



Report on an announced inspection of

Isle of Man Prison

14 – 18 March 2011

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by HM Chief Inspector of Prisons

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Introduction

I inspect the Isle of Man Prison at the invitation of the IOM Government. At the time of this inspection, the prison held 118 prisoners. This included male and female adult and young prisoners serving sentences from a few weeks to more than 10 years.

In previous inspections, my predecessors had been very concerned about the poor physical environment provided by the old Victorian prison in which prisoners were held. At this inspection we were very pleased to see that the move to an excellent new facility in the north of the island had been successfully completed.

The move had been accomplished without damage to the prison's long-standing and greatest strength – its very good staff-prisoner relationships. Whatever the shortcomings in some aspects of the prison, these good relationships significantly mitigated potential harm. A good environment and good relationships are the critical foundations for a successful prison. Other issues can be addressed but if these are missing it is very difficult for the prison to deliver its responsibilities effectively. However, they are only foundations and the prison now needs – and has the opportunity – to build on them to ensure other areas achieve the same high standards.

Very little was done to address prisoners' offending behaviour or to help them obtain work and accommodation when they left the prison, which was necessary if they were to live productive and law-abiding lives. Prisoners returning to the prison, as they did all too frequently, were greeted almost as absent friends. The prison's weaknesses in this area were compounded by the lack of an island-wide strategy to reduce reoffending. I hope the governor and relevant parts of the IOM government can work together to address this, as the costs and risks to future victims of not doing so are likely to be considerable.

There was far too little purposeful activity for prisoners. The range of education was too narrow, very good training workshops stood empty because it had proved difficult to recruit staff and the little work available was menial and did not keep prisoners sufficiently occupied. The provision for women and vulnerable prisoners was worse. There were too many prisoners simply hanging about with nothing to do – and the risk was that they found other outlets for their energy that were damaging to others or themselves.

Many prisoners appeared to be intensively and creatively engaged in circumventing the smoking ban. They boiled up nicotine patches, soaked fruit peel or other substances in it and then rolled cigarettes from the resulting 'tobacco' in pages from dictionaries and bibles held together with toothpaste. Lights were obtained from kettle elements and electrical wiring. We saw this happening in full view of staff and were satisfied it was a wide-spread and long-standing occurrence.

Quite apart from the unknown health risks of what prisoners were smoking, there was bullying to obtain nicotine patches, the good order of the prison was undermined by a widely flouted rule and many prisoners resented its inconsistent enforcement. Considerable management time was diverted into tackling the problem but measures such as banning certain types of fruit were just not going to be effective.

The prison had lost control of the issue and needed to regain it. If the ban is to continue it needs to be combined with more effective smoking cessation support and a fuller programme of legitimate activity. Alternatively the prison should initiate some changes to the policy, such as allowing smoking outside in the exercise areas. The worst possible solution would be a

strict ban that is not enforced. If prison authorities in other jurisdictions ever consider introducing a similar ban, they would do well to look at the Isle of Man experience first.

There was a wider issue with drugs in the prison. Half the prisoners in our survey said they had a drug problem when they came into the prison and 20% said they had developed a drug problem in the prison. Forty-eight per cent said they thought they would have a problem with drugs when they left. The range of drug treatments offered was not sufficiently flexible and the clinical review procedure was poor. Procedures for the administration of medication were weak and allowed abuse. Other supply reduction measures also needed to be improved.

As with tobacco substitutes, drug substitutes were a source of bullying in the prison. The prison was a generally safe environment but we were not assured that staff were fully aware of the bullying that did occur. We came across one young man with black eyes whose injuries had not been followed up; he had apparently 'slipped in the shower'.

Despite the generally good staff-prisoner relationships, there was a risk that prisoners with specific individual needs did not get appropriate support. Diversity provision was underdeveloped. We identified a Polish prisoner who did not speak English who had not understood his sentence and once in the prison had not known how to get his clothes washed. He was helped by another prisoner who had spotted his need. A deaf prisoner had missed a meal because he was unaware it had been called; there were no plans in place to make sure he was aware of instructions in the event of a fire or other emergency.

The Independent Monitoring Board has an important role to play in scrutinising the work of the prison and the progress it makes in tackling the issues identified in this report. I agree with the Board that this important and independent scrutiny role is compromised by its involvement in awarding punishments and segregating prisoners.

This inspection did identify significant progress in the prison and the new building and good relationships are a necessary platform for the further improvements that are required. It is important that the right balance is struck between the need for good relationships and a lack of bureaucracy – which are both quite appropriate in a small island prison – and a too casual approach which might mean important issues are not addressed. Resolving the issues created by the smoking ban would be a good step in ensuring that the prison can concentrate on the right priorities.

Nick Hardwick
HM Chief Inspector of Prisons

June 2011

Fact page

Task of the establishment

The Isle of Man Prison Service serves the public by keeping in custody those committed by the courts. Their duty is to keep prisoners in custody, maintain order and control, treat prisoners with dignity, fairness and respect, and provide opportunities to help them lead law-abiding lives after release.

Prisoners will serve their complete sentences in this establishment, unless they request a transfer to their home country (in most cases the north-west of England) or if they are serving a life sentence, in which case they will be compulsorily transferred to a prison in England or Wales, determined by HM Prison Service authorities.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

Isle of Man

Number held

118

Certified normal accommodation

138

Operational capacity

138

Date of last full inspection

20–24 March 2006

Brief history

Jurby prison is a purpose-built (to category B standards) secure establishment, designed to accommodate all those sent to prison by the courts on the Isle of Man or detained on the authority of immigration officers. The prison became operational in August 2008.

Short description of residential units

All prisoners are accommodated across five discrete wings within single cells with integral sanitation, have vented window units, fire sprinkler systems and are built to safer cell standards.

A wing – Adult male prisoners, 42 cells

B wing – Adult male prisoners, 42 cells

C wing – Vulnerable prisoners, 26 cells

D wing – Adult and young female prisoners, 15 cells

F wing – Young male prisoners, 16 cells

Escort contractor

Group 4 Security

Health service commissioner and providers

Isle of Man Department of Health

Learning and skills providers

The Education programme is delivered by staff employed by the Isle of Man College.

Healthy prison summary

Introduction

HP1 All inspection 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 criteria are:

Safety	prisoners, even 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
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- outcomes for prisoners are good against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- outcomes for prisoners are reasonably good against this healthy prison test.

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 against this healthy prison test.

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 against this healthy prison test.

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.

Safety

HP3 Prisoners were treated well on arrival at the establishment. Systems had been introduced to risk assess and induct new arrivals but we were not assured that this

always happened. There appeared to be little violence, bullying or self-harm, and most prisoners felt safe. However, there was limited management of safer custody issues and we were not confident that the prison was aware of, or effective in, addressing all risks. There was bullying among prisoners to steal each others' medications and some procedures to support those in self-harm crisis were weak. Vulnerable prisoners and women were held safely. Segregation and the use of force were not used excessively but governance and accountability for both issues were poor. Levels of illicit drug use were high and procedures to maintain and support drug users underdeveloped. Adverse consequences of the smoking ban were not being addressed effectively. Overall outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 The prison worked closely with the courts and the escort contractor, facilitating the smooth transfer of prisoners. Limited use was made of the court video links facility. An information booklet available at court provided a good insight into the prison for new prisoners before they arrived. Reception processes were respectful and efficient. Prisoners were interviewed confidentially and with courtesy but some prisoners were routinely discharged to court in prison-issue clothing.
- HP5 A recently introduced computerised safety screening tool provided an effective risk assessment on arrival and could facilitate dissemination of important information to key staff but was not fully utilised. Not all prisoners received before the implementation of the new process had documented safety assessments. Handover arrangements to night staff were satisfactory and noted the locations of new prisoners. There were arrangements to induct prisoners mainly through a one-to-one interview, and most prisoners appeared to be informed, but systems lacked accountability and we were not assured that all prisoners had undergone this procedure.
- HP6 Our observations and survey results suggested that levels of violence were not excessive and the prison was calm and peaceful but we were not confident that the prison was fully aware of the actual levels of bullying and violence taking place.¹ There was no strategy to address bullying or improve staff awareness and training about bullying and its consequences. Attendance at safer custody meetings was poor. There was no collation or analysis of data concerning violence and bullying to inform strategy and highlight areas of concern. Prisoners told us that they were in fear of having medication taken from them by other prisoners. Low-level bullying such as name calling and queue jumping sometimes went unchallenged by staff. Vulnerable prisoners were generally well cared for on C wing and said that they felt safe.

¹ **Inspection methodology:** There are five key sources of evidence for inspection: 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, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

Procedures to keep women prisoners separated from the general population were effective and women prisoners appeared safe.

- HP7 Levels of self-harm were comparatively low. The effective management and support of prisoners in self-harm crisis was underpinned by good staff–prisoner relationships throughout the prison. The local Samaritans provided excellent support. However, governance structures were weak. There was no self-harm prevention policy and no analysis of self-harm incidents to identify commonalities and trends. The folder 5 system intended to support prisoners in crisis did not provide for adequate care planning or a multidisciplinary approach. Prisoners deemed to be at risk of self-harm were too often located in the segregation unit, often in strip conditions, with nothing to occupy them – an approach not always justified. Entries in folder 5 logs were repetitive and predictable, with little qualitative information provided to inform staff.
- HP8 Security considerations were applied proportionately and were generally appropriate. The restrictions on movement around the prison were properly aimed at avoiding contact and conflict between different groups or categories of prisoners. The flow of security information had increased following the implementation of a computerised system. Intelligence was analysed and required actions were carried out quickly. Individual events were well handled but there was insufficient broader analysis or identification of trends. There were few closed visits and banned visitors but protocols to review restrictions were poor.
- HP9 Both segregation units, the main facility and a small unit for women, were clean and well maintained. The prison segregation policy was new and not yet fully implemented. Most prisoners were segregated for short periods. The described review and reintegration procedures for the few who remained for longer periods had not been used. Staff had good knowledge of prisoners who had been on the unit. The documentation authorising and regulating segregation, including medical assessment of prisoners' suitability for segregation, was often completed poorly or missing.
- HP10 There were few adjudications. Hearings were generally well conducted, although some hearing records showed a lack of enquiry into the charges. The role of the Independent Monitoring Board in adjudications concerning more serious cases conflicted with their main role of providing independent scrutiny. Some staff failed to challenge breaches of the prison's smoking ban and were inconsistent in their approach to this issue.
- HP11 The recorded number of incidents of use of force was low but we were unable to ascertain the exact number because there was no proper recording or collation. Use of force reports that were completed were often insufficiently detailed. Governance of use of force, analysis of incidents and monitoring of data were weak. Use of the special accommodation in segregation was low but governance was inadequate.
- HP12 Half the prisoners in our survey said that they had a drug problem when they came into the prison and 20% said that they had developed a drug problem in the prison. Forty-eight per cent said that they thought they would have a problem with drugs when they left the prison. Outcomes for prisoners concerning drug detoxification and treatment were poor and a comprehensive review of services was required. There was no multidisciplinary systematic approach to regular clinical reviews. The average random mandatory drug testing positive rate was high. Most prisoners told us that large amounts of prescription drugs were diverted and that other drugs, including Subutex, were being brought in to the prison.

