficient flexibility to ensure prisoners can receive their full visits entitlement. (4.40)

Achieved

The prison should fully explore the offending behaviour profile of its population and ensure that it provides sufficient work, including offending behaviour programmes, to address this need effectively. (4.44)

Not achieved

Appendix III: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	126	466	97.2%
Recall	5	11	2.6%
Detainees	0	1	0.2%
Total	131	478	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	1	0.2%
Six months to less than 12 months	2	1	0.49%
12 months to less than 2 years	8	28	5.9
2 years to less than 4 years	80	219	49%
4 years to less than 10 years	39	219	42%
10 years and over (not life)	2	10	2%
Total	131	478	100

Age	Number of prisoners	%
Under 21 years	131	21.5%
21 years to 29 years	286	47.0%
30 years to 39 years	130	21.3%
40 years to 49 years	48	7.9%
50 years to 59 years: <i>maximum age=59</i>	14	2.3%
Total	609	100

Nationality	18–20 yr olds	21 and over	%
British	109	432	
Foreign nationals	22	45	
Total	131	477	

Security category	18–20 yr olds	21 and over	%
Category B	0	1	.2
Category C	1	458	75.4
Category D	0	14	2.3
Other – YOI closed	130	5	22.2
Total	131	478	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	28	109	22.5
Irish	3	5	1.3
Gypsy/Irish Traveller	0	10	1.6
Other white	8	26	5.6
Mixed			
White and black Caribbean	10	21	5.1
White and black African	5	4	1.5
White and Asian	0	2	0.3
Other mixed	5	15	3.3
Asian or Asian British			
Indian	1	9	1.6
Pakistani	0	8	1.3
Bangladeshi	4	16	3.3
Other Asian	2	17	3.1
Black or black British			
Caribbean	24	99	20.2
African	19	56	12.3
Other black	20	60	13.1
Other ethnic group	1	18	3.1
Not stated			
Total	131	478	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.2
Church of England	13	60	12.0
Roman Catholic	24	92	19.0
Other Christian denominations	31	92	20.2
Muslim	43	155	32.5
Sikh	0	4	0.7
Hindu	0	3	0.5
Buddhist	0	5	0.8
Jewish	0	2	0.3
Other	1	7	1.3
No religion	19	57	12.5
Total			100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	13	2.1	57	9.4
1 month to 3 months	33	5.4	114	18.7
3 months to six months	49	8.0	121	19.9
Six months to 1 year	27	4.4	131	21.5
1 year to 2 years	9	1.5%	50	8.2%
2 years to 4 years	0	0.0%	3	0.5%
4 years or more	0	0.0%	1	0.2%
Total				

Main offence	18–20 yr olds	21 and over	%
Violence against the person	23	78	16.3
Burglary	7	64	11.5
Robbery	17	60	12.4
Theft and handling	0	18	2.9
Fraud and forgery	0	7	1.1
Drugs offences	67	191	41.6
Other offences	32	56	14.2
Total	136	454	100

Appendix IV: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.¹⁹

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.²⁰ In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.²¹ Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 23 July 2018, the prisoner population at HMP/YOI Isis was 616. Using the sampling method described above, questionnaires were distributed to 205 prisoners. We received a total of 184 completed questionnaires, a response rate of 90%. Nine prisoners declined to participate in the survey and 12 questionnaires were either not returned at all, or returned blank.

¹⁹ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

²⁰ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

²¹ For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP/YOI Isis. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.²² Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP/YOI Isis 2017 compared with those from other HMI Prisons surveys²³

- Survey responses from HMP/YOI Isis in 2018 compared with survey responses from the most recent inspection at all other category C training prisons.
- Survey responses from HMP/YOI Isis in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP/YOI Isis in 2018 compared with survey responses from HMP/YOI Isis in 2016.

Comparisons between sub-populations of prisoners within HMP/YOI Isis in 2018²⁴

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 25 and under compared with those over 25.
- Responses of prisoners aged 21 and under compared with those over 21.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.²⁵

In the comparator analyses, statistically significant differences are indicated by shading.²⁶ Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

²² Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

²³ These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

²⁴ These analyses are carried out on summary data from selected survey questions only.

²⁵ A minimum of 10 responses which must also represent at least 10% of the total response.

²⁶ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

I.1	What wing or house block are you currently living on?	
	A wing	22 (12%)
	B wing	24 (13%)
	C wing	24 (13%)
	D wing	20 (11%)
	E wing	26 (14%)
	F wing	25 (14%)
	G wing	19 (10%)
	H wing	21 (11%)
	Segregation unit	3 (2%)
I.2	How old are you?	
	Under 21	42 (23%)
	21 - 25	63 (35%)
	26 - 29	25 (14%)
	30 - 39	31 (17%)
	40 - 49	10 (5%)
	50 - 59	11 (6%)
	60 - 69	0 (0%)
	70 or over	0 (0%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	32 (18%)
	White - Irish	2 (1%)
	White - Gypsy or Irish Traveller	5 (3%)
	White - any other White background	3 (2%)
	Mixed - White and Black Caribbean	14 (8%)
	Mixed - White and Black African	3 (2%)
	Mixed - White and Asian	0 (0%)
	Mixed - any other Mixed ethnic background	8 (4%)
	Asian/ Asian British - Indian	4 (2%)
	Asian/ Asian British - Pakistani	3 (2%)
	Asian/ Asian British - Bangladeshi	11 (6%)
	Asian/ Asian British - Chinese	0 (0%)
	Asian - any other Asian Background	4 (2%)
	Black/ Black British - Caribbean	47 (26%)
	Black/ Black British - African	30 (17%)
	Black - any other Black/ African/ Caribbean background	12 (7%)
	Arab	2 (1%)
	Any other ethnic group	0 (0%)
I.4	How long have you been in this prison?	
	Less than 6 months	73 (40%)
	6 months or more	108 (60%)
I.5	Are you currently serving a sentence?	
	Yes	175(96%)
	Yes - on recall	7 (4%)
	No - on remand or awaiting sentence	0 (0%)
	No - immigration detainee	1 (1%)

1.6 How long is your sentence?

Less than 6 months	2 (1%)
6 months to less than 1 year	12 (7%)
1 year to less than 4 years	94 (51%)
4 years to less than 10 years	68 (37%)
10 years or more	5 (3%)
IPP (indeterminate sentence for public protection)	1 (1%)
Life	0 (0%)
Not currently serving a sentence	1 (1%)

Arrival and reception**2.1 Were you given up-to-date information about this prison before you came here?**

Yes	21 (12%)
No	146 (81%)
Don't remember	14 (8%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours	83 (45%)
2 hours or more	90 (49%)
Don't remember	10 (5%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes	135 (75%)
No	38 (21%)
Don't remember	8 (4%)

