

Report on an unannounced inspection of

# **HMP & YOI Moorland**

by HM Chief Inspector of Prisons

**11–21 February 2019**

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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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 Moorland is a category C adult and young adult men's resettlement prison situated near Doncaster. It was last inspected in February 2016, at which time it was still adapting to having been re-roled as a resettlement prison. There had also been a period of uncertainty prior to the last inspection as a result of the prison being earmarked for privatisation; a plan which was subsequently abandoned. In 2016 the prison was also suffering very badly from an influx of illicit drugs, particularly new psychoactive substances (NPS). This was causing daily medical emergencies and not enough was being done to stem the flow of drugs into the jail. At that time it was also made clear to the inspection team that the staff felt that the prison had been severely affected by the benchmarking process, leaving it desperately short of staff.

It was therefore heartening to see the progress that had been made in the past three years. In 2016 three of our healthy prison tests had been graded as 'not sufficiently good'. In contrast, on this occasion we found three to be 'reasonably good', with increases in grading for safety and respect. Given the context in which prisons such as Moorland have been operating over the past few years, this is a significant achievement, and testament to a huge amount of hard work by all the leaders and staff at Moorland.

We found Moorland to be a very different prison from the one we inspected in 2016. Levels of violence had not only stabilised, but had actually decreased – clearly bucking the national trend over that period. However, despite the fact that overall levels of violence had dropped, assaults against staff had doubled and were higher than at similar prisons. There is still more to do to deal with violence, but the way in which it was now being analysed was positive, as was the support being offered to victims. The use of force by staff had increased since the last inspection, and recording was generally good, although some aspects of governance needed to improve.

Along with the reduction in violence, it was also notable that the prevalence of NPS seen at the last inspection has decreased. There was a comprehensive drug strategy and good work between the security department and substance misuse services.

It was concerning that levels of self-harm were very high, and in light of this it was disappointing that there were insufficient Listeners. One of our main recommendations from this inspection is around the need to analyse, understand and respond to whatever lies behind the high levels of self-harm.

Staff-prisoner relationships had improved considerably since the last inspection, and it was good to see that the keyworker scheme was being implemented. It was clear that this was having a positive impact on relationships. As in every prison where we see it happening, the introduction of in-cell telephones was an important development and beneficial in many ways.

However, there was much work to be done to understand the equality monitoring data that indicated some poorer outcomes for prisoners with protected characteristics. There was a need for more consultation and better involvement of community groups who worked in equality and diversity. Our survey indicated adverse results for black and minority ethnic and disabled prisoners, and this needed to be understood.

The reintegration unit was, in principle, a good initiative, with perfectly sensible aspirations to manage poor behaviour, incentivise good behaviour and assist prisoners in locating back onto mainstream accommodation. However, at the time of the inspection there was still much work to be done to realise the full potential of the unit, and a more meaningful regime needed to be introduced from the moment prisoners were first located onto the unit.

The most serious concern we had was around the lack of effective public protection measures. The report gives detailed evidence of how these were lacking in too many ways, and it was unacceptable

that high risk prisoners approaching release were not receiving the detailed consideration that their potential risk to the public should have demanded. Moorland has now been a resettlement prison for a number of years, and this whole area of responsibility, not only to the prisoners but also to the public, needs to be addressed as a matter of urgency.

Overall, this was a good inspection, and although there were some vital areas where improvement was still needed, it was obvious that the findings of the last inspection had been taken seriously. Around two-thirds of our recommendations had been achieved, and this is more than we are used to seeing in recent times. I would urge the leadership and staff at Moorland not to feel defensive about some of the issues raised in this report, which some might interpret as criticism. It is the duty of HM Inspectorate of Prisons to report on what we see, and if there are shortcomings we will point them out, in the spirit of helping to secure further improvements through recommendations. This was a reassuring inspection, and shows what can be achieved even in difficult and testing times, but it would be unduly complacent not to acknowledge that further improvement is necessary and achievable.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

April 2019

# Fact page

## Task of the establishment

HMP & YOI Moorland is a category C resettlement prison.

## Certified normal accommodation and operational capacity<sup>1</sup>

Prisoners held at the time of inspection: 956

Baseline certified normal capacity: 1,006

In-use certified normal capacity: 957

Operational capacity: 1,006

## Notable features from this inspection

*Over half the population, 530 prisoners, were assessed as presenting a high risk of harm.*

*About a third of the population were convicted of sexual offences.*

*Nearly 20% of the population were foreign nationals.*

*All residential prison officers were now trained and working as key workers.*

*About a third of prison officers had less than one year's experience in post.*

*Overall, levels of violence had reduced since the previous inspection.*

*Levels of self-harm were consistently 50% higher than the average for category C prisons.*

## Prison status (public or private) and key providers

Public

Physical health provider: Care UK Health and Rehabilitation Services Limited

Mental health provider: Care UK Health and Rehabilitation Services Limited

Substance misuse provider: Care UK Health and Rehabilitation Services Limited

Learning and skills provider: Novus

Community rehabilitation company (CRC): South Yorkshire CRC

Escort contractor (PECS): Geo Amey

## Prison group/Department

Yorkshire

## Brief history

HMP Moorland opened in 1991, with a remand and young offender institution (YOI) function. It expanded in 1998 and 2011, when it started to receive sex offenders from Yorkshire and Humberside. In September 2002, HMP/YOI Moorland merged with HMP/YOI Hatfield. In July 2011, Moorland and Hatfield were subject to market testing and placed into the 'South Yorkshire cluster',

<sup>1</sup> Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

which included HMP Lindholme. This became HMP South Yorkshire. In January 2014, HMP/YOI Moorland reverted to a single prison.

**Short description of residential units**

House block 1 – substance misuse treatment

House block 2 – first night centre

House blocks 3 and 4 – prisoners convicted of sexual offences

House block 5 – includes the reintegration unit

House block 6 – drug-free environment

House block 7 – unit for older prisoners and those with poor mobility (integrated general population and prisoners convicted of sexual offences)

**Name of governor/director and date in post**

Tim Beeston (February 2015)

**Independent Monitoring Board chair**

Esther Beeston

**Date of last inspection**

1–12 February 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)*.<sup>2</sup> 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.<sup>3</sup>

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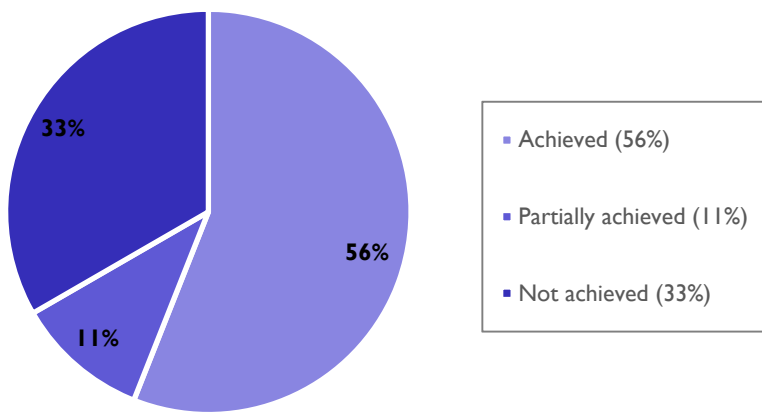
<sup>2</sup> <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>

<sup>3</sup> 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

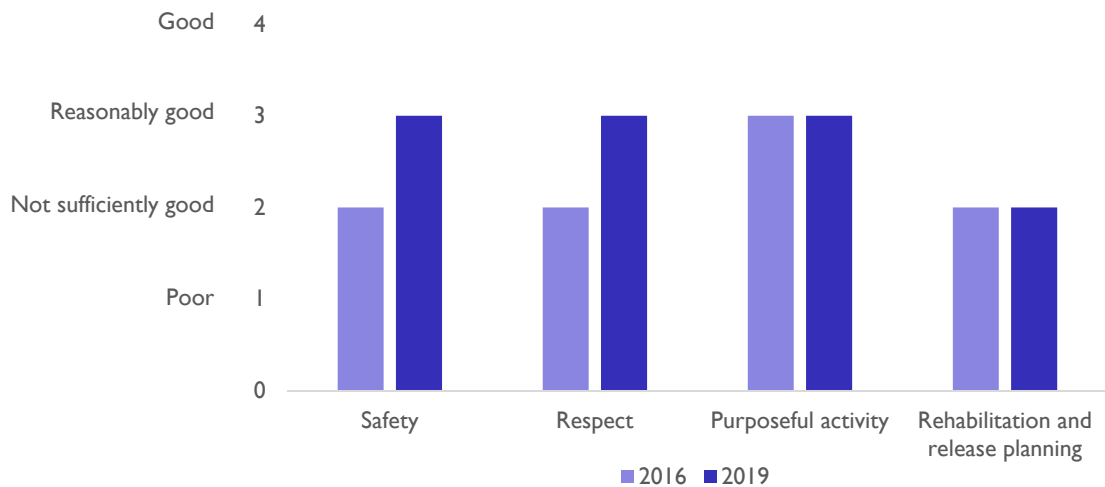
- S1 We last inspected HMP Moorland in 2016 and made 75 recommendations overall. The prison fully accepted 63 of the recommendations and partially (or subject to resources) accepted seven. It rejected five of the recommendations.
- S2 At this follow-up inspection, we found that the prison had achieved 42 of those recommendations, partially achieved eight recommendations and not achieved 25 recommendations.

Figure 1: HMP Moorland’s progress on recommendations from last inspection (n=75).



- S3 Since our last inspection, outcomes for prisoners stayed the same in the healthy prison areas of Purposeful activity, and Rehabilitation and release planning. Outcomes for prisoners in Safety and Respect both improved. Outcomes were reasonably good in all healthy prison areas except for Rehabilitation and release planning, where outcomes were not sufficiently good.

Figure 2: HMP Moorland healthy prison outcomes 2016 and 2019<sup>4</sup>



<sup>4</sup> Please note that the criteria assessed under each healthy prison area were amended in November 2018. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

## Safety

S4 *Early days work was reasonably good. Violence overall had reduced but, despite good intelligence and investigation processes, there was no informed action plan to reduce it further. Plans used to manage the perpetrators of violence were inadequate. The incentives and earned privileges scheme was punitive in focus, and prisoners spent too long locked up on the reintegration unit. The management of adjudications had improved considerably. Levels of use of force were high and scrutiny was not sufficiently robust. The segregation unit was now well managed. Security work was very good and supply reduction measures had led to an impressive reduction in drug use. Levels of self-harm were high but the quality of the care for those in crisis was reasonably good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S5 *At the last inspection in 2016, we found that outcomes for prisoners in Moorland were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of safety.<sup>5</sup> At this inspection, we found that nine of the recommendations had been achieved, two had been partially achieved and four had not been achieved.*

S6 Prisoners in our survey reported negatively about access to basic services on their first night at the prison. Our observations during the inspection were more positive. Reception staff were welcoming and an induction officer conducted a private interview which was appropriately focused on prisoner safety. First night accommodation was well equipped and clean but there was little structured support from peer mentors. A comprehensive induction presentation was delivered soon after arrival but there were gaps in the overall induction and prisoners spent too long locked up before being allocated to an activity.

S7 Levels of fights and assaults on prisoners were lower than those recorded at the time of the previous inspection, and lower than in similar prisons. Nevertheless, 29% of prisoners in our survey said that they currently felt unsafe. The number of staff assaults had increased considerably and was much higher than in comparator prisons. All violent incidents were investigated by the safer custody team and there were good systems to gather and analyse data on violence. However, the information gathered was not used to inform a structured action plan to reduce violence further. The introduction of a casework approach to managing the perpetrators of violence and providing support for victims was positive, although most challenge, support and intervention plans (CSIP)<sup>6</sup> were poor and lacked individualised targets. Although numbers were small, most prisoners who were self-isolating were poorly managed and did not have an adequate regime.

S8 Only 27% of respondents to our survey said they were treated fairly under the incentives and earned privileges (IEP) scheme, which was punitive in its focus. Some prisoners were placed onto the basic regime and moved to the reintegration unit before the conclusion of an investigation or adjudication. The role of the reintegration unit was not consistently understood by staff and there was no formal evaluation of its effectiveness. Prisoners who were located onto the unit did not attend work or education for at least three weeks, and regularly spent 23 hours a day locked in their cell. Interventions on the unit were limited and there was little evidence that the underlying causes of poor behaviour were identified and addressed.

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

<sup>6</sup> The 'Challenge, support and intervention plan' (CSIP) is a casework process designed to manage and improve behaviour and support the victims of violence. Perpetrators and victims are monitored on a bespoke action plan by a multidisciplinary team.

- S9 The management of the adjudication process had improved considerably since the previous inspection. There were far fewer outstanding adjudications and very few that were not proceeded with. Levels of use of force had increased, and were high. The documentation we examined was up to date and of high quality, and demonstrated de-escalation. Although there were strengths in some aspects of governance, there was insufficient scrutiny of paperwork and video footage to provide consistently adequate assurance. Management of the segregation unit had improved. Cells were clean and free from graffiti, and prisoners spoke positively about staff on the unit. Reintegration planning had also improved and was effective.
- S10 Management of the security department was very good, and the department played a significant role in the reduction of violence. Intelligence was well managed within the security function. Security procedures were broadly proportionate, with some exceptions. There was a comprehensive drug strategy, and good collaborative work between the security department and substance use services. The concerning use of new psychoactive substances (NPS)<sup>7</sup> at the time of the previous inspection had reduced considerably.
- S11 Levels of self-harm were very high. The number of incidents was consistently 50% higher than the average across category C prisons. Investigations into the most serious incidents had resulted in some improvements to practice but, in general, the good collation of information about incidents did not always lead to meaningful actions to reduce self-harm. The quality of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was mostly good, and staff training and quality assurance were driving improvement in care. Actions in response to Prisons and Probation Ombudsman recommendations had been implemented but not enough had been done to ensure that practice was embedded. There were not enough Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) in post to support the population. Links with the local adult safeguarding board were good and staff were informed about referral procedures.

## Respect

- S12 *Staff–prisoner relationships had improved considerably and were now a strength. Some areas of the prison were in need of refurbishment but prisoners were able to keep themselves and their living areas clean and tidy. Cells were well equipped and the provision of in-cell telephones was positive. The food served to prisoners was good. Consultation arrangements had improved but the quality was inconsistent. There was a wide range of peer support roles in place. Prisoners expressed a lack of confidence in the application and complaints processes. Equality work was underdeveloped and work was needed to understand and meet the needs of all prisoners with protected characteristics. The provision of health services and social care was reasonably good. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S13 *At the last inspection in 2016, we found that outcomes for prisoners in Moorland were not sufficiently good against this healthy prison test. We made 33 recommendations in the area of respect. At this inspection, we found that 20 of the recommendations had been achieved, one had been partially achieved and 12 had not been achieved.*
- S14 Staff–prisoner relationships had improved considerably since the previous inspection and were now a strength. The key worker scheme was developing well and was fundamental to

<sup>7</sup> 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 vaporized and inhaled in e-cigarettes and other devices.

- the establishment of the good, constructive relationships that were described to us by staff and prisoners. House blocks were now well supervised, and staff had more time for meaningful engagement with prisoners, all of which contributed to more positive perceptions of safety and respect.
- S15 Outside areas were reasonably tidy. The internal environment of the prison was shabby in places and in need of decoration. House blocks 3, 4 and 7 were notably cleaner and better maintained than the other units. Cell conditions varied and some single cells were still used to house two prisoners, which made them cramped. Not all toilets had seats and lids, and some were poorly screened. However, cells were generally well equipped, and most had in-cell telephones and personal safes, which was a positive development.
- S16 Our survey was generally positive about living conditions. Prisoners had good access to cleaning materials for their cells and reasonable access to clean clothing and bedding. The cleanliness of showers was adequate, but some were poorly ventilated, with peeling paint and mould developing. Not all showers were adequately screened.
- S17 The food we saw being served, and that we sampled, was good, and prisoners valued the self-catering facilities on the house blocks. Meals were still served too early in the day. In our survey, far more prisoners than at the time of the previous inspection were positive about the range of products available on the prison shop list, and consultation about the shop had improved. Waiting times for catalogue orders had improved considerably.
- S18 The prison was now carrying out consultation with prisoners across most house blocks. However, better quality assurance was needed to improve the quality and quantity of the consultation. There was a comprehensive peer mentoring policy, providing good opportunities for prisoners. However, the new applications process was run by prisoner information desk workers, which led to a lack of confidentiality, tracking, monitoring and quality assurance. In our survey, only 23% of prisoners said that complaints were dealt with fairly. There had been some improvements to the management of complaints but many house blocks did not have complaint forms available, which was likely to have undermined prisoners' confidence in the process.
- S19 Prisoners with protected characteristics were identified on reception but the strategy did not set out how their needs would be met. Equality monitoring data indicated disproportionate outcomes for prisoners with protected characteristics, and yet action planning to address this was inadequate. Consultation for some prisoners with protected characteristics was limited and there was little involvement from community groups specialising in equality and diversity work. The lack of consultation left the prison poorly placed to understand the adverse survey results for black and minority ethnic prisoners and those with a disability. Support for foreign national prisoners and older prisoners was relatively good. Care for transgender prisoners was inconsistent and too many personal emergency evacuation plans for prisoners with a disability were out of date. Faith provision was reasonable. The chaplaincy team provided good pastoral care and almost all prisoners had access to a chaplain of their faith.
- S20 Governance and partnership work in health services were effective and, although staffing was stretched, most need was being met. In our survey, only 16% of prisoners said that it was easy to see a doctor. The range of primary care services was appropriate, with reasonable access to most provision, although waits for a routine appointment to see a GP were too long. Social care arrangements were appropriate and the adapted social care wing on house block 7 offered good support. Urgent mental health support was good and most treatment was appropriate to need, with the exceptions of lower-level psychological interventions (improving access to psychological therapies) and group work, where there was a gap in provision. Substance use support was reasonably good. Medicines administration was much

improved, with good officer supervision of medication queues. However, medicines were not always supplied in a timely fashion, which had led to short gaps in treatment. Dental provision was good.

## Purposeful activity

S21 *The amount of time out of cell was too limited for a small but significant number of prisoners. The leadership and management of learning and skills were effective. There were sufficient activity spaces for the population but it took too long to allocate some prisoners to a purposeful activity. A broader curriculum met the needs of the population. Attendance and punctuality were generally good. The quality of teaching, learning and assessment was good. Most prisoners behaved well in activities and achieved a high standard across education and prison work, although too few achieved their mathematics functional skills qualification. The use of peer mentors in activities was good.*  
**Outcomes for prisoners were reasonably good against this healthy prison test.**

S22 *At the last inspection in 2016, we found that outcomes for prisoners in Moorland were reasonably good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this inspection, we found that seven of the recommendations had been achieved, one had been partially achieved and three had not been achieved.*

S23 Most prisoners in full-time work could have about nine hours out of their cell on weekdays. However, the large number of prisoners on the basic level of the IEP scheme had as little as one hour out of their cell on most days. The regime was rarely curtailed and most prisoners had daily association. However, they could access only half an hour of exercise in the open air each day, and exercise yards were austere. In our spot checks, we found approximately 25% of prisoners locked up during the core day, which was too high for a resettlement prison.

S24 Gym provision was reasonable and access was good. PE staff worked well with the health care department to meet the needs of prisoners with health problems. There was insufficient provision of accredited gym courses. There was reasonable access to a well-stocked library. There were good links with the education department to support the development of literacy, and the library team facilitated the Shannon Trust peer-mentored reading plan.

S25 Leaders and managers had good oversight of the quality of education, skills and work. Self-assessment was evaluative and demonstrated an appropriate understanding of the strengths and weaknesses in the provision. The curriculum needs analysis was sufficiently developed and the number and range of education and vocational training courses had increased. There were sufficient places for the whole population, and managers had also successfully increased the number of available activities for prisoners convicted of sexual offences. Allocation to activities was generally timely, following an informative and helpful education induction. However, some prisoners waited too long to be allocated to education or work. Attendance and punctuality for those who were allocated to an activity were generally good. Internal partnerships and external employer partnerships were effective and helped prisoners to gain sustainable employment on release. The education provider had also successfully introduced 'Novus Works' as a replacement for the discontinued National Careers Service provision.

S26 The quality of teaching, learning and assessment was good on most educational and vocational training courses. Performance management interventions had helped to improve the quality of the provision. However, observations by prison managers lacked evaluation and were too descriptive. Prisoners engaged well in lessons and at work, and made good progress. Those allocated to vocational courses and in prison work gained essential

knowledge, and good practical and vocational skills. Peer mentors worked well and helped prisoners to improve their English and mathematics skills. Prisoners were also helped by the outreach team to improve their English and mathematics skills while at work. However, there was a need to increase outreach provision to prisoners locked up on the reintegration unit.

- S27 Tutors and trainers mostly provided useful developmental feedback to prisoners on the quality of their work. In English for speakers of other languages sessions, prisoners were not challenged sufficiently and did not make the progress expected of them in improving their English skills. The small proportion of prisoners who accessed higher-level distance learning programmes did not have enough help or support to make good progress.
- S28 Most prisoners behaved well and showed respect for each other and staff, and demonstrated a good attitude to completing tasks and activities. They achieved a high standard of work across education and prison work, took pride in their achievements and valued the new skills they gained. They applied health and safety practices effectively.
- S29 Achievement rates in education and vocational training were high but the proportion of prisoners who achieved their mathematics functional skills qualification was too low. In most vocational training subject areas and at work, prisoners gained effective and relevant work-related skills in preparation for employment on release. Most prisoners made good progress from their starting points and developed their confidence.

## Rehabilitation and release planning

S30 *Children and families work was mostly good. The strategy to reduce reoffending was not based on a comprehensive needs analysis. Too many prisoners lacked an up-to-date analysis of their risk and needs. Contact with offender supervisors had improved but did not focus on sentence progression. More training was needed to help offender supervisors to manage the high-risk prisoners on their caseloads. There were significant risks in the management of public protection arrangements. Recategorisation reviews were not robust. There were insufficient programme places to meet the needs of the population. The release of some prisoners on home detention curfew was delayed by the lack of suitable accommodation. Release planning was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S31 *At the last inspection in 2016, we found that outcomes for prisoners in Moorland were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of resettlement.<sup>8</sup> At this inspection, we found that six of the recommendations had been achieved, four had been partially achieved and six had not been achieved.*

S32 The Prison Advice and Care Trust was developing a wide range of support services and courses to help prisoners to build and maintain relationships with their families. The provision of social visits was good. The number and length of family days were limited and the provision of Storybook Dads (in which prisoners record stories for their children) was inadequate. The introduction of in-cell telephones had enabled prisoners to speak to family members who worked or were often only available in the evenings. Families were able to email prisoners, but printed emails were delivered by prisoner peer workers, which compromised confidentiality.

<sup>8</sup> 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.