HP13 The ban on smoking tobacco had resulted in a number of negative outcomes, including bullying for patches, numerous alternative substances being smoked (with unknown health risks) and dangerous practices to ignite these home-made cigarettes. We observed some officers colluding with illicit smoking activities. There was no specific smoking cessation support or advice available.

Respect

HP14 The prison environment and facilities were generally excellent. Staff–prisoner relationships were respectful and the personal officer scheme worked reasonably well. Women prisoners felt respected but services for them were underdeveloped. Although systems to measure, support or promote diversity and equality were limited, most, although not all, prisoners from minority groups generally felt well cared for. The quality of food was good and shop services appeared to meet the needs of most prisoners. Prisoner applications were dealt with reasonably but complaints procedures needed improvement. Health services, in particularly primary services, were generally satisfactory and much improved. Overall outcomes for prisoners were reasonably good against this healthy prison test.

HP15 The external environment was clean and well kept, and, internally, the prison was modern, light and spacious. Cells were well equipped and facilities impressive. Access to showers was adequate, including some that were suitable for prisoners with disabilities, but some were out of order at the time of the inspection. There were sufficient telephones to meet the needs of the prisoners. An offensive display policy was in place but not enforced. Prisoners could wear their own clothes and had good access to their private property.

HP16 The women's wing accommodated up to 15 prisoners. There was no policy for the management of women prisoners and staff assigned to their care did not receive specific training. However, the residential staff group was predominantly female and continuity of staff deployment was good. For most prison routines, there was no differentiation to meet the particular needs of women. Women were underemployed and excluded from employment and vocational training opportunities. There was no written policy for the care of women with babies, despite Isle of Man prison rules making reference to them. There was no suitable environment for holding a mother and baby.

HP17 The incentives and earned privileges scheme was well understood by staff and prisoners. Staff were generally reasonable and considered before warnings were issued but were inconsistent in their application of some rules, leaving prisoners without full confidence in the scheme. Reviews were conducted fairly. The management of prisoners on the basic regime lacked any effective targets or engagement that might assist improvements in behaviour. We were not assured that the scheme was a useful motivational tool.

HP18 Most prisoners, and all women prisoners, said that they felt respected by staff. Most prisoners spoke positively about the staff, although a third of respondents to our survey said that they had felt victimised by staff. Staff knew prisoners well and engaged with them patiently and constructively.

- HP19 Although there was no formal personal officer policy, staff knew what was required of them as personal officers. Most prisoner records showed regular contact between staff and prisoners and there was evidence of meaningful interaction and engagement. Most prisoners knew who their personal officer was.
- HP20 The prison menu operated to a three-week cycle, although changes were made periodically subject to prisoner consultation. The kitchen was modern and well organised. Serveries were clean and all prisoners working in catering had received an induction and hygiene training but were not offered a food hygiene qualification. Food was of a good standard and kept at the appropriate temperature. A healthy breakfast was provided each morning and meals were served at appropriate times. Prisoners could dine in association. Vulnerable prisoners on C wing expressed concerns that the food might be contaminated by others but their concerns had not yet been addressed.
- HP21 The prison shop list was comprehensive and regularly updated in response to prisoner requests. Enhanced level prisoners could list additional privilege items to be purchased separately, including additional clothing. The list contained toiletry items suitable for the female population and they could also order goods from an Avon catalogue. No other catalogues were available.
- HP22 Most prisoners from minority groups seemed to be treated reasonably as individuals, although we found evidence to suggest that this was not always the case. However, there was no diversity policy or any management group overseeing diversity issues. There was limited information about the number of prisoners from different groups and there had been no assessment of the impact of prison procedures on minority groups. Staff received no diversity training beyond their basic training and diversity was not promoted positively around the prison. Structures and procedures to identify and support prisoners with a disability appropriately were underdeveloped. A policy for meeting the needs of older prisoners had been drafted but was not in operation. There was no support for gay or bisexual prisoners.
- HP23 Since the prison had opened, it had held only eight prisoners from a black and minority ethnic background. There was no race equality policy.
- HP24 There was no foreign nationals' policy. There was evidence to suggest that the translation of information was problematic, in spite of the occasional use of the Language Line facility. The prison occasionally held immigration detainees for short periods.
- HP25 Applications arrangements were satisfactory but both complaint and application forms could only be obtained by asking staff, which potentially compromised confidentiality. Application forms also served as the first avenue for prisoner complaints. Responses to applications that we examined were sometimes delayed but the quality of responses was mostly good. Fewer prisoners in our survey than at comparator prisons found it easy to make a complaint, and procedures to make a formal complaint were poorly understood by prisoners and staff alike. There were no processes to monitor the quality and timeliness of responses. There were no staff trained in providing legal services and prisoners said that they struggled to obtain the services of advocates.
- HP26 There was a small team of part-time Christian chaplains. Four Christian services were held each Saturday but were poorly attended. Chaplains fulfilled a series of routine

duties, such as segregation unit visits, parole assessments and meeting those at risk of self-harm. No classes or courses were provided by the chaplaincy.

- HP27 Health services had improved. Clinical governance arrangements were in place, although many of the prison systems and services were embryonic. Prison health was seen as part of the island's wider services, facilitating access to a range of clinical services if required. A health needs assessment had recently been completed, although some of the findings were disputed and recommendations had yet to be actioned.
- HP28 On arrival, prisoners underwent a health screen, with referral on for further clinical interventions if required. The three GP sessions a week seemed sufficient to meet demand. Dental services were good. There were concerns that about three-quarters of prisoners were on prescribed medications, most which was given daily in possession, including potent medications liable to be traded. There was a high incidence of prisoners with mental health problems and dual diagnosis. Although there was an established criminal justice mental health liaison service in the community, mental health services at the prison were underdeveloped. Those with a potential for dual mental health and addiction problems were not always seen by the registered mental health nurses and we identified other prisoners with mental health issues who had not been accounted for.

Purposeful activity

- HP29 Time out of cell was good. The management, improvement planning and quality assurance arrangements in education were adequate. The range and quantity of education provision were limited but the quality was reasonable and achievements by students were good. There was little vocational training provision and workshops stood empty. Although most prisoners were allocated a job, work was menial and most prisoners were underemployed. There was good access to recreational gym. Overall outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP30 Time out of cell was generous, at more than 10 hours a day for a full-time employed prisoner. All prisoners were unlocked for substantial periods during the day and all could access two hours of evening association. Prisoners reported that they were bored and had nothing to do. Exercise was taken twice daily. Although two yards had grassed areas, the remainder were bare and had no seating.
- HP31 Strategic and operational planning of education was underdeveloped but quality assurance procedures were adequate and included an action plan for improvement. All prisoners were assessed on entry to the prison to determine their literacy and numeracy needs. Classes were provided daily and attendance was high. Classroom accommodation was good and resources to support learning were adequate. Tutors had a flexible approach to training and most met the range of different needs and abilities of prisoners, leading to effective learning and good educational achievements. However, the range of courses offered was narrow and there was little higher-level learning for longer-stay prisoners.
- HP32 The provision of vocational training was inadequate. Some good vocational training workshops and resources were not being utilised.

- HP33 There were 104 work places available, sufficient for approximately 88% of the population. However, most jobs were menial and few occupied prisoners for a sufficient number of hours. Female and vulnerable prisoners had even fewer work opportunities than other prisoners and some work activities were cancelled because of staff shortages.
- HP34 The library was run by a prison orderly and a volunteer, who provided a welcoming facility, although it was open for only one half-day each week and access was limited. The book stock was too small and resources were generally poor. Some current legal texts were available in English and Manx law on request. There were insufficient books to support the education department.
- HP35 PE equipment and facilities were good. Most prisoners had good access to the gym, although those on the basic regime could attend for only 30 minutes a week. The all-weather outside pitch was mostly available to enhanced status prisoners only. Links with the health care department were appropriate and there were good referral systems. The prison offered no accredited PE training courses.

Resettlement

- HP36 Resettlement outcomes for prisoners were poor. There was no resettlement needs analysis or comprehensive resettlement strategy and the governance arrangements to drive improvement were not well developed. The prison's approach was further hindered by the lack of a broader island resettlement strategy. There was no formal and systematic process for identifying and managing public protection cases. Some limited custody planning had recently been introduced but it was too early to evidence the effectiveness of outcomes for prisoners. Work supportive of the resettlement pathways was underdeveloped and access to support agencies and services was limited. The prison's failure to address substance misuse was a particular concern. Overall outcomes for prisoners were poor against this healthy prison test.
- HP37 There was no reducing reoffending strategy in operation on the Isle of Man to which the prison could contribute. There were few agencies providing support to prisoners and few which were willing to go into the prison to provide advice. Governance arrangements were limited, with no meaningful targets or regular formal assessment of progress. The prison had no resettlement needs analysis and no analysis of resettlement need among specific groups, such as women or young people. The current policy and procedure document was purely descriptive, focusing on individual assessment and planning processes recently developed.
- HP38 A resettlement officer had recently been appointed to lead the delivery of a newly introduced custody planning procedure. Planning meetings had begun and about three-quarters of prisoners had now received a plan. However, the quality of plans was limited and few prisoners understood the benefits. The lack of resettlement services available restricted the range of objectives that could be included in the planning process and there was little effective case management. Two probation officers complemented the resettlement team and provided a partial case management role for prisoners serving over 12 months.