2.4 Overall, how were you treated in reception?

Very well	28 (15%)
Quite well	109 (60%)
Quite badly	29 (16%)
Very badly	14 (8%)
Don't remember	3 (2%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers	56 (31%)
Contacting family	64 (35%)
Arranging care for children or other dependants	7 (4%)
Contacting employers	8 (4%)
Money worries	37 (20%)
Housing worries	37 (20%)
Feeling depressed	54 (30%)
Feeling suicidal	20 (11%)
Other mental health problems	28 (15%)
Physical health problems	26 (14%)
Drug or alcohol problems (e.g. withdrawal)	23 (13%)
Problems getting medication	34 (19%)
Needing protection from other prisoners	11 (6%)
Lost or delayed property	59 (32%)
Other problems	31 (17%)
Did not have any problems	41 (23%)

2.6	Did staff help you to deal with these problems when you first arrived?			
	Yes			30 (17%)
	No			106 (60%)
	Did not have any problems when I first arrived			41 (23%)
First night and induction				
3.1	Before you were locked up on your first night here, were you offered any of the following things?			
	Tobacco or nicotine replacement			132 (72%)
	Toiletries / other basic items			98 (54%)
	A shower			56 (31%)
	A free phone call			91 (50%)
	Something to eat			148 (81%)
	The chance to see someone from health care			114 (62%)
	The chance to talk to a Listener or Samaritans			37 (20%)
	Support from another prisoner (e.g. Insider or buddy)			37 (20%)
	Wasn't offered any of these things			11 (6%)
3.2	On your first night in this prison, how clean or dirty was your cell?			
	Very clean			10 (5%)
	Quite clean			64 (35%)
	Quite dirty			45 (25%)
	Very dirty			62 (34%)
	Don't remember			2 (1%)
3.3	Did you feel safe on your first night here?			
	Yes			126 (70%)
	No			47 (26%)
	Don't remember			8 (4%)
3.4	In your first few days here, did you get:	Yes	No	Don't remember
	Access to the prison shop / canteen?	57 (31%)	109 (59%)	18 (10%)
	Free PIN phone credit?	129 (71%)	42 (23%)	10 (6%)
	Numbers put on your PIN phone?	90 (51%)	80 (45%)	6 (3%)
3.5	Did your induction cover everything you needed to know about this prison?			
	Yes			85 (46%)
	No			91 (50%)
	Have not had an induction			7 (4%)
On the wing				
4.1	Are you in a cell on your own?			
	Yes			91 (50%)
	No, I'm in a shared cell or dormitory			92 (50%)
4.2	Is your cell call bell normally answered within 5 minutes?			
	Yes			30 (16%)
	No			126 (68%)
	Don't know			27 (15%)
	Don't have a cell call bell			1 (1%)

4.3	Please answer the following questions about the wing or house block you are currently living on:			
		Yes	No	Don't know
	Do you normally have enough clean, suitable clothes for the week?	119 (67%)	56 (32%)	2 (1%)
	Can you shower every day?	164 (92%)	13 (7%)	2 (1%)
	Do you have clean sheets every week?	90 (50%)	81 (45%)	8 (4%)
	Do you get cell cleaning materials every week?	71 (40%)	103 (58%)	4 (2%)
	Is it normally quiet enough for you to relax or sleep at night?	111 (63%)	64 (36%)	2 (1%)
	Can you get your stored property if you need it?	49 (28%)	78 (44%)	51 (29%)
4.4	Normally, how clean or dirty are the communal / shared areas of your wing or house block (landings, stairs, wing showers etc.)?			
	Very clean			21 (12%)
	Quite clean			88 (49%)
	Quite dirty			41 (23%)
	Very dirty			29 (16%)
Food and canteen				
5.1	What is the quality of food like in this prison?			
	Very good			16 (9%)
	Quite good			104 (58%)
	Quite bad			43 (24%)
	Very bad			17 (9%)
5.2	Do you get enough to eat at mealtimes?			
	Always			39 (22%)
	Most of the time			55 (31%)
	Some of the time			54 (30%)
	Never			32 (18%)
5.3	Does the shop / canteen sell the things that you need?			
	Yes			107 (59%)
	No			68 (38%)
	Don't know			6 (3%)
Relationships with staff				
6.1	Do most staff here treat you with respect?			
	Yes			87 (48%)
	No			94 (52%)
6.2	Are there any staff here you could turn to if you had a problem?			
	Yes			91 (51%)
	No			89 (49%)
6.3	In the last week, has any member of staff talked to you about how you are getting on?			
	Yes			40 (22%)
	No			142 (78%)

6.4	How helpful is your personal or named officer?	
	Very helpful	11 (6%)
	Quite helpful	19 (11%)
	Not very helpful	17 (10%)
	Not at all helpful	27 (15%)
	Don't know	29 (16%)
	Don't have a personal / named officer	74 (42%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly	38 (21%)
	Sometimes	55 (30%)
	Hardly ever	75 (41%)
	Don't know	13 (7%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	65 (37%)
	No	112 (63%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change	33 (18%)
	Yes, but things don't change	45 (25%)
	No	66 (36%)
	Don't know	37 (20%)

Faith

7.1	What is your religion?	
	No religion	27 (15%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	85 (46%)
	Buddhist	0 (0%)
	Hindu	1 (1%)
	Jewish	0 (0%)
	Muslim	62 (34%)
	Sikh	2 (1%)
	Other	6 (3%)
7.2	Are your religious beliefs respected here?	
	Yes	106 (59%)
	No	32 (18%)
	Don't know	15 (8%)
	Not applicable (no religion)	27 (15%)
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	
	Yes	99 (54%)
	No	14 (8%)
	Don't know	43 (23%)
	Not applicable (no religion)	27 (15%)
7.4	Are you able to attend religious services, if you want to?	
	Yes	134 (74%)
	No	17 (9%)
	Don't know	4 (2%)
	Not applicable (no religion)	27 (15%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	34 (19%)
	No	146 (81%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	106 (60%)
	No	71 (40%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	156 (87%)
	No	23 (13%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	28 (16%)
	Quite easy	58 (32%)
	Quite difficult	41 (23%)
	Very difficult	38 (21%)
	Don't know	14 (8%)
8.5	How often do you have visits from family or friends?	
	More than once a week	6 (3%)
	About once a week	27 (15%)
	Less than once a week	112 (63%)
	Not applicable (don't get visits)	33 (19%)
8.6	Do visits usually start and finish on time?	
	Yes	69 (49%)
	No	71 (51%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	92 (67%)
	No	46 (33%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	87 (49%)
	Yes, but these times are not usually kept to	57 (32%)
	No	35 (20%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	30 (17%)
	2 to 6 hours	112 (63%)
	6 to 10 hours	22 (12%)
	10 hours or more	1 (1%)
	Don't know	14 (8%)