- S33 The prison had a strong focus on reducing reoffending but this was fundamentally undermined by the lack of a comprehensive needs analysis to inform the strategy. Over half of the population was assessed as high risk and about a third was convicted of sexual offences. Just over a third of prisoners did not have an up-to-date assessment of their risk and needs. It was positive that the time allocated to prison offender supervisors was protected, but their caseloads were too high for them to be sufficiently effective. Recorded levels of contact from offender supervisors had improved, and were adequate, but the contact was still largely reactive and often did not drive sentence progression. Prison offender supervisors managed about half of the high-risk cases, and this included some prisoners who had been convicted of sexual offences. Good efforts had been made to train these staff but some of them felt that they lacked the necessary skills.
- S34 There were 25 prisoners serving indeterminate sentences for public protection, and all were over tariff. There had been some good initial work to assess their needs but this work had not yet been progressed. About 15% of prisoners approved for home detention curfew had been held beyond their eligibility date because of a lack of suitable accommodation.
- S35 Public protection procedures were poorly understood, ineffective and presented possible risks to the public. The interdepartmental risk management team did not routinely consider high-risk prisoners approaching release, to provide assurance that risks were being properly managed. The offender management unit (OMU) did not routinely confirm multi-agency public protection arrangements (MAPPA) management levels before prisoners were released, so the prison was unable to contribute effectively to release arrangements. Arrangements to conduct and review telephone monitoring were chaotic and unmanageable. Child contact restrictions were poorly managed, and there were no assessments to support decisions.
- S36 Recategorisation reviews were not up to date, and the use of administrative staff to complete risk assessments and make recommendations was inappropriate. Most prisoners who were recategorised were moved to open conditions within a reasonable time but the failure to consider foreign national prisoners for category D conditions was not justified.
- S37 There were not enough places available on accredited offending behaviour programmes to meet the needs of the population, and insufficient treatment opportunities for prisoners convicted of sexual offences. The introduction of the A–Z programme, to enhance prisoners' motivation, was positive. Nacro provided a good level of support to prisoners who needed accommodation, but about 10% were released homeless and it was not known how many prisoners were being released into sustainable accommodation. There was a wide range of support to help prisoners to manage their debts and open bank accounts.
- S38 About 100 prisoners were released from the establishment every month, so demand for resettlement support was high. Resettlement staff were stretched but managed to review prisoner's resettlement needs before release. This support was often compromised by prisoners arriving with less than 12 weeks to serve. A pre-release check provided a useful safety net just before release.

## Main concerns and recommendations

- S39 Concern: Levels of self-harm were very high, and consistently 50% above the average for category C prisons. Not enough had been done to understand the root causes of self-harm among the population, and the prison had no effective strategy or action plan to reduce the number of incidents.

**Recommendation: Data analysis and consultation with prisoners should be used to understand the root causes of self-harm. Results should inform an effective strategy and action plan to reduce the high levels of self-harm.**

- S40 Concern: The strategy and action planning for equality work were weak. Poor consultation with prisoners in most protected groups left the prison poorly placed to identify, understand and address specific needs. Consistent disproportionality in prison hub data was not adequately addressed.

**Recommendation: Routine consultation and engagement with community organisations should inform an up-to-date equality and diversity strategy and action plan. Robust oversight by managers should ensure that the needs of prisoners with protected characteristics are consistently identified and met.**

- S41 Concern: Public protection procedures to manage the risk that prisoners presented to the public, both in custody and on release, were poor. The interdepartmental risk management team did not routinely consider high-risk prisoners approaching release, to provide assurance that their risks would be appropriately managed. MAPPAs management levels were not routinely confirmed before release to allow the OMU to contribute effectively to release arrangements. Arrangements to impose and review child contact restrictions and to conduct and review telephone monitoring were chaotic and presented an unacceptable risk.

**Recommendation: Public protection procedures should be given urgent and sustained attention, to ensure that prisoners' risks, both in custody and on release, are managed effectively.**

# 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 Most new arrivals had short journeys from local prisons and they were provided with food and drink on their journey. The risks and concerns associated with each prisoner were fully documented in escort records.
- I.2 The reception area was poorly designed but was clean, and processes were carried out efficiently. Staff in reception were welcoming and patient, and all new arrivals had a health care interview. There was some information displayed on the walls, and one holding room had comfortable seating. However, in our survey fewer respondents than at similar prisons said that they had been treated well in reception (76% versus 85%), and more reported problems with getting telephone numbers (38% versus 25%) and medication (31% versus 20%). Prisoners convicted of sexual offences did not usually arrive with those from the general population but there were effective arrangements to keep them safe if they did.
- I.3 New arrivals had a private interview in reception with an induction officer, which had a good focus on safety concerns and provided some information about the prison. However, there were no prisoner mentors in reception to provide peer support and advice. New prisoners could buy vaping devices and grocery packs to prevent them from incurring debt.
- I.4 In our survey, respondents reported negatively about access to basic services on their first night at the prison. Fewer prisoners than at similar establishments said that they had been offered a shower (31% versus 45%), free telephone call (20% versus 46%), something to eat (63% versus 75%) and the chance to see a member of the health services team (49% versus 60%) before being locked up on their first night. Our observations of first night process were more positive, and recent new arrivals we asked were mostly positive about their experience of the early days at the establishment.
- I.5 We found some possible explanations for the negative survey results. About a third of prisoners arrived on Fridays, when there was no scheduled evening association and the population was locked up earlier, and so once new arrivals reached the house block, there was no opportunity for them to take a shower. There had also been problems with telephone numbers being transferred from sending establishments. There were no Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) available to see any new arrivals who might be in crisis (see also paragraph I.50).
- I.6 New prisoners we observed arriving on days other than Fridays were taken to the first night centre in time for an evening meal and association, during which time they could access showers. First night cells had been cleaned and were well equipped. There was little structured support from prisoner mentors. Although there was a prisoner information desk (PID) worker who could answer basic questions if asked, the reliance was on the new, potentially apprehensive, prisoner to seek them out. In our survey, only 7% of respondents said that they had received support from another prisoner before being locked up on their

first night. Telephone credit was provided to new arrivals, and they could make calls from in-cell telephones until 11 pm. Night staff knew where new prisoners were located and carried out additional checks on them overnight. In our survey, 68% of prisoners said that they had felt safe on their first night.

- 1.7** Induction was provided reliably, and in our survey 92% of respondents said that they had received an induction. On the morning after arrival, prisoners received a comprehensive presentation by an induction officer, providing a wide range of basic information. The other elements of induction comprised a meeting with a chaplain, and inductions to the gym, library and education. There were some gaps in the overall induction process; prisoners did not receive briefings from the substance misuse team, offender supervisors or resettlement workers. They could not begin activities until they had completed gym and education inductions. This sometimes took too long, leaving prisoners spending most of their time locked up, waiting to be allocated to an activity (see also paragraph 3.19).

## Recommendations

- 1.8 All new arrivals should be able to have a shower, see health services staff and have a meal before being locked up on their first night.**
- 1.9 Prisoners should be allocated to activities at the earliest possible opportunity, instead of being locked up on the induction wing.**

## 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

- 1.10** In our survey, 29% of respondents said that they currently felt unsafe, and 54% that they had felt unsafe in the prison at some time. There had been a total of 152 violent incidents in the six months before the inspection, compared with 174 in the same period before the last inspection. This reduction was unusual and went against the national trend. There had been 31 fights and 67 assaults on prisoners in the previous six months, both figures being lower than at similar prisons and at the time of the last inspection. However, there had been 54 assaults on staff, which was far higher than elsewhere and at the time of the previous inspection. It was unclear how many of these assaults on staff had been serious.
- 1.11** The safer custody team investigated all violent incidents and there were good systems for gathering and analysing data on violent incidents. This analysis was discussed in safer custody meetings and there were good links to the security team. However, the information gathered was not used to inform a structured action plan to reduce violence further. The violence reduction strategy did not reflect the specific problems faced by the establishment. For example, we identified that a large proportion of young adult prisoners contributed to the violence, but there had been no analysis or action in this regard.

- I.12** The challenge, support and intervention plans (CSIPs)<sup>9</sup> used to manage poor behaviour had been in place at the establishment for over a year. The introduction of this casework approach to manage perpetrators of violence and provide support for victims was positive. However, although there were only 16 prisoners being managed under the CSIP scheme as perpetrators, the intervention plans we looked at were poor and lacked individualised targets to improve behaviour effectively.
- I.13** At the time of the inspection, four prisoners had been identified by the prison as self-isolators. These prisoners were poorly managed, with insufficient time out of their cell and limited in-cell activities. Intervention plans for these prisoners were not effective, and those we spoke to were not aware of their plans. However, they spoke positively about their weekly key worker meeting.
- I.14** In our survey, only 27% of respondents, fewer than at similar prisons, said that they felt treated fairly under the incentives and earned privileges (IEP) scheme. The scheme was punitive in its focus. Some prisoners were downgraded to the basic level of the scheme after a single serious incident and moved to the reintegration unit before the conclusion of an investigation or the adjudication process, which was inappropriate.
- I.15** The reintegration unit held prisoners on the basic level of the IEP scheme for a minimum of four weeks. Prisoners were located there following a pattern of poor behaviour or for a single serious incident, usually linked to violence or drug activity. They were told about their relocation to this unit by their house block manager and were then given 24 hours before being moved. This gave prisoners the opportunity to pack up their belongings and reflect on why they were being relocated. As the name suggests, the aim of the unit was to remove disruptive prisoners from mainstream house blocks and deliver targeted support and interventions to help them to improve their behaviour.
- I.16** The regime on the reintegration unit was poor. Most of the prisoners located there did not attend work or education sessions for at least the first three weeks of the reintegration programme. This implied that purposeful activity was a privilege to be removed, rather than a means to positive rehabilitation. Interventions on the unit were limited and prisoners often spent 23 hours a day locked in their cell. They came out only for a shower, exercise and, when cell telephones were broken, a telephone call. During their second week on the unit, prisoners were interviewed by a member of staff from the education provider. They were given some in-cell work and assigned a classroom-based intervention to complete in their third week. Although the work carried out by the education provider was positive, there was not enough of it and their staff did not contribute to prisoners' reviews or care plans. During their fourth week on the unit, prisoners were supposed to go back to employment, but during the inspection only a third of those eligible had been allocated to work, and the other two-thirds remained locked up.
- I.17** In theory, prisoners on the unit had reintegration plans and reviews, However, the targets set were basic and not individualised. Prisoners were not invited to all of their reviews unless they were receiving negative feedback. This represented another missed opportunity for the staff to engage, support and encourage the prisoners in their care.
- I.18** The aims of the reintegration unit were laudable, and the staff involved were keen to make it work, but it was not yet fulfilling its purpose. The role of the unit was not consistently understood by all staff. There was no formal evaluation of its effectiveness, and little evidence that the underlying causes of poor behaviour were identified and addressed.

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<sup>9</sup> The 'Challenge, support and intervention plan' (CSIP) is a casework process designed to manage and improve behaviour and support the victims of violence. Perpetrators and victims are monitored on a bespoke action plan by a multidisciplinary team.

- I.19** Overall, there was too little in place to encourage positive behaviour. However, prisoners living on the working unit, all of whom were in full-time work, were positive about their experience. Most prisoners on this unit were on the enhanced IEP level, although this was not a mandatory requirement.

## Recommendations

- I.20** **An up-to-date analysis of the causes of violence at the establishment should be used to formulate an action plan to reduce violence.**
- I.21** **Intervention plans to manage perpetrators and victims should include individualised targets to address prisoners' poor behaviour effectively.**
- I.22** **The daily regime for self-isolators should be reliable and provide exercise, a shower and, when cell telephones are broken, a telephone call.**
- I.23** **The purpose of the reintegration unit should be clearly defined, its effectiveness routinely evaluated and the regime from arrival there should be purposeful.**

## Adjudications

- I.24** There had been 1,876 adjudications in last six months of 2018, which was similar to the level recorded in comparable prisons. Management of the adjudication process had improved considerably since the previous inspection. Oversight meetings considered comprehensive monthly data and paid good attention to the reasons for cases being remanded.
- I.25** Governors were required to hear the cases they had remanded, and the proportion of such cases was low (16%). At the time of the inspection, there were only 44 outstanding adjudications, compared with 400 at the time of the previous inspection. Only 3% of cases were not proceeded with, a much lower percentage than we usually see.
- I.26** The paperwork for most cases we looked at was in order, and most included conduct reports. However, not all charges should have been laid, and could have been better dealt with using the IEP scheme. Appropriate evidence, such as closed-circuit television footage, was not always available at hearings. However, the prison was aware of these weaknesses in the process and was actively managing them.

## Use of force

- I.27** Levels of use of force had increased, and were high. There had been 202 uses in the six months leading up to the inspection, compared with 110 uses in the same period before the previous inspection. However, the current figure was broadly in line with that at other category C prisons.
- I.28** Improvements had been made in collating use of force documentation. All incidents were logged, and the documentation we looked at was up to date and of high quality, setting out de-escalation techniques and details of body-worn cameras.
- I.29** Although some aspects of governance had improved, gaps remained. A range of data about the use of force was presented to a quarterly meeting, but there was insufficient analysis of these data to identify trends. There was not enough scrutiny of paperwork and video footage at these meetings to provide consistently adequate assurance. The drawing of batons was

not routinely investigated. The meeting was not frequent enough to provide adequate assurance. It was positive and unusual to see prisoners attending use of force meetings to present their views.

- I.30** Special accommodation had been used five times in the previous six months, with an average of 1.25 hours spent in-cell, with both figures lower than at the time of the previous inspection. On reviewing documentation, we found authorisation for use of this accommodation to be appropriate.

## Recommendations

- I.31 Governance of the use of force should be informed by robust data analysis which identifies trends. Senior managers should routinely scrutinise incidents to identify good practice and learn lessons.**
- I.32 All drawing or use of baton incidents should be investigated.**

## Segregation

- I.33** There had been 165 uses of segregation in the six months leading up to the inspection, which was similar to the figure at other category C prisons. The segregation unit held a maximum of 22 prisoners, and at the time of the inspection there were 12 prisoners residing there. Management of the unit had improved since the previous inspection, and living conditions were better. Cells were clean and free from graffiti, new flooring had been laid and segregation staff told us that they had adequate resources for their role. Prisoners we spoke to on the unit praised the staff and the support they had received, and we saw good staff interactions with some challenging and violent prisoners. All segregated prisoners had access to daily exercise and showers, writing materials, library books and in-cell radios. Reintegration planning had improved and was effective.
- I.34** Five prisoners had been risk assessed as needing multiple staff to unlock them for meals and exercise. There was a procedure to review this situation daily, but this did not always happen. As a result, prisoners potentially stayed on this level of unlock unnecessarily and staff were not free to conduct more productive work with other segregated prisoners.

## 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.35** The security department was well managed and their work contributed considerably to the reduction of violence. Intelligence was initially analysed by a regional intelligence hub external to Moorland, and this was staffed seven days a week. The number of intelligence reports submitted, about 1,000 each month, was similar to that at the time of the previous inspection, and there were effective systems to ensure that required actions were completed. There were good working relationships with South Yorkshire Police, and the recently introduced weekly crime clinic, which discussed all police referrals, was promising.

- I.36** A well-attended monthly security committee set good intelligence objectives that were then communicated to relevant areas.
- I.37** Security procedures were broadly proportionate, with some exceptions. There was a designated search team, which responded well to intelligence. However, when they carried out cell searches, most prisoners were strip-searched and instructed to squat, to reveal if they were carrying contraband internally. There was no evidence of individual risk assessments justifying the routine use of this intrusive procedure. Prisoners who chose to go onto the exercise yards did so in the knowledge that there would be no staff supervision. This was compounded by the fact that they were locked onto the yard and could not quickly seek sanctuary if they were under threat. Dynamic security<sup>10</sup> was mostly good, supported by positive staff–prisoner relationships (see section on staff–prisoner relationships).
- I.38** In our survey, 12% of respondents said that they had developed a problem with illicit drugs while at the prison, and 46% that it was easy to get illicit drugs in the prison, both figures being in line with those at similar prisons. The concerning use of new psychoactive substances (NPS)<sup>11</sup> at the time of the previous inspection had reduced considerably.
- I.39** There was a comprehensive drug strategy, and regular collaborative work between the security department and substance use services, which led to positive outcomes for prisoners. Although all incoming mail was photocopied to prevent the ingress of NPS, there were good systems to prevent delays in prisoners receiving their post. The random mandatory drug testing positive rate was 15%, including the positive rate for NPS, which on its own was 11%. This was lower than we often see at similar prisons, Intelligence-led testing was effective, with a 72% positive rate.
- I.40** At the time of the inspection, 12 prisoners were subject to closed visits and 29 visitors were banned from the prison. Restrictions appropriately related to incidents occurring during visits, and these were reviewed monthly by the security governor. However, advice to prisoners about the outcomes of reviews still did not provide guidance about what they needed to do to return to normal visiting conditions.

## Recommendations

- I.41 Strip-searching and instructions to squat during cell searches should only be authorised when supported by an individual risk assessment and supporting intelligence.**
- I.42 Prisoners should not be locked onto exercise yards without staff supervision.**

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<sup>10</sup> Dynamic security is where prison staff develop awareness of individual prisoner behaviour and risk and use this understanding to help create a safe and secure prison.

<sup>11</sup> 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 vaporized 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.43 Levels of self-harm were very high. In the previous six months, there had been 423 incidents of self-harm, involving 195 prisoners. The number of incidents was consistently 50% higher than the average across category C prisons. A small number of prisoners self-harmed frequently; for example, in December 2018 five prisoners had been responsible for about a third of all incidents (see main recommendation S39).
- I.44 Comprehensive and detailed information about self-harm incidents was collated and analysed at the monthly safer custody meeting. However, this did not always lead to meaningful actions to reduce self-harm. The prison's strategy to tackle self-harm was not clearly informed by an analysis of the main causes (see main recommendation S39).
- I.45 Individual prisoners were discussed at the weekly multidisciplinary safety intervention meeting (SIM), which was attended by relevant staff, including assessment, care in custody and teamwork (ACCT) case managers. Investigations of serious incidents of self-harm were excellent, and identified good practice as well as areas for improvement, resulting in some improvements in practice. Findings were shared through the monthly safer custody meeting, the SIM and with residential managers.
- I.46 The care for prisoners subject to the ACCT process was mostly good. Those we spoke to told us that they felt well cared for. Assessments were consistently good, and mental health workers regularly attended case reviews. Overall, the prison had a good focus on improving care delivered through the ACCT process. There was a robust quality assurance system and all staff received self-harm prevention training.
- I.47 However, we found some inconsistencies in care plans, and in some cases not all of the required actions had been completed before support was stopped. Additionally, some prisoners in crisis were locked up and not meaningfully engaged in any purposeful activity. At the time of the inspection, there was a prisoner on an ACCT and on a constant watch on house block 7. His ACCT document indicated that exercise was a positive motivator for him but the officer supervising him could not say if taking him to the gym had been considered as a means of engaging him and potentially improving his mental health. Instead, the prisoner lay in his bed while the officer watched over him.
- I.48 At the time of the inspection, there were two prisoners subject to ACCT procedures who were segregated. The initial decision to segregate had been appropriately authorised but it was not regularly reviewed. There were constant supervision cells on house block 7 and on the segregation unit. These cells were adequately furnished and clean. The cell on the segregation unit was used only when the prisoner's behaviour warranted segregation.
- I.49 There had been two self-inflicted deaths since the previous inspection. Action had been taken in response to Prisons and Probation Ombudsman recommendations. However, there was no ongoing monitoring to ensure that learning was embedded, and we found examples of non-compliance with specific recommendations.

- I.50** In our survey, only 29% of respondents said that they could speak to a Listener if they needed to, which was far worse than in similar prisons. At the time of the inspection, there were not enough Listeners in post to support the population; there was only one available to the general population of about 630 prisoners. This serious gap in provision was mitigated only in part by prisoners' access to the Samaritans helpline on in-cell telephones.

## Recommendations

- I.51** The segregation of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should be regularly reviewed.
- I.52** Actions in response to recommendations by the Prisons and Probation Ombudsman should be monitored by managers, to ensure ongoing compliance.
- I.53** There should be sufficient Listeners to meet the needs of the population.

## Protection of adults at risk<sup>12</sup>

- I.54** There was an area policy for the protection of adults at risk, and the prison had good links with, and was represented at, the Doncaster Adult Safeguarding Board. A notice had been issued to staff about referral procedures, and follow-up training had been planned. Referrals were considered at the SIM and taken forward to the local safeguarding board when required.

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<sup>12</sup> 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** Although staffing levels were good, about a third of prison officers had been in post for less than one year. This inexperienced staff group was responsible for a dynamic and complex prisoner population. The establishment held large populations of older prisoners, foreign national prisoners and prisoners convicted of sexual offences, and 58% of prisoners had been there for six months or less.
- 2.2** Despite these challenges, staff–prisoner relationships had improved considerably since the previous inspection and were now a strength. In part, this improvement reflected better overall staffing levels, but there was also improved engagement resulting from the implementation of the key worker scheme, which was developing well. All residential officers were now trained and working as key workers. The scheme was fundamental to the establishment of the good, constructive relationships which we saw and which were described to us, both by staff and prisoners, during the inspection. In our survey, 68% of respondents said that their named officer was helpful, which was far higher than at similar prisons (44%). House blocks were now well supervised, and staff had more time for meaningful engagement with prisoners, all of which contributed to more positive perceptions of safety and respect.
- 2.3** Several prisoners complained that some staff lacked experience and interpersonal skills. We saw evidence that the prison was actively managing the development of new officers and there was a full-time mentor for this group. We also spoke to several prisoners who described in detail the level of care and support they had received from individual members of staff, some of whom were relatively new in service. It was encouraging to hear officers talking about the importance of spending time with prisoners, to understand their needs and support them through the rehabilitative process.

### 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

- 2.4** Outside areas were reasonably tidy. The internal environment of the prison was shabby in places and in need of decoration. Flooring in some communal areas was becoming dilapidated, and windows on the landing of the reintegration unit had been missing for

several months, resulting in cold draughts over the winter. House blocks 3, 4 and 7 and the segregation unit were notably cleaner and better maintained than the other units.

- 2.5** During the first week of the inspection, we saw some bags of rubbish left lying around on house blocks, and food was left out overnight on some serveries. We did not see this happening during the second week and there was no evidence of any vermin or insect infestation.
- 2.6** Cell conditions varied and some single cells were still used to accommodate two prisoners, which made them cramped (see Appendix V). There was a cell painting programme in place, but with inconsistent results, although there was less graffiti than we often see. Not all toilets had seats and lids, and some were poorly screened. However, cells were generally well equipped and adequately furnished. Most had in-cell telephones, which were greatly valued by prisoners. The programme to provide all prisoners with an in-cell safe was almost complete, which was a positive and unusual development. We saw few offensive displays in prison cells, which was an improvement since the previous inspection.
- 2.7** Our survey was generally positive about living conditions. Prisoners had good access to cleaning materials for their cells. In our survey, 72% of respondents said that they could get cell cleaning materials every week, which was better than at similar prisons (58%). Showers were generally in working order and reasonably clean, but some were poorly ventilated, with peeling paint and mould developing (see Appendix V). Not all showers were adequately screened.
- 2.8** Prisoners had reasonable access to clean clothing and bedding. In our survey, 79% of respondents said that they normally had enough clean, suitable clothes, and 78% that they received clean sheets, every week, both figures being higher than at similar prisons.
- 2.9** Although the system for getting access to stored property was straightforward and there was no backlog of applications, in our survey only 22% of prisoners said that they could get access to their stored property if they needed it, which warranted further investigation through consultation arrangements.
- 2.10** Records showed that cell bells were generally answered promptly.