- HP39 Transfer of life-sentenced prisoners to a prison in the UK following sentencing was prompt and these cases continued to be followed up by probation staff. Release on temporary licence was not used sufficiently, hindering resettlement opportunities.
- HP40 There was no formal or rigorous process for the systematic identification, management and review of prisoners presenting public protection risks. Multi-agency public protection arrangements (MAPPA) processes were in place on the island and multi-agency meetings were held as required, although prison-based staff were not always able to attend.
- HP41 A third of prisoners responding to our survey said that finding accommodation would be a problem for them on release and only 15% said that they knew whom to contact in the prison for help with accommodation. Access to community-based accommodation providers was extremely limited. Information about the number released without accommodation was unavailable. No independent finance, benefit or debt advice was provided in the prison but there was some signposting by the resettlement team to the island's Debt Counselling Service or the Employment Group on release.
- HP42 Links with the Isle of Man College were effective and allowed prisoners to continue their education courses on release. The education department tracked the progress of learners after discharge. No pre-release course was available and there were no links with employers, although some connections had been made with CIRCA, a voluntary agency, to develop placement opportunities. The Careers Advice Service provided some support but this had stopped due to sickness absence.
- HP43 Prisoners from the Isle of Man who had served more than three months were allocated to a local GP and informed of the details. They also received a week's supply of prescribed medications on release. GPs were faxed a summary of the care given and details of medications. If necessary, prisoners were referred to the criminal justice mental health liaison service. However, little was done for those returning to other jurisdictions.
- HP44 There was no current drug or alcohol strategy and no drug strategy team, in spite of the preponderance of drug offenders. There were few interventions. Psychosocial support programmes were underdeveloped and poorly integrated. A probation worker (seconded to the drug and alcohol team (DAT)) attended the prison for just half a day per week but delivered only one-to-one assessments and relapse prevention sessions. There was no group work or peer support for recovering drug users or alcoholics. There were links with the DAT for continuity of care on release. In our survey, half of respondents said that they had a drug problem on arrival and almost the same number that they would have this problem when they were released.
- HP45 Access to general visits was good and booking arrangements were adequate. Travel by public transport to the prison was difficult and no prison transport was provided. There was little support for prisoners to maintain and develop family ties. The Storybook Parents scheme was in place, as were family days to facilitate extended family visits. However, the latter were available to only a small number of staff-nominated enhanced prisoners, three times a year.
- HP46 Inadequate attention had been given to the needs of prisoners in relation to offending behaviour programmes. There was no strategy directing the type and number of interventions required. The probation officers tried to provide some short workshops

aimed at reducing reoffending but these were delivered in an ad hoc manner and were often limited in content.

Main concerns and recommendations

HP47 Concern: The role of the Independent Monitoring Board was conflicted because of its role in both providing independent scrutiny of the prison and its powers to award punishments and authorise segregation.

Recommendation: The practice of the Independent Monitoring Board (IMB) conducting adjudications and authorising segregation should cease, to enable them to undertake their main role of independent scrutiny.

HP48 Concern: The prison's approach to the prevention of bullying and violence lacked focus or coherence. The prison was generally peaceful but we were not assured that the prison was aware of the level of bullying that did exist or that effective action was always taken in response to individual bullying incidents.

Recommendation: There should be a published anti-bullying strategy in operation.

HP49 Concern: Half the prisoners in our survey said that they had a drug problem when they came into the prison and 20% said that they had developed a drug problem in the prison. Forty-eight per cent said that they thought they would have a problem with drugs when they left the prison. The range of drug treatments offered was not sufficiently flexible and the clinical review procedure was poor. Procedures for the administration of medication were weak and allowed abuse.

Recommendation: The prison's clinical approach to drug treatment should be the subject to a comprehensive review and an up-to-date analysis of prisoners' needs. Medication administration procedures should be reviewed to ensure the prevention of medication diversion.

HP50 Concern: The ban on smoking tobacco had resulted in a large number of negative outcomes, including bullying for patches, numerous alternative substances being smoked (with unknown health risks) and dangerous practices to ignite these home-made cigarettes. It undermined professional staff-prisoner relationships and distracted the prison management from other priorities.

Recommendation: The ban on smoking and its resultant outcomes should be subject to a comprehensive review that takes into account all aspects of health, safety and security in the establishment.

HP51 Concern: The needs of women prisoners and those from other minority groups such as foreign nationals and prisoners with a disability were not systematically identified and met, and some were disadvantaged as a result. The prison's approach to diversity was underdeveloped and unsophisticated.

Recommendation: The prison should develop an approach to diversity and diversity policy which identifies and addresses the needs of prisoners from

minority groups, and which monitors the impact of the prison's regime on these groups.

HP52 Concern: There was a high incidence of mental health and dual mental health and addiction problems among prisoners. These prisoners were not receiving adequate support. Mental health services were underdeveloped and poorly coordinated.

Recommendation: Multidisciplinary primary, secondary and tertiary mental health services should be available from staff with appropriate skills, to meet the needs of the prisoner population.

HP53 Concern: There was much too little purposeful activity for prisoners. This compromised both the welfare of prisoners and the good order of the prison as prisoners had little to distract them from activities that might be harmful to themselves or others.

Recommendation: The prisons should work with the IOM government to develop a clear and adequately resourced strategy for improving the quality and quantity of work, training and education provided so that prisoners are purposefully occupied in the prison and better equipped to obtain work or further education on release.

HP54 Concern: There was no island-wide strategy to reduce reoffending and resettlement activity in the prison was very limited. Consequently, prisoners were not adequately prepared for release into the community and the risk of harm to the public was not sufficiently addressed.

Recommendation: An Isle of Man reducing reoffending strategy should be developed, setting out the commitment to resettlement and the agencies available to respond to the range of prisoners' needs. A prison reducing reoffending strategy should be developed as part of this, based on a through needs analysis, with a detailed action plan and adequate governance arrangements to ensure progress against priorities.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 Court custody and prisoner escorts were managed under contract by Group 4 Security. There were regular escorts to the courts in Douglas. Relationships between prisoners and escort staff were friendly and respectful. Video courts were available but underused.
- 1.2 The prison worked closely with the courts in Douglas and the escort contractor (Group 4 Security (G4S)), facilitating the smooth transfer of prisoners. G4S staff faxed warrants ahead of escorts, to enable reception staff to prepare in advance for new arrivals. Prisoners we spoke to told us that they generally did not have to wait more than a couple of hours in court cells.
- 1.3 Prisoners were generally transported to and from court in a 'secure' transit van, which also had a single cell installed. This cell was used for individual vulnerable, young or female prisoners and was reported as being very claustrophobic, as well as being hot and uncomfortable over the mountain road, especially during periods of warm weather.
- 1.4 Relationships between prisoners and escort staff were friendly and respectful. There was an information booklet available in the Douglas courts that gave a reasonable amount of information to prisoners new to custody, although there was some information referring to prison Listeners that was out of date.
- 1.5 There were two video courts (Live Link) available for use but these had been used only an average of three times each month during the six months before the inspection.

Recommendation

- 1.6 There should be greater use of the Live Link facility, to minimise the need for court appearances.

Housekeeping point

- 1.7 The information booklet available to prisoners in court cells should be updated regularly.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.8 Reception processes were efficient and respectful, although no peer support was available. Prisoners did not spend long periods in reception. There were no first night cells on any of the wings and induction processes were not always completed.

Reception

- 1.9 Reception was clean and well ordered, with four holding areas and a secure cell, where vulnerable prisoners were held when there were other prisoners in the area. It was open from 7.30am until 7pm on weekdays and until 4pm at weekends. Prisoners were accepted during lunchtime but they were held in the waiting/holding rooms in reception until staff returned from breaks.
- 1.10 All prisoners were strip-searched on arrival and departure, and the body orifice security scanner chair was used regularly to detect mobile telephones and/or weapons. In our survey, more prisoners responded positively than at comparator prisons in relation to being searched respectfully. First names were used routinely between staff and prisoners.
- 1.11 Showers were offered, and in our survey more prisoners than at comparator prisons (65% versus 35%) said that they had had an opportunity to take a shower on the day of arrival. There was a good supply of prison-issue clothing to ensure that prisoners could change their clothes, if they wished, before going onto the wings. Prisoners could take their own clothes onto the wings to have them laundered if necessary. However, there was no stock of clothing available to allow all prisoners to attend court in civilian attire.
- 1.12 A telephone call was offered in reception and all new prisoners were given a £1 PIN telephone credit to enable them to make an additional free call the following day. They were also given the opportunity to retrieve telephone numbers from their mobile telephones.
- 1.13 Reception and initial safety screening interviews were conducted in a quiet office and the interactions we observed were courteous and supportive, although there was no Listener or peer supporter available in reception. Prisoners did not spend long periods in reception, and underwent initial health screening in the health centre before location onto the wings.

Housekeeping points

- 1.14 A stock of clothing should be held, to allow all prisoners to attend court sessions in clothing that does not identify them as prisoners in a public space.
- 1.15 Peer support should be available in reception.

Good practice

- 1.16 *Prisoners were allowed to retrieve telephone numbers from their mobile telephones on arrival in reception, enabling them to maintain family contact.*

First night

- 1.17 There were no first night cells on any of the wings, with prisoners located wherever there was a space. Vacant cells were adequately cleaned and equipped, ready for occupation.

- 1.18 The initial prisoner assessment had recently been integrated into the computerised prisoner information management system (PIMS). There were four sections to the process: an initial assessment questionnaire, a custody planning assessment, a checklist of general information conducted by reception staff and then an interview with the wing senior officer on arrival on the designated wing. The new electronic version included a requirement for prisoners to be seen by the chaplaincy, health care and safer custody team within 48 hours. We checked 10 of the 12 assessments that had been carried out using the new version (two of which related to prisoners who had been in custody for less than 24 hours) and found none of them to have been completed.
- 1.19 The day/night staff handover identified which prisoners were new and where they were located but there was no visual marker placed on wing roll boards to support this.

Recommendation

- 1.20 **First night procedures should be completed and documented in every case, with appropriate governance from senior managers to ensure completion.**

Housekeeping point

- 1.21 New arrivals should be identified on wing roll boards.

Induction

- 1.22 There was no formal induction programme, even though approximately 23% of the population was in custody for the first time. An induction checklist identified information gathered on the first day of reception and the first and second days on the wing, which, if completed, would equip prisoners with the necessary information to manage life in custody at the prison.
- 1.23 All prisoners underwent an assessment by the education manager and a recently introduced PE assessment tool.
- 1.24 There was no overall management to ensure integration of some key elements of the process, and many records that we checked (both paper and computer based) failed to demonstrate that these actions (including safety screening) had taken place. In our survey, only 41% of respondents said that they had attended any form of induction.