9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	52 (29%)
	2 to 6 hours	115 (64%)
	6 to 10 hours	3 (2%)
	10 hours or more	0 (0%)
	Don't know	9 (5%)
9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?	
	None	6 (3%)
	1 or 2	28 (15%)
	3 to 5	36 (20%)
	More than 5	101 (56%)
	Don't know	10 (6%)
9.5	How many days in a typical week do you get association, if you want it?	
	None	7 (4%)
	1 or 2	18 (10%)
	3 to 5	20 (11%)
	More than 5	121 (67%)
	Don't know	15 (8%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None	7 (4%)
	1 or 2	11 (6%)
	3 to 5	20 (11%)
	More than 5	134 (74%)
	Don't know	8 (4%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more	106 (59%)
	About once a week	15 (8%)
	Less than once a week	14 (8%)
	Never	44 (25%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more	16 (9%)
	About once a week	40 (22%)
	Less than once a week	45 (25%)
	Never	79 (44%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes	33 (19%)
	No	64 (36%)
	Don't use the library	79 (45%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?	
	Yes	119 (66%)
	No	48 (27%)
	Don't know	13 (7%)

10.2	If you have made any applications here, please answer the questions below:	Yes	No	Not made any applications	
	Are applications usually dealt with fairly?	81 (47%)	75 (44%)	15 (9%)	
	Are applications usually dealt with within 7 days?	82 (48%)	75 (44%)	15 (9%)	
10.3	Is it easy for you to make a complaint?				
	Yes			104 (57%)	
	No			42 (23%)	
	Don't know			35 (19%)	
10.4	If you have made any complaints here, please answer the questions below:	Yes	No	Not made any complaints	
	Are complaints usually dealt with fairly?	35 (20%)	80 (47%)	57 (33%)	
	Are complaints usually dealt with within 7 days?	36 (21%)	77 (45%)	57 (34%)	
10.5	Have you ever been prevented from making a complaint here when you wanted to?				
	Yes			39 (22%)	
	No			91 (51%)	
	Not wanted to make a complaint			49 (27%)	
10.6	In this prison, is it easy or difficult for you to...	Easy	Difficult	Don't know	Don't need this
	Communicate with your solicitor or legal representative?	46 (26%)	52 (30%)	43 (25%)	33 (19%)
	Attend legal visits?	47 (28%)	29 (17%)	58 (35%)	34 (20%)
	Get bail information?	11 (7%)	38 (23%)	61 (37%)	57 (34%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?				
	Yes				64 (36%)
	No				58 (32%)
	Not had any legal letters				58 (32%)

Health care

11.1	How easy or difficult is it to see the following people?	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	11 (6%)	52 (29%)	50 (28%)	46 (26%)	21 (12%)
	Nurse	24 (13%)	79 (44%)	36 (20%)	23 (13%)	17 (9%)
	Dentist	8 (4%)	36 (20%)	50 (28%)	62 (35%)	23 (13%)
	Mental health workers	13 (7%)	41 (23%)	21 (12%)	37 (21%)	66 (37%)

11.2	What do you think of the quality of the health service from the following people?					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	17 (9%)	64 (36%)	34 (19%)	34 (19%)	30 (17%)
	Nurse	16 (9%)	68 (39%)	36 (21%)	36 (21%)	18 (10%)
	Dentist	12 (7%)	43 (25%)	28 (16%)	34 (19%)	58 (33%)
	Mental health workers	11 (6%)	41 (24%)	11 (6%)	24 (14%)	86 (50%)
11.3	Do you have any mental health problems?					
	Yes					63 (35%)
	No					115 (65%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					19 (11%)
	No					43 (24%)
	Don't have any mental health problems					115 (65%)
11.5	What do you think of the overall quality of the health services here?					
	Very good					10 (6%)
	Quite good					69 (39%)
	Quite bad					36 (20%)
	Very bad					45 (25%)
	Don't know					18 (10%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?		
	Yes		49 (28%)
	No		126 (72%)
12.2	If you have a disability, are you getting the support you need?		
	Yes		19 (11%)
	No		30 (17%)
	Don't have a disability		126 (72%)
12.3	Have you been on an ACCT in this prison?		
	Yes		25 (14%)
	No		148 (86%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?		
	Yes		9 (5%)
	No		15 (9%)
	Have not been on an ACCT in this prison		148 (86%)

12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	19 (11%)
	Quite easy	39 (22%)
	Quite difficult	8 (5%)
	Very difficult	15 (8%)
	Don't know	91 (51%)
	No Listeners at this prison	5 (3%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	19 (11%)
	No	158 (89%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	10 (6%)
	No	9 (5%)
	Did not / do not have an alcohol problem	158 (89%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	36 (20%)
	No	142 (80%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	21 (12%)
	No	157 (88%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	12 (7%)
	No	165 (93%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	17 (10%)
	No	20 (12%)
	Did not / do not have a drug problem	132 (78%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	37 (21%)
	Quite easy	15 (9%)
	Quite difficult	3 (2%)
	Very difficult	11 (6%)
	Don't know	108 (62%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	13 (7%)
	Quite easy	16 (9%)
	Quite difficult	12 (7%)
	Very difficult	17 (10%)
	Don't know	116 (67%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	90 (51%)
	No	88 (49%)
14.2	Do you feel unsafe now?	
	Yes	45 (26%)
	No	129 (74%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	37 (22%)
	Threats or intimidation	36 (21%)
	Physical assault	21 (12%)
	Sexual assault	3 (2%)
	Theft of canteen or property	38 (22%)
	Other bullying / victimisation	12 (7%)
	Not experienced any of these from prisoners here	112 (65%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	36 (21%)
	No	134 (79%)
14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse	64 (39%)
	Threats or intimidation	55 (33%)
	Physical assault	32 (19%)
	Sexual assault	9 (5%)
	Theft of canteen or property	33 (20%)
	Other bullying / victimisation	34 (21%)
	Not experienced any of these from staff here	76 (46%)
14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	78 (45%)
	No	95 (55%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	70 (40%)
	No	83 (47%)
	Don't know what the incentives / rewards are	24 (14%)
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	43 (25%)
	No	103 (59%)
	Don't know	23 (13%)
	Don't know what this is	5 (3%)

15.3	Have you been physically restrained by staff in this prison in the last 6 months?		
	Yes		46 (26%)
	No		129 (74%)
15.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?		
	Yes		16 (9%)
	No		29 (17%)
	Don't remember		1 (1%)
	Not been restrained here in last 6 months		129 (74%)
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?		
	Yes		42 (24%)
	No		132 (76%)
15.6	If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	19 (46%)	22 (54%)
	Could you shower every day?	29 (71%)	12 (29%)
	Could you go outside for exercise every day?	31 (76%)	10 (24%)
	Could you use the phone every day (if you had credit)?	29 (73%)	11 (28%)