## Recommendation

- 2.11 Toilets and showers should be fully screened.**

## Good practice

- 2.12** *All prisoners would soon be provided with a personal safe in their cell, to store any valuables or in-possession medication.*

## Residential services

- 2.13** In our survey, 43% of respondents said that the food provided was good, which was in line with the figure at similar prisons. The food we saw being served, and that we sampled, was good. Prisoners were offered a choice of meals for lunch and dinner, on a four-week rolling menu, which catered for a range of cultural, medical and religious diets. The prison had begun a healthy eating initiative, whereby prisoners could swap their daily dessert for an extra weekly bag of fruit. Breakfast packs were issued to prisoners on the evening before

they were due to be eaten, which was inappropriate. However, prisoners could collect extra bread at the evening meal to make toast the following morning, which made the breakfast meal more substantial.

- 2.14** Meals were still served too early in the day. The regime specified that weekday lunches would be served at 11.40am and the evening meal at 4.30pm, which was too early. To compound this further, prisoners working on the house blocks and those who were retired were served their meal even earlier, before other prisoners returned from activities. Supervision at mealtimes had improved and was good. Servery workers we spoke to were positive about their role, wore appropriate clothing and had received training.
- 2.15** Consultation about the food had improved and was now effective. Food comment books were located on the house blocks and checked regularly, and there was an annual prisoner food survey. Monthly consultation meetings provided prisoners with a platform to raise issues or requests, and we saw evidence of these requests being addressed.
- 2.16** Since the previous inspection, more self-catering equipment had been introduced onto the house blocks. These included microwaves, toasters and grills. Prisoners valued these facilities, although sometimes they were broken and unavailable.
- 2.17** The prison shop provision was good, with an adequate range of items available for purchase, including fresh fruit. In our survey, 66% of respondents said that it sold the things they needed, which was far higher than at the time of the previous inspection (44%). Consultation about the shop had improved.
- 2.18** Prisoners could also order from a variety of catalogues, with a good product range, including music, clothing and hobby materials. The system for catalogue orders had recently been improved, so prisoners could now order weekly, which reduced waiting times.

## Recommendation

- 2.19 Meals should be served at appropriate times.**

## Prisoner consultation, applications and redress

- 2.20** The prison was now carrying out consultation with prisoners across most house blocks, which was an improvement since the previous inspection. However, the quality was variable and, at its worst, dismissive of some groups (see section on protected characteristics). In addition, consultation was ad hoc and not consistent across all house blocks. It was also sometimes ineffective, in that actions were often not implemented for several months, if at all. Managers had attempted some 'you said, we did' feedback to prisoners but in some examples we saw, prisoners had not been updated sufficiently on actions taken.
- 2.21** The peer mentoring scheme provided good opportunities for prisoners. It was supported by a comprehensive policy, although we found that this had not been applied consistently for all roles. The prisoner information desk (PID) peer workers we spoke to were unaware of their job descriptions and had not received sufficiently good training to deliver their role. They lacked knowledge about key services, to enable them to signpost prisoners appropriately.
- 2.22** In our survey, 64% of respondents said that it was easy to make an application, but only 44% that they were dealt with fairly. Application forms were available on all house blocks but completed application forms had to be submitted to PID workers, which meant that the process lacked confidentiality. There was no quality assurance of the applications process, to

monitor the timeliness of responses or track whether prisoners received a response. Prisoners we spoke to had little faith in the system.

- 2.23** A total of 1,215 complaints had been submitted in the six months leading up to the inspection, which was more than at the time of the previous inspection but in line with similar prisons. In our survey, only 23% of respondents said that complaints were dealt with fairly and many prisoners we spoke to were negative about the complaints system.
- 2.24** The responses to complaints that we sampled were polite and included an apology where appropriate. Governance of the system had improved and senior managers now analysed complaints, to understand the reasons for them and identify any trends. Information was submitted to a weekly performance management meeting and discussed with departmental heads, who quality assured all complaint responses in their areas. Training had been given to staff about how to respond to complaints, and those with an overdue response were escalated to senior managers. Complaint forms were not freely available on all house blocks, which was likely to have undermined prisoners' confidence in the process. Complaints relating to staff were overseen by the governor and dealt with appropriately.
- 2.25** There was no dedicated legal services officer, but prisoners were directed to appropriate external support through their offender supervisor. The library had printed copies of Prison Service Instructions available. Legal visits took place in private, in the main visits hall, and waiting times had improved considerably since the last inspection.

## Recommendations

- 2.26** **Consultation arrangements should be effective in identifying prisoners' concerns and result in prompt actions where necessary.**
- 2.27** **The application system should not compromise prisoners' confidentiality, and responses to prisoners should be tracked.**
- 2.28** **Managers should consult prisoners, to understand their negative perceptions of the complaints system and provide assurance that the system is fair.**

## 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 characteristics<sup>13</sup> 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

- 2.29** The strategic management of equality and diversity had improved but remained underdeveloped. The equality team was not sufficiently resourced to complete all of the work needed to support protected groups effectively. There was an up-to-date equality strategy, which considered the prison's unique population to some extent, but it lacked

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<sup>13</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

depth and did not address how the needs of each protected group would be met (see main recommendation S40).

- 2.30** Prisoner equality representatives were available on most house blocks, and were enthusiastic and engaged. They were positive about the support they received from the equality officer. They attended the equality action team (EAT) meeting, which was chaired by the governor and now took place bimonthly, which was more regular than at the time of the previous inspection. However, the meeting still did not include any external input and was not always well attended.
- 2.31** The equality action plan was reviewed at the EAT meeting and showed some evidence of regular progress and actions being signed off as completed. However, actions taken to address the concerns highlighted were not always adequate (see main recommendation S40).
- 2.32** The prison had access to national equality data, which showed consistently disproportionate outcomes for most protected groups. Managers told us that these data were discussed at each EAT meeting but the meeting minutes did not reflect this, and action planning to address these potential inequalities was inadequate (see main recommendation S40).
- 2.33** Discrimination incident report forms (DIRFs) were not freely available on all house blocks. A total of 61 DIRFs had been submitted in the previous six months, which was similar to the number at other category C prisons. Responses were generally appropriate, and any that were of poor quality were usually addressed by the equality team. Redacted DIRFs were shared with prisoner equality representatives, for them to provide an element of scrutiny and reassure other prisoners that the system was taken seriously by the prison.
- 2.34** Aside from a celebration of Black History Month, the promotion of equality work was weak.

## Protected characteristics

- 2.35** Prisoners with protected characteristics were identified on reception. There were regular support forums for foreign national, and gay, bisexual and transgender prisoners but consultation for other protected groups was limited. This left the prison poorly placed to understand some of the negative perceptions in our survey, particularly from prisoners with a disability and those from a black and minority ethnic background. Support from community groups specialising in diversity and equality was available for only a few protected groups, and, again, this was a gap in provision.
- 2.36** At the time of the inspection, 32% of prisoners were from a black and minority ethnic background. The equality team had concluded that this group of prisoners was consulted as part of the foreign national forum, which was unacceptable and did not meet the needs of these prisoners. In our survey, black and minority ethnic prisoners reported more negatively than white prisoners about staff–prisoner relationships, but little had been done to understand or address their perceptions.
- 2.37** A small number of the population identified as being from a Gypsy, Romany, Traveller background. Prison managers said they were unable to hold a forum with these prisoners because of conflict among the group. Nothing had been done to try to address this or generate alternative, more creative options to consult and meet the needs of this group.
- 2.38** At the time of the inspection, 18% of the population were foreign national prisoners, and the support they received was relatively good. Ten individuals were being detained solely because of their immigration status. This reflected the complex role of the prison. Immigration support from the Home Office was now in place. Foreign national prisoners

reported similarly in our survey when compared with British nationals, and this was likely to reflect the fact that they were one of the few groups which were consulted regularly.

- 2.39** Professional telephone interpreting services were available, but their use was not monitored. We saw some good examples of staff using the service, but some staff and prisoners were completely unaware of the facility. The library provided a wide range of publications for foreign national prisoners. Prisoners could access a free five-minute telephone call to their home country on arrival, and subsequently apply for extra telephone credit if they did not receive visits; once eligible, prisoners did not have to keep applying for this each month, as it was automatically reactivated.
- 2.40** A large proportion of prisoners identified as having a physical or mental disability. Those we spoke to said that they received adequate care, and that prisoners who needed help with day-to-day living had buddies (prisoners who provide informal support across a range of issues) to assist them. Buddies had job descriptions, so were clear on the boundaries of their role, but they had not received any formal training.
- 2.41** There were 33 prisoners who needed assistance in the event of a house block evacuation. There were personal emergency evacuation plans in place for these prisoners but too many were out of date and prisoners were sometimes not held in the location specified in their plan, which was concerning. There were areas in the prison where day-to-day living was hard for those with mobility problems; for example, prisoners had to go down steps to access the servery on most house blocks. We saw examples of reasonable adjustments being made or further help given when this was needed.
- 2.42** About 17% of the population was aged over 50, and there was an increasing number of prisoners over the age of 70. Support for this group was relatively good. House block 7 housed some of these prisoners with the greatest need, and provided support for them (see paragraph 2.70). The prison had also created dedicated areas known as 'The Retreat' on house blocks 4 and 7, to support the ageing population at the prison. These were safe spaces where they could socialise and take part in recreational activities.
- 2.43** Young adults made up about 5% of the population. They were mixed with the general population, and policies and procedures were applied to them in the same way as they applied to fully mature adult prisoners. Little had been done to identify and understand the distinctive nature of this protected group, most of whom were still going through the maturing process, and many of whom were likely to have been traumatised by adverse childhood experiences in recent years. There was no specific support or activities for these individuals. Some consultation had taken place with them but the tone was dismissive and the meetings ineffective. Young adults were disproportionately represented in disciplinary matters, and yet the prison had not identified this or taken any action to address the issue. However, care leavers were provided with some good support through the offender management unit. Although in its infancy, support for these prisoners was offered through the Care Leavers Association, and meetings had taken place.
- 2.44** Gay, bisexual and transgender prisoners were mostly positive about the care they received. However, for the two transgender prisoners at the establishment at the time of the inspection, their care was inconsistent. Make-up was available on the prison shop list and female clothing was also available. The prison had arranged some transgender awareness training for staff, but we saw several instances where staff were unclear about which pronoun to use when addressing these prisoners. Although care plans and multidisciplinary case review boards were in place for both of these prisoners, staff were unclear about showering arrangements for one, and at the time of the inspection she had been unable to shower for over a week.



## Recommendations

**2.45** Effective consultation and support should be in place for all protected groups.

**2.46** Personal emergency evacuation plans should be kept up to date.

## Good practice

**2.47** *The Retreat on house blocks 4 and 7 provided an excellent safe space where older prisoners could socialise and take part in recreational activities.*

## Faith and religion

**2.48** Faith provision was reasonable. Almost all prisoners had access to a chaplain of their faith. Access to corporate worship was good but some study groups, for Anglican and Free Church prisoners, were not running at the time of the inspection because of staff vacancies. Prisoners convicted of sexual offences attended worship with the rest of the population, and the chaplain said that this worked well. In our survey, 61% of respondents said that they could speak to a chaplain in private, and 66% that their beliefs were respected. This suggested that a large proportion of prisoners may have had concerns about worship which required further exploration by the prison.

**2.49** Facilities consisted of a multi-faith chapel and a group room. There was an area within the chaplaincy where Muslim prisoners could perform ablutions before Friday prayers, although they were encouraged to do this on their house blocks. Friday prayers sometimes reached capacity and, although Muslim prisoners had not been turned away, this had been a problem for some time.

**2.50** The chaplaincy team provided good pastoral care. A member of the team saw all new receptions on the day of arrival. They visited all house blocks daily, as well as all prisoners on the segregation unit and those being supported through assessment, care in custody and teamwork (ACCT) case management. Chaplains also supported prisoners dealing with bereavement or other bad news.

## Recommendation

**2.51** Corporate worship for Muslim prisoners should routinely meet the demand.

## 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.**

**2.52** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. One area has been identified that requires improvement with a subsequent notice issued by the CQC, which has been detailed within Appendix III of this report.

## Strategy, clinical governance and partnerships

- 2.53** Health services were commissioned by NHS England and were provided by Care UK Health and Rehabilitation Services Limited. A health needs analysis was in the process of being recommissioned to inform future care provision. Partnership arrangements were effective and a robust governance architecture had been established to review clinical performance.
- 2.54** Leadership and accountability arrangements were robust. A culture of reporting serious untoward incidents and of learning from them was established, including learning from Prisons and Probation Ombudsman recommendations. Prisoner health representatives were now in place on most house blocks, and we saw evidence of consultation about service delivery.
- 2.55** Staffing levels and the skills mix were generally appropriate, but some pressures had been placed on frontline staff when short-term cover could not be afforded. Although staff were stretched, we found that most need was being met and there was no evidence that patient outcomes had been adversely affected, apart from in the supply of medicines (see below). Commissioners had agreed additional resources that would address this and enhance patient care. The training available to staff was impressive, with good access to clinical supervision and opportunities for professional development.
- 2.56** Clinical records captured the care provided and were subject to audit. We found equity of access to services for all prisoners. Infection prevention audits had been undertaken and clinical rooms were generally suitable and clean.
- 2.57** Resuscitation equipment was appropriate, well maintained and readily accessible to health care professionals, who were trained to intermediate level. Many prison staff had received first-aid or basic life support training, but they did not have ready access to automated electronic defibrillators after the nursing team left the site of an evening. Overnight, only one defibrillator was available for all seven house blocks; this was insufficient, especially given the large number of older prisoners.
- 2.58** The management of health complaints had improved. We saw evidence of effective face-to-face resolution, and the quality of responses to concerns and complaints was generally good. However, complaint forms were not freely available and often had to be requested directly from health services staff, which potentially limited their use and submission.

## Recommendation

- 2.59** **Automated electronic defibrillators should be easily accessible to prison staff, particularly when nurses are not on site.**

## Promoting health and well-being

- 2.60** A strategic approach to health promotion had been developed and bespoke events took place throughout the year. Reception screening identified individuals who needed ongoing help and advice. Prisoners had access to screening and immunisation programmes, and there was good provision of sexual health services. Barrier protection was available but prisoners had to ask for it from health services staff, which would inevitably deter some prisoners. Comprehensive information on a range of health issues was provided, although this information was not readily available in other formats or languages. Patients who arrived at the establishment needing smoking cessation support were supported effectively. There were appropriate policies to deal with communicable disease and outbreaks.

## Primary care and inpatient services

- 2.61** All prisoners had an initial health screen on arrival, and onward health care referrals were made appropriately. Professional telephone interpreting services were available for prisoners whose first language was not English, although their use was not monitored (see also paragraph 2.39). However, written information about health services was not available in languages other than English.
- 2.62** An appropriate range of primary health services was available, and most access was reasonable. However, in our survey, only 16% of respondents said that it was easy to see a doctor, and we found evidence of waits of over three weeks for a routine appointment to see a GP, which was too long; steps were taken to reduce waiting times during the inspection. The current GP had only been in post for four weeks, and plans for more effective working were being developed, including advanced nurse practitioners seeing more patients to assist with GP waiting times. Urgent GP appointments could be arranged on the same day.
- 2.63** Some secondary care was available onsite, including physiotherapy, ultrasound scans and telemedicine. Out-of-hours support was delivered through the NHS 111 telephone line.
- 2.64** A complex case meeting took place fortnightly and was attended by a range of health care professionals. Patients' care needs were discussed, and planned interventions were monitored and reviewed during the meeting. The management of long-term conditions was good and patient care was appropriately reviewed. Care plans were detailed and informed ongoing care provision.
- 2.65** Non-attendance at internal health care appointments and external hospital appointments was closely monitored. Provision for four prisoners to be escorted to external hospital appointments each weekday was appropriate, although a few appointments were cancelled, mainly owing to emergency appointments taking precedence, but clinical staff were appropriately involved in making these decisions.
- 2.66** All patients were seen by a nurse before release. Those requiring medication on release received a minimum of seven days' supply, and information was routinely shared with the community GP. Patients transferring to other prisons were seen before transfer and any required medicines were sent to the receiving prison.

## Recommendation

- 2.67 Patient information should be readily accessible in a range of formats and languages.**

## Social care

- 2.68** Social care arrangements were appropriate. Care UK Health and Rehabilitation Services Limited provided social care services, as commissioned by Doncaster Metropolitan Borough Council (DMBC). Information leaflets were available, advising prisoners of how to refer themselves, both in prison and on release.
- 2.69** Screening of social care needs was undertaken at reception, and prisoners who needed an in-depth assessment were reviewed by a social worker from DMBC; 45 referrals had been received since April 2018.

- 2.70** The adapted social care wing on house block 7 accommodated prisoners with intensive social care needs, and support was good. Many of the cells on the wing had wider doors and could accommodate hospital beds. Some prisoners with disabilities and social care needs were supported on the other house blocks, but some of their needs could not be fully met because of the environmental constraints. When this situation was identified, prisoners were reviewed at a multi-agency meeting and prioritised for transfer to house block 7.
- 2.71** Records demonstrated that care needs were appropriately identified. Referrals were made in a timely manner and any necessary specialist equipment was readily accessible.

## Mental health care

- 2.72** Care UK Health and Rehabilitation Services Limited provided a seven-day mental health service. A stepped-care model was used to support patients with a range of problems, through a team of mental health nurses, supported by a psychiatrist and sessional clinical psychology input.
- 2.73** Reception screening identified need, and direct referrals could be accepted from prison staff, other health professionals or from prisoners. Urgent mental health support was good. A duty worker was available seven days a week for prisoners experiencing acute distress, and they operated an initial gate-keeping assessment, which was impressive. This support included input into the segregation unit, and the team routinely contributed to all initial ACCT processes and subsequent case reviews, where appropriate.
- 2.74** A weekly team meeting considered all new cases to determine ongoing treatment needs, and provided opportunities for ongoing multidisciplinary review. All routine referrals were generally seen and assessed within a week. A dedicated learning disability nurse also provided effective targeted support for a small group of prisoners.
- 2.75** Most waiting times for specific treatment initiatives were equivalent to those for community services, except for access to improving access to psychological therapies provision, where therapist vacancies had limited the availability of lower-level psychological interventions. No current group work was provided, but we saw good low-intensity, primary care support being offered by motivated and skilled practitioners.
- 2.76** Prisoners appreciated the support provided, but the team had been stretched in delivering the seven-day service. Temporary agency staff had eased this pressure, and active recruitment to existing vacancies was ongoing. In addition, a new enhanced staffing model would bring additional resources which were intended to improve patient outcomes. The team's current caseload consisted of 69 patients, of whom two had enduring mental health problems and were being appropriately cared for through the care programme approach. Record keeping was of a high standard and showed evidence of patient involvement in their own care.
- 2.77** Most custody staff had undertaken mental health awareness training, which was a positive development, particularly given the importance attached to the new key worker role. We came across four cases over the previous 12 months where prisoners needing treatment for their condition in a secure hospital had faced long delays in being transferred.

## Recommendations

- 2.78** **Prisoners with identified mental health needs should be able to access a full range of individual and group psychological interventions.**

**2.79 Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer time guidelines.**

### Substance use treatment<sup>14</sup>

- 2.80** Substance misuse support was reasonably good. Since the previous inspection, the prison had developed a more strategic approach to drug supply and demand reduction. Better integration between substance misuse treatment providers and the prison, and a more proactive approach to managing the use of new psychoactive substances (NPS)<sup>15</sup> had contributed to a large reduction in NPS-related incidents in the previous year.
- 2.81** Care UK Health and Rehabilitation Services Limited now provided fully integrated clinical and psychosocial substance use services. Services were well advertised, and the lack of input to the induction programme was addressed during the inspection. New referrals were usually seen the following day, and during the inspection 193 prisoners (20% of the population) were actively engaged with the team.
- 2.82** We saw evidence of high-quality casework, but group work was limited to brief modules and mutual aid groups. A needs analysis to inform service developments had not been undertaken for some time, there were no medium- to high-intensity courses and there was no peer support. A limited number of service users could access recovery gym sessions.
- 2.83** The integrated substance misuse team provided well-led and coordinated clinical management, seven days a week. Currently, 115 patients were receiving opiate substitute treatment, compared with 66 at the time of the previous inspection, but prescribing input had not increased with this rising demand. The team appropriately prioritised 13-week reviews, and met weekly to discuss the care of the large number of patients with complex needs. A dual diagnosis nurse, who was part of the primary mental health team, provided support to patients with substance- as well as mental health-related problems.
- 2.84** Information sharing between substance misuse and resettlement services had improved. Pre-release planning consistently included the provision of harm reduction information, and naloxone training had been introduced to enable prisoners to treat opiate overdose on release. Good links and joint working with community treatment providers enabled treatment continuation.

### Recommendations

- 2.85 The range of psychosocial interventions should meet identified need and include the provision of medium- to high-intensity courses.**
- 2.86 Clinical substance misuse services should offer sufficient prescribing input to meet increased demand and complexity of need.**

<sup>14</sup> In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

<sup>15</sup> 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 vaporized and inhaled in e-cigarettes and other devices.

## Medicines optimisation and pharmacy services

- 2.87** Medicines were supplied by a community pharmacy, for delivery on the same, or the next, day. We were also told that urgent supplies could be delivered on the same day. However, patients told us about, and we saw examples of, medication supply being delayed for several days, and this led to short gaps in treatment, and potentially had a negative impact on patients' health.
- 2.88** A regional pharmacist was responsible for the service, and the local team consisted of three pharmacy technicians, led by a senior technician; two technicians were currently in post, so there was one vacancy. Overall, medicine administration had improved considerably. The governance and oversight of arrangements was good, and included regular medicine management meetings and clinical audit, with close monitoring of incidents and prescribing trends. There was an appropriate range of standard operating policies and patient group directions (enabling nurses to supply and administer prescription-only medicine), and prisoners had ready access to over-the-counter remedies for a number of common conditions.
- 2.89** There was a comprehensive in-possession (IP) policy, but we found that not all IP risk assessments were reviewed in line with it. The use of IP medication had increased from 30% at the time of the previous last inspection to 65% in January 2019, which was positive. Personal safes for the storage of medication had been installed in most cells (see also paragraph 2.6 and good practice point 2.12). IP clinics had been trialled on house blocks 3 and 4, and had reduced the length of medicine queues. As a result, this approach was going to be adopted on other house blocks.
- 2.90** About a third of the population (330 patients) was prescribed supervised or controlled medication, which included a number of tradable medicines. Officers were now consistently available to supervise the process, which had improved safety and reduced the likelihood of diversion. Methadone was mostly administered on house block 1, where patients still had to queue separately for controlled and supervised medication, which was time consuming. However, queues were well supervised and patients were afforded appropriate privacy at the medicines hatch. Other patients had to visit the health centre to receive controlled drugs, which was frustrating for the prisoners concerned, but plans to decentralise the process were well advanced.
- 2.91** Medication was transported and stored safely. Appropriate emergency stock was held, and FPIOs (written prescriptions) were used for emergencies. Prisoners with complex needs being released received support to set up prescribing appointments in the community.