Recommendation

- 1.25 **Induction procedures should be completed and documented in every case, and a system introduced to ensure that this happens.**

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 The prison was modern, light and spacious. Women and young adult prisoners were separated from the adult male population but there were no specific policies to address their needs. Cells were clean and well maintained but some displayed offensive material. There were few activities on the male wings during association or exercise times. Cell bells were answered promptly. Access to telephones was adequate. Mail was monitored but some prisoners reported that legal mail was opened before receipt and that the delivery of mail was sometimes delayed. Access to clothing was adequate. Prisoners said that they received enough cell cleaning materials each week but did not always receive clean bedding. Access to showers was adequate but some were out of order at the time of the inspection.

Accommodation and facilities

- 2.2 The prison consisted of six wings, one of which was the segregation unit. Male prisoners were held on A and B wings, vulnerable prisoners on C wing, women prisoners on D wing and young adults on F wing. At the time of the inspection, there were 112 prisoners but there were no specific policies on how to manage the distinct needs of women and young adult prisoners.
- 2.3 All cells were single occupancy and had integral sanitation and electricity. The prison was modern, with good lighting and spacious communal areas. However, there were few activities on the male wings during association. The smaller women's wing had an association room but it was bare and ill equipped, and therefore not used. Exercise yards were bare on all but the female wing, which had a bench and a few potted plants. Prisoners had no exercise equipment on the yards. The external environment was clean and well kept.
- 2.4 There was little graffiti on the cell walls. There was an offensive display policy but we saw examples of materials displayed on cell walls on some of the male wings that breached this and had not been removed by staff.
- 2.5 Cell furniture was adequate but no lockable cabinets were provided. Each prisoner had a privacy key.
- 2.6 More prisoners (69%) than in the comparator group (36%) said that their cell bell was normally answered within five minutes, and this was the case when we tried it during the inspection. The cell bell was relayed to the control room if it was not answered.
- 2.7 Most of the prisoners responding to our survey did not report problems with accessing telephone numbers on arrival at the prison. The number of telephones on each wing was sufficient, with four on each of the men's wings and two on the smaller women's and young adult wings, and we did not see unacceptable queues.

- 2.8 Monitoring of mail and telephone calls was possible under the authority of a governor but there was no systematic way of assessing the need for these restrictions or reviewing them. Some prisoners had used the office telephone while waiting for their PIN number access to be set up. This was a concern in one case, as the prisoner had contacted his victim.
- 2.9 About 5% of incoming and 5% of outgoing mail was read and other mail was read as targeted. Staff reading prisoners' mail had received child safeguarding training. Prisoners we spoke to complained about legal correspondence being opened before they had received it. However, staff told us that legal mail was not opened routinely and that if this had happened it would have been by mistake. There was no log of the number of times that this had happened, making it difficult to see the extent of the problem.
- 2.10 A policy specifying the sending of mail had been drafted but not yet approved. Prisoners received one free stamp a week and could buy more if required. We were told that incoming and outgoing mail was processed promptly, although prisoners complained about it being late. No survey had been undertaken to identify any problems.

Recommendation

- 2.11 The offensive display policy should be applied consistently by staff on all wings.

Housekeeping point

- 2.12 A log should be kept of when legal mail is opened by staff, and appropriate action should be taken to address any issues.

Clothing and possessions

- 2.13 Prisoners could wear their own clothes and items were given to those who had none. The prison ran a laundry system, which catered adequately for items such as bedding and towels, and for prisoners' own clothes. We heard no complaints about these arrangements. Just under half of the prisoners responding to our survey said that they were offered enough clean and suitable clothes for the week but 67% said that they did not receive clean sheets each week, against the 81% comparator. Eight-six per cent said that they received cell cleaning materials and we saw evidence of cells containing these.
- 2.14 Prisoners did not report problems with loss of property on arrival at the prison. There were separate facilities lists for men and women, setting out the type and amount of property that they could have in possession. Two-thirds of prisoners, more than at comparator prisons, said that access to their stored property was good. There was a clear weekly roster to collect stored goods and property could be handed in by visitors. Prisoners could access this immediately, without having to wait for their allocated day.

Hygiene

- 2.15 Access to showers was adequate but some were out of order at the time of the inspection. Almost all prisoners said that they had daily access to showers. Women also had access to a bath and hair equipment. In-cell toilets were generally clean and in good working order but none had privacy screens.

Staff–prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

2.16 Staff–prisoner relationships were very good. Staff knew prisoners well and took an interest in them. Prisoners spoke positively about staff and felt respected.

2.17 In our survey, 75% of prisoners said that staff treated them with respect and 78% that there was a member of staff that they could turn to if they had a problem, both figures being similar to the comparator. Findings among the vulnerable prisoner population were consistent with those in the wider establishment. All female respondents said that staff treated them with respect and virtually all said that there was someone they could turn to if they needed help. About a third of prisoners, although this did not include any women prisoners, said that they had been victimised by staff, which was similar to the comparator.

2.18 Most prisoners we spoke to were positive about staff. Some suggested that there were individuals who were less helpful but criticism was qualified. We observed staff to be courteous, interested and engaged. It was clear that the relatively small community from which both the staff group and the prisoner group originated brought with it challenges but also benefits. There was a sense of community and many staff and prisoners were acquainted. We observed staff and prisoners using preferred names for each other and we saw staff exercising patience and discretion without becoming collusive.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

2.19 Although there was no formal policy for the personal officer scheme, staff and prisoners engaged well and the scheme was well understood and established. Prisoners knew their personal officers and records of contact with the prisoner were generally detailed. There were few entries in prisoner records relating to custody planning and resettlement.

2.20 The personal officer scheme was well understood and established, in spite of the absence of a formally implemented policy. Prisoners were allocated two personal officers on reception and we saw evidence that in the rare instances when both were absent, another member of staff ensured that the prisoner was seen and any issues discussed and addressed. Prisoners we spoke to knew their personal officers and appreciated the support that they received.

2.21 Officers understood their obligations under the scheme, which included introducing themselves to the prisoners in their care and maintaining weekly contact with them. In our survey, 92% of respondents said that they had a personal officer and 68% rated their personal officer as

helpful or very helpful, both figures being better than the comparators. Management checks were recorded and undertaken regularly.

- 2.22 The frequency and quality of personal officer entries in the prisoner information management system (PIMS) were generally good. Most reflected meaningful interactions, with a good knowledge of the prisoner's circumstances and the issues that they currently faced and comments on their incentives and earned privileges status. We saw evidence of personal problems being actively addressed and staff supporting and encouraging prisoners in obtaining activity places. However, there were few references to custody planning and resettlement matters or helping prisoners to address their offending behaviour.

Recommendations

- 2.23 The draft policy for the personal officer scheme should be finalised and implemented.
- 2.24 Personal officers should provide input and advice on all matters relating to the prisoners in their care, including custody planning and resettlement.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 There was no published anti-bullying strategy and staff were largely untrained in bullying awareness. There was evidence of bullying but few records of such incidents. Vulnerable prisoners resided on C wing and told us that they felt safe but they were limited in the amount of purposeful activity that they could participate in.
- 3.2 At the time of the inspection, there was no published anti-bullying policy (see main recommendation HP48). A draft policy had been agreed but was not due to be introduced until after staff training, which was scheduled to start in April 2011. There was little information available to prisoners or staff in relation to bullying awareness, other than a few lines in the booklet issued at court, which identified some types of bullying.
- 3.3 Bullying information reports (BIRs) were used but these were mainly for monitoring purposes, involving observations being made at 30-minute intervals, with little proactive attention given to suspected bullies.
- 3.4 There had been 19 BIRs in 2010 and six in the first three months of 2011, which projected to a slight increase over the full year.
- 3.5 Our observations during the inspection and other data, such as our prisoner survey, security information reports (SIRs) and adjudication records, suggested that levels of violence were not high and that the prison was generally calm and peaceful. However, there was no collation of statistical data for analysis to identify issues and trends, although individual cases were discussed at the safer custody meeting. We found little other evidence to demonstrate that the prison was aware of actual levels of bullying and violence taking place. In our survey, 54% of prisoners on C wing reported having suffered abuse in the prison at some time, and in the overall survey 33% had felt unsafe at some time in the prison.
- 3.6 Prisoners told us that they were in fear of having medication, including nicotine patches, taken from them by other prisoners. We saw prisoners removing prescribed medication from packaging as soon as it was issued, to attempt to disguise the fact that they were in possession of it. Low-level bullying that we observed, such as name calling and queue jumping at mealtimes and in telephone queues, sometimes went unchallenged by staff. One prisoner we tracked through the early days processes presented with black eyes on the Wednesday of the inspection, stating that he had slipped in the shower. There was no immediate response from staff, and when we questioned health services staff, they would not raise an injury-to-prisoner report, citing that 'it had not happened in health care'. A BIR was raised that identified potential aggressors but there was no entry on their files and no interviews were carried out to ascertain what had happened. We were told by the prisoner that 'he expected a thumping' because he had some nicotine replacement patches. An entry in the BIR log on the Friday of

the inspection showed that no action had been taken and said that 'the matter was now over', as the prisoner had stated that 'it was all sorted out now'.

Recommendations

- 3.7 The safer custody committee should analyse available data to determine areas of concern and to identify trends.
- 3.8 All incidents of suspected bullying and injury should be properly investigated and a programme to challenge bullying should be introduced.

Vulnerable prisoners

- 3.9 Vulnerable prisoners were held on C wing, following a move from the smaller F wing when the number of such prisoners had increased. Unlike F wing, which was on the upper floor and had no direct line of sight onto the wing, there was a clear line of sight onto the wing, which prisoners on C wing told us caused them some concern, with other prisoners making gestures at them and at the food trolleys during meal deliveries.
- 3.10 There were 14 prisoners located on the wing, eight in relation to their offence and six following incidents elsewhere in the prison. Activities off the wing were limited to the gym and the adult learning centre, although access to these was frequent throughout the week. Prisoners were reluctant to use the sports field because of the abuse that they attracted from other prisoners.
- 3.11 In our survey, 66% of vulnerable prisoners said that they had felt unsafe at some time in the prison but only 15% (two prisoners) said that they felt unsafe at the time of the survey.
- 3.12 There were no offending behaviour programmes in operation for any of the prisoners on C wing. Prisoners on this wing told us that the biggest issues for them were the alleged food contamination and also threats and name calling from prisoners on other wings.
- 3.13 Staff interaction and support were excellent on the wing. We observed staff taking the time to sit down and talk to some of the more difficult prisoners and also joining in some musical sessions.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.14 Levels of self-harm and the number of support plans (folder 5s) were comparatively low. There was no policy to manage prisoners in crisis, and no care suite or Listener scheme. Good staff-prisoner interaction and the excellent support offered by the local branch of the Samaritans helped to mitigate the lack of any specific strategy.