Education, skills and work

16.1	Is it easy or difficult to get into the following activities in this prison?				
		Easy	Difficult	Don't know	Not available here
	Education	96 (54%)	36 (20%)	45 (25%)	0 (0%)
	Vocational or skills training	67 (40%)	56 (33%)	45 (27%)	1 (1%)
	Prison job	27 (16%)	110 (65%)	31 (18%)	1 (1%)
	Voluntary work outside of the prison	8 (5%)	69 (42%)	60 (37%)	26 (16%)
	Paid work outside of the prison	7 (4%)	66 (40%)	64 (39%)	29 (17%)
16.2	If you have done any of these activities while in this prison, do you think they will help you on release?				
		Yes, will help	No, won't help	Not done this help	
	Education	80 (48%)	60 (36%)	26 (16%)	
	Vocational or skills training	77 (46%)	38 (23%)	52 (31%)	
	Prison job	40 (25%)	65 (40%)	57 (35%)	
	Voluntary work outside of the prison	43 (27%)	24 (15%)	94 (58%)	
	Paid work outside of the prison	45 (28%)	19 (12%)	96 (60%)	
16.3	Do staff encourage you to attend education, training or work?				
	Yes				84 (48%)
	No				86 (49%)
	Not applicable (e.g. if you are retired, sick or on remand)				5 (3%)

Planning and progression

17.1	Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)	
	Yes	81 (47%)
	No	92 (53%)

17.2	Do you understand what you need to do to achieve the objectives or targets in your custody plan?			
	Yes			69 (85%)
	No			6 (7%)
	Don't know what my objectives or targets are			6 (7%)
17.3	Are staff here supporting you to achieve your objectives or targets?			
	Yes			21 (26%)
	No			53 (66%)
	Don't know what my objectives or targets are			6 (8%)
17.4	If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?			
		Yes, this helped	No, this didn't help	Not done / don't know
	Offending behaviour programmes	28 (37%)	11 (14%)	37 (49%)
	Other programmes	19 (26%)	13 (18%)	41 (56%)
	One to one work	20 (27%)	10 (14%)	43 (59%)
	Being on a specialist unit	6 (9%)	8 (11%)	56 (80%)
	ROTL - day or overnight release	7 (10%)	10 (14%)	55 (76%)
Preparation for release				
18.1	Do you expect to be released in the next 3 months?			
	Yes			61 (35%)
	No			108 (62%)
	Don't know			6 (3%)
18.2	How close is this prison to your home area or intended release address?			
	Very near			6 (10%)
	Quite near			28 (47%)
	Quite far			17 (29%)
	Very far			8 (14%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			36 (61%)
	No			23 (39%)
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	10 (18%)	24 (42%)	23 (40%)
	Getting employment	18 (32%)	22 (39%)	16 (29%)
	Setting up education or training	12 (21%)	22 (39%)	23 (40%)
	Arranging benefits	10 (18%)	27 (47%)	20 (35%)
	Sorting out finances	7 (13%)	24 (44%)	24 (44%)
	Support for drug or alcohol problems	10 (18%)	8 (14%)	39 (68%)
	Health / mental health support	5 (9%)	15 (26%)	37 (65%)
	Social care support	5 (9%)	14 (25%)	37 (66%)
	Getting back in touch with family or friends	7 (13%)	12 (21%)	37 (66%)

19.1	Do you have children under the age of 18?	
	Yes	70 (40%)
	No	104 (60%)
19.2	Are you a UK / British citizen?	
	Yes	164 (93%)
	No	12 (7%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?	
	Yes	10 (6%)
	No	165 (94%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?	
	Yes	10 (6%)
	No	168 (94%)
19.5	What is your gender?	
	Male	174 (99%)
	Female	2 (1%)
	Non-binary	0 (0%)
	Other	0 (0%)
19.6	How would you describe your sexual orientation?	
	Straight / heterosexual	173 (98%)
	Gay / lesbian / homosexual	0 (0%)
	Bisexual	3 (2%)
	Other	0 (0%)
19.7	Do you identify as transgender or transsexual?	
	Yes	2 (1%)
	No	168 (99%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend	22 (13%)
	Less likely to offend	73 (43%)
	Made no difference	74 (44%)

HMP/YOI Isis 2018

Survey responses compared with those from other HMIP surveys of category C training prisons and with those from the previous survey

In this table summary statistics from HMP/YOI Isis are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other category C training prisons (38 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from surveys of category C training prisons conducted since the introduction of the new questionnaire in September 2017 (8 prisons). Please note that this does not include all category C training prisons.
- Summary statistics from HMP/YOI Isis are compared with those from HMP/YOI Isis 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

Shading is used to indicate statistical significance*, as follows:

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

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HMP/YOI Isis 2018	All other category C training prisons	HMP/YOI Isis 2018	All other category C training prisons surveyed since September 2017	HMP/YOI Isis 2018	HMP/YOI Isis 2016
184	6,476	184	1,402	184	185

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
Q#	Question	<i>n</i>	HMP/YOI Isis 2018	All other category C training prisons	HMP/YOI Isis 2016
1.2	Are you under 21 years of age?	<i>n</i> =182	23%	2%	23%
	Are you 25 years of age or younger?	<i>n</i> =182	58%		
	Are you 50 years of age or older?	<i>n</i> =182	6%	18%	6%
	Are you 70 years of age or older?	<i>n</i> =182	0%	2%	0%
1.3	Are you from a minority ethnic group?	<i>n</i> =180	77%	25%	77%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =181	40%		
1.5	Are you currently serving a sentence?	<i>n</i> =183	100%	100%	100%
	Are you on recall?	<i>n</i> =183	4%	9%	4%
1.6	Is your sentence less than 12 months?	<i>n</i> =183	8%	6%	8%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =183	1%	7%	1%
7.1	Are you Muslim?	<i>n</i> =183	34%	13%	34%
11.3	Do you have any mental health problems?	<i>n</i> =178	35%		35%
12.1	Do you consider yourself to have a disability?	<i>n</i> =175	28%	26%	28%
19.1	Do you have any children under the age of 18?	<i>n</i> =174	40%	49%	40%
19.2	Are you a foreign national?	<i>n</i> =176	7%	12%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =175	6%	4%	6%
19.4	Have you ever been in the armed services?	<i>n</i> =178	6%	7%	6%
19.5	Is your gender female or non-binary?	<i>n</i> =176	1%		1%
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =176	2%	4%	2%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =170	1%		1%
ARRIVAL AND RECEPTION					
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =181	12%		12%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =183	45%	55%	45%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =181	75%	85%	75%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =183	75%	87%	75%