## Recommendations

- 2.92** **Patient medication should be supplied in a timely fashion, to ensure that treatment is not interrupted.**
- 2.93** **In-possession risk assessments should be reviewed in line with the local policy, to ensure that all risks are appropriately managed.**

## Dental services and oral health

- 2.94** Dental provision was good. Time for Teeth Limited provided an appropriate range of NHS-equivalent dental treatment. Levels of non-attendance were high, but such instances were followed up, reasons for non-attendance were reviewed and new appointments were offered, with the provider working closely with the prison to improve access to the service.
- 2.95** Regular dental sessions were available. Patients waited five weeks for a routine dental appointment, which was reasonable, and embargoed slots ensured that all urgent referrals could be seen. Advice on oral hygiene and disease prevention was provided during dental consultations, and patient information leaflets were available.
- 2.96** The dental suite was appropriate and met infection control standards. There was no separate decontamination area, but dental equipment was well maintained and serviced regularly. Patient records were appropriate and governance arrangements provided effective oversight.





## 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 About 80% of prisoners were employed full time, and they had about nine hours out of their cells on weekdays, which was similar to the situation at the time of the previous inspection. At the weekend, prisoners had about six and a half hours each day out of their cell, which was less than previously. The regime was consistent and rarely curtailed, and we observed little slippage in unlock times.
- 3.2 The amount of time out of cell was too limited for the 75 prisoners on the basic level of the incentives and earned privileges scheme, who could have as little as one hour unlocked on most days. In our spot checks, we found about 25% of the population locked in their cells during the core day, which was too high for a category C prison.
- 3.3 Most prisoners had daily association. However, they could access only half an hour of exercise in the open air each day. Exercise yards were austere, but with some seating (see Appendix V).
- 3.4 Gym provision was reasonable, with sufficient access on weekdays and at weekends. In our survey, 58% of respondents said that they typically went to the gym at least twice a week. However, there was insufficient analysis of attendance at PE to ensure that it was equitable among the different house blocks and protected groups.
- 3.5 Indoor exercise facilities were good, providing a wide range of activities, competitive team sports, and cardiovascular and weights training. External sports facilities were particularly good and included an all-weather surface and a full-size grass football pitch. Facilities were clean and the equipment was maintained well. The shower facilities and changing areas were reasonably clean and in good order but there were no privacy screens.
- 3.6 PE staff generally worked well with the health care department to meet the needs of prisoners with health problems. There was insufficient provision of accredited gym courses, with only a first-aid course available, but there were firm plans to introduce some.
- 3.7 Prisoners had reasonable access to the well-stocked main library on weekdays but it was not open at weekends. Employed prisoners had timetabled access to the library at the end of the working day. Prisoners convicted of sexual offences could access sessions in the main library and also in a branch library on house blocks 3 and 4, where they lived. Among this group, 91% were active library members but only 40% of the general population used the library regularly. There was insufficient analysis of library use and too little planning to address the low take-up of membership among the general population. Positively, 63% of foreign national prisoners were active library members.
- 3.8 The stock of books was generally appropriate for the population but included some long out-of-date legal texts, which was poor practice. There was an extensive range of

foreign-language dictionaries. Good links had been developed with the education department, to support the development of literacy and match new materials to forthcoming courses. Education staff ran daily sessions in the library. The library team facilitated five Shannon Trust mentors, who supported nine prisoners to develop their reading skills. The Storybook Dads scheme (in which prisoners record stories for their children) was not working effectively and only three recordings had been made in the previous six months. There were no book clubs.

## Recommendations

- 3.9 All prisoners should have regular and predictable time out of cell which is sufficient to promote rehabilitation and mental well-being.**
- 3.10 All prisoners should have access to an hour in the open air every day.**
- 3.11 There should be effective monitoring of library and gym use, to ensure equitable access to these services.**

## Education, skills and work activities (Ofsted)<sup>16</sup>

### 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.<sup>17</sup>**

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

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

## Management of education, skills and work

- 3.13** Senior leaders, managers and staff had a clear vision and ambition for prisoners to access and be successful at education, vocational training and work activities which met the needs of a resettlement prison. The operational management of learning and skills and work was effective and continually improved the quality of the provision. There was a good focus on

<sup>16</sup> 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.

<sup>17</sup> In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

enabling prisoners to gain the skills and knowledge valued by prospective employers on their release. Learning and skills were given a high priority across the prison and this was supported by effective working relationships between prison managers, staff, the education provider and employers.

- 3.14** Senior leaders and managers had a good oversight of the quality of education, skills and work, including the quality of teaching, learning and assessment. Almost all the recommendations suggested at the previous inspection had been achieved. Managers had increased the range and quality of activities available to prisoners. Staff–prisoner relationships in classrooms and workshops had improved, and prisoners were now respectful and well behaved, and participated in education, vocational training and work with enthusiasm.
- 3.15** Quality assurance arrangements were effective and improved the quality of the provision. The prison’s own self-assessment report was evaluative and demonstrated that leaders had an appropriate understanding of the strengths and weaknesses in education, vocational training and work. The resultant quality improvement plan focused well on improving the standards of teaching, learning and assessment, and ensured that educational and vocational training courses were relevant for prisoners and their long-term resettlement needs.
- 3.16** The performance management of staff was effective and had helped to improve the quality of provision. Observations of teaching, learning and assessment, both for education staff and prison trainers, led to detailed action plans with a focus on improving both teaching practice and the progress that prisoners made in their learning. Tutors and trainers were well qualified to teach, and used their vocational experience well to coach prisoners. However, observation records completed by prison managers lacked evaluation, were too descriptive and did not concentrate sufficiently on the progress that prisoners made.
- 3.17** Leaders’ approach to the development of the curriculum was good. The number and range of education and vocational training courses had increased since the previous inspection and there were sufficient activity places for the whole population. Prisoners, including foreign nationals, had access to a wide range of education and vocational training opportunities which led to accreditation and work readiness. Managers had successfully increased the number of available activities for prisoners convicted of sexual offences. Leaders and managers had ensured that education, particularly for English and mathematics, was prioritised. The curriculum needs analysis was sufficiently developed to meet the needs of a changing prison population. Managers used local labour market intelligence effectively, to inform their decisions on curriculum development and to prepare prisoners well for work in the local area.
- 3.18** Leaders and managers had ensured that internal partnerships and external employer partnerships were effective in the development of the curriculum and in providing prisoners with access to sustainable employment on their release. The education provider, in conjunction with employers, had implemented ‘Novus Works’, an effective impartial careers advice and guidance initiative which replaced the discontinued National Careers Service provision. A large proportion of prisoners due for release benefited from personal advice and guidance, and gained employment or further training upon discharge as a result. Staff reviewed the effectiveness of the initiative well by monitoring whether that employment or further learning was sustained after release.
- 3.19** The allocation of prisoners to activities was well informed. Prison and college staff worked highly effectively together to ensure that allocation to activities was timely, following an informative and helpful education induction. Pay rates were equitable and did not deter prisoners from accessing education classes. However, a few prisoners waited up to seven days to attend their education induction, were unable to access any activities in the meanwhile and remained in their cells (see also paragraph 1.7 and recommendation 1.9).

Prisoners locked up on the reintegration unit had poor access to any activities or education which was detrimental to their rehabilitation (see also paragraph I.16).

- 3.20** Attendance and punctuality for those allocated to activities were generally good in education, vocational training and work. Most prisoners allocated arrived at their education sessions or vocational training workshops on time and prepared for learning or work. Most prisoners demonstrated a good work ethic. However, in a few prison workshops there was not enough contracted work for the prisoners allocated, and so they did not have enough purposeful activity.

## Recommendations

- 3.21** **Managers' observation of tutors and trainers should have a clear focus on the progress that prisoners have made.**
- 3.22** **Prisoners should complete their education induction promptly, to ensure timely allocation to activities.**
- 3.23** **Prisoners on the reintegration unit should be able to access work and education from week one of the reintegration programme.**
- 3.24** **The number of prisoners allocated to contract workshops should be commensurate with the amount of work available.**

## Quality of provision

- 3.25** The quality of teaching, learning and assessment was good in almost all education and vocational sessions. Tutors and trainers had high expectations on what prisoners could achieve and ensured that lessons and training sessions were well structured and purposeful. As a result, prisoners engaged well in lessons and at work, and made good progress.
- 3.26** In most subjects, including English and mathematics, prisoners' starting points were clearly defined. Most tutors and trainers used this information effectively to plan learning and agree achievement targets. Prisoners gained effective practical and vocational skills, alongside the knowledge and behaviours valued by employers. For example, prisoners on the barbering course learned good techniques for cutting hair and trimming beards. Those in the art workshop produced high-quality drawings.
- 3.27** Peer mentors worked well and provided learners with good support to improve their English and mathematics skills. They were selected carefully for the mentoring role and received effective training. They were required to obtain a relevant qualification in information, advice and guidance at level 2, as long as they had sufficient time to complete it before release; almost all of those currently in post had done so.
- 3.28** Tutors and trainers ensured that prisoners considered how they could improve their English and mathematics skills. For example, tutors and peer mentors worked well together in vocational training workshops to help the foreign national population improve their English speaking and conversation skills. Prisoners working in the brick workshop were encouraged and helped to calculate angles and quantities while completing their practical tasks. Prisoners were also helped by the outreach team to improve their English and mathematics skills while at work.

- 3.29** Tutors and trainers mostly provided useful developmental feedback to prisoners on the standard of their written work and practical skill development. Prisoners had access to timely assessments of their work and made at least the progress expected of them. Examinations were held regularly and prisoners could enter when they were ready. This was particularly appropriate for those serving short sentences. As a result, many obtained qualifications when otherwise they would not have done so.
- 3.30** Target setting was inconsistent. Tutors routinely set long-term targets based around prisoners completing their qualifications and practical work tasks. Prisoners knew their targets well and what they needed to do to achieve them. In vocational training, such as bricklaying, painting and decorating, and barbering, prisoners' targets were relevant and helped them to expand on their skills and knowledge. However, too few prisoners in education classes had specific personal developmental targets which set out how they could improve the standard of their work or make more rapid progress.
- 3.31** The small proportion of prisoners who accessed higher-level distance learning programmes did not have sufficient help or support to enable them to make good progress. They had little access to the virtual campus (internet access for prisoners to community education, training and employment opportunities), which was underused. Feedback on their assignments and submitted work was not returned promptly after they had been assessed by their external tutor.
- 3.32** In the limited number of English for speakers of other languages sessions, prisoners did not make the progress expected of them in the development of their English skills. They were not challenged sufficiently to improve their speaking and writing skills. Learning resources in these sessions were of poor quality.

## Recommendations

- 3.33** **Targets set for prisoners should be individualised and enable them to develop their skills and improve the standard of their work.**
- 3.34** **Prisoners on distance learning courses should receive good support to complete their programmes.**
- 3.35** **Prisoners with poor English language skills should be well supported to develop their speaking and writing skills.**

## Personal development and behaviour

- 3.36** Most prisoners' behaviour across activities and when moving to and from their workplaces or classes was good. They worked well together and demonstrated high levels of respect and tolerance of each other, staff and visitors. They had a good attitude to completing tasks and activities.
- 3.37** Almost all prisoners gained good practical and technical skills and knowledge. They produced a high standard of work across education and prison work, including bricklaying, food preparation, painting and decorating, barbering, joinery and warehousing. Prisoners working in the recycling workshop could estimate the cost savings to the prison which their recycling work generated.
- 3.38** Prisoners were very aware that the skills, knowledge and behaviours they were gaining would benefit them in the future and on their release. This motivated them to gain skills

valued by employers, and complete their tasks to the appropriate standard and in a timely way. They adhered to appropriate health and safety requirements and demonstrated many safe working practices.

- 3.39** Prisoners took pride in their achievements. Their participation in education, vocational training and work improved their levels of confidence and self-esteem.

## Outcomes and achievements

- 3.40** Achievement rates in education and vocational training were high. Almost all prisoners who completed their programmes made good progress and achieved their qualifications. An increasing proportion of prisoners engaged in vocational training and prison work could have their skills validated by external accreditation. In most vocational training subject areas and at work, prisoners gained effective and relevant work-related skills and experience, and made good progress from their starting points. This enabled them to be better prepared for employment on release. Prisoners improved their English skills well as part of their education and vocational training. However, the proportion of prisoners who achieved their mathematics functional skills qualification was too low.

## Recommendation

- 3.41** **The proportion of prisoners who achieve their functional skills mathematics qualifications should increase.**

## 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 Since the previous inspection, a specialist family support worker had been appointed under a contract with the Prison Advice and Care Trust (PACT). PACT was developing a wide range of support services and courses to help prisoners to build and maintain relationships with their families. Forthcoming courses for the year included Family Literacy in Prisons, Building Stronger Families and Coming Home. The family support worker undertook casework with individual prisoners regarding contact with their children, and liaised with social services to ensure that child safeguarding was effective.
- 4.2 In our survey, 54% of respondents said that they had children under the age of 18. Facilities for children and families in the visitors' centre were reasonably comfortable but children's play facilities were limited. The prison had not contracted PACT to provide a regular presence in the visitors' centre, which was a missed opportunity to provide families with advice and referral to ongoing support.
- 4.3 The provision of social visits was good and sessions were well run and welcoming. In our survey, 65% of prisoners who received visits said that these started and finished on time, which was far better than at similar prisons, and 77% said that their visitors were treated respectfully by staff. Visitors we spoke to reported positively about booking a visit and their treatment by prison staff. We observed respectful searching, particularly of children, with good awareness of cultural sensitivities.
- 4.4 The visits hall was spacious, with a separate section, with more comfortable seating, for prisoners on the enhanced level of the incentives and earned privileges scheme. Oversight of visits was effective but not intrusive, and prisoners could have physical contact with their children. There was a well-equipped play area for children, overseen by volunteers or by PACT staff. A wide range of snacks and drinks was available for purchase by visitors.
- 4.5 There were only four family days each year. These were limited to the visits hall and only lasted for two hours. Application criteria related to prisoners' behaviour rather than the needs of their families, which was inappropriate. Provision of the Storybook Dads scheme (in which prisoners record stories for their children) was inadequate (see paragraph 3.8).
- 4.6 In our survey, more respondents than at the time of the previous inspection (64% versus 47%) said that they experienced problems in sending or receiving mail. To limit the ingress of

new psychoactive substances,<sup>18</sup> all mail was photocopied before distribution (see also paragraph 1.39) but we were assured that this procedure did not prevent it being delivered to the house blocks on the day it arrived. Families were able to email prisoners, but printed emails were delivered to prisoners by peer workers, which compromised confidentiality.

- 4.7** Prisoners could telephone friends and families using in-cell telephones until 11pm, which enabled them to speak to family members who worked or were often only available in the evenings.

## Recommendation

- 4.8** **Emails to prisoners should be delivered without compromising confidentiality.**

## 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.**

- 4.9** The establishment had a strong focus on reducing reoffending, and saw it as one of their priorities. The strategy described various functions and aspirations, including the importance of work aimed at reducing reoffending. However, work to reduce reoffending was fundamentally undermined by the lack of a comprehensive, up-to-date population needs analysis, to inform the strategy and ensure that provision was relevant. This was especially important because the prison held a complex, changing population. About a third of the population were prisoners convicted of sexual offences, about a fifth were foreign nationals, over half were assessed as high risk, and many prisoners were transferred to the establishment late in their sentence, ready for release. Nearly 60% of the population had been at the prison for six months or less and about 100 prisoners were released each month.
- 4.10** The monthly reducing reoffending meeting was held consistently and was reasonably well attended. There was a prison-wide action plan but, although there was evidence of actions being taken forward, it was underdeveloped and did not reflect all the current challenges or up-to-date strategic priorities.
- 4.11** Too many prisoners, just over a third of those eligible, had not had an offender assessment system (OASys) assessment of their risk and needs completed within the last 12 months. Within this total, just over 100 prisoners had not had an initial OASys assessment completed to identify their offending behaviour needs and ensure access to the right interventions to reduce their risk.
- 4.12** There were 10.5 full-time-equivalent (FTE) prison offender supervisors in post and 4.5 FTE probation offender supervisors. They worked well together and, impressively and unusually, prison offender supervisor work was protected and they were not cross-deployed to other duties. There were not enough probation offender supervisors to manage all of the 530 high-risk cases. Prison offender supervisors therefore managed nearly half of the high-risk prisoners, including those convicted of sexual offences. Caseloads were too high for staff to be sufficiently effective, with about 70 prisoners each. Prison offender supervisors had access

<sup>18</sup> 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 vaporized and inhaled in e-cigarettes and other devices.



to a fortnightly training session run by the senior probation officer, which provided valuable support from a professional caseworker. However, prison offender supervisors had not been trained to work with prisoners convicted of sexual offences, and told us that they lacked the necessary skills and confidence to work with some of these complex and high-risk prisoners.

- 4.13** No minimum levels of contact between prisoners and offender supervisors had been set and there was no management oversight to monitor contact. In most of the cases we reviewed, the recorded level of contact had improved since the previous inspection, and was adequate, but this tended to be limited to the nine months before release. Contact was largely reactive, triggered by events such as home detention curfew (HDC) applications, parole hearings and recategorisation reviews, and too often did not drive sentence progression. There was little indication of any focused one-to-one work being carried out to address offending behaviour. Offender supervisors told us that they did not have sufficient contact with the prisoners in their care to fulfil this role.
- 4.14** Some offender supervisors still recorded prisoner contact on separate contact logs, rather than entering it on P-Nomis (electronic case notes). In some cases we looked at, logs were not readily available in the absence of the relevant offender supervisor. This made information sharing with other staff in the prison very difficult.
- 4.15** The establishment had been a pilot site for the Offender Management in Custody (OMiC) model.<sup>19</sup> All prisoners had a key worker and most benefited from regular contact with them. This had a positive impact on good staff–prisoner relationships (see paragraph 2.2) but it was too early to judge the full impact on offender management, as full implementation was not due to go live until later in 2019. However, prison officer contact with the offender management unit (OMU) had already improved, which was a positive development.
- 4.16** The prison held 25 prisoners subject to indeterminate sentences for public protection, all of whom were over tariff, some by many years. Some good initial work had been done to assess their individual needs and review opportunities for purposeful progression. However, work in this area had stalled and there was no real strategy to support this group.
- 4.17** For prisoners eligible for parole, submissions of dossier paperwork were timely and well monitored.
- 4.18** Nearly half the population was serving sentences under four years and therefore eligible to be considered for HDC. Although processes to identify a suitable address for release were good and timely, the final decision to grant HDC was typically signed off by OMU managers only two or three working days before the HDC eligibility date, which was very late and left prisoners frustrated by the lack of notice.
- 4.19** Of the 138 prisoners considered for HDC in the previous six months, 125 had been approved but 19 of them (15%) had been held at the establishment beyond their eligibility date owing to the lack of suitable accommodation in either approved premises or Bail Accommodation and Support Services (BASS) housing. At the time of the inspection, one prisoner had been waiting nearly two months beyond his eligibility date.

<sup>19</sup> 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.

## Recommendations

- 4.20** The reducing reoffending strategy and action plan should be informed by a comprehensive and up-to-date population needs analysis.
- 4.21** All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment of their risk and needs.
- 4.22** Prison offender supervisors should receive sufficient training and professional supervision to manage high-risk prisoners and those convicted of sexual offences.

## Public protection

- 4.23** The quality of public protection work had deteriorated. Procedures were ineffective, poorly understood, and presented possible risks to the public (see main recommendation S41).
- 4.24** The interdepartmental risk management team (IRMT) met weekly and was well attended, but its focus was dominated by discussions about the large number of prisoners who were subject to monitoring. There were 222 prisoners due to be released from the establishment over the next three months and about 40% of them were assessed as high risk. However, the IRMT did not routinely discuss high-risk prisoners approaching release and therefore missed an important opportunity to provide assurance that risks had been identified and would be managed. The senior probation officer had recognised this significant gap, and there were plans to address it shortly after the inspection (see main recommendation S41).
- 4.25** Among the population, about 60% of prisoners were potentially eligible for multi-agency public protection arrangements (MAPPA) on release. The OMU did not have an escalation process for routinely confirming MAPPA management levels with community offender managers well enough ahead of release. We found little evidence of any confirmed levels in the cases we looked at. This meant that offender supervisors were unable to contribute effectively to release arrangements (see main recommendation S41).
- 4.26** Arrangements to conduct and review telephone monitoring were chaotic and required urgent attention. The senior probation officer had begun to identify some of these issues but there was still much to be done. At the time of the inspection, 243 prisoners were subject to some form of monitoring arrangements, an unmanageable number which had been much higher in the recent past. The purpose of monitoring procedures, to identify risk and determine the need for restrictions, were poorly understood within the OMU. The need to monitor a prisoner had mistakenly been conflated with the imposition of child contact restrictions, so prisoners subject to such restrictions were also automatically placed on indefinite monitoring. When reviews took place, prisoners were sometimes kept under monitoring for prolonged periods, not on the basis of any identified risk issue but because of speculation about what they might do (see main recommendation S41).
- 4.27** Attempts to administer the excessive levels of monitoring had led to a three-month backlog of telephone calls that had yet to be listened to. The prison could not therefore identify risk as it occurred. Monitoring logs were paper based and stored in folders carried by night staff, which was a significant weakness. Offender supervisors did not routinely review these logs before deciding whether to continue monitoring, rendering them redundant. Not all calls made by foreign national prisoners were translated, so the prison was not sighted on any risks they posed (see main recommendation S41).
- 4.28** Child contact restrictions were poorly managed, and typically inherited from sending prisons or imposed arbitrarily. There were no up-to-date assessments by offender supervisors to

determine whether prisoners presented an ongoing risk to children. There were also no annual reviews of existing contact restrictions, to determine if they were still necessary or relevant – for example, if the child had turned 18 (see main recommendation S41).

- 4.29** Mail room staff used only the OMU's database of the 243 prisoners subject to monitoring to apply child contact restrictions, rather than checking P-Nomis alerts, where 281 prisoners were listed as being prohibited from having any contact with children. This meant that at least 38 prisoners subject to the highest level of restrictions had potentially been allowed to have written contact with children (see main recommendation S41).