- 3.15 Levels of self-harm were comparatively low, at a recorded six in the previous six months. The support plan (folder 5) system was in use. This was mainly a recording process, rather than a support document. There were no prisoners on open folder 5s at the time of the inspection and there had been no self-inflicted deaths at the prison since its opening in 2008. There had been nine folder 5s opened in 2011 to date, which projected to an increase of around 40% against the previous year.
- 3.16 Folder 5 entries were mostly predictable and repetitive throughout the day and night, often with regimented 15-minute gaps between recorded observations, and little interaction. The practice was unclear and there were differing views about its operation by some wing staff. This was further complicated by a system that involved migrating observations from the paper-based record to the prisoner information management system (PIMS) for the ongoing recording and then back to the paper record when the folder 5 was closed. Comments such as 'apparently this folder was closed yesterday on a deputy governor's instruction' were commonplace and demonstrated a lack of multidisciplinary engagement. Responses to perceived risk were sometimes disproportionate; one record stated that, although the prisoner had appeared cheerful during the reception process, he had self-harmed in the past and as the anniversary of his mother's death was approaching he had been put into strip conditions in the segregation unit, with nothing in-cell, and placed on a 15-minute watch. Six of the 10 most recent prisoners on open folder 5s had been located in the segregation unit following the opening of the folder.
- 3.17 The monthly safer custody meetings oversaw self-harm and suicide issues, although minutes showed that there were regularly more apologies than attendees, with some key staff absent. There was little cross-referencing against other areas, such as bullying incidents, SIRs or unexplained incidents, and almost no monitoring and/or analysis of data better to inform strategy.
- 3.18 There were no care plans or any other recorded support mechanisms to supplement the folder 5 system. We were told that a new version of the folder 5 system, which would provide a support mechanism, was due for release but minutes of the safer custody meeting showed that this would not be launched until all of the staff had been trained, thus delaying the launch potentially for many months. There had been no on-site self-harm awareness training for staff since around 2003 and the only staff 'in date' were new officers who had recently undergone initial training.
- 3.19 A key element in the effective management and support of prisoners in self-harm crisis was the good staff-prisoner relationships that we observed throughout the prison (see section on staff-prisoner relationships), potentially diverting many from harming behaviour. However, new prisoners who did not congregate with other prisoners or with staff could easily have been missed by the use of this approach alone. Support by the local Samaritans, who attended the prison every weekend, was excellent and records showed that they had entered into around 1,200 meaningful contacts with prisoners over the previous 12 months.
- 3.20 The prison had decided against having a Listener scheme, citing familiarity between most prisoners as a compromising factor for any such scheme, and there was no care suite. A Samaritan's telephone was available for issue but the signal was reportedly poor in many areas of the prison. We were told that staff sometimes moved prisoners into the cells of others when they were in crisis but there was no strategic approach to this and, although some wing folders included cell sharing risk assessments, none of these had been filled in and staff we spoke to were unaware of their function.
- 3.21 There was an anti-ligature knife in each wing office but we observed only one member of staff carrying one.

Recommendations

- 3.22 The current folder 5 procedures and the requirements placed on staff to support those in crisis should be clarified.
- 3.23 A range of intervention options, other than the use of segregation, should be available to support prisoners in crisis.
- 3.24 The launch of the new folder 5 procedure should be expedited.
- 3.25 All contact staff should be fully trained in suicide prevention and self-harm awareness.
- 3.26 All contact staff should carry anti-ligature knives at all times.

Mothers and babies

Expected outcomes:

Mothers and babies are provided with a safe, supportive and comfortable environment which prioritises the care and development of the child. Pregnant women receive appropriate support.

- 3.27 There was no suitable accommodation for mothers and babies coming into custody and there was no clear policy for managing such arrangements.
- 3.28 The prison did not have a suitable area to house mothers and babies. There was no written policy for the care of women with babies, even though the Isle of Man prison rules made reference to them. We were assured that if the need to accommodate a mother with a baby arose, relevant services would be involved and a risk-assessed pragmatic solution developed to care for the prisoner and her child. We were also told of tentative discussions with the UK Prison Service to develop a protocol for the transfer of a female prisoner with a baby to a designated mother and baby unit in England, if required.

Recommendation

- 3.29 There should be robust, workable, documented contingencies to deal with the admission of a woman with a baby and no mother and baby should be admitted to the prison until they are in place.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.30 Application and complaint forms were available on residential units on request from a staff member. Responses to applications were reasonably good. Complaints were submitted initially

through the applications process and the process for a complaint to the governor was complicated and not sufficiently confidential. Applications were not receipted or monitored for timeliness. Complaints were not monitored or analysed to improve quality or identify patterns or trends. The Independent Monitoring Board was well represented in the prison and easily accessible.

- 3.31 There was a draft policy for applications and complaints but this had not been implemented and there was no existing written procedure. In practice, staff and prisoners alike reported that many problems and needs were dealt with informally, rather than through written applications.
- 3.32 A large number of different application forms for specific types of request was available on each wing but prisoners had to request them from staff. Application forms also served as the first avenue for prisoner complaints.
- 3.33 Prisoners were not given a receipt when an application was submitted and prisoners in our groups complained that applications went astray and that some were not answered. In our survey, 42% of respondents, worse than the 55% comparator, said that they felt applications were dealt with fairly. Applications were logged in the centre office and in the first three months of 2011, 130 had been recorded.
- 3.34 Responses to applications that we examined were generally of a good standard but some had been delayed. Most addressed the issues raised and were respectful and informative, and decisions were reasonable. However, some responses did not fully explain the decision and some did not investigate the prisoner's request sufficiently.
- 3.35 In the initial stages, complaints were not separated from general applications and they were not stored centrally. There was no mechanism for monitoring responses by senior managers which could be fed back to improve quality and could have provided the basis for analysis to improve services.
- 3.36 Prisoners and some staff were not clear about the means for making a complaint if a prisoner did not wish to use the applications process or if he or she was not satisfied with the response received. Many prisoners and some staff thought that the only alternative was a complaint to the Independent Monitoring Board (IMB) but there was a process for making a governor's complaint, which involved requesting a complaint form from staff, who in turn had to request one from the governor's secretary. The consequence was that it was not possible to make a complaint in confidence and the process for obtaining a complaint form was unnecessarily complicated. In our survey, 69% of respondents, against the 79% comparator, said that it was easy to get a complaint form.
- 3.37 There were few formal complaints to the governor, with only 11 in the six months before the inspection. Those we examined received a prompt response and there were examples of discretion being applied to re-examine earlier decisions by managers or to propose compromise.
- 3.38 Access to the IMB was readily available and it had a high profile in the prison. In our survey, 37% of respondents, against the 24% comparator, said that it was easy to see the IMB. Some prisoners complained that the IMB was ineffective but the complaints we examined showed that issues were explored and prison decisions challenged where possible.

Recommendations

- 3.39 Application and complaint forms should be freely available on residential wings.
- 3.40 There should be a clear distinction made in prison processes between a simple application and a formal complaint.
- 3.41 Senior managers should monitor complaints, feed back the findings to those who answer them, and quality check application and complaint replies.
- 3.42 Complaints should be analysed to identify areas of the prison where prisoners experience problems and any themes in the issues they raise.
- 3.43 Prisoners should be able to make a complaint in confidence to the governor, in a sealed envelope, without the knowledge of residential staff.

Housekeeping point

- 3.44 The complaint procedure should be clearly explained to all prisoners and staff.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.45 There were no staff trained in providing legal services and prisoners struggled to obtain the services of advocates. Many had to rely on using the postal service to contact their advocates, leading to delays. Legal visits took place daily and many advocates used video-conferencing facilities to consult with prisoners.
- 3.46 No staff had been trained or assigned to provide legal services and many prisoners told us that they had difficulty in obtaining the services of advocates. Prisoners were required to write to advocates to request their services and to book visits, and this led to delays in many cases. One prisoner who had been given a sentence of 21 days and who wished to appeal was unable to do so, as he could not contact an advocate in time. In our survey, only 30% of prisoners, against the 42% comparator, said that it was easy or very easy to communicate with their legal representatives.
- 3.47 Legal visits took place daily and many advocates used video-conferencing facilities because of the distance they would need to travel to the prison to consult with their clients in person. An adequate number of legal visits were provided, with three booths used on any day when domestic visits were not being held.

Recommendation

- 3.48 Prisoners should have access to trained staff who can provide advice on a full range of legal matters and assist them in retaining the services of an advocate quickly.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

- 3.49 There was a small team of part-time Christian chaplains, and the needs of prisoners with other religious affiliations could be met with sessional staff. Services were offered weekly but were poorly attended. Religious festivals were celebrated but there were limited informal links with community churches. The chaplaincy was not able to provide any courses.
- 3.50 The chaplaincy team consisted of three part-time chaplains, who visited for two days a week each. The chaplains provided basic pastoral services to all prisoners, including meeting new prisoners, parole assessments, and visiting those at risk of self-harm and those who were segregated. They were also represented in the prison safer custody group. In our survey, only 14% of respondents, against the 48% comparator, said that they had met a chaplain within their first 24 hours at the prison.
- 3.51 At the time of the inspection, most prisoners who had identified a religious affiliation all belonged to a Christian denomination. The prison attempted to make arrangements for prisoners of other faiths but this could be problematic.
- 3.52 Four Christian services were held on Saturdays by a rota of the part-time chaplains. Services took place in the multi-faith room, which had a limited number of Christian artefacts on the walls. It could be used for other faiths, if required, and had an adjoining wash room. Attendance was poor, although this was not because of a clash with other activities. Visitors from local churches attended some of the services but there were no community chaplaincy arrangements to link prisoners with churches in the areas to which they would be released. Christian religious festivals were marked with special celebrations and all the chaplains visited prisoners on Christmas Day.
- 3.53 The chaplaincy did not have sufficient resources to provide courses for prisoners; an Alpha course had started during Saturday services but had not been viable because of insufficient time.