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			HMP/YOI Isis 2018	All other category C training prisons	HMP/YOI Isis 2018	All other category C training prisons surveyed since September 2017	HMP/YOI Isis 2018	HMP/YOI Isis 2016
2.5	When you first arrived, did you have any problems?	<i>n=182</i>	78%	65%	78%	71%	78%	64%
2.5	Did you have problems with:							
	- Getting phone numbers?	<i>n=182</i>	31%	18%	31%	27%	31%	23%
	- Contacting family?	<i>n=182</i>	35%	20%	35%	27%	35%	18%
	- Arranging care for children or other dependents?	<i>n=182</i>	4%		4%	2%	4%	
	- Contacting employers?	<i>n=182</i>	4%	2%	4%	2%	4%	3%
	- Money worries?	<i>n=182</i>	20%	14%	20%	17%	20%	15%
	- Housing worries?	<i>n=182</i>	20%	13%	20%	13%	20%	13%
	- Feeling depressed?	<i>n=182</i>	30%		30%	28%	30%	
	- Feeling suicidal?	<i>n=182</i>	11%		11%	8%	11%	
	- Other mental health problems?	<i>n=182</i>	15%		15%	22%	15%	
	- Physical health problems	<i>n=182</i>	14%	14%	14%	15%	14%	8%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=182</i>	13%		13%	13%	13%	
	- Getting medication?	<i>n=182</i>	19%		19%	22%	19%	
	- Needing protection from other prisoners?	<i>n=182</i>	6%	5%	6%	5%	6%	13%
	- Lost or delayed property?	<i>n=182</i>	32%	20%	32%	20%	32%	23%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	<i>n=136</i>	22%	36%	22%	32%	22%	16%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	<i>n=183</i>	72%	67%	72%	71%	72%	74%
	- Toiletries / other basic items?	<i>n=183</i>	54%	52%	54%	53%	54%	61%
	- A shower?	<i>n=183</i>	31%	31%	31%	43%	31%	15%
	- A free phone call?	<i>n=183</i>	50%	40%	50%	44%	50%	43%
	- Something to eat?	<i>n=183</i>	81%	59%	81%	76%	81%	62%
	- The chance to see someone from health care?	<i>n=183</i>	62%	68%	62%	60%	62%	71%
	- The chance to talk to a Listener or Samaritans?	<i>n=183</i>	20%	34%	20%	28%	20%	17%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n=183</i>	20%		20%	24%	20%	
	- None of these?	<i>n=183</i>	6%		6%	5%	6%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n=183</i>	40%		40%	36%	40%	
3.3	Did you feel safe on your first night here?	<i>n=181</i>	70%	79%	70%	76%	70%	67%
3.4	In your first few days here, did you get:							
	- Access to the prison shop / canteen?	<i>n=184</i>	31%	29%	31%	41%	31%	19%
	- Free PIN phone credit?	<i>n=181</i>	71%		71%	45%	71%	
	- Numbers put on your PIN phone?	<i>n=176</i>	51%		51%	47%	51%	
3.5	Have you had an induction at this prison?	<i>n=183</i>	96%	91%	96%	94%	96%	90%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	<i>n=176</i>	48%		48%	56%	48%	

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184	185

ON THE WING			
4.1	Are you in a cell on your own?	<i>n=183</i>	50%
4.2	Is your cell call bell normally answered within 5 minutes?	<i>n=184</i>	16%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	<i>n=177</i>	67%
	- Can you shower every day?	<i>n=179</i>	92%
	- Do you have clean sheets every week?	<i>n=179</i>	50%
	- Do you get cell cleaning materials every week?	<i>n=178</i>	40%
	- Is it normally quiet enough for you to relax or sleep at night?	<i>n=177</i>	63%
	- Can you get your stored property if you need it?	<i>n=178</i>	28%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	<i>n=179</i>	61%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	<i>n=180</i>	67%
5.2	Do you get enough to eat at meal-times always / most of the time?	<i>n=180</i>	52%
5.3	Does the shop / canteen sell the things that you need?	<i>n=181</i>	59%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	<i>n=181</i>	48%
6.2	Are there any staff here you could turn to if you had a problem?	<i>n=180</i>	51%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<i>n=182</i>	22%
6.4	Do you have a personal officer?	<i>n=177</i>	58%
<i>For those who have a personal officer:</i>			
6.4	Is your personal or named officer very / quite helpful?	<i>n=103</i>	29%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	<i>n=181</i>	21%
6.6	Do you feel that you are treated as an individual in this prison?	<i>n=177</i>	37%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	<i>n=181</i>	43%
	If so, do things sometimes change?	<i>n=78</i>	42%
FAITH			
7.1	Do you have a religion?	<i>n=183</i>	85%
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	<i>n=153</i>	69%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	<i>n=156</i>	64%
7.4	Are you able to attend religious services, if you want to?	<i>n=155</i>	87%

50%	55%
16%	28%
67%	66%
92%	93%
50%	59%
40%	64%
63%	69%
28%	25%
61%	63%
67%	33%
52%	28%
59%	64%
48%	71%
51%	72%
22%	28%
58%	83%
29%	45%
21%	9%
37%	43%
43%	50%
42%	31%
85%	63%
69%	70%
64%	71%
87%	88%

50%	
16%	9%
67%	46%
92%	24%
50%	35%
40%	20%
63%	56%
28%	18%
61%	
67%	
52%	
59%	38%
48%	58%
51%	53%
22%	12%
58%	
29%	
21%	
37%	
43%	
42%	
85%	84%
69%	
64%	
87%	

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184	1,402

HMP/YOI Isis 2018	HMP/YOI Isis 2016
184	185

CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	<i>n</i> =180	19%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	<i>n</i> =177	60%
8.3	Are you able to use a phone every day (if you have credit)?	<i>n</i> =179	87%
8.4	Is it very / quite easy for your family and friends to get here?	<i>n</i> =179	48%
8.5	Do you get visits from family/friends once a week or more?	<i>n</i> =178	19%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	<i>n</i> =140	49%
8.7	Are your visitors usually treated respectfully by staff?	<i>n</i> =138	67%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	<i>n</i> =179	80%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	<i>n</i> =144	60%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	<i>n</i> =179	17%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	<i>n</i> =179	1%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	<i>n</i> =179	29%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	<i>n</i> =179	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	<i>n</i> =181	56%
9.5	Do you get association more than 5 days in a typical week, if you want it?	<i>n</i> =181	67%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	<i>n</i> =180	74%
9.7	Do you typically go to the gym twice a week or more?	<i>n</i> =179	59%
9.8	Do you typically go to the library once a week or more?	<i>n</i> =180	31%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	<i>n</i> =97	34%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	<i>n</i> =180	66%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	<i>n</i> =156	52%
	Are applications usually dealt with within 7 days?	<i>n</i> =157	52%
10.3	Is it easy for you to make a complaint?	<i>n</i> =181	58%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	<i>n</i> =115	30%
	Are complaints usually dealt with within 7 days?	<i>n</i> =113	32%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	<i>n</i> =130	30%