## Categorisation and transfers

- 4.30** Recategorisation reviews were not up to date. At the time of the inspection, 21 reviews were outstanding. A recategorisation board sat monthly, but it reviewed cases with retrospective eligibility dates rather than working ahead to review dates coming up in the month ahead. This meant that prisoners approved for category D status potentially waited up to an additional month for their move to open conditions.
- 4.31** There was an inappropriate delegation to administrative staff of completing prisoners' recategorisation reviews, specifically the consideration of any change in risk and recommendations for category D status. Rather than tasking administrative staff to populate review templates with basic information, their role had become blurred and had strayed into making judgements which required professional assessment. Managers told us that offender supervisors were supposed to be consulted via email about decisions, but there was no systematic evidencing of their contribution within the process. All of this meant that untrained staff, who had never met the prisoners concerned, were making important recommendations about a potential move to open conditions, which did both the prisoner and the public a disservice. We found examples of reviews where risk had not been fully explored and, in one case, the lack of training regarding prisoners convicted of sexual offences was worryingly evident.
- 4.32** The failure of the OMU to consider any foreign national prisoner for category D status was not justified. Rather than a prisoner being considered for recategorization based on their individual risk, all of these prisoners were told that they could not move because they were of interest to the immigration authorities. This caused some prisoners considerable frustration and infringed their right to be considered for progression.
- 4.33** There were close links with nearby receiving category D prisons. Some minor delays in transfer were caused by health care information sharing agreements between prisons not being shared in a timely manner, but most recategorized prisoners were moved to open conditions within a reasonable time.

## Recommendations

- 4.34** **Categorisation reviews should be completed in advance of eligibility dates, to maximise the amount of time that prisoners can spend in open conditions.**
- 4.35** **Only appropriately trained, knowledgeable staff should assess risk and make recommendations about recategorisation.**
- 4.36** **Foreign national prisoners should be considered for recategorization on the basis of their individual risk and circumstances.**

## Interventions

### Expected outcomes:

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

- 4.37** The prison delivered four accredited offending behaviour programmes: the thinking skills programme (TSP), Building Better Relationships (BBR; a moderate-intensity domestic abuse programme), Resolve (a moderate-intensity programme for violent behaviour) and Horizon (a moderate intensity programme for prisoners convicted of sexual offences). In total, across these four programmes, the prison was on track to deliver its contracted requirement of 90 individual prisoner completions in the current financial year. This meant that, overall, there were 10 fewer programme places available than at the time of the previous inspection, partly because of temporary staffing issues. In the next financial year, 120 places were planned overall.
- 4.38** The accredited programmes team had done some excellent work to understand the needs of the population, and had developed a robust, live needs analysis which helped them to prioritise prisoners' access to accredited offending behaviour programmes. This showed that there were not enough accredited programme places available to meet the needs of the population. For example, at the time of the inspection 164 prisoners met the risk and need criteria for TSP and were ready to start, but only 50 places were available in the next financial year. Similarly, 61 prisoners had been assessed as suitable to undertake the Resolve programme, but there would be only 40 places available in the next financial year. Many prisoners would therefore be released without having had the chance to address their offending behaviour. The team planned to discontinue the BBR programme as they had not identified any outstanding need; however, up to 30 prisoners needed the higher-intensity Kaizen programme (to address their domestic abuse), which the prison did not offer.
- 4.39** There were not enough treatment opportunities for the 319 prisoners convicted of sexual offences. Only 44 of them had ever completed some form of treatment to address their offending behaviour. About 100 of these prisoners were not eligible for a programme as they were assessed as lower risk, but could potentially have benefited from one-to-one work with an offender supervisor, as would the large number who continued to deny their offences. However, prison offender supervisors, who managed many of these cases, were not qualified to complete one-to-one work with this cohort (see paragraph 4.12 and recommendation 4.22).
- 4.40** The introduction of the non-accredited A–Z programme, to enhance prisoners' motivation, was positive. About 30 had completed the course so far, and provision was due to increase to 50 places in the next financial year.
- 4.41** Prisoners received a good level of support from Nacro to help to deal with housing problems, including help on arrival to maintain or end their tenancies, as well as systematically checking accommodation plans with prisoners 12 weeks before their release. Of the 100 prisoners released each month, the prison estimated that nearly 10% were homeless on the day of release. The prison did not measure whether prisoners had maintained sustainable accommodation 12 weeks after release, so the overall effectiveness of the provision was unclear.
- 4.42** There was a wide range of support to help prisoners to manage their finances. Two workers from Nacro, who were also responsible for accommodation support and release planning, helped prisoners to manage their debts and open bank accounts. Help with complex debts was also provided as part of the advanced personal management (APM) scheme, funded by the European Social Fund. APM's two part-time workers were able to work with prisoners who had up to three years left to serve. Jobcentre Plus provided prisoners with practical

help with applying for benefits, but prisoners were unable to begin their application for Universal Credit before release because it could only be completed online.

## Recommendations

- 4.43 The provision of offending behaviour programmes should meet the needs of the population.**
- 4.44 There should be more treatment opportunities for prisoners convicted of sexual offences.**

## 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.**

- 4.45** Resettlement support was provided by two Nacro workers, who were commissioned by South Yorkshire community rehabilitation company. As a designated resettlement prison, about 100 prisoners were released from the establishment every month, so demand was high. Although the two resettlement workers were stretched, and worked across two other neighbouring prisons, they managed to review prisoners' resettlement needs consistently, where possible, 12 weeks before release. However, the level of service they could provide was often compromised by the number of prisoners arriving at the prison with less than 12 weeks to serve. In January 2019, about 25% of prisoners transferring in were due for release before the end of March.
- 4.46** Nacro staff were co-located in a 'resettlement hub' with other agencies, such as Jobcentre Plus. They worked well together to provide support and advice on accommodation; finance, benefit and debt; and education, training and employment.
- 4.47** A pre-release check was undertaken about two weeks before release, to ensure that prisoners' resettlement needs had been addressed, and this was a useful safety net. The OMU, the resettlement hub and the education department all contributed to this check, which was well coordinated. However, community-based offender managers were not always fully informed of the work that had been carried out.
- 4.48** The OMU provided a further 48-hour pre-release check for prisoners, explaining their licence conditions and entitlement to a travel warrant and discharge grant. A discharge pack containing this information was issued in reception on the day of release. There was good access to holdalls and spare clothing for prisoners who needed them. Public transport was available from the gate.



# Section 5. Summary of recommendations and good practice

The following is a listing of 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.

## Main recommendations

To the governor

- 5.1** Data analysis and consultation with prisoners should be used to understand the root causes of self-harm. Results should inform an effective strategy and action plan to reduce the high levels of self-harm. (S39)
- 5.2** Routine consultation and engagement with community organisations should inform an up-to-date equality and diversity strategy and action plan. Robust oversight by managers should ensure that the needs of prisoners with protected characteristics are consistently identified and met. (S40)
- 5.3** Public protection procedures should be given urgent and sustained attention, to ensure that prisoners' risks, both in custody and on release, are managed effectively. (S41)

## Recommendations

### Early days in custody

- 5.4** All new arrivals should be able to have a shower, see health services staff and have a meal before being locked up on their first night. (1.8)
- 5.5** Prisoners should be allocated to activities at the earliest possible opportunity, instead of being locked up on the induction wing. (1.9)

### Managing behaviour

- 5.6** An up-to-date analysis of the causes of violence at the establishment should be used to formulate an action plan to reduce violence. (1.20)
- 5.7** Intervention plans to manage perpetrators and victims should include individualised targets to address prisoners' poor behaviour effectively. (1.21)
- 5.8** The daily regime for self-isolators should be reliable and provide exercise, a shower and, when cell telephones are broken, a telephone call. (1.22)
- 5.9** The purpose of the reintegration unit should be clearly defined, its effectiveness routinely evaluated and the regime from arrival there should be purposeful. (1.23)
- 5.10** Governance of the use of force should be informed by robust data analysis which identifies trends. Senior managers should routinely scrutinise incidents to identify good practice and learn lessons. (1.31)
- 5.11** All drawing or use of baton incidents should be investigated. (1.32)

## Security

- 5.12** Strip-searching and instructions to squat during cell searches should only be authorised when supported by an individual risk assessment and supporting intelligence. (1.41)
- 5.13** Prisoners should not be locked onto exercise yards without staff supervision. (1.42)

## Safeguarding

- 5.14** The segregation of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should be regularly reviewed. (1.51)
- 5.15** Actions in response to recommendations by the Prisons and Probation Ombudsman should be monitored by managers, to ensure ongoing compliance. (1.52)
- 5.16** There should be sufficient Listeners to meet the needs of the population. (1.53)

## Daily life

- 5.17** Toilets and showers should be fully screened. (2.11)
- 5.18** Meals should be served at appropriate times. (2.19)
- 5.19** Consultation arrangements should be effective in identifying prisoners' concerns and result in prompt actions where necessary. (2.26)
- 5.20** The application system should not compromise prisoners' confidentiality, and responses to prisoners should be tracked. (2.27)
- 5.21** Managers should consult prisoners, to understand their negative perceptions of the complaints system and provide assurance that the system is fair. (2.28)

## Equality, diversity and faith

- 5.22** Effective consultation and support should be in place for all protected groups. (2.45)
- 5.23** Personal emergency evacuation plans should be kept up to date. (2.46)
- 5.24** Corporate worship for Muslim prisoners should routinely meet the demand. (2.51)

## Health, well-being and social care

- 5.25** Automated electronic defibrillators should be easily accessible to prison staff, particularly when nurses are not on site. (2.59)
- 5.26** Patient information should be readily accessible in a range of formats and languages. (2.67)
- 5.27** Prisoners with identified mental health needs should be able to access a full range of individual and group psychological interventions. (2.78)
- 5.28** Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer time guidelines. (2.79)



- 5.29** The range of psychosocial interventions should meet identified need and include the provision of medium- to high-intensity courses. (2.85)
- 5.30** Clinical substance misuse services should offer sufficient prescribing input to meet increased demand and complexity of need. (2.86)
- 5.31** Patient medication should be supplied in a timely fashion, to ensure that treatment is not interrupted. (2.92)
- 5.32** In-possession risk assessments should be reviewed in line with the local policy, to ensure that all risks are appropriately managed. (2.93)

#### **Time out of cell**

- 5.33** All prisoners should have regular and predictable time out of cell which is sufficient to promote rehabilitation and mental well-being. (3.9)
- 5.34** All prisoners should have access to an hour in the open air every day. (3.10)
- 5.35** There should be effective monitoring of library and gym use, to ensure equitable access to these services. (3.11)

#### **Education, skills and work activities**

- 5.36** Managers' observation of tutors and trainers should have a clear focus on the progress that prisoners have made. (3.21)
- 5.37** Prisoners should complete their education induction promptly, to ensure timely allocation to activities. (3.22)
- 5.38** Prisoners on the reintegration unit should be able to access work and education from week one of the reintegration programme. (3.23)
- 5.39** The number of prisoners allocated to contract workshops should be commensurate with the amount of work available. (3.24)
- 5.40** Targets set for prisoners should be individualised and enable them to develop their skills and improve the standard of their work. (3.33)
- 5.41** Prisoners on distance learning courses should receive good support to complete their programmes. (3.34)
- 5.42** Prisoners with poor English language skills should be well supported to develop their speaking and writing skills. (3.35)
- 5.43** The proportion of prisoners who achieve their functional skills mathematics qualifications should increase. (3.41)

#### **Children and families and contact with the outside world**

- 5.44** Emails to prisoners should be delivered without compromising confidentiality. (4.8)

## Reducing risk, rehabilitation and progression

- 5.45** The reducing reoffending strategy and action plan should be informed by a comprehensive and up-to-date population needs analysis. (4.20)
- 5.46** All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment of their risk and needs. (4.21)
- 5.47** Prison offender supervisors should receive sufficient training and professional supervision to manage high-risk prisoners and those convicted of sexual offences. (4.22)

## Categorisation and transfers

- 5.48** Categorisation reviews should be completed in advance of eligibility dates, to maximise the amount of time that prisoners can spend in open conditions. (4.34)
- 5.49** Only appropriately trained, knowledgeable staff should assess risk and make recommendations about recategorisation. (4.35)
- 5.50** Foreign national prisoners should be considered for recategorization on the basis of their individual risk and circumstances. (4.36)

## Interventions

- 5.51** The provision of offending behaviour programmes should meet the needs of the population. (4.43)
- 5.52** There should be more treatment opportunities for prisoners convicted of sexual offences. (4.44)

## Examples of good practice

### Daily life

- 5.53** All prisoners would soon be provided with a personal safe in their cell, to store any valuables or in-possession medication. (2.12)

### Equality, diversity and faith

- 5.54** The Retreat on house blocks 4 and 7 provided an excellent safe space where older prisoners could socialise and take part in recreational activities. (2.47)

## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief Inspector
Deborah Butler	Team leader
Beverley Alden	Inspector
Natalie Heeks	Inspector
Deri Hughes-Roberts	Inspector
Alice Oddy	Inspector
Gordon Riach	Inspector
Jade Richards	Inspector
Andrew Rooke	Inspector
Jonathan Tickner	Inspector
Caroline Wright	Inspector
Charli Bradley	Researcher
Becky Duffield	Researcher
Amilcar Johnson	Researcher
Helen Ranns	Researcher
Joe Simmonds	Researcher
Holly Tuson	Researcher
Steve Eley	Lead health and social care inspector
Sigrid Engelen	Health and social care inspector
Kathleen Byrne	Care Quality Commission inspector
Dan Grant	Ofsted inspector
Steve Hunsley	Ofsted inspector
Ken Fisher	Ofsted inspector
Mark Rogers	Offender management inspector



## 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, early days arrangements were satisfactory. Levels of violence were high, and prisoners expressed legitimate concerns about their safety. Safer custody work was reasonable but lacked analysis, and required better monitoring and management of perpetrators of violence. Although there were many at-risk prisoners subject to case management, they were generally managed appropriately and felt supported. Security arrangements were generally proportionate but new psychoactive substances (NPS) were having a significant destabilising effect. The number of adjudications was becoming unmanageable, and the segregation unit environment was poor. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

#### **Main recommendations**

The prison should further explore and address the reasons for the high and increasing levels of violence, and give more focus to investigating all incidents and managing perpetrators of low level violence and antisocial behaviour. There should be more consultation with prisoners and peer representatives to discuss violence and its main causes. (S43)

##### **Partially achieved**

The prison should undertake an integrated and whole prison approach to managing the issue of substance misuse and especially new psychoactive substances (NPS). The drug strategy committee should meet regularly, include senior representation from all prison departments, and generate strategic action plans to reduce drug supply and demand. (S44)

##### **Achieved**

#### **Recommendations**

The establishment should work towards streamlined single-entry record keeping in the segregation unit, with appropriate support from NOMS. (I.46)

##### **Achieved**

First night care and induction should take place in an appropriate environment that is effective in meeting the needs of new arrivals, particularly those identified as vulnerable prisoners and those from minority groups, particularly those who do not understand English well. (I.7)

##### **Achieved**

All staff involved in the care of prisoners on assessment, care in custody and teamwork case management should attend or contribute to ACCT case reviews, and care maps should be time bound. (1.17)

**Not achieved**

Night time observations of prisoners on open ACCT documents should be carried out at irregular and unpredictable intervals, according to the assessed risk. (1.18)

**Not achieved**

Wing staff should be trained in safeguarding procedures and be aware of their responsibilities under the Care Act, and all relevant departments should be informed of any reported safeguarding matters. (1.22)

**Achieved**

Staff should supervise all areas, particularly those highlighted as hotspots for violence. (1.29)

**Achieved**

Prisoners should not enter staff offices if official sensitive material about others is on display. (1.30)

**Achieved**

Prisoners should be given information on the steps they need to take to be removed from closed visits. (1.31)

**Not achieved**

There should be a consistent approach to reviewing prisoner incentives and earned privileges (IEP) levels, including the number of warnings given before there is a review to downgrade. (1.35)

**Achieved**

Prisoners on the basic level of IEP should be closely monitored and set appropriate individual targets to encourage positive behaviour, as well as the necessary support to achieve such targets. (1.36)

**Not achieved**

There should be an overall behaviour management strategy that addresses the prison's current needs of order and control, spells out the purpose of adjudications and the criteria for laying a charge, and ensures the analysis of trends and patterns in the data on disciplinary action. (1.39)

**Partially achieved**

The segregation unit should be kept clean, and the cells free of graffiti and long-term wear and tear. (1.45)

**Achieved**

The prison should consistently provide suitably trained discipline officers to supervise prisoners receiving medication. (1.51)

**Achieved**

## Respect

### Prisoners are treated with respect for their human dignity.

*At the last inspection, in 2016, most cells were maintained to a reasonable standard, although some communal areas were grubby. Most staff attempted to engage positively with prisoners, but contact was often reactive and many staff appeared under considerable pressure. There was a lack of consultation with minority prisoners, and support for disabled and foreign national prisoners was poor. Prisoners had little confidence in the complaints system. Health services were generally reasonable with good mental health provision. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

Prisoners' perceptions of poor staff-prisoner relationships should be explored and findings acted on. (S46)

**Achieved**

The prison should prioritise work on equality and diversity, and should ensure that all prisoners with protected characteristics have their needs assessed and, where possible, met. (S46)

**Not achieved**

### Recommendations

Home Office Immigration Enforcement staff should progress immigration casework efficiently, and the on-site immigration team should communicate effectively with prisoners through surgeries and use of telephone interpreting, where needed. (2.29)

**Achieved**

All areas of the prison, especially communal areas, should be kept clean. (2.6)

**Achieved**

Prisoners should not share cells that are intended for single use. (2.7)

**Not achieved**

Toilet areas in all cells, including those for single occupancy, should be fully screened. (2.8)

**Not achieved**

The progress of applications and their responses should be tracked. (2.9)

**Not achieved**

Personal officers should engage meaningfully with prisoners, and there should be quality assurance to ensure an effective scheme. (2.13)

**Achieved**

There should be regular, consistent and frequent consultation to explore and address prisoners' continuing negative perceptions of staff. (2.14)

**Achieved**

The prison should monitor the needs of foreign national prisoners to ensure that they are met, including provision of interpreting services. (2.28)

**Achieved**

The prison's reception criteria should be assessed to ensure compliance with equality legislation, and to ensure that no prisoners with disabilities are held unless their needs can be met, including full access to the regime. (2.30)

**Achieved**

House block staff should have ready access to evacuation and care plans for all prisoners who need them, and these plans should be reviewed regularly. (2.31)

**Not achieved**

Retired prisoners should not be required to pay for the rental of their TV. (2.32)

**Not achieved**

The complaints process should be assessed and measures taken to improve and maintain prisoner confidence in it. (2.40)

**Partially achieved**

The prison should offer prompt appointments for legal visits. (2.43)

**Achieved**

Custodial staff should be trained in basic life support, and should be able to access and know how to use automated external defibrillation equipment. (2.53)

**Not achieved**

Responses to prisoner health care complaints should be quality assured to ensure they address the issues raised, and that all responses inform the prisoner how they can raise their concerns further if they remain dissatisfied. (2.54)

**Achieved**

Prisoners identified as needing access to professional interpreting should be identified in their health care record so that appropriate arrangements can be made before health care appointments. (2.60)

**Achieved**

Prisoners should be notified in advance that they have been accepted on to a health care waiting list, and informed promptly of the date and nature of their appointment. (2.61)

**Achieved**

Prisoner access to physiotherapy and podiatrist services should be the equivalent to that in the community. (2.62)

**Achieved**

Prisoners with long-term conditions and complex care needs should have their needs fully assessed and recorded, with clear agreed care plans that address their needs. (2.63)

**Achieved**

Patient waiting time for their medications should be reduced. There should be greater use of in-possession medication, and the supply of supervised and in-possession medications should be separated. (2.69)

**Achieved**

Where possible, controlled drugs should be administered during the wing administration rounds to ensure they are supplied at appropriate intervals, and to prevent the identification of patients collecting controlled drugs. (2.70)

**Not achieved**



The equipment for the safe storage of medicine should be appropriately maintained, and medicines should be stored at the appropriate temperature and not dispensed if they have been stored incorrectly. (2.71)

**Achieved**

All dental equipment should be safe, appropriate and well maintained. (2.73)

**Achieved**

The transfer of prisoners to hospital under the Mental Health Act should take place within agreed Department of Health timescales. (2.77)

**Not achieved**

There should be an annual food survey of prisoners to support consultation arrangements, and food comments books should be available on all wings. (2.83)

**Achieved**

Prisoners should be provided with breakfast on the day it is to be eaten, and meals should not be served before 12 noon and 5pm. (2.84)

**Not achieved**

The microwave pilot should be implemented across the establishment to enable prisoners to supplement their meals. (2.85)

**Achieved**

Servery workers should wear appropriate clothing. (2.86)

**Achieved**

There should be more effective consultation with prisoners about the prison shop, especially with those from minority groups. (2.89)

**Achieved**

New arrivals should be able to receive a full shop order within their first 72 hours. (2.90)

**Not achieved**

Prisoners should not be charged a fee for catalogue purchases. (2.91)

**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, under the restricted regime, time out of cell was not unreasonable, despite some less predictable restrictions. There had been some substantial improvements in the management and availability of education, work and training, with places for 87% of the population. The development of English and mathematic skills was good. Some wing work was still not purposeful, but prisoner achievements through education and workshops were good. There was poor attendance at activities by some prisoners, and some work sessions ended too early. Prisoners had good access to library and PE facilities, which had a range of resources. Outcomes for prisoners were reasonably good against this healthy prison test.*

## Recommendations

The proportion of prisoners involved in purposeful activity should be increased in line with the prison's role as a resettlement prison. (3.4)

**Not achieved**

All prisoners should have the opportunity for evening association. (3.5)

**Achieved**

Education managers should develop action plans following observations that identify clearly how teachers can improve and share their teaching practice. (3.12)

**Achieved**

Managers should ensure that self-assessment considers all aspects of the delivery of learning and skills provision, and is rigorously self-critical. (3.13)

**Achieved**

Prison managers should accelerate the commissioning of new activities in the remaining vacant workshops to reduce the number of prisoners on wing activities. (3.18)

**Achieved**

Prison managers should improve the accuracy of information on the prior attainment and employment histories of all prisoners. (3.19)

**Achieved**

Education managers should ensure that vocational training instructors plan activities that engage prisoners in learning for the full duration of planned sessions. (3.24)

**Achieved**

Prison managers should ensure that work allocated to prisoners on the wings is purposeful and keeps them occupied for the core day. (3.27)

**Achieved**

Managers and instructors should promote the employability benefits of the employment and training portfolios to prisoners. (3.31)

**Partially achieved**

Library managers should identify the range and type of prisoners who use the service so that provision can be better targeted. (3.36)

**Not achieved**

The PE department should enable prisoners to have the opportunity to achieve accredited qualifications through scheduled PE courses. (3.41)

**Not 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, the overall strategic approach to resettlement was weak and lacked focus on the principles of resettlement. Most of the work of the offender management unit (OMU) was focused on process with limited engagement with prisoners to address issues of risk. Too few prisoners were fully engaged with their sentence plans. Public protection arrangements were generally sound. There was no specialist provision for prisoners serving indeterminate sentences. Reintegration planning was reasonable and resettlement plans were appropriate, although there was not enough coordination between the resettlement team and the OMU. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

The prison should clarify its role and define its function as a resettlement prison, and ensure that staff in the offender management unit understand this and are appropriately equipped to be effective in their work. (S47)

**Partially achieved**

### Recommendations

There should be a reducing reoffending action plan to reflect the prison's strategic objectives of resettlement and offender management. Progress against identified objectives should be monitored and revised to meet the needs of the population. (4.5)

**Not achieved**

There should be a comprehensive needs analysis of the whole prison population, and any shortfalls in provision should be identified and met. (4.6)

**Not achieved**

All sentence plans and risk management plans should be sufficiently focused and detailed. (4.14)

**Partially achieved**

Offender supervisors should have greater contact with prisoners on their caseloads to get to know them and to address issues relating to sentence plan objectives, risk and reoffending. (4.15)

**Achieved**

All offender supervisors should have sufficient training, personal development and appropriate supervision to undertake their role. (4.16)

**Not achieved**

Offender supervisors should use the P-Nomis IT system to record contacts with prisoners and other casework activity in sufficient detail to enable other staff to understand the work undertaken and the progress of the prisoner. (4.17)

**Partially achieved**

The quality of multi-agency public protection arrangements (MAPPA) 'F' reports should be consistently good throughout. (4.19)

**Achieved**

Categorisation reviews should be completed on time. (4.21)

**Not achieved**

The prison should recognise, understand and address the distinctive needs of indeterminate sentence prisoners. (4.23)

**Partially achieved**

The resettlement team and the offender management unit should coordinate their work to ensure that pre-release work with prisoners is carried out efficiently. (4.26)

**Achieved**

Prison managers and National Careers Service staff should increase the contacts between the prison and external employers and businesses to improve the employment opportunities for prisoners on release. (4.31)

**Achieved**

The substance misuse service and offender management unit should ensure that relevant information about prisoners is regularly sought and shared to improve reintegration planning outcomes. (4.31)

**Achieved**

There should be an active and planned approach to engaging with prisoners' family members to enhance the effectiveness and the quality of resettlement. (4.38)

**Achieved**

There should be opportunities for offender supervisors to engage prisoners in offence-related work, supported by the expertise of probation staff. (4.42)

**Not achieved**

The effectiveness of the 'Advanced personal management' initiative should be evaluated. (4.44)

**Not achieved**

# Appendix III: Care Quality Commission Requirement Notice



## Requirement Notices

**Provider:** Care UK Health & Rehabilitation Services Limited

**Location:** HMP YOI Moorland

**Location ID:** 1-4133266161

**Regulated activities:** Diagnostic and screening procedures, Treatment of disease, disorder or injury

### Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

#### Regulation 12: Safe care and treatment

Care and treatment must be provided in a safe way for service users

#### How the regulation was not being met:

Medicines were not always managed properly and safely. In particular:

- Medicines administration records were not routinely audited.
- Omissions in medicines records were not routinely monitored. Consequently risks relating to the supply of medicines were not identified.
- During the inspection seven patients complained of not receiving their medicines. Examination of their records confirmed that six of these patients had not received their medicines or had not received them in a timely manner.
- Despite the repeat prescription process being well advertised across the prison on wings and in healthcare, patients did not always follow the process, which meant that some were late in submitting requests. The provider did not have appropriate systems in place to monitor or follow up patients who failed to collect their repeat medicines, or address the risks this posed to some patients.



## Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	20	842	90.9
Recall	0	84	8.9
Convicted unsentenced	0	0	–
Remand	0	0	–
Civil prisoners	0	0	–
Detainees	0	2	0.2
<b>Total</b>	<b>20</b>	<b>928</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	6	0.6
Less than six months	0	28	3.0
six months to less than 12 months	0	49	5.2
12 months to less than 2 years	3	99	10.8
2 years to less than 4 years	11	249	27.4
4 years to less than 10 years	6	348	37.3
10 years and over (not life)	0	123	13
ISPP (indeterminate sentence for public protection)	0	25	2.6
Life	0	1	0.1
<b>Total</b>	<b>20</b>	<b>928</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	20	2.1
21 years to 29 years	292	30.8
30 years to 39 years	292	30.8
40 years to 49 years	180	19.0
50 years to 59 years	81	8.5
60 years to 69 years	34	3.6
70 plus years	49	5.2
Please state maximum age here: 93		
<b>Total</b>	<b>948</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	20	758	82.1
Foreign nationals	0	170	17.9
<b>Total</b>	<b>20</b>	<b>928</b>	<b>100</b>

<b>Security category</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced	–	–	–
Uncategorised sentenced	–	–	–
Category A	–	–	–
Category B	–	–	–
Category C	1	920	97.2
Category D	0	5	0.5
YOI closed	19	3	2.3
<b>Total</b>	<b>20</b>	<b>928</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	13	627	67.5
Irish	2	4	0.7
Gypsy/Irish Traveller	0	10	1.1
Other white	0	73	7.8
<b>Mixed</b>			
White and black Caribbean	1	11	1.3
White and black African	0	1	0.1
White and Asian	0	1	0.1
Other mixed	0	5	0.5
<b>Asian or Asian British</b>			
Indian	0	10	1.1
Pakistani	1	67	7.2
Bangladeshi	0	8	0.8
Chinese	0	1	0.1
Other Asian	0	35	3.7
<b>Black or black British</b>			
Caribbean	0	15	1.6
African	1	32	3.5
Other black	2	14	1.7
<b>Other ethnic group</b>			
Arab	0	3	0.3
Other ethnic group	0	8	0.8
Not stated	0	3	0.3
<b>Total</b>	<b>20</b>	<b>928</b>	<b>100</b>



<b>Religion</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	0	–
Church of England	2	189	20.1
Roman Catholic	2	150	16
Other Christian denominations	3	89	9.8
Muslim	4	175	18.9
Sikh	0	3	0.3
Hindu	0	3	0.3
Buddhist	0	25	2.6
Jewish	0	3	0.3
Other	0	15	1.7
No religion	9	276	30
<b>Total</b>	<b>20</b>	<b>928</b>	<b>100</b>

**Sentenced prisoners only**

<b>Length of stay</b>	<b>18–20-year-olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	5	0.5	162	17.2
1 month to 3 months	3	0.3	189	19.9
3 months to six months	3	0.3	188	19.8
six months to 1 year	5	0.5	158	16.7
1 year to 2 years	4	0.4	132	13.9
2 years to 4 years	0	–	77	8.2
4 years or more	0	–	16	1.7
<b>Total</b>	<b>20</b>	<b>2</b>	<b>922</b>	<b>97.4</b>

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>18–20-year-olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	–	–	–	–
1 month to 3 months	–	–	–	–
3 months to six months	–	–	1	0.1
six months to 1 year	–	–	1	0.1
1 year to 2 years	–	–	2	0.2
2 years to 4 years	–	–	1	0.1
4 years or more	–	–	–	–
Other	–	–	1	0.1
<b>Total</b>	<b>0</b>	<b>–</b>	<b>6</b>	<b>0.6</b>



## Appendix V: Photographs



Cramped doubled up cell



Peeling paint over shower



Austere exercise yard



Food left overnight in servery

# Appendix VI: 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.<sup>20</sup>

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.<sup>21</sup> 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.<sup>22</sup> 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 11 February 2019, the prisoner population at HMP & YOI Moorland was 948. Using the sampling method described above, questionnaires were distributed to 219 prisoners. We received a total of 187 completed questionnaires, a response rate of 85%. This included two questionnaires completed via face-to-face interview. Seventeen prisoners declined to participate in the survey and 15 questionnaires were either not returned at all, or returned blank.

<sup>20</sup> Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

<sup>21</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

<sup>22</sup> 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/hmiprisons/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 Moorland. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.<sup>23</sup> Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

### 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 Moorland 2019 compared with those from other HMIP surveys<sup>24</sup>**

- Survey responses from HMP& YOI Moorland in 2019 compared with survey responses from other category C training prisons inspected since September 2017.
- Survey responses from HMP & YOI Moorland in 2019 compared with survey responses from HMP & YOI Moorland in 2016.

#### **Comparisons between different residential locations within HMP& YOI Moorland 2019**

- Responses of prisoners on the vulnerable prisoner units (house blocks 3 and 4) compared with those from the rest of the establishment.

#### **Comparisons between sub-populations of prisoners within HMP & YOI Moorland 2019<sup>25</sup>**

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners aged 25 and under compared with those over 25.
- Responses of prisoners aged 50 and over compared with those under 50.
- British nationals' responses compared with those of foreign nationals.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.<sup>26</sup>

In the comparator analyses, statistically significant differences are indicated by shading.<sup>27</sup> 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

<sup>23</sup> Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

<sup>24</sup> 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.

<sup>25</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>26</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>27</sup> 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.

respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

## Survey summary

### Background information

<b>I.1</b>	<b>What wing or house block are you currently living on?</b>	
	House block 1	33 (18%)
	House block 2	30 (16%)
	House block 3	30 (16%)
	House block 4	34 (18%)
	House block 5	18 (10%)
	House block 6	30 (16%)
	House block 7	8 (4%)
	Segregation unit	4 (2%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21 .....	5 (3%)
	21 - 25.....	31 (17%)
	26 - 29.....	22 (12%)
	30 - 39.....	56 (31%)
	40 - 49.....	39 (21%)
	50 - 59.....	14 (8%)
	60 - 69.....	6 (3%)
	70 or over.....	9 (5%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British .....	118 (64%)
	White - Irish.....	1 (1%)
	White - Gypsy or Irish Traveller.....	6 (3%)
	White - any other White background .....	9 (5%)
	Mixed - White and Black Caribbean .....	3 (2%)
	Mixed - White and Black African .....	2 (1%)
	Mixed - White and Asian .....	1 (1%)
	Mixed - any other Mixed ethnic background .....	2 (1%)
	Asian/ Asian British - Indian.....	2 (1%)
	Asian/ Asian British - Pakistani.....	15 (8%)
	Asian/ Asian British - Bangladeshi.....	1 (1%)
	Asian/ Asian British - Chinese.....	1 (1%)
	Asian - any other Asian Background .....	3 (2%)
	Black/ Black British - Caribbean.....	3 (2%)
	Black/ Black British - African .....	5 (3%)
	Black - any other Black/ African/ Caribbean background.....	3 (2%)
	Arab.....	4 (2%)
	Any other ethnic group .....	4 (2%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months.....	74 (40%)
	6 months or more .....	109 (60%)
<b>I.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes.....	164 (89%)
	Yes - on recall.....	19 (10%)
	No - on remand or awaiting sentence.....	0 (0%)
	No - immigration detainee.....	1 (1%)



<b>1.6</b>	<b>How long is your sentence?</b>	
	Less than 6 months.....	13 (7%)
	6 months to less than 1 year.....	16 (9%)
	1 year to less than 4 years.....	66 (36%)
	4 years to less than 10 years.....	58 (32%)
	10 years or more.....	24 (13%)
	IPP (indeterminate sentence for public protection).....	5 (3%)
	Life.....	0 (0%)
	Not currently serving a sentence.....	1 (1%)

## Arrival and reception

<b>2.1</b>	<b>Were you given up-to-date information about this prison before you came here?</b>	
	Yes.....	21 (11%)
	No.....	152 (83%)
	Don't remember.....	10 (5%)
<b>2.2</b>	<b>When you arrived at this prison, how long did you spend in reception?</b>	
	Less than 2 hours.....	100 (55%)
	2 hours or more.....	74 (40%)
	Don't remember.....	9 (5%)
<b>2.3</b>	<b>When you were searched in reception, was this done in a respectful way?</b>	
	Yes.....	145 (79%)
	No.....	27 (15%)
	Don't remember.....	11 (6%)
<b>2.4</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	40 (22%)
	Quite well.....	99 (54%)
	Quite badly.....	25 (14%)
	Very badly.....	12 (7%)
	Don't remember.....	7 (4%)
<b>2.5</b>	<b>When you first arrived here, did you have any of the following problems?</b>	
	Problems getting phone numbers.....	70 (38%)
	Contacting family.....	61 (33%)
	Arranging care for children or other dependants.....	5 (3%)
	Contacting employers.....	1 (1%)
	Money worries.....	36 (20%)
	Housing worries.....	32 (17%)
	Feeling depressed.....	60 (33%)
	Feeling suicidal.....	18 (10%)
	Other mental health problems.....	46 (25%)
	Physical health problems.....	35 (19%)
	Drug or alcohol problems (e.g. withdrawal).....	18 (10%)
	Problems getting medication.....	57 (31%)
	Needing protection from other prisoners.....	9 (5%)
	Lost or delayed property.....	28 (15%)
	Other problems.....	19 (10%)
	Did not have any problems.....	34 (19%)
<b>2.6</b>	<b>Did staff help you to deal with these problems when you first arrived?</b>	
	Yes.....	49 (28%)
	No.....	92 (53%)
	Did not have any problems when I first arrived.....	34 (19%)

## 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.....	124 (70%)
Toiletries / other basic items .....	80 (45%)
A shower.....	55 (31%)
A free phone call.....	35 (20%)
Something to eat.....	112 (63%)
The chance to see someone from health care .....	87 (49%)
The chance to talk to a Listener or Samaritans.....	24 (14%)
Support from another prisoner (e.g. Insider or buddy).....	13 (7%)
Wasn't offered any of these things .....	15 (8%)

### 3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean .....	11 (6%)
Quite clean .....	67 (36%)
Quite dirty .....	48 (26%)
Very dirty .....	54 (29%)
Don't remember .....	4 (2%)

### 3.3 Did you feel safe on your first night here?

Yes .....	123 (68%)
No.....	47 (26%)
Don't remember .....	10 (6%)

### 3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	54 (31%)	113 (64%)	9 (5%)
Free PIN phone credit?	90 (52%)	76 (44%)	7 (4%)
Numbers put on your PIN phone?	72 (42%)	86 (50%)	13 (8%)

### 3.5 Did your induction cover everything you needed to know about this prison?

Yes.....	78 (43%)
No.....	88 (49%)
Have not had an induction.....	14 (8%)

## On the wing

### 4.1 Are you in a cell on your own?

Yes.....	95 (52%)
No, I'm in a shared cell or dormitory.....	87 (48%)

### 4.2 Is your cell call bell normally answered within 5 minutes?

Yes.....	40 (22%)
No.....	115 (63%)
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?	144 (79%)	36 (20%)	2 (1%)
Can you shower every day?	174 (94%)	10 (5%)	1 (1%)
Do you have clean sheets every week?	140 (78%)	35 (20%)	4 (2%)
Do you get cell cleaning materials every week?	129 (72%)	49 (27%)	2 (1%)
Is it normally quiet enough for you to relax or sleep at night?	106 (60%)	69 (39%)	1 (1%)
Can you get your stored property if you need it?	38 (21%)	90 (51%)	49 (28%)

**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 .....	19 (10%)
Quite clean .....	86 (47%)
Quite dirty .....	50 (27%)
Very dirty .....	28 (15%)

**Food and canteen**

**5.1 What is the quality of food like in this prison?**

Very good .....	5 (3%)
Quite good .....	74 (40%)
Quite bad .....	56 (31%)
Very bad .....	48 (26%)

**5.2 Do you get enough to eat at mealtimes?**

Always .....	24 (13%)
Most of the time .....	47 (25%)
Some of the time .....	61 (33%)
Never .....	54 (29%)

**5.3 Does the shop / canteen sell the things that you need?**

Yes .....	121 (66%)
No .....	59 (32%)
Don't know .....	4 (2%)

**Relationships with staff**

**6.1 Do most staff here treat you with respect?**

Yes .....	111 (61%)
No .....	70 (39%)

**6.2 Are there any staff here you could turn to if you had a problem?**

Yes .....	119 (66%)
No .....	61 (34%)

**6.3 In the last week, has any member of staff talked to you about how you are getting on?**

Yes .....	73 (39%)
No .....	112 (61%)

<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful.....	48 (27%)
	Quite helpful.....	62 (35%)
	Not very helpful .....	19 (11%)
	Not at all helpful.....	20 (11%)
	Don't know.....	13 (7%)
	Don't have a personal / named officer .....	17 (9%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly.....	6 (3%)
	Sometimes.....	25 (14%)
	Hardly ever.....	137 (76%)
	Don't know.....	13 (7%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes.....	75 (42%)
	No.....	104 (58%)
<b>6.7</b>	<b>Are prisoners here consulted about things like food, canteen, health care or wing issues?</b>	
	Yes, and things sometimes change.....	30 (16%)
	Yes, but things don't change.....	49 (27%)
	No.....	75 (41%)
	Don't know.....	29 (16%)

## Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion.....	55 (30%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	78 (42%)
	Buddhist.....	7 (4%)
	Hindu.....	0 (0%)
	Jewish .....	0 (0%)
	Muslim.....	38 (21%)
	Sikh .....	2 (1%)
	Other .....	4 (2%)
<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes.....	84 (46%)
	No.....	28 (15%)
	Don't know.....	16 (9%)
	Not applicable (no religion).....	55 (30%)
<b>7.3</b>	<b>Are you able to speak to a chaplain of your faith in private, if you want to?</b>	
	Yes.....	78 (42%)
	No.....	19 (10%)
	Don't know.....	32 (17%)
	Not applicable (no religion).....	55 (30%)
<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes.....	114 (62%)
	No.....	10 (5%)
	Don't know.....	6 (3%)
	Not applicable (no religion).....	55 (30%)

**Contact with family and friends**

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes .....	55 (30%)
	No .....	127 (70%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	119 (64%)
	No .....	66 (36%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes .....	177 (96%)
	No .....	8 (4%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy .....	15 (8%)
	Quite easy .....	46 (25%)
	Quite difficult .....	44 (24%)
	Very difficult .....	59 (32%)
	Don't know .....	20 (11%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week .....	11 (6%)
	About once a week .....	30 (17%)
	Less than once a week .....	72 (40%)
	Not applicable (don't get visits) .....	68 (38%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes .....	73 (65%)
	No .....	39 (35%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes .....	83 (77%)
	No .....	25 (23%)

**Time out of cell**

<b>9.1</b>	<b>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)?</b>	
	Yes, and these times are usually kept to .....	94 (51%)
	Yes, but these times are not usually kept to .....	63 (34%)
	No .....	28 (15%)
<b>9.2</b>	<b>How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc)?</b>	
	Less than 2 hours .....	28 (15%)
	2 to 6 hours .....	62 (34%)
	6 to 10 hours .....	70 (38%)
	10 hours or more .....	9 (5%)
	Don't know .....	13 (7%)
<b>9.3</b>	<b>How long do you usually spend out of your cell on a typical Saturday or Sunday?</b>	
	Less than 2 hours .....	24 (13%)
	2 to 6 hours .....	103 (55%)
	6 to 10 hours .....	44 (24%)
	10 hours or more .....	3 (2%)
	Don't know .....	13 (7%)

**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 .....	25 (13%)
3 to 5.....	29 (16%)
More than 5.....	114 (61%)
Don't know.....	13 (7%)

**9.5 How many days in a typical week do you get association, if you want it?**

None .....	5 (3%)
1 or 2 .....	7 (4%)
3 to 5.....	17 (9%)
More than 5.....	140 (75%)
Don't know.....	17 (9%)

**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 .....	7 (4%)
3 to 5.....	25 (14%)
More than 5.....	133 (72%)
Don't know.....	12 (7%)

**9.7 Typically, how often do you go to the gym?**

Twice a week or more .....	106 (58%)
About once a week.....	12 (7%)
Less than once a week.....	6 (3%)
Never .....	60 (33%)

**9.8 Typically, how often do you go to the library?**

Twice a week or more .....	6 (3%)
About once a week.....	68 (37%)
Less than once a week.....	31 (17%)
Never .....	79 (43%)

**9.9 Does the library have a wide enough range of materials to meet your needs?**

Yes .....	43 (25%)
No.....	48 (28%)
Don't use the library .....	79 (46%)

**Applications, complaints and legal rights****10.1 Is it easy for you to make an application?**

Yes.....	118 (64%)
No.....	54 (29%)
Don't know.....	12 (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?	70 (40%)	91 (52%)	14 (8%)
Are applications usually dealt with within 7 days?	50 (29%)	107 (63%)	14 (8%)

**I0.3 Is it easy for you to make a complaint?**

Yes.....	106 (59%)
No.....	52 (29%)
Don't know.....	22 (12%)

**I0.4 If you have made any complaints here, please answer the questions below:**

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	26 (15%)	87 (51%)	59 (34%)
Are complaints usually dealt with within 7 days?	21 (13%)	85 (52%)	59 (36%)

**I0.5 Have you ever been prevented from making a complaint here when you wanted to?**

Yes.....	50 (29%)
No.....	83 (48%)
Not wanted to make a complaint.....	39 (23%)

**I0.6 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?	44 (25%)	62 (35%)	34 (19%)	35 (20%)
Attend legal visits?	60 (35%)	33 (19%)	47 (28%)	30 (18%)
Get bail information?	13 (8%)	50 (30%)	52 (32%)	50 (30%)

**I0.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?**

Yes.....	89 (50%)
No.....	40 (23%)
Not had any legal letters.....	48 (27%)

**Health care****I1.1 How easy or difficult is it to see the following people?**

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	8 (4%)	21 (12%)	56 (31%)	86 (48%)	8 (4%)
Nurse	10 (6%)	56 (32%)	49 (28%)	51 (29%)	9 (5%)
Dentist	7 (4%)	13 (8%)	46 (27%)	81 (47%)	25 (15%)
Mental health workers	11 (6%)	20 (12%)	32 (19%)	65 (38%)	44 (26%)

**I1.2 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	20 (11%)	53 (30%)	34 (19%)	43 (24%)	29 (16%)
Nurse	18 (10%)	59 (33%)	43 (24%)	40 (22%)	18 (10%)
Dentist	10 (6%)	42 (24%)	27 (16%)	41 (24%)	54 (31%)
Mental health workers	17 (10%)	26 (15%)	29 (17%)	38 (22%)	62 (36%)

**I1.3 Do you have any mental health problems?**

Yes.....	88 (49%)
No.....	91 (51%)

**I1.4 Have you been helped with your mental health problems in this prison?**

Yes.....	34 (19%)
No.....	53 (30%)
Don't have any mental health problems.....	91 (51%)

<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>	
	Very good .....	12 (7%)
	Quite good .....	43 (24%)
	Quite bad .....	55 (31%)
	Very bad .....	59 (33%)
	Don't know.....	10 (6%)

### Other support needs

<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>	
	Yes .....	72 (40%)
	No.....	109 (60%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes .....	15 (9%)
	No.....	51 (29%)
	Don't have a disability .....	109 (62%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>	
	Yes .....	29 (16%)
	No.....	149 (84%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>	
	Yes .....	14 (8%)
	No.....	15 (8%)
	Have not been on an ACCT in this prison.....	149 (84%)
<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy .....	21 (12%)
	Quite easy .....	31 (17%)
	Quite difficult .....	11 (6%)
	Very difficult .....	20 (11%)
	Don't know.....	91 (50%)
	No Listeners at this prison .....	8 (4%)

### Alcohol and drugs

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes .....	24 (13%)
	No.....	159 (87%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes .....	7 (4%)
	No.....	15 (8%)
	Did not / do not have an alcohol problem .....	159 (88%)
<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	38 (21%)
	No.....	144 (79%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes .....	22 (12%)
	No.....	161 (88%)