Recommendations

- 3.54 Prisoners should meet a chaplain within their first 24 hours at the prison.
- 3.55 The chaplaincy should develop resettlement links with local churches.
- 3.56 The chaplaincy should offer courses in religious study and faith-based education if there is demand to do so.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.57 The clinical treatment service did not provide consistency in opiate titration procedures and lacked both a flexible approach to substitute prescribing and a systematic approach to regular clinical reviews. High levels of in-possession medication and inadequately secure administration procedures contributed to high rates of diversion of prescribed drugs. The ban on smoking tobacco had resulted in a number of negative outcomes, including bullying for patches, numerous alternative substances being smoked (with unknown health risks) and dangerous practices used to light home-made cigarettes. There was insufficient smoking cessation support available. The average positive random mandatory drug testing rate over the previous six months was too high. Suspicion testing rates were low.

Clinical management

- 3.58 When prisoners arrived, nurses completed a thorough health screening that included an assessment of drug and alcohol use. First-night prescribing was in place for prisoners requiring opiate substitution, which was initiated either by nurse prescribers or on-call GPs. However, as there was no 24-hour nursing cover, methadone dose titration could be slow, as it had to fit in with nurse cover availability. Such delays could potentially pose a risk of self-harm to some prisoners. However, we were assured that the more complicated cases were transferred immediately to Noble's Hospital in Douglas.
- 3.59 The range of drug treatments offered was not sufficiently flexible. All opiate substitution requirements were met solely through the prescribing of methadone. We were told that Subutex (buprenorphine) was not available because of the widespread availability in the prison of illicitly smuggled Subutex, and the fear that prescription of this agent would result in diversion and exacerbate the problem. However, if suitable medication administration supervision and security mechanisms were in place, the prescribing of Subutex to prisoners approaching the end of a treatment regime would be an asset rather than a liability (see main recommendation HP49).
- 3.60 Clinical reviews for prisoners receiving opiate substitution did not follow a regular pattern. They were sporadic and appeared largely to be left to prisoners to instigate. The clinical reviews that took place were only between the prisoner and a GP or the specialist consultant from the island's Drug and Alcohol Team (DAT), who attended the prison fortnightly. There was no evidence of the integration of clinical reviews with either nursing care or any psychosocial interventions. At the time of the inspection, a total of 16 prisoners were on methadone (13 men and three women), of whom 11 were receiving maintenance doses and five were reducing.
- 3.61 In our survey, 48% of prisoners, against a comparator of 32%, said that they thought they would have a problem with drugs on their release from the prison.
- 3.62 When we observed the administration of medication, some prisoners expressed surprise at being asked for their date of birth by way of identification. Speaking to them later, they told us

that they had never been asked for that before. They were not asked to present any other form of identification.

- 3.63 With the exception of prisoners who were receiving both methadone and diazepam, all other potentially abusable prescribed medication was given daily in possession (see section on health services). Risk assessments for in-possession medication were prisoner based and did not relate to the potential hazards of the drugs dispensed or take into consideration the likelihood of a drug being abused.
- 3.64 Alcohol detoxification treatment was available but, as there were no inpatient facilities, any acute or complicated cases were transferred to Noble's Hospital.
- 3.65 The total prison ban on smoking tobacco had resulted in a large number of negative outcomes (see main recommendation HP50). Staff had stepped up efforts to detect illicit tobacco and its substitutes, evidenced by the 63 smoking material-related finds in the six months from September 2010 to February 2011, compared with nine drug and six hooch finds. The widespread demand for scarce tobacco or its alternatives had also resulted in some prisoners being bullied for nicotine patches on arrival at the prison or when they obtained their patches from the health care department. The protocols for the prescribing and administration of nicotine replacement therapy (NRT) were lax. Prisoners told us that if they said, during their initial health care assessment, that they were smokers, they were automatically given patches. While health services staff were strict on their rules of allowing only two NRT courses per prisoner, this was on a per-admission to prison basis only, so some 'revolving door' prisoners had received many courses.
- 3.66 We observed NRT patches being given out with other medication, with no requirement to return a previously issued patch. There was no requirement to apply the patch under the supervision of nurses, so prisoners simply took the patches away in their wrappers. We met some prisoners with seven or eight patches in their pocket, and the in-cell security finds documentation showed that up to 50 patches had been found in one cell. Prisoners showed us how they rendered and extracted nicotine from the patches for addition to 'alternative' smoking materials, which included dried fruit peel and tea. Some fruit was subsequently banned but prisoners also used lint from tumble driers and even pubic hair. The full extent of the risks to health posed by smoking such substances are largely unknown, although nurses told us that many prisoners presented with sore throats. The thin pages from Gideon Bibles and dictionaries were especially sought after as makeshift cigarette papers and these were held in place with toothpaste. With kettle elements and bare electric wires being used to render and ignite these home-made cigarettes, there were also concerns for fire safety. Some officers openly turned a blind eye to illicit smoking activities, while almost every prisoner we spoke to either smoked illicitly or in some way colluded with the practice.
- 3.67 In spite of the establishment's preoccupation with the smoking ban, there was no specific smoking cessation support or advice available. Some prisoners told us that they were experiencing high levels of anxiety, discomfort and stress due to nicotine withdrawal, in some cases exacerbated when they were bullied into giving up their patches.

Recommendations

- 3.68 Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to evidence-based best practice.

- 3.69 Clinical substance misuse services and psychosocial services should integrate and develop a framework for undertaking joint care plans and regular joint clinical/psychosocial reviews.
- 3.70 Risk assessments for in-possession medication should take into consideration the dangerousness of the drugs involved and the likelihood of their abuse.
- 3.71 Regular, structured smoking cessation advice and support clinics should be made available to all prisoners.

Drug testing

- 3.72 The average random mandatory drug testing (MDT) positive rate for the six months from September 2010 to February 2011, quoted at the time of the inspection, was 16.22%, which was too high. This ranged between 0% (in October 2010 and January 2011) and 50% (in December 2010 – although only six tests had been completed that month). In our survey, 19% of prisoners, against the 10% comparator, said that they had developed a drug problem since they had been in the prison. Most prisoners told us that high levels of prescription drugs were being diverted and that Subutex was being smuggled in.
- 3.73 The suspicion testing positive rate over the same six-month period was 30.77% from a total of 13 tests, which was low. We would have expected more suspicion tests to have been completed, given the high spikes in the random MDT positive rate. The low positive suspicion rate might have been indicative of poor-quality security information intelligence. Given that no current drug supply reduction strategy or action plan was in place, drug-related security operations appeared to be more reactive than proactive.
- 3.74 The MDT suite and holding cell were clean, tidy and appropriately equipped.

Recommendation

- 3.75 An up-to-date supply reduction strategy should be developed and implemented, and be embedded in the wider prison drug strategy.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 The prison did not have governance or a policy for managing diversity. There had been no staff diversity training and prison processes had not been impact assessed. Diversity was not positively celebrated and the prison did not have a full awareness of the diversity of the prisoner population.
- 4.2 The prison did not have a diversity policy or any governance of diversity issues, and no manager had specific responsibility for diversity. The recording and monitoring of diversity among the prison population was minimal. There were no policies and no governance for the separate diversity strands, apart from some good initiatives for older prisoners and those with disabilities in the health care department. Staff had not received training in diversity, beyond that provided for new staff at the national training course (see main recommendation HP51).
- 4.3 Processes and activities in the prison had not been assessed to identify their differing impact on diverse groups. There were no displays of positive images of diverse groups around the prison or celebrations of cultural and religious events. During the inspection, it was St Patrick's Day and, although the prison held a number of Irish prisoners, there was no acknowledgement of this day's significance to this group.
- 4.4 This lack of a strategic approach to diversity was in the context of an ostensibly undifferentiated prisoner population but the lack of monitoring and consultation with prisoners meant that prison managers did not know the extent of the diversity among the prisoners and the nature of their different needs.

Recommendations

- 4.5 A senior manager should lead an effective and adequately resourced diversity strategy with clear governance arrangements.
- 4.6 Staff should be provided with specialist training in all aspects of diversity.

Race equality

- 4.7 The prison did not hold a large number of prisoners from black and minority ethnic backgrounds. The needs of prisoners from a Gypsy Traveller background were not being met.
- 4.8 Since the prison had opened, it had held only eight prisoners from a black and minority ethnic background, five of whom had been immigration detainees. At the time of the inspection, the prison held only one prisoner of mixed race.

- 4.9 The prison did not record the number of prisoners from a Gypsy Traveller background but 5% of respondents to our survey, the same as the local prisons comparator, identified themselves as being from this group. No consultation or distinctive services were provided for this group.

Recommendation

- 4.10 The prison should develop a policy and services for meeting the needs of prisoners from a Gypsy Traveller background.

Foreign nationals

- 4.11 The prison held a small number of foreign national prisoners. No member of staff had responsibility for foreign nationals. Some language services were provided but the understanding of foreign national prisoners was not checked. Liaison with immigration services was not well understood.

- 4.12 At the time of the inspection, the prison accommodated three foreign national prisoners but no staff member had responsibility for co-ordinating services for foreign nationals or checking that their needs were being met. The establishment occasionally held immigration detainees and these were quickly moved to immigration removal centres in the UK or were released.

- 4.13 The language needs of prisoners who did not speak English as their first language had been partially met. Although there was little printed information in languages other than English, and the prison did not keep a register of prisoners and staff who could interpret foreign languages, the Language Line facility had been used for a group of Chinese immigration detainees. However, we met a Polish prisoner with a partial understanding of English whose full understanding of procedures in the prison had not been checked. As a result, he had not known how to have his clothes laundered until a fellow prisoner had noticed that he needed help and became a carer for him. The Polish prisoner had been to court and did not understand his sentence, so the prisoner carer had helped him to write to the court for an explanation.

- 4.14 The process for identifying foreign national prisoners and communicating with the immigration service had been formalised. This involved a referral to the resettlement team, which would manage the liaison with the immigration service. However, we found that rather than following this procedure, staff in reception informed the immigration services directly. This meant that specific resettlement needs may not have been identified.

Recommendations

- 4.15 The prison should designate a member of staff with responsibility for foreign nationals.
- 4.16 Prisoners who do not have a full understanding of English should be provided with written information in a language they are familiar with, and their understanding of prison procedures should be verified regularly.
- 4.17 There should be effective links with the immigration service to ensure that they are quickly informed of the reception of foreign national prisoners or detainees and that a decision about their removal or release is made speedily.