19%	26%
60%	58%
87%	92%
48%	39%
19%	18%
49%	54%
67%	75%
80%	92%
60%	56%
17%	18%
1%	10%
29%	18%
0%	3%
56%	58%
67%	65%
74%	62%
59%	52%
31%	49%
34%	60%
66%	73%
52%	51%
52%	36%
58%	63%
30%	30%
32%	26%
30%	26%

19%	
60%	55%
87%	
48%	
19%	
49%	
67%	
80%	
60%	
17%	19%
1%	6%
29%	
0%	
56%	
67%	
74%	
59%	
31%	41%
34%	42%
66%	69%
52%	44%
52%	46%
58%	58%
30%	22%
32%	28%
30%	

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<i>For those who need it, is it easy to:</i>					
10.6	Communicate with your solicitor or legal representative?	<i>n=141</i>	33%		
	Attend legal visits?	<i>n=134</i>	35%		
	Get bail information?	<i>n=110</i>	10%		
<i>For those who have had legal letters:</i>					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	<i>n=122</i>	53%	50%	
HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	<i>n=180</i>	35%		
	- Nurse?	<i>n=179</i>	58%		
	- Dentist?	<i>n=179</i>	25%		
	- Mental health workers?	<i>n=178</i>	30%		
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	<i>n=179</i>	45%		
	- Nurse?	<i>n=174</i>	48%		
	- Dentist?	<i>n=175</i>	31%		
	- Mental health workers?	<i>n=173</i>	30%		
11.3	Do you have any mental health problems?	<i>n=178</i>	35%		
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	<i>n=62</i>	31%		
11.5	Do you think the overall quality of the health services here is very / quite good?	<i>n=178</i>	44%		
OTHER SUPPORT NEEDS					
12.1	Do you consider yourself to have a disability?	<i>n=175</i>	28%	26%	
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	<i>n=49</i>	39%		
12.3	Have you been on an ACCT in this prison?	<i>n=173</i>	15%		
<i>For those who have been on an ACCT:</i>					
12.4	Did you feel cared for by staff?	<i>n=24</i>	38%		
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	<i>n=177</i>	33%		
ALCOHOL AND DRUGS					
13.1	Did you have an alcohol problem when you came into this prison?	<i>n=177</i>	11%	16%	
<i>For those who had / have an alcohol problem:</i>					
13.2	Have you been helped with your alcohol problem in this prison?	<i>n=19</i>	53%	60%	
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	<i>n=178</i>	20%	26%	
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	<i>n=178</i>	12%	13%	
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	<i>n=177</i>	7%		
<i>For those who had / have a drug problem:</i>					
13.6	Have you been helped with your drug problem in this prison?	<i>n=37</i>	46%	58%	
13.7	Is it very / quite easy to get illicit drugs in this prison?	<i>n=174</i>	30%		
13.8	Is it very / quite easy to get alcohol in this prison?	<i>n=174</i>	17%		

33%	40%
35%	50%
10%	16%
53%	57%
35%	29%
58%	51%
25%	14%
30%	23%
45%	42%
48%	55%
31%	31%
30%	26%
35%	43%
31%	41%
44%	41%
28%	35%
39%	31%
15%	14%
38%	41%
33%	43%
11%	15%
53%	49%
20%	30%
12%	18%
7%	12%
46%	46%
30%	52%
17%	35%

33%	
35%	
10%	
53%	62%
35%	
58%	
25%	
30%	
45%	
48%	
31%	
30%	
35%	
31%	
44%	
28%	15%
39%	
15%	
38%	
33%	
11%	11%
53%	70%
20%	20%
12%	12%
7%	
46%	74%
30%	
17%	

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SAFETY								
14.1	Have you ever felt unsafe here?	<i>n=178</i>	51%	41%	51%	42%	51%	43%
14.2	Do you feel unsafe now?	<i>n=174</i>	26%	18%	26%	19%	26%	22%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	<i>n=172</i>	22%		22%	32%	22%	
	- Threats or intimidation?	<i>n=172</i>	21%		21%	28%	21%	
	- Physical assault?	<i>n=172</i>	12%		12%	15%	12%	
	- Sexual assault?	<i>n=172</i>	2%		2%	2%	2%	
	- Theft of canteen or property?	<i>n=172</i>	22%		22%	23%	22%	
	- Other bullying / victimisation?	<i>n=172</i>	7%		7%	16%	7%	
	- Not experienced any of these from prisoners here	<i>n=172</i>	65%		65%	57%	65%	71%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	<i>n=170</i>	21%		21%	33%	21%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	<i>n=165</i>	39%		39%	29%	39%	
	- Threats or intimidation?	<i>n=165</i>	33%		33%	21%	33%	
	- Physical assault?	<i>n=165</i>	19%		19%	8%	19%	
	- Sexual assault?	<i>n=165</i>	6%		6%	2%	6%	
	- Theft of canteen or property?	<i>n=165</i>	20%		20%	7%	20%	
	- Other bullying / victimisation?	<i>n=165</i>	21%		21%	15%	21%	
	- Not experienced any of these from staff here	<i>n=165</i>	46%		46%	60%	46%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	<i>n=173</i>	45%		45%	50%	45%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	<i>n=177</i>	40%		40%	40%	40%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	<i>n=174</i>	25%		25%	38%	25%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	<i>n=175</i>	26%	9%	26%	11%	26%	25%
	<i>For those who have been restrained in the last 6 months:</i>							
15.4	Did anyone come and talk to you about it afterwards?	<i>n=46</i>	35%		35%	13%	35%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	<i>n=174</i>	24%		24%	7%	24%	27%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>							
15.6	Were you treated well by segregation staff?	<i>n=41</i>	46%		46%	67%	46%	
	Could you shower every day?	<i>n=41</i>	71%		71%	79%	71%	
	Could you go outside for exercise every day?	<i>n=41</i>	76%		76%	81%	76%	
	Could you use the phone every day (if you had credit)?	<i>n=40</i>	73%		73%	75%	73%	