<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes .....	15 (8%)
	No.....	167 (92%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	21 (12%)
	No.....	26 (14%)
	Did not / do not have a drug problem.....	134 (74%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy.....	44 (25%)
	Quite easy.....	38 (21%)
	Quite difficult .....	7 (4%)
	Very difficult .....	5 (3%)
	Don't know.....	85 (47%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	21 (12%)
	Quite easy.....	33 (18%)
	Quite difficult .....	8 (4%)
	Very difficult .....	19 (11%)
	Don't know.....	99 (55%)

## Safety

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes .....	98 (54%)
	No.....	85 (46%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes .....	53 (29%)
	No.....	127 (71%)
<b>14.3</b>	<b>Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)</b>	
	Verbal abuse.....	74 (43%)
	Threats or intimidation.....	59 (34%)
	Physical assault.....	26 (15%)
	Sexual assault.....	8 (5%)
	Theft of canteen or property.....	38 (22%)
	Other bullying / victimisation .....	34 (20%)
	Not experienced any of these from prisoners here.....	81 (47%)
<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>	
	Yes .....	73 (42%)
	No.....	101 (58%)

**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 .....	62 (35%)
Threats or intimidation.....	43 (24%)
Physical assault.....	19 (11%)
Sexual assault.....	2 (1%)
Theft of canteen or property.....	19 (11%)
Other bullying / victimisation .....	46 (26%)
Not experienced any of these from staff here.....	85 (48%)

**14.6 If you were being bullied / victimised by staff here, would you report it?**

Yes .....	88 (51%)
No.....	86 (49%)

**Behaviour management****15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?**

Yes .....	64 (36%)
No.....	80 (45%)
Don't know what the incentives / rewards are .....	34 (19%)

**15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?**

Yes .....	49 (27%)
No.....	87 (48%)
Don't know.....	23 (13%)
Don't know what this is .....	21 (12%)

**15.3 Have you been physically restrained by staff in this prison in the last 6 months?**

Yes .....	21 (11%)
No.....	164 (89%)

**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 .....	5 (3%)
No.....	15 (8%)
Don't remember .....	0 (0%)
Not been restrained here in last 6 months .....	164 (89%)

**15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?**

Yes .....	14 (8%)
No.....	164 (92%)

**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?	6 (43%)	8 (57%)
Could you shower every day?	8 (67%)	4 (33%)
Could you go outside for exercise every day?	9 (75%)	3 (25%)
Could you use the phone every day (if you had credit)?	6 (50%)	6 (50%)

**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	124 (71%)	20 (11%)	29 (17%)	2 (1%)
Vocational or skills training	70 (42%)	38 (23%)	56 (34%)	3 (2%)
Prison job	110 (64%)	37 (21%)	21 (12%)	5 (3%)
Voluntary work outside of the prison	5 (3%)	27 (16%)	57 (35%)	75 (46%)
Paid work outside of the prison	5 (3%)	26 (16%)	54 (33%)	81 (49%)

**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
Education	84 (51%)	52 (31%)	30 (18%)
Vocational or skills training	58 (36%)	51 (31%)	54 (33%)
Prison job	58 (35%)	78 (47%)	29 (18%)
Voluntary work outside of the prison	15 (9%)	30 (19%)	114 (72%)
Paid work outside of the prison	15 (9%)	33 (21%)	110 (70%)

**16.3 Do staff encourage you to attend education, training or work?**

Yes .....	107 (63%)
No.....	54 (32%)
Not applicable (e.g. if you are retired, sick or on remand) .....	10 (6%)

**Planning and progression****17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes .....	87 (50%)
No.....	87 (50%)

**17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?**

Yes .....	62 (72%)
No.....	13 (15%)
Don't know what my objectives or targets are.....	11 (13%)

**17.3 Are staff here supporting you to achieve your objectives or targets?**

Yes .....	39 (49%)
No.....	29 (37%)
Don't know what my objectives or targets are.....	11 (14%)

**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	26 (33%)	9 (11%)	44 (56%)
Other programmes	20 (26%)	10 (13%)	48 (62%)
One to one work	18 (24%)	9 (12%)	47 (64%)
Being on a specialist unit	7 (10%)	5 (7%)	60 (83%)
ROTL - day or overnight release	5 (7%)	9 (12%)	59 (81%)

**Preparation for release**

<b>18.1</b>	<b>Do you expect to be released in the next 3 months?</b>			
	Yes .....	66	(36%)	
	No .....	105	(57%)	
	Don't know .....	14	(8%)	
<b>18.2</b>	<b>How close is this prison to your home area or intended release address?</b>			
	Very near .....	4	(6%)	
	Quite near .....	25	(38%)	
	Quite far .....	18	(27%)	
	Very far .....	19	(29%)	
<b>18.3</b>	<b>Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?</b>			
	Yes .....	37	(57%)	
	No .....	28	(43%)	
<b>18.4</b>	<b>Are you getting help to sort out the following things for when you are released?</b>			
		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	9 (15%)	25 (42%)	25 (42%)
	Getting employment	12 (20%)	22 (37%)	25 (42%)
	Setting up education or training	6 (10%)	20 (34%)	32 (55%)
	Arranging benefits	18 (30%)	26 (43%)	16 (27%)
	Sorting out finances	7 (12%)	25 (42%)	27 (46%)
	Support for drug or alcohol problems	9 (15%)	19 (31%)	33 (54%)
	Health / mental health support	4 (7%)	27 (45%)	29 (48%)
	Social care support	5 (9%)	14 (24%)	39 (67%)
	Getting back in touch with family or friends	7 (12%)	15 (25%)	38 (63%)

**More about you**

<b>19.1</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....	98	(54%)
	No .....	85	(46%)
<b>19.2</b>	<b>Are you a UK / British citizen?</b>		
	Yes .....	152	(84%)
	No .....	30	(16%)
<b>19.3</b>	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>		
	Yes .....	10	(6%)
	No .....	171	(94%)
<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>		
	Yes .....	16	(9%)
	No .....	166	(91%)
<b>19.5</b>	<b>What is your gender?</b>		
	Male .....	184	(100%)
	Female .....	0	(0%)
	Non-binary .....	0	(0%)
	Other .....	0	(0%)

<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual.....	172 (95%)
	Gay / lesbian / homosexual.....	5 (3%)
	Bisexual.....	4 (2%)
	Other .....	1 (1%)
<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes.....	6 (3%)
	No.....	171 (97%)

### Final questions about this prison

<b>20.1</b>	<b>Do you think your experiences in this prison have made you more or less likely to offend in the future?</b>	
	More likely to offend.....	21 (12%)
	Less likely to offend.....	77 (44%)
	Made no difference .....	76 (44%)

## HMP/YOI Moorland 2019

### Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP/YOI Moorland 2019 are compared with the following HMIP survey data:

- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (18 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP/YOI Moorland in 2019 are compared with those from HMP /YOI Moorland in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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Number of completed questionnaires returned

HMP/YOI Moorland 2019	All other category C training prisons surveyed since September 2017	HMP/YOI Moorland 2019	HMP/YOI Moorland 2016
187	3,071	187	196

*n*=number of valid responses to question (HMP/YOI Moorland 2019)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n</i> =182	3%	6%	3%	4%
	Are you 25 years of age or younger?	<i>n</i> =182	20%	28%	20%	
	Are you 50 years of age or older?	<i>n</i> =182	16%	11%	16%	18%
	Are you 70 years of age or older?	<i>n</i> =182	5%	1%	5%	3%
1.3	Are you from a minority ethnic group?	<i>n</i> =183	27%	32%	27%	23%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =183	40%	34%	40%	
1.5	Are you currently serving a sentence?	<i>n</i> =184	100%	100%	100%	98%
	Are you on recall?	<i>n</i> =184	10%	9%	10%	7%
1.6	Is your sentence less than 12 months?	<i>n</i> =183	16%	7%	16%	8%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =183	3%	3%	3%	2%
7.1	Are you Muslim?	<i>n</i> =184	21%	17%	21%	11%
11.3	Do you have any mental health problems?	<i>n</i> =179	49%	43%	49%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =181	40%	33%	40%	26%
19.1	Do you have any children under the age of 18?	<i>n</i> =183	54%	50%	54%	50%
19.2	Are you a foreign national?	<i>n</i> =182	17%	10%	17%	21%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =181	6%	5%	6%	3%
19.4	Have you ever been in the armed services?	<i>n</i> =182	9%	6%	9%	6%
19.5	Is your gender female or non-binary?	<i>n</i> =184	0%	1%	0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =182	6%	4%	6%	3%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =177	3%	2%	3%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =183	12%	15%	12%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =183	55%	49%	55%	65%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =183	79%	82%	79%	79%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =183	76%	85%	76%	

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2.5	When you first arrived, did you have any problems?	<i>n=183</i>	81%	72%	81%	68%
2.5	Did you have problems with:					
	- Getting phone numbers?	<i>n=183</i>	38%	25%	38%	21%
	- Contacting family?	<i>n=183</i>	33%	26%	33%	25%
	- Arranging care for children or other dependents?	<i>n=183</i>	3%	2%	3%	
	- Contacting employers?	<i>n=183</i>	1%	2%	1%	3%
	- Money worries?	<i>n=183</i>	20%	16%	20%	16%
	- Housing worries?	<i>n=183</i>	18%	13%	18%	12%
	- Feeling depressed?	<i>n=183</i>	33%	29%	33%	
	- Feeling suicidal?	<i>n=183</i>	10%	9%	10%	
	- Other mental health problems?	<i>n=183</i>	25%	20%	25%	
	- Physical health problems?	<i>n=183</i>	19%	13%	19%	15%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=183</i>	10%	11%	10%	
	- Getting medication?	<i>n=183</i>	31%	20%	31%	
	- Needing protection from other prisoners?	<i>n=183</i>	5%	6%	5%	8%
	- Lost or delayed property?	<i>n=183</i>	15%	23%	15%	19%
	<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=141</i>	35%	32%	35%	27%
<b>FIRST NIGHT AND INDUCTION</b>						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	<i>n=177</i>	70%	65%	70%	75%
	- Toiletries / other basic items?	<i>n=177</i>	45%	51%	45%	63%
	- A shower?	<i>n=177</i>	31%	45%	31%	36%
	- A free phone call?	<i>n=177</i>	20%	46%	20%	28%
	- Something to eat?	<i>n=177</i>	63%	75%	63%	51%
	- The chance to see someone from health care?	<i>n=177</i>	49%	60%	49%	64%
	- The chance to talk to a Listener or Samaritans?	<i>n=177</i>	14%	28%	14%	30%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n=177</i>	7%	23%	7%	
	- None of these?	<i>n=177</i>	9%	7%	9%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n=184</i>	42%	36%	42%	
3.3	Did you feel safe on your first night here?	<i>n=180</i>	68%	73%	68%	76%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	<i>n=176</i>	31%	40%	31%	19%
	- Free PIN phone credit?	<i>n=173</i>	52%	46%	52%	
	- Numbers put on your PIN phone?	<i>n=171</i>	42%	47%	42%	
3.5	Have you had an induction at this prison?	<i>n=180</i>	92%	94%	92%	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=166</i>	47%	56%	47%	

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ON THE WING						
4.1	Are you in a cell on your own?	n=182	52%	64%	52%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=183	22%	30%	22%	18%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=182	79%	66%	79%	74%
	- Can you shower every day?	n=185	94%	86%	94%	90%
	- Do you have clean sheets every week?	n=179	78%	63%	78%	75%
	- Do you get cell cleaning materials every week?	n=180	72%	58%	72%	78%
	- Is it normally quiet enough for you to relax or sleep at night?	n=176	60%	67%	60%	54%
	- Can you get your stored property if you need it?	n=177	22%	25%	22%	12%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=183	57%	60%	57%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=183	43%	38%	43%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=186	38%	34%	38%	
5.3	Does the shop / canteen sell the things that you need?	n=184	66%	61%	66%	44%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=181	61%	69%	61%	71%
6.2	Are there any staff here you could turn to if you had a problem?	n=180	66%	70%	66%	71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=185	40%	29%	40%	25%
6.4	Do you have a personal officer?	n=179	91%	82%	91%	
	<i>For those who have a personal officer:</i>					
6.4	Is your personal or named officer very / quite helpful?	n=162	68%	44%	68%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=181	3%	10%	3%	
6.6	Do you feel that you are treated as an individual in this prison?	n=179	42%	43%	42%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=183	43%	51%	43%	
	If so, do things sometimes change?	n=79	38%	31%	38%	
FAITH						
7.1	Do you have a religion?	n=184	70%	68%	70%	68%
	<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	n=128	66%	70%	66%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=129	61%	70%	61%	
7.4	Are you able to attend religious services, if you want to?	n=130	88%	88%	88%	



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CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=182	30%	26%	30%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=185	64%	58%	64%
8.3	Are you able to use a phone every day (if you have credit)?	n=185	96%	87%	96%
8.4	Is it very / quite easy for your family and friends to get here?	n=184	33%	34%	33%
8.5	Do you get visits from family/friends once a week or more?	n=181	23%	16%	23%
<i>For those who get visits:</i>					
8.6	Do visits usually start and finish on time?	n=112	65%	48%	65%
8.7	Are your visitors usually treated respectfully by staff?	n=108	77%	73%	77%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=185	85%	91%	85%
<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?	n=157	60%	56%	60%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=182	15%	17%	15%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=182	5%	8%	5%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=187	13%	22%	13%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=187	2%	3%	2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=187	61%	56%	61%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=186	75%	63%	75%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=184	72%	65%	72%
9.7	Do you typically go to the gym twice a week or more?	n=184	58%	52%	58%
9.8	Do you typically go to the library once a week or more?	n=184	40%	50%	40%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=91	47%	56%	47%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=184	64%	73%	64%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	n=161	44%	50%	44%
	Are applications usually dealt with within 7 days?	n=157	32%	36%	32%
10.3	Is it easy for you to make a complaint?	n=180	59%	62%	59%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	n=113	23%	30%	23%
	Are complaints usually dealt with within 7 days?	n=106	20%	25%	20%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=133	38%	27%	38%

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Prisoner category C training prisons surveyed since September 2017						

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<i>For those who need it, is it easy to:</i>					
10.6	Communicate with your solicitor or legal representative?	n=140	31%	39%	31%
	Attend legal visits?	n=140	43%	47%	43%
	Get bail information?	n=115	11%	16%	11%
<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?	n=129	69%	58%	69%
<b>HEALTH CARE</b>					
11.1	Is it very / quite easy to see:				
	- Doctor?	n=179	16%	32%	16%
	- Nurse?	n=175	38%	52%	38%
	- Dentist?	n=172	12%	15%	12%
	- Mental health workers?	n=172	18%	23%	18%
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	n=179	41%	47%	41%
	- Nurse?	n=178	43%	57%	43%
	- Dentist?	n=174	30%	34%	30%
	- Mental health workers?	n=172	25%	29%	25%
11.3	Do you have any mental health problems?	n=179	49%	43%	49%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	n=87	39%	42%	39%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=179	31%	42%	31%
<b>OTHER SUPPORT NEEDS</b>					
12.1	Do you consider yourself to have a disability?	n=181	40%	33%	40%
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	n=66	23%	31%	23%
12.3	Have you been on an ACCT in this prison?	n=178	16%	16%	16%
<i>For those who have been on an ACCT:</i>					
12.4	Did you feel cared for by staff?	n=29	48%	43%	48%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=182	29%	39%	29%
<b>ALCOHOL AND DRUGS</b>					
13.1	Did you have an alcohol problem when you came into this prison?	n=183	13%	14%	13%
<i>For those who had / have an alcohol problem:</i>					
13.2	Have you been helped with your alcohol problem in this prison?	n=22	32%	52%	32%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=182	21%	29%	21%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=183	12%	18%	12%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=182	8%	10%	8%
<i>For those who had / have a drug problem:</i>					
13.6	Have you been helped with your drug problem in this prison?	n=47	45%	48%	45%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=179	46%	50%	46%
13.8	Is it very / quite easy to get alcohol in this prison?	n=180	30%	33%	30%

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HMP/YOI Moorland 2019	187		HMP/YOI Moorland 2016

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SAFETY						
14.1	Have you ever felt unsafe here?	n=183	54%	47%	54%	44%
14.2	Do you feel unsafe now?	n=180	29%	23%	29%	18%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=173	43%	33%	43%	
	- Threats or intimidation?	n=173	34%	30%	34%	
	- Physical assault?	n=173	15%	18%	15%	
	- Sexual assault?	n=173	5%	2%	5%	
	- Theft of canteen or property?	n=173	22%	25%	22%	
	- Other bullying / victimisation?	n=173	20%	17%	20%	
	- Not experienced any of these from prisoners here	n=173	47%	54%	47%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=174	42%	32%	42%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=176	35%	30%	35%	
	- Threats or intimidation?	n=176	24%	23%	24%	
	- Physical assault?	n=176	11%	11%	11%	
	- Sexual assault?	n=176	1%	2%	1%	
	- Theft of canteen or property?	n=176	11%	9%	11%	
	- Other bullying / victimisation?	n=176	26%	16%	26%	
	- Not experienced any of these from staff here	n=176	48%	58%	48%	
14.6	If you were being bullied / victimised by staff here, would you report it?	n=174	51%	48%	51%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=178	36%	39%	36%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=180	27%	37%	27%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=185	11%	13%	11%	12%
<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?	n=20	25%	20%	25%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=178	8%	9%	8%	
<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?	n=14	43%	58%	43%	
	Could you shower every day?	n=12	67%	76%	67%	
	Could you go outside for exercise every day?	n=12	75%	77%	75%	
	Could you use the phone every day (if you had credit)?	n=12	50%	66%	50%	

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EDUCATION, SKILLS AND WORK							
16.1	In this prison, is it easy to get into the following activities:						
	- Education?	n=175	71%	61%	71%		
	- Vocational or skills training?	n=167	42%	41%	42%		
	- Prison job?	n=173	64%	47%	64%		
	- Voluntary work outside of the prison?	n=164	3%	5%	3%		
	- Paid work outside of the prison?	n=166	3%	4%	3%		
16.2	In this prison, have you done the following activities:						
	- Education?	n=166	82%	80%	82%		
	- Vocational or skills training?	n=163	67%	69%	67%		
	- Prison job?	n=165	82%	81%	82%		
	- Voluntary work outside of the prison?	n=159	28%	33%	28%		
	- Paid work outside of the prison?	n=158	30%	33%	30%		
<i>For those who have done the following activities, do you think they will help you on release:</i>							
	- Education?	n=136	62%	61%	62%		
	- Vocational or skills training?	n=109	53%	67%	53%		
	- Prison job?	n=136	43%	40%	43%		
	- Voluntary work outside of the prison?	n=45	33%	54%	33%		
	- Paid work outside of the prison?	n=48	31%	58%	31%		
16.3	Do staff encourage you to attend education, training or work?			n=161	67%	60%	67%
PLANNING AND PROGRESSION							
17.1	Do you have a custody plan?			n=174	50%	59%	50%
<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=86	72%	83%	72%
17.3	Are staff helping you to achieve your objectives or targets?			n=79	49%	43%	49%
17.4	In this prison, have you done:						
	- Offending behaviour programmes?	n=79	44%	48%	44%		
	- Other programmes?	n=78	39%	42%	39%		
	- One to one work?	n=74	37%	37%	37%		
	- Been on a specialist unit?	n=72	17%	19%	17%		
	- ROTL - day or overnight release?	n=73	19%	14%	19%		
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>							
	- Offending behaviour programmes?	n=35	74%	70%	74%		
	- Other programmes?	n=30	67%	65%	67%		
	- One to one work?	n=27	67%	66%	67%		
	- Being on a specialist unit?	n=12	58%	44%	58%		
	- ROTL - day or overnight release?	n=14	36%	38%	36%		

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	Grey shading indicates that we have no valid data for this question

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

HMP/YOI Moorland 2019	For outer category C training prisons surveyed since September 2017	HMP/YOI Moorland 2019	HMP/YOI Moorland 2016
187	3,071	187	196

Number of completed questionnaires returned

n=number of valid responses to question (HMP/YOI Moorland 2019)

PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	n=185	36% 25%
<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=66	44% 40%
18.3	Is anybody helping you to prepare for your release?	n=65	57% 58%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	n=59	58% 62%
	- Getting employment?	n=59	58% 62%
	- Setting up education or training?	n=58	45% 49%
	- Arranging benefits?	n=60	73% 66%
	- Sorting out finances?	n=59	54% 57%
	- Support for drug or alcohol problems?	n=61	46% 43%
	- Health / mental Health support?	n=60	52% 49%
	- Social care support?	n=58	33% 36%
	- Getting back in touch with family or friends?	n=60	37% 39%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	n=34	27% 38%
	- Getting employment?	n=34	35% 23%
	- Setting up education or training?	n=26	23% 25%
	- Arranging benefits?	n=44	41% 26%
	- Sorting out finances?	n=32	22% 25%
	- Support for drug or alcohol problems?	n=28	32% 51%
	- Health / mental Health support?	n=31	13% 31%
	- Social care support?	n=19	26% 24%
	- Getting back in touch with family or friends?	n=22	32% 31%
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=174	44% 50%

## HMP/YOI Moorland

### 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.

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

- Green shading shows results that are significantly more positive than the comparator
- Blue shading shows results that are significantly more negative than the comparator
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- Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
49	134	38	146

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	23%	19%	36%	15%
	Are you 50 years of age or older?	4%	21%	0%	20%
1.3	Are you from a minority ethnic group?			84%	12%
7.1	Are you Muslim?	65%	5%		
11.3	Do you have any mental health problems?	26%	57%	29%	55%
12.1	Do you consider yourself to have a disability?	27%	44%	29%	43%
19.2	Are you a foreign national?	40%	7%	24%	14%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	7%	8%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	65%	84%	65%	84%
2.4	Overall, were you treated very / quite well in reception?	65%	80%	62%	79%
2.5	When you first arrived, did you have any problems?	85%	81%	83%	81%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	24%	38%	25%	38%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	60%	71%	67%	69%
3.5	Have you had an induction at this prison?	94%	92%	94%	92%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	40%	49%	46%	48%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	17%	23%	19%	23%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	77%	79%	76%	80%
	- Can you shower every day?	90%	96%	95%	95%
	- Do you have clean sheets every week?	77%	78%	70%	81%
	- Do you get cell cleaning materials every week?	60%	75%	51%	77%
	- Is it normally quiet enough for you to relax or sleep at night?	49%	64%	50%	62%
	- Can you get your stored property if you need it?	27%	19%	14%	24%

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- Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

Black and minority ethnic	White
49	134

Muslim	Non-Muslim
38	146

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	35%	38%
5.3	Does the shop / canteen sell the things that you need?	44%	74%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	31%	71%
6.2	Are there any staff here you could turn to if you had a problem?	46%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	37%	41%
6.6	Do you feel that you are treated as an individual in this prison?	34%	44%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	54%	71%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	63%	58%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	27%	31%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	63%	65%
8.3	Are you able to use a phone every day (if you have credit)?	92%	97%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	67%	80%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	15%	15%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	5%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	28%	58%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	46%	70%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	31%	48%
10.3	Is it easy for you to make a complaint?	42%	63%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	7%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	49%	35%

29%	40%
51%	70%
42%	67%
43%	73%
42%	39%
46%	41%
57%	70%
66%	58%
29%	31%
61%	66%
92%	97%
71%	79%
22%	14%
0%	6%
38%	49%
47%	69%
28%	48%
55%	60%
8%	28%
38%	38%

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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
	49	134	38	146

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	2%	21%	11%	18%
	- Nurse?	30%	39%	24%	41%
	- Dentist?	2%	14%	12%	12%
	- Mental health workers?	7%	21%	12%	20%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	30%	40%	33%	40%
11.5	Do you think the overall quality of the health services here is very / quite good?	21%	34%	26%	32%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	9%	26%	10%	25%
SAFETY					
14.1	Have you ever felt unsafe here?	58%	52%	51%	55%
14.2	Do you feel unsafe now?	40%	26%	42%	27%
14.3	Not experienced bullying / victimisation by other prisoners	58%	42%	62%	43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	42%	41%	32%	44%
14.5	Not experienced bullying / victimisation by members of staff	35%	52%	40%	50%
14.6	If you were being bullied / victimised by staff here, would you report it?	49%	50%	44%	52%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	45%	32%	44%	34%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	21%	30%	17%	30%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	10%	11%	16%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	7%	19%	5%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	54%	70%	67%	66%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	55%	48%	54%	49%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	43%	49%	33%	54%
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?	41%	61%	53%	58%
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?	58%	39%	47%	44%



## HMP/YOI Moorland 2019

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners who reported that they had a disability compared with those who did not.
- responses of prisoners who reported that they had mental health problems compared with those who did not.