Disability and older prisoners

- 4.18 The prison held a comparatively low number of prisoners who identified themselves as having a disability but did not identify them routinely. There was no member of staff with responsibility for older prisoners and those with a disability, and there were no care plans or evacuation plans for such prisoners. There was special accommodation and facilities for prisoners using a wheelchair but they were not consulted about their needs.
- 4.19 In our survey, only 8% of respondents (equating to 10 prisoners), against the 20% comparator, considered themselves to have a disability, and there were 10 male prisoners and one female prisoner over the age of 50 at the time of the inspection.
- 4.20 A policy for meeting the needs of older prisoners had been drafted but was not in operation. There was no member of staff with specific responsibility for older prisoners and those with a disability and the prison did not know the extent or nature of prisoners' disabilities. As a result, there were no care plans for older prisoners or those with a disability and no evacuation plans in case of an emergency. The impact of this approach was illustrated by a complaint we examined from a deaf prisoner who had missed a meal because he had not heard staff calling prisoners to the servery. If his disability had been identified, a plan for his care could have included ensuring that he heard verbal instructions and that he would be made aware in the event of the need for an emergency evacuation.
- 4.21 The prison had cells suitable for prisoners using a wheelchair, and showers with suitable facilities. There was one prisoner using a wheelchair at the time of the inspection. He had identified some improvements that could be made to the facilities and some defects in the arrangements but he had not been consulted about his experience.
- 4.22 Older prisoners we met had part-time jobs and were provided with in-cell activities. There were no special gym sessions for them but they were provided with programmes suited to their abilities. They were required to pay for their televisions.

Recommendations

- 4.23 A member of staff should be designated with responsibility for older prisoners and those with a disability.
- 4.24 Older prisoners and those with a disability should be consulted regularly about their needs and have care plans to meet these needs and evacuation plans in case of an emergency.
- 4.25 Older prisoners should not be required to pay for their televisions.

Sexual orientation

- 4.26 There was a small number of prisoners who identified themselves as gay or bisexual but their needs were not recognised.

- 4.27 In our survey, 2% of respondents identified themselves as gay or bisexual, which was similar to the comparator. There were no services or consultation mechanisms for this group (see main recommendation HP51).

Women prisoners

- 4.28 The women's wing accommodated up to 15 prisoners and was in good order. There was no policy for the management of women prisoners and staff working with them did not receive specialist training. The wing regime was not distinctive and there was insufficient activity available for women.
- 4.29 There was a dedicated wing for women prisoners, D wing, with a capacity of 15 cells. There was also one cell providing constant observation accommodation and two originally planned for women and babies. At the time of the inspection, there were 11 women held, which we were told was unusually high.
- 4.30 The wing was clean and quiet. Women's cells were in good order and adequately furnished. As well as two showers, the wing had an assisted bathroom. There was a classroom, which also doubled as a television room, and a dressing room containing hair dryers and straighteners. At the end of the wing there was an exercise yard with a grassed area, seating and some decorative garden ornaments.
- 4.31 There was no policy for the management of women prisoners (see main recommendation HP51). There was a dedicated staff group for the women's and young people's wings which provided consistency but they had not received specialist training for working with women. The officers in the group were predominantly female.
- 4.32 Opportunities to provide a distinctive and active regime for this discrete group of prisoners had not been exploited. In our survey, only 17% of women respondents, against the 64% women's local prisons comparator, said that they had been involved in vocational or skills training. All of the women had a job but for most of them this involved cleaning tasks, which occupied them for only an hour every morning, with the exception of one woman who worked full time as the reception cleaner. Other work or training opportunities in catering and horticulture were not open to them. In our survey, 80% of women respondents said that they attended education, which was better than the women's local prison comparator of 42%. Classes attended were part time and included numeracy, literacy, art and cookery. An art and craft class was held once a month on the wing and women were able to attend the gym four times a week (see recommendation 6.29).

Recommendations

- 4.33 Staff working with women prisoners should be given specific training for the role.
- 4.34 The regime on the women's wing should be distinctive and provide opportunities appropriate to their needs.

Section 5: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

5.1 Health services had improved and clinical governance arrangements were in place. Prison health services were seen as part of the island-wide primary care services, which meant that a wide range of clinical services were readily accessible to prisoners. Clinical records were computerised, which, although positive, raised some issues about access to the information from other sources and the confidentiality of the information stored. A range of primary care services were provided, and the three GP sessions per week met demand, but prisoners were critical of health services. Most prisoners were on prescribed medications, the majority of which were given daily in-possession, including potent medications liable to be traded. Mental health provision was underdeveloped. Prisoners with a potential for dual mental health and addiction problems were not always seen by mental health services at the prison and we identified prisoners with mental health issues who were not receiving adequate care, and there were no multidisciplinary case conferences. Discipline staff did not receive mental health awareness training.

General

- 5.2 Primary health services were provided by the Isle of Man Department of Health (DH), although the responsibility for prison health services was shared between DH and the Department of Home Affairs (DHA). DH had a contract with a local GP surgery (Ramsey Group Practice) to provide GP sessions for prisoners, while other services, such as podiatry and physiotherapy, were part of the wider community services directorate. Mental health services were provided by the Mental Health Service which is part of the Department of Social Care.
- 5.3 A limited health needs assessment had recently been undertaken by a consultant in public health but it had not been ratified or actioned and some of the recommendations were subject to dispute. There had also been an internal audit of prison health services undertaken by DH; it was still in draft form but had identified a number of issues that needed attention.
- 5.4 The department was situated off the main centre and contained clinical rooms and a general treatment room, as well as a dental suite, relaxation room and offices. The waiting area was, in effect, the corridor at the entrance to the unit; although prisoners did not wait in it for long periods, it was not ideal as a waiting room. A range of health promotion posters and information about the service was on display, behind the small metal seats. All areas were clean and bright and met infection control measures, as demonstrated by infection control audits. One of the staff took the lead as the link person for infection control.
- 5.5 The main medicine store and second storage areas were in good order and kept tidy. The second area was used to store monitored dosage system trays for persistent reoffenders who had been released but were likely to return within a few weeks.
- 5.6 There was a lead nurse for older people and staff had easy access to aids for daily living and continence aids from community services.

Recommendation

- 5.7 The health needs assessment should be agreed and the recommendations put into action.

Clinical governance

- 5.8 Prison health services were clearly part of the island's overall primary care services. The head of health services was a general nurse. She reported to the director of community services but also had a close working relationship with the governor, who took an active interest in health service provision. The health services team was small; some had been recruited from other community services, while three of the staff had worked at the prison for some time. The deputy head of health services was a registered mental health nurse (band 7); there were four band 6 staff, one of whom was a registered paramedic, while the rest were nurses. Two of the nurses were non-medical prescribers. There were no administrative staff, although the practice manager from the GP practice assisted staff in setting up and managing the electronic clinical records system (Egton Medical Information System (EMIS)).
- 5.9 The prison health department had been included in all aspects of clinical governance within DH. While it was acknowledged that policies and procedures needed to be adapted to the prison setting, the principle was good, as it meant that there were some assurances that prisoners were able to receive the same level of service as provided in the local community. A recent 'patient safety walk-through' exercise, carried out by staff from other primary care services, had identified improvements to services in the previous year. Pharmacy-related incidents were available for review by the clinical team and the offsite pharmacist. The prison health services featured on the risk register of both primary care and prison senior management teams because of the lack of mental health services available to prisoners.
- 5.10 Prison health was represented at both a strategic and operational level within DH. There was a prison clinical governance committee, which met bimonthly, and a prison strategy group. The latter received regular reports about health services which reflected UK prison quality performance indicators.
- 5.11 Staff had access to continuing professional development and mandatory training, in line with other community services staff; some had also been out to work at the local cottage hospital. Nurses had clinical supervision from their managers.
- 5.12 Emergency equipment, including an automated external defibrillator, was kept in the health services department and at strategic points around the prison. Nursing staff were trained in intermediate life support by the resuscitation officer at Noble's Hospital, while discipline staff received basic life support and automated external defibrillator training by a member of the health services team. The kit in the department was checked daily, while that elsewhere in the establishment was checked monthly. There was no emergency childbirth kit available.
- 5.13 Clinical records were computerised on EMIS, in line with the rest of the island GP services. It was Isle of Man policy for any prisoners imprisoned for less than three months to be treated as temporary residents and their medical records stayed with their original GP, but anyone who came in for three months or more was registered at the Isle of Man prison, meaning that they were de-registered from their original GP and became a patient of the establishment, with their electronic clinical records moved as required. This included any prisoner on remand for over three months. Therefore, there was the potential for prisoners' full clinical records from their time in prison to be accessible to health services in the community, and it was not apparent

whether this was made clear to prisoners. The GP practice manager was the data protection officer and had expressed reservations about the system. A recent community services audit of clinical records had resulted in a good score of 94% compliance with standards.

- 5.14 Prisoners we spoke to complained about health services. In our survey, 48% of respondents rated the overall quality of health services as good or very good, which was lower than the response at the time of the previous inspection. It was clear that prisoners' perceptions were influenced by the smoking ban. Prisoners also commented on the lack of information provided to them, such as whether their applications had been received and the date of internal appointments. DH primary care services had recently undertaken a prison patient survey, in which 56% said that they were not listened to by health services staff. Although there were no patient forums in which prisoners could express their dissatisfaction, they had access to the DH complaints system.

Recommendations

- 5.15 Staffing levels and skill mix should include medical, nursing and administrative staff so that clinical staff can focus on clinical practice.
- 5.16 There should be an emergency childbirth kit available.
- 5.17 Prisoners' clinical records should be confidential and access to them should require the consent of the prisoner.
- 5.18 There should be an active patient forum to assist in the promotion of health services across the prison community.

Good practice

- 5.19 *The 'patient walk-through' audits were a good initiative that helped to ensure that prison health was seen as part of wider community services.*

Primary care

- 5.20 Newly arrived prisoners were seen by a nurse during the reception process and underwent a comprehensive health assessment. The screening was tailored to meet individual need, so, for example, there was a separate assessment for those aged over 65. Women were asked if they could be pregnant and were tested if it was deemed clinically necessary. Prisoners were then provided with an information leaflet about services and referred on to other services if required. There was no further health screen. If they required medication on the night of arrival, staff telephoned the GPs for a prescription.
- 5.21 Prisoners could submit an application to see a member of health services staff but had to ask for application forms from discipline staff. The applications were placed in a confidential box and collected by health services staff each lunchtime. Health services staff kept the application forms for three months to ensure that there was an audit trail in case of a complaint.
- 5.22 There were three GP clinics a week, so prisoners could be seen within a couple of days of an application. While all three GPs who provided the regular clinics were male, it was made clear to the female prisoners that they could be seen by a female doctor if they wished. The GPs

were available for telephone advice during the working day; out of hours, staff could contact the island on-call medical service, in line with the rest of the population.