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EDUCATION, SKILLS AND WORK								
16.1	In this prison, is it easy to get into the following activities:							
	- Education?	n=177	54%					
	- Vocational or skills training?	n=169	40%					
	- Prison job?	n=169	16%					
	- Voluntary work outside of the prison?	n=163	5%					
	- Paid work outside of the prison?	n=166	4%					
16.2	In this prison, have you done the following activities:							
	- Education?	n=166	84%	81%				
	- Vocational or skills training?	n=167	69%	75%				
	- Prison job?	n=162	65%	85%				
	- Voluntary work outside of the prison?	n=161	42%					
	- Paid work outside of the prison?	n=160	40%					
<i>For those who have done the following activities, do you think they will help you on release:</i>								
	- Education?	n=140	57%	58%				
	- Vocational or skills training?	n=115	67%	60%				
	- Prison job?	n=105	38%	43%				
	- Voluntary work outside of the prison?	n=67	64%					
	- Paid work outside of the prison?	n=64	70%					
16.3	Do staff encourage you to attend education, training or work?				n=170	49%		
PLANNING AND PROGRESSION								
17.1	Do you have a custody plan?				n=173	47%		
<i>For those who have a custody plan:</i>								
17.2	Do you understand what you need to do to achieve your objectives or targets?				n=81	85%		
17.3	Are staff helping you to achieve your objectives or targets?				n=80	26%		
17.4	In this prison, have you done:							
	- Offending behaviour programmes?	n=76	51%					
	- Other programmes?	n=73	44%					
	- One to one work?	n=73	41%					
	- Been on a specialist unit?	n=70	20%					
	- ROTL - day or overnight release?	n=72	24%					
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>								
	- Offending behaviour programmes?	n=39	72%					
	- Other programmes?	n=32	59%					
	- One to one work?	n=30	67%					
	- Being on a specialist unit?	n=14	43%					
	- ROTL - day or overnight release?	n=17	41%					

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	n=175	35%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	n=59	58%
18.3	Is anybody helping you to prepare for your release?	n=59	61%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	n=57	60%
	- Getting employment?	n=56	71%
	- Setting up education or training?	n=57	60%
	- Arranging benefits?	n=57	65%
	- Sorting out finances?	n=55	56%
	- Support for drug or alcohol problems?	n=57	32%
	- Health / mental Health support?	n=57	35%
	- Social care support?	n=56	34%
	- Getting back in touch with family or friends?	n=56	34%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	n=34	29%
	- Getting employment?	n=40	45%
	- Setting up education or training?	n=34	35%
	- Arranging benefits?	n=37	27%
	- Sorting out finances?	n=31	23%
	- Support for drug or alcohol problems?	n=18	56%
	- Health / mental Health support?	n=20	25%
	- Social care support?	n=19	26%
	- Getting back in touch with family or friends?	n=19	37%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=169	43%

35%	25%
58%	42%
61%	58%
60%	62%
71%	59%
60%	47%
65%	66%
56%	55%
32%	45%
35%	51%
34%	37%
34%	41%
29%	35%
45%	17%
35%	23%
27%	25%
23%	21%
56%	48%
25%	28%
26%	22%
37%	30%
43%	52%

35%
58%
61%
60%
71%
60%
65%
56%
32%
35%
34%
34%
29%
45%
35%
27%
23%
56%
25%
26%
37%
43%

HMP/YOI Isis 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners

Please note that these analyses are based on summary data from selected survey questions only.

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Black and minority ethnic	White	Muslim	Non-Muslim
138	42	62	121

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	26%	17%	26%	22%
	Are you 50 years of age or older?	7%	2%	0%	9%
1.3	Are you from a minority ethnic group?			97%	67%
7.1	Are you Muslim?	42%	5%		
11.3	Do you have any mental health problems?	31%	53%	30%	38%
12.1	Do you consider yourself to have a disability?	22%	48%	15%	35%
19.2	Are you a foreign national?	7%	5%	7%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	25%	0%	9%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	77%	68%	75%	74%
2.4	Overall, were you treated very / quite well in reception?	76%	74%	67%	79%
2.5	When you first arrived, did you have any problems?	78%	74%	80%	77%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	22%	25%	19%	24%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	72%	67%	65%	72%
3.5	Have you had an induction at this prison?	96%	98%	93%	98%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	46%	59%	39%	53%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	12%	29%	13%	18%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	68%	66%	64%	68%
	- Can you shower every day?	94%	85%	97%	89%
	- Do you have clean sheets every week?	51%	51%	48%	51%
	- Do you get cell cleaning materials every week?	38%	49%	38%	41%
	- Is it normally quiet enough for you to relax or sleep at night?	68%	48%	61%	64%
	- Can you get your stored property if you need it?	29%	23%	31%	26%

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	Black and minority ethnic	White	Muslim	Non-Muslim
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FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	56%	43%	52%	53%
5.3	Does the shop / canteen sell the things that you need?	59%	62%	57%	60%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	47%	55%	38%	53%
6.2	Are there any staff here you could turn to if you had a problem?	46%	62%	40%	56%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	21%	24%	21%	23%
6.6	Do you feel that you are treated as an individual in this prison?	34%	45%	32%	39%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	67%	79%	61%	75%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	60%	74%	57%	67%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	16%	28%	13%	22%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	57%	68%	57%	62%
8.3	Are you able to use a phone every day (if you have credit)?	86%	90%	89%	86%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	66%	72%	60%	71%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	16%	22%	17%	17%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	1%	0%	2%	0%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	31%	44%	27%	38%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	67%	68%	60%	69%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	51%	60%	46%	55%
10.3	Is it easy for you to make a complaint?	58%	55%	54%	59%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	30%	35%	24%	35%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	20%	29%	45%	20%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	138	42	62	121

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	32%	46%	23%	41%
	- Nurse?	54%	69%	39%	67%
	- Dentist?	24%	28%	16%	29%
	- Mental health workers?	28%	42%	33%	29%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	30%	33%	39%	27%
11.5	Do you think the overall quality of the health services here is very / quite good?	43%	51%	34%	50%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	39%	41%	33%	40%
SAFETY					
14.1	Have you ever felt unsafe here?	49%	55%	57%	48%
14.2	Do you feel unsafe now?	24%	32%	29%	24%
14.3	Not experienced bullying / victimisation by other prisoners	67%	56%	68%	64%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	19%	23%	20%	22%
14.5	Not experienced bullying / victimisation by members of staff	45%	50%	36%	51%
14.6	If you were being bullied / victimised by staff here, would you report it?	46%	39%	32%	52%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	38%	43%	38%	40%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	24%	32%	22%	26%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	26%	26%	40%	20%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	23%	28%	36%	18%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	50%	46%	44%	52%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	49%	41%	48%	46%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	25%	33%	26%	26%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	59%	65%	50%	64%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	41%	53%	44%	43%

HMP/YOI Isis 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems

- disabled prisoners' responses are compared with those of prisoners who do not have a disability

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

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Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
63	115	49	126