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

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

	Green shading shows results that are significantly more positive than the comparator
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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have a disability	Do not have a disability
72	109

Mental health problems	No mental health problems
88	91

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?	20%	20%
	Are you 50 years of age or older?	20%	12%
1.3	Are you from a minority ethnic group?	17%	30%
7.1	Are you Muslim?	14%	22%
11.3	Do you have any mental health problems?	78%	30%
12.1	Do you consider yourself to have a disability?		
19.2	Are you a foreign national?	9%	21%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	8%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	83%	78%
2.4	Overall, were you treated very / quite well in reception?	73%	78%
2.5	When you first arrived, did you have any problems?	94%	72%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	34%	38%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	58%	77%
3.5	Have you had an induction at this prison?	90%	94%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	41%	50%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	18%	24%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	79%	79%
	- Can you shower every day?	94%	96%
	- Do you have clean sheets every week?	78%	77%
	- Do you get cell cleaning materials every week?	73%	71%
	- Is it normally quiet enough for you to relax or sleep at night?	54%	64%
	- Can you get your stored property if you need it?	19%	24%

22%	18%
19%	13%
13%	36%
11%	27%
64%	18%
8%	24%
5%	7%
79%	81%
71%	80%
92%	70%
32%	40%
59%	78%
90%	95%
42%	51%
18%	26%
78%	80%
94%	97%
74%	81%
73%	71%
58%	62%
21%	23%

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
72	109

Mental health problems	No mental health problems
88	91

FOOD AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	33% 41%
5.3	Does the shop / canteen sell the things that you need?	63% 69%
RELATIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	63% 60%
6.2	Are there any staff here you could turn to if you had a problem?	62% 70%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	39% 40%
6.6	Do you feel that you are treated as an individual in this prison?	42% 42%
FAITH		
<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	67% 65%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	56% 63%
CONTACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	31% 30%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	68% 63%
8.3	Are you able to use a phone every day (if you have credit)?	94% 96%
<i>For those who get visits:</i>		
8.7	Are your visitors usually treated respectfully by staff?	74% 78%
TIME OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	21% 11%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	7% 4%
<i>For those who use the library:</i>		
9.9	Does the library have a wide enough range of materials to meet your needs?	44% 49%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	63% 65%
<i>For those who have made an application:</i>		
10.2	Are applications usually dealt with fairly?	43% 44%
10.3	Is it easy for you to make a complaint?	66% 54%
<i>For those who have made a complaint:</i>		
10.4	Are complaints usually dealt with fairly?	20% 26%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	40% 36%

32%	44%
64%	70%
59%	64%
65%	69%
40%	40%
35%	50%
62%	71%
63%	56%
33%	29%
71%	58%
98%	94%
76%	77%
23%	8%
6%	3%
51%	45%
68%	61%
41%	47%
63%	57%
20%	28%
40%	33%

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
72	109

Mental health problems	No mental health problems
88	91

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	17%	17%	17%	17%
	- Nurse?	39%	37%	34%	41%
	- Dentist?	11%	13%	12%	12%
	- Mental health workers?	17%	19%	19%	17%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	29%	56%	40%	
11.5	Do you think the overall quality of the health services here is very / quite good?	29%	32%	30%	32%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	23%		20%	31%
SAFETY					
14.1	Have you ever felt unsafe here?	73%	41%	68%	40%
14.2	Do you feel unsafe now?	43%	21%	39%	21%
14.3	Not experienced bullying / victimisation by other prisoners	34%	56%	35%	59%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	36%	46%	38%	45%
14.5	Not experienced bullying / victimisation by members of staff	35%	57%	39%	57%
14.6	If you were being bullied / victimised by staff here, would you report it?	42%	56%	44%	56%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	26%	43%	38%	34%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	26%	28%	31%	22%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	16%	8%	13%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	13%	5%	10%	6%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	63%	68%	66%	68%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	42%	54%	45%	53%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	61%	46%	54%	46%
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?	44%	67%	59%	55%
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?	31%	53%	35%	55%



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

Number of completed questionnaires returned

	Foreign national	British national
	30	152

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	43%	36%
5.3	Does the shop / canteen sell the things that you need?	60%	67%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	54%	63%
6.2	Are there any staff here you could turn to if you had a problem?	66%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	38%	41%
6.6	Do you feel that you are treated as an individual in this prison?	59%	38%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	74%	62%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	58%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	37%	30%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	37%	69%
8.3	Are you able to use a phone every day (if you have credit)?	100%	95%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	93%	73%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	17%	15%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	5%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	50%	47%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	64%	64%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	39%	46%
10.3	Is it easy for you to make a complaint?	63%	58%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	23%	24%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	28%	38%

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

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	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

	Foreign national	British national
	30	152

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	8%	18%
	- Nurse?	50%	37%
	- Dentist?	4%	13%
	- Mental health workers?	22%	18%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	43%	40%
11.5	Do you think the overall quality of the health services here is very / quite good?	36%	30%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	40%	21%
SAFETY			
14.1	Have you ever felt unsafe here?	45%	55%
14.2	Do you feel unsafe now?	25%	29%
14.3	Not experienced bullying / victimisation by other prisoners	64%	43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	50%	40%
14.5	Not experienced bullying / victimisation by members of staff	58%	47%
14.6	If you were being bullied / victimised by staff here, would you report it?	68%	47%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	52%	34%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	22%	28%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	3%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	4%	9%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	56%	69%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	45%	51%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	73%	45%
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?	29%	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?	67%	40%

## HMP/YOI Moorland 2019

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

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

responses of prisoners aged 50 and over are compared with those of prisoners under 50

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

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Number of completed questionnaires returned

	25 and under		Over 25		
	36		146		
		50 and over		Under 50	
		29		153	

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	14%			3%
	Are you 70 years of age or older?		6%		31%
1.3	Are you from a minority ethnic group?	31%	26%	7%	31%
7.1	Are you Muslim?	37%	16%	0%	24%
11.3	Do you have any mental health problems?	54%	48%	59%	48%
12.1	Do you consider yourself to have a disability?	40%	40%	52%	38%
19.2	Are you a foreign national?	18%	17%	4%	20%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	12%	4%	0%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	86%	78%	86%	78%
2.4	Overall, were you treated very / quite well in reception?	63%	79%	86%	74%
2.5	When you first arrived, did you have any problems?	82%	81%	75%	82%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	41%	34%	37%	35%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	71%	67%	61%	69%
3.5	Have you had an induction at this prison?	94%	92%	93%	92%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	53%	45%	42%	47%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	17%	23%	36%	19%
4.3					
	- Do you normally have enough clean, suitable clothes for the week?	71%	81%	97%	76%
	- Can you shower every day?	97%	93%	90%	95%
	- Do you have clean sheets every week?	71%	80%	93%	76%
	- Do you get cell cleaning materials every week?	51%	78%	96%	69%
	- Is it normally quiet enough for you to relax or sleep at night?	63%	61%	70%	59%
	- Can you get your stored property if you need it?	15%	23%	30%	20%

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Number of completed questionnaires returned

25 and under	Over 25
36	146

50 and over	Under 50
29	153

FOOD AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	25% 41%
5.3	Does the shop / canteen sell the things that you need?	66% 66%
RELATIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	41% 66%
6.2	Are there any staff here you could turn to if you had a problem?	49% 71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	42% 40%
6.6	Do you feel that you are treated as an individual in this prison?	41% 42%
FAITH		
<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	52% 70%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	79% 56%
CONTACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	32% 30%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	57% 65%
8.3	Are you able to use a phone every day (if you have credit)?	97% 96%
<i>For those who get visits:</i>		
8.7	Are your visitors usually treated respectfully by staff?	75% 78%
TIME OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	31% 11%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0% 6%
<i>For those who use the library:</i>		
9.9	Does the library have a wide enough range of materials to meet your needs?	54% 47%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	53% 67%
<i>For those who have made an application:</i>		
10.2	Are applications usually dealt with fairly?	33% 47%
10.3	Is it easy for you to make a complaint?	46% 62%
<i>For those who have made a complaint:</i>		
10.4	Are complaints usually dealt with fairly?	13% 26%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	54% 33%

59%	34%
52%	69%
82%	57%
85%	64%
43%	40%
39%	43%
81%	64%
38%	65%
30%	31%
66%	63%
100%	95%
94%	74%
10%	16%
3%	5%
50%	47%
69%	63%
68%	40%
68%	57%
20%	24%
27%	39%



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Number of completed questionnaires returned

	25 and under	Over 25	50 and over	Under 50
	36	146	29	153

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	22%	15%	15%	16%
	- Nurse?	31%	40%	56%	35%
	- Dentist?	18%	10%	15%	11%
	- Mental health workers?	27%	16%	12%	19%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	53%	35%	25%	42%
11.5	Do you think the overall quality of the health services here is very / quite good?	30%	31%	31%	31%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	33%	21%	21%	24%
SAFETY					
14.1	Have you ever felt unsafe here?	47%	54%	71%	49%
14.2	Do you feel unsafe now?	32%	28%	19%	31%
14.3	Not experienced bullying / victimisation by other prisoners	67%	43%	31%	51%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	39%	43%	54%	41%
14.5	Not experienced bullying / victimisation by members of staff	42%	51%	67%	46%
14.6	If you were being bullied / victimised by staff here, would you report it?	47%	52%	67%	48%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	39%	34%	37%	35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	24%	28%	44%	24%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	26%	8%	4%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	7%	0%	10%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	71%	65%	73%	65%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	47%	50%	37%	51%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	46%	50%	44%	50%
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?	35%	65%	100%	57%
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?	48%	44%	48%	44%

## HMP/YOI Moorland 2019

### Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner units (houseblocks 3 and 4) are compared with those from rest of the establishment.

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Vulnerable prisoner units (houseblocks 3 and 4)	rest of the establishment
<b>64</b>	<b>119</b>

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	4%
	Are you 25 years of age or younger?	11%	24%
	Are you 50 years of age or older?	29%	10%
	Are you 70 years of age or older?	8%	4%
1.3	Are you from a minority ethnic group?	22%	28%
1.4	Have you been in this prison for less than 6 months?	23%	51%
1.5	Are you currently serving a sentence?	98%	100%
	Are you on recall?	3%	14%
1.6	Is your sentence less than 12 months?	6%	21%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%
7.1	Are you Muslim?	14%	22%
11.3	Do you have any mental health problems?	57%	45%
12.1	Do you consider yourself to have a disability?	34%	43%
19.1	Do you have any children under the age of 18?	52%	55%
19.2	Are you a foreign national?	16%	17%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	7%
19.4	Have you ever been in the armed services?	19%	3%
19.5	Is your gender female or non-binary?	0%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	10%	3%
19.7	Do you identify as transgender or transsexual?	7%	2%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	8%	14%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	56%	53%
2.3	When you were searched in reception, was this done in a respectful way?	81%	79%
2.4	Overall, were you treated very / quite well in reception?	79%	75%

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Number of completed questionnaires returned

Vulnerable prisoner units (houseblocks 3 and 4)	rest of the establishment
64	119

2.5	When you first arrived, did you have any problems?	76%	84%
2.5	Did you have problems with:		
	- Getting phone numbers?	32%	40%
	- Contacting family?	29%	36%
	- Arranging care for children or other dependents?	0%	4%
	- Contacting employers?	0%	1%
	- Money worries?	13%	23%
	- Housing worries?	8%	22%
	- Feeling depressed?	29%	36%
	- Feeling suicidal?	7%	12%
	- Other mental health problems?	18%	30%
	- Physical health problems?	15%	21%
	- Drugs or alcohol (e.g. withdrawal)?	5%	13%
	- Getting medication?	21%	36%
	- Needing protection from other prisoners?	2%	7%
	- Lost or delayed property?	16%	14%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	47%	29%
<b>FIRST NIGHT AND INDUCTION</b>			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	56%	78%
	- Toiletries / other basic items?	38%	49%
	- A shower?	28%	34%
	- A free phone call?	15%	22%
	- Something to eat?	54%	69%
	- The chance to see someone from health care?	31%	59%
	- The chance to talk to a Listener or Samaritans?	8%	17%
	- Support from another prisoner (e.g. Insider or buddy)?	8%	7%
	- None of these?	15%	5%
3.2	On your first night in this prison, was your cell very / quite clean?	52%	37%
3.3	Did you feel safe on your first night here?	67%	69%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	32%	30%
	- Free PIN phone credit?	40%	59%
	- Numbers put on your PIN phone?	43%	42%
3.5	Have you had an induction at this prison?	89%	94%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	46%	48%

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Number of completed questionnaires returned

Vulnerable prisoner units (houseblocks 3 and 4)	64	rest of the establishment	119
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ON THE WING			
4.1	Are you in a cell on your own?	39%	57%
4.2	Is your cell call bell normally answered within 5 minutes?	31%	17%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	87%	77%
	- Can you shower every day?	94%	94%
	- Do you have clean sheets every week?	87%	72%
	- Do you get cell cleaning materials every week?	91%	61%
	- Is it normally quiet enough for you to relax or sleep at night?	58%	62%
	- Can you get your stored property if you need it?	24%	20%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	71%	50%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	48%	40%
5.2	Do you get enough to eat at meal-times always / most of the time?	48%	32%
5.3	Does the shop / canteen sell the things that you need?	59%	70%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	71%	59%
6.2	Are there any staff here you could turn to if you had a problem?	74%	64%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	47%	36%
6.4	Do you have a personal officer?	95%	89%
<i>For those who have a personal officer:</i>			
6.4	Is your personal or named officer very / quite helpful?	74%	66%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	5%	3%
6.6	Do you feel that you are treated as an individual in this prison?	44%	42%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	53%	39%
	If so, do things sometimes change?	42%	36%
FAITH			
7.1	Do you have a religion?	65%	72%
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	61%	69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	48%	67%
7.4	Are you able to attend religious services, if you want to?	85%	93%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	39%	26%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	63%	64%
8.3	Are you able to use a phone every day (if you have credit)?	97%	95%
8.4	Is it very / quite easy for your family and friends to get here?	33%	33%
8.5	Do you get visits from family/friends once a week or more?	28%	20%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	65%	66%

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**Number of completed questionnaires returned**

Vulnerable prisoner units (houseblocks 3 and 4)	rest of the establishment
<b>64</b>	<b>119</b>

<b>8.7</b>	Are your visitors usually treated respectfully by staff?	<b>76%</b>	<b>77%</b>
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Vulnerable prisoner units (houseblocks 3 and 4)	rest of the establishment
64	119

Number of completed questionnaires returned

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	91%	82%
<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?	68%	56%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	11%	17%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	6%	4%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	17%	10%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	2%	2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	64%	61%
9.5	Do you get association more than 5 days in a typical week, if you want it?	81%	72%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	71%	72%
9.7	Do you typically go to the gym twice a week or more?	44%	66%
9.8	Do you typically go to the library once a week or more?	38%	42%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	56%	41%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	75%	59%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	52%	41%
	Are applications usually dealt with within 7 days?	46%	26%
10.3	Is it easy for you to make a complaint?	67%	54%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	22%	25%
	Are complaints usually dealt with within 7 days?	26%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	40%	36%

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Vulnerable prisoner units (houseblocks 3 and 4)	rest of the establishment
<b>64</b>	<b>119</b>

Number of completed questionnaires returned

<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	<b>35%</b>	<b>30%</b>
	Attend legal visits?	<b>38%</b>	<b>47%</b>
	Get bail information?	<b>6%</b>	<b>14%</b>
<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?	<b>59%</b>	<b>73%</b>
<b>HEALTH CARE</b>			
11.1	Is it very / quite easy to see:		
	- Doctor?	<b>12%</b>	<b>19%</b>
	- Nurse?	<b>31%</b>	<b>41%</b>
	- Dentist?	<b>5%</b>	<b>16%</b>
	- Mental health workers?	<b>14%</b>	<b>21%</b>
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	<b>50%</b>	<b>35%</b>
	- Nurse?	<b>48%</b>	<b>41%</b>
	- Dentist?	<b>38%</b>	<b>26%</b>
	- Mental health workers?	<b>26%</b>	<b>25%</b>
11.3	Do you have any mental health problems?	<b>57%</b>	<b>45%</b>
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	<b>56%</b>	<b>28%</b>
11.5	Do you think the overall quality of the health services here is very / quite good?	<b>35%</b>	<b>29%</b>
<b>OTHER SUPPORT NEEDS</b>			
12.1	Do you consider yourself to have a disability?	<b>34%</b>	<b>43%</b>
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	<b>30%</b>	<b>21%</b>
12.3	Have you been on an ACCT in this prison?	<b>20%</b>	<b>13%</b>
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	<b>67%</b>	<b>40%</b>
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	<b>39%</b>	<b>24%</b>
<b>ALCOHOL AND DRUGS</b>			
13.1	Did you have an alcohol problem when you came into this prison?	<b>11%</b>	<b>14%</b>
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	<b>57%</b>	<b>21%</b>
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	<b>5%</b>	<b>30%</b>
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	<b>3%</b>	<b>16%</b>
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	<b>5%</b>	<b>10%</b>
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	<b>33%</b>	<b>47%</b>
13.7	Is it very / quite easy to get illicit drugs in this prison?	<b>34%</b>	<b>51%</b>
13.8	Is it very / quite easy to get alcohol in this prison?	<b>15%</b>	<b>38%</b>

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Number of completed questionnaires returned

Vulnerable prisoner units (houseblocks 3 and 4)	rest of the establishment
<b>64</b>	<b>119</b>

SAFETY			
14.1	Have you ever felt unsafe here?	<b>52%</b>	<b>54%</b>
14.2	Do you feel unsafe now?	<b>21%</b>	<b>33%</b>
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	<b>45%</b>	<b>42%</b>
	- Threats or intimidation?	<b>42%</b>	<b>31%</b>
	- Physical assault?	<b>13%</b>	<b>16%</b>
	- Sexual assault?	<b>8%</b>	<b>3%</b>
	- Theft of canteen or property?	<b>17%</b>	<b>25%</b>
	- Other bullying / victimisation?	<b>25%</b>	<b>17%</b>
	- Not experienced any of these from prisoners here	<b>43%</b>	<b>48%</b>
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	<b>57%</b>	<b>35%</b>
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	<b>29%</b>	<b>40%</b>
	- Threats or intimidation?	<b>19%</b>	<b>27%</b>
	- Physical assault?	<b>7%</b>	<b>12%</b>
	- Sexual assault?	<b>0%</b>	<b>2%</b>
	- Theft of canteen or property?	<b>5%</b>	<b>12%</b>
	- Other bullying / victimisation?	<b>27%</b>	<b>26%</b>
	- Not experienced any of these from staff here	<b>54%</b>	<b>47%</b>
14.6	If you were being bullied / victimised by staff here, would you report it?	<b>65%</b>	<b>43%</b>
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	<b>39%</b>	<b>35%</b>
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	<b>27%</b>	<b>28%</b>
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	<b>5%</b>	<b>13%</b>
	<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?	<b>50%</b>	<b>20%</b>
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	<b>3%</b>	<b>7%</b>
	<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?	<b>50%</b>	<b>25%</b>
	Could you shower every day?	<b>0%</b>	<b>57%</b>
	Could you go outside for exercise every day?	<b>0%</b>	<b>71%</b>
	Could you use the phone every day (if you had credit)?	<b>0%</b>	<b>43%</b>



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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

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

Vulnerable prisoner units (houseblocks 3 and 4)	rest of the establishment
<b>64</b>	<b>119</b>

Number of completed questionnaires returned

<b>EDUCATION, SKILLS AND WORK</b>			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	73%	71%
	- Vocational or skills training?	32%	49%
	- Prison job?	66%	64%
	- Voluntary work outside of the prison?	5%	2%
	- Paid work outside of the prison?	3%	3%
16.2	In this prison, have you done the following activities:		
	- Education?	80%	84%
	- Vocational or skills training?	66%	67%
	- Prison job?	78%	85%
	- Voluntary work outside of the prison?	23%	31%
	- Paid work outside of the prison?	27%	32%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	68%	58%
	- Vocational or skills training?	58%	50%
	- Prison job?	40%	43%
	- Voluntary work outside of the prison?	36%	31%
	- Paid work outside of the prison?	25%	33%
16.3	Do staff encourage you to attend education, training or work?	74%	62%
<b>PLANNING AND PROGRESSION</b>			
17.1	Do you have a custody plan?	71%	39%
<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?	66%	78%
17.3	Are staff helping you to achieve your objectives or targets?	50%	50%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	34%	54%
	- Other programmes?	30%	49%
	- One to one work?	33%	41%
	- Been on a specialist unit?	10%	25%
	- ROTL - day or overnight release?	13%	27%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	79%	70%
	- Other programmes?	58%	72%
	- One to one work?	54%	79%
	- Being on a specialist unit?	25%	75%
	- ROTL - day or overnight release?	20%	44%

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	18%	44%
<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?	36%	44%
18.3	Is anybody helping you to prepare for your release?	64%	55%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	50%	57%
	- Getting employment?	40%	59%
	- Setting up education or training?	20%	47%
	- Arranging benefits?	80%	70%
	- Sorting out finances?	60%	50%
	- Support for drug or alcohol problems?	27%	49%
	- Health / mental Health support?	30%	53%
	- Social care support?	20%	31%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	40%	23%
	- Getting employment?	50%	33%
	- Setting up education or training?	0%	24%
	- Arranging benefits?	63%	36%
	- Sorting out finances?	33%	22%
	- Support for drug or alcohol problems?	33%	35%
	- Health / mental Health support?	0%	12%
	- Social care support?	0%	29%
- Getting back in touch with family or friends?	25%	35%	
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?	58%	38%