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	16%	27%	23%	24%
	Are you 50 years of age or older?	10%	4%	8%	3%
1.3	Are you from a minority ethnic group?	66%	83%	60%	83%
7.1	Are you Muslim?	29%	37%	18%	40%
11.3	Do you have any mental health problems?			84%	16%
12.1	Do you consider yourself to have a disability?	67%	7%		
19.2	Are you a foreign national?	6%	7%	6%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	10%	4%	12%	3%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	67%	79%	67%	76%
2.4	Overall, were you treated very / quite well in reception?	64%	81%	71%	76%
2.5	When you first arrived, did you have any problems?	92%	70%	86%	74%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	22%	21%	11%	23%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	54%	77%	53%	75%
3.5	Have you had an induction at this prison?	97%	96%	96%	96%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	39%	52%	45%	49%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	10%	20%	16%	16%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	57%	73%	65%	68%
	- Can you shower every day?	82%	96%	85%	94%
	- Do you have clean sheets every week?	52%	48%	58%	46%
	- Do you get cell cleaning materials every week?	44%	37%	50%	36%
	- Is it normally quiet enough for you to relax or sleep at night?	53%	68%	53%	66%
	- Can you get your stored property if you need it?	19%	32%	29%	27%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems	Have a disability	Do not have a disability
	63	115	49	126

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	40%	59%	45%	54%
5.3	Does the shop / canteen sell the things that you need?	56%	61%	69%	55%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	38%	53%	43%	49%
6.2	Are there any staff here you could turn to if you had a problem?	50%	50%	50%	49%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	26%	19%	27%	19%
6.6	Do you feel that you are treated as an individual in this prison?	37%	36%	35%	36%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	70%	69%	65%	70%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	65%	61%	61%	63%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	21%	18%	15%	20%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	66%	56%	75%	55%
8.3	Are you able to use a phone every day (if you have credit)?	82%	90%	85%	87%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	62%	68%	61%	68%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	23%	14%	23%	15%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	1%	0%	1%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	29%	38%	35%	36%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	65%	68%	65%	67%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	36%	59%	45%	53%
10.3	Is it easy for you to make a complaint?	57%	57%	61%	56%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	17%	39%	22%	33%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	33%	27%	31%	30%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems	Have a disability	Do not have a disability
	63	115	49	126

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	34%	35%	42%	33%
	- Nurse?	60%	57%	67%	53%
	- Dentist?	19%	27%	27%	23%
	- Mental health workers?	39%	25%	40%	25%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	31%		34%	25%
11.5	Do you think the overall quality of the health services here is very / quite good?	39%	48%	43%	46%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	39%	29%	36%	
SAFETY					
14.1	Have you ever felt unsafe here?	68%	42%	61%	47%
14.2	Do you feel unsafe now?	46%	16%	41%	20%
14.3	Not experienced bullying / victimisation by other prisoners	47%	76%	49%	72%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	22%	21%	21%	22%
14.5	Not experienced bullying / victimisation by members of staff	29%	55%	34%	50%
14.6	If you were being bullied / victimised by staff here, would you report it?	49%	44%	43%	47%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30%	44%	37%	40%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	27%	24%	28%	24%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	36%	21%	34%	24%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	33%	19%	28%	23%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	42%	53%	39%	54%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	38%	52%	44%	48%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	22%	27%	30%	24%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	60%	62%	58%	63%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	37%	46%	38%	45%

HMP/YOI Isis 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners aged 21 and under are compared with those of prisoners over 21
- responses of prisoners aged 25 and under are compared with those of prisoners over 25

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

	21 and under	Over 21	25 and under	Over 25
Number of completed questionnaires returned	42	140	105	77

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?			40%	
	Are you 50 years of age or older?	0%	8%	0%	14%
1.3	Are you from a minority ethnic group?	83%	75%	89%	60%
7.1	Are you Muslim?	38%	32%	44%	20%
11.3	Do you have any mental health problems?	24%	39%	25%	49%
12.1	Do you consider yourself to have a disability?	27%	28%	22%	36%
19.2	Are you a foreign national?	8%	7%	6%	8%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	11%	4%	4%	8%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	63%	78%	71%	79%
2.4	Overall, were you treated very / quite well in reception?	69%	76%	72%	78%
2.5	When you first arrived, did you have any problems?	73%	79%	75%	81%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	19%	23%	18%	28%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	68%	71%	70%	71%
3.5	Have you had an induction at this prison?	95%	96%	95%	97%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	41%	51%	48%	51%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	17%	16%	12%	22%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	73%	66%	70%	64%
	- Can you shower every day?	93%	91%	94%	88%
	- Do you have clean sheets every week?	48%	52%	50%	53%
	- Do you get cell cleaning materials every week?	38%	41%	40%	41%
	- Is it normally quiet enough for you to relax or sleep at night?	60%	64%	65%	61%
	- Can you get your stored property if you need it?	41%	24%	33%	21%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	21 and under	Over 21
	42	140

	25 and under	Over 25
	105	77

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	60%	51%
5.3	Does the shop / canteen sell the things that you need?	63%	58%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	48%	49%
6.2	Are there any staff here you could turn to if you had a problem?	38%	55%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	17%	23%
6.6	Do you feel that you are treated as an individual in this prison?	33%	38%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	60%	72%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	54%	66%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	21%	18%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	61%	59%
8.3	Are you able to use a phone every day (if you have credit)?	78%	90%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	55%	72%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	17%	17%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	1%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	32%	35%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	61%	67%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	53%	53%
10.3	Is it easy for you to make a complaint?	59%	57%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	25%	33%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	40%	27%

61%	42%	
58%	61%	
44%	55%	
41%	65%	
18%	27%	
35%	40%	
64%	78%	
59%	70%	
15%	24%	
59%	61%	
83%	92%	
63%	76%	
15%	20%	
0%	1%	
31%	37%	
64%	68%	
49%	58%	
52%	63%	
28%	34%	
32%	28%	

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	21 and under	Over 21		
	42	140	25 and under	Over 25
			105	77

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	34%	35%	33%	37%
	- Nurse?	61%	57%	54%	63%
	- Dentist?	30%	23%	25%	24%
	- Mental health workers?	39%	28%	33%	27%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	30%	31%	36%	28%
11.5	Do you think the overall quality of the health services here is very / quite good?	43%	46%	40%	51%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	40%	40%	33%	44%
SAFETY					
14.1	Have you ever felt unsafe here?	54%	49%	46%	55%
14.2	Do you feel unsafe now?	32%	23%	24%	27%
14.3	Not experienced bullying / victimisation by other prisoners	63%	66%	70%	59%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	13%	24%	13%	32%
14.5	Not experienced bullying / victimisation by members of staff	39%	49%	43%	51%
14.6	If you were being bullied / victimised by staff here, would you report it?	42%	46%	34%	60%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	37%	40%	36%	45%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	22%	26%	21%	31%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	46%	20%	34%	16%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	29%	23%	28%	19%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	54%	48%	47%	53%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	33%	51%	49%	44%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	50%	21%	21%	34%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	36%	69%	53%	70%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	37%	45%	40%	48%