- 5.23 The nursing team provided care for those with lifelong conditions such as diabetes and asthma. They had created a range of care plans for lifelong and other clinical conditions, with planned reviews, which were used when required. However, the accuracy of lists of those with lifelong conditions relied on staff using correct codes when entering the information onto the electronic clinical information system and we found some discrepancies. In addition, the care plans did not always reflect current evidence-based best practice. Specialist community nurses could be requested to attend prisoners if needed. In our survey, 65% of prisoners said that it was easy or very easy to see a nurse, which compared favourably with UK local prisons.
- 5.24 Staff made some efforts to follow up patients quickly after their arrival. For example, a woman who was diabetic and had not had her blood checked in the community for some time was seen on the morning after her arrival and a full blood screen taken, in spite of the fact that she was likely to be released within a few days.
- 5.25 Hepatitis B vaccinations were offered but meningitis C vaccinations were not. One of the nurses took the lead in sexual health. Prisoners were able to have a full sexual health screening, and cervical smears and mammograms could be organised for the women. Prisoners were not permitted to have barrier protection. There was no health promotion group or overarching strategy.
- 5.26 If a woman was pregnant, health services staff referred her to the community midwifery team, who would come in to the prison. The GPs took on early pregnancy care as they did in the community; we were told that when the woman was taken to her obstetric appointment at the hospital, efforts were made to ensure that she could have all necessary procedures and appointments during the one visit.
- 5.27 Prisoners were referred to community services for podiatry, physiotherapy and other allied health needs. Prisoners then attended the local cottage hospital to be seen and treated. The optician visited the prison when required.
- 5.28 We found some instances when staff did not demonstrate a positive duty of care. For example, we met a young man who had acquired a black eye since his arrival at the establishment; while health services staff had seen him, they had not documented the injury as an accident or completed a security report. We met other prisoners who commented that health services staff did not take them seriously or refused to see them; in some of these cases we were told that it was because the prisoner had previously stated that they did not want to engage with services.

Recommendations

- 5.29 Following reception screening, a further health assessment should be carried out within 72 hours after the prisoner's arrival.
- 5.30 Prisoners with lifelong conditions should be cared for in line with evidence-based best practice and this should be reflected in care planning.
- 5.31 Barrier protection should be freely available to all prisoners.
- 5.32 There should be a health promotion strategy (that includes oral health) and an implementation group.

- 5.33 Staff should be proactive in their care of patients.

Housekeeping point

- 5.34 Prisoners should have access to a full range of vaccinations.

Good practice

- 5.35 *The reception screening that was specifically for those over 65 years of age was a useful tool that could be used by other establishments.*

Pharmacy

- 5.36 Medication was administered by nursing staff at 7.30am and 6pm each day. Prisoners were brought to the department, a wing at a time, and were admitted to the supervised treatment area one at a time. This was well organised and consideration was given to patient confidentiality. Medication for patients held in segregation was delivered to them when it was required. No medicines were available in the absence of health services staff. Prisoners were not able to see a pharmacist.
- 5.37 Medicines were held securely in a room with limited access. We were told that Methasoft equipment was cleaned and calibrated regularly, although there were no records available showing that it had been done or by whom. Heat-sensitive products were stored appropriately, with documented records of minimum and maximum refrigerator temperatures.
- 5.38 Medication was supplied as single dose, daily or weekly in-possession packs, with a number of patients requiring supervised administration. Over three-quarters of prisoners were on some form of prescribed medications. Approximately 80% of all medications prescribed were supplied in appropriate numbers of linked, sealed Venalink 'pods', with each pod representing one dosing episode. The latest time that any medication could be supplied was during the evening medication cycle, so medications prescribed to assist sleep patterns were given in-possession at that time, for self-administration later. No supervised administration of such supplies was possible. There were some in-possession risk assessments but only for those who had their medication in-possession in a weekly supply. In spite of the risk assessment, there were concerns about the number of medications liable to abuse that were supplied in possession.
- 5.39 There was a written policy for in-possession medication but none for special sick or out-of-hours provision, and there was no specific prescribing formulary for the prison. There was a series of standard operating procedures covering the administration of medicines appropriate for a range of ailments. A limited list of medications was available to supply on an 'as needed' basis. These drugs were administered by approved health services staff, authorised by and in accordance with patient group directions agreed by the governance committee. Such drugs were ordered and supplied on 'stock' prescriptions and provided by the supplying pharmacy in manufacturer's packaging.
- 5.40 Prescribing did not appear to be evidence based. For example, there were concerns about the large quantities of diazepam that were prescribed, although we were told that this was reflective of similarly high levels of prescribing in the general community on the island.

- 5.41 Prescriptions were written on standard Manx prescription forms and administration charts. All prescriptions were faxed through to the pharmacy, so full patient medication records were maintained on the pharmacy computer, although the pharmacy record did not include details of stock medicines supplied as needed, which were logged on administration records and the EMIS system.
- 5.42 Controlled drug usage was low, with the exception of methadone mixture. Full records were maintained, using a hospital ward-style controlled drug register, which was compliant with local legislation.

Recommendations

- 5.43 Prisoners should have access to simple analgesia in the absence of health services staff.
- 5.44 A pharmacist should attend the prison with sufficient regularity and frequency to permit the instigation of appropriate pharmacist-led clinics and medicine use reviews.
- 5.45 All prisoners who have any medications in possession should be subject to a documented risk assessment that assesses both the patient and the medications.

Housekeeping point

- 5.46 There should be documented records to indicate that the Methasoft equipment has been cleaned and calibrated.

Dentistry

- 5.47 Dental care was commissioned by DH, which provided a dentist and two dental surgery assistants for one session a week through Salaried Dental Services (SDS). Out-of-hours and annual leave cover was also provided. It was understood that professional registration, indemnity cover and other required assurances were checked by SDS and were up to date for all of the dental staff.
- 5.48 The dental facilities comprised one fairly large, well-equipped surgery, with adjacent office space for the storage of records in a locked metal cabinet. Decontamination of instruments was carried out through a well-organised arrangement with the local central sterilising department. Compliance with the recent Department of Health publication, HTM 01-05: Decontamination in Primary Care Dental Practices, was well under way. The range, number, storage and accountability of instruments were satisfactory. Clinical and hazardous waste was appropriately stored in the surgery and there were arrangements for the collection and disposal of such waste. A dental surgery inspection had been carried out in August 2009.
- 5.49 At the time of the inspection, there were few patients on the waiting list; the dental team expected to clear the list on the day of the inspection. Triage was carried out by a self-assessment process on the application form and this was reviewed by the dental surgery staff. Patients noted as urgent were normally seen within a week. A structured triage system, following a clear algorithm, was under consideration.
- 5.50 The number of failed appointments was small and not considered to be a problem, as the dental team maintained a list of names that could be fitted in, so that wasted time was

minimised. A member of prison staff was available as a 'runner' to chase failed attenders or fetch replacements as required.

- 5.51 The standard of treatment planning and provision that we observed was good and included clear advice on oral hygiene. However, there was no overall oral health promotion strategy and no oral health literature was available. A full range of treatment was provided, comparable to that available in the community, including extended treatment plans where appropriate and when possible to complete. We observed patients being treated with care and courtesy.
- 5.52 Paper clinical records were maintained, annotated appropriately and safely stored, but treatment planning and consent forms equivalent to NHS form FP17DC were not in use.

Recommendation

- 5.53 **Treatment planning/consent forms FP17DC or a suitable equivalent should be provided as appropriate under NHS regulations.**

Secondary care

- 5.54 When required, prisoners were referred to secondary care services at Noble's Hospital. Escorts for routine appointments were provided by Group 4 Security. We were told that appointments were sometimes rescheduled to ensure that an escort could be provided. We did not find any particular delays in appointments.

Mental health

- 5.55 Although there was an established criminal justice mental health liaison service in the community, mental health services at the prison were underdeveloped (see main recommendation HP52). In our survey, 39% of prisoners said that they had emotional well-being or mental health issues, of whom nearly half said that they were not receiving any help. The health needs assessment undertaken in December 2010 had found that dual mental health and addiction problems were present in 50% of the prison population.
- 5.56 Two registered mental health nurses were part of the primary care team and between them saw some patients with mental health problems, either for one-to-one work or relaxation therapy, although they were also involved in generic duties. At the time of the inspection, they were seeing a total of 17 patients.
- 5.57 There was no multidisciplinary working and there were no case conferences or regular clinics by the consultant psychiatrist, although we were told that he would attend to see a patient within 72 hours if required. Prisoners who had been engaged with either mental health or drug and alcohol services before going to prison were not automatically referred to them on arrival, and it appeared that mental health services were reluctant to see those who had previously been engaged with drug and alcohol services. There was a lack of proactive engagement with prisoners with mental health issues, and we came across some patients deemed to have opted not to engage with services who were not being actively followed up.
- 5.58 Discipline staff had not received any mental health awareness training.

Recommendation

- 5.59 Discipline staff should have mental health awareness training.

Section 6: Activities

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 6.1 Time out of cell was generous and most prisoners had employment or activity for part of the week. Prisoners did not have free access to exercise but it was available twice a day. Yards were mostly bare and prisoners were not allowed to use them for running. Prisoners were not offered weatherproof clothing for exercising in inclement weather. Supervision of exercise and association was appropriate, with good interaction between staff and prisoners.
- 6.2 The amount of time unlocked was generous. The maximum time available for a full-time employed prisoner was 10.5 hours but the prison did not record a weekday average. Even unemployed prisoners did not spend long periods locked up. Except for a morning cleaning period of 90 minutes, 75 minutes at lunchtime and one hour at teatime, prisoners on the wings remained unlocked between 7.45am and 8.15pm.
- 6.3 In our survey, 77% of respondents said that they had a job and 47% that they attended education, both figures being better than the comparators of 43% and 26%, respectively. However, we met many prisoners who had jobs which occupied only one hour a day or attended education for two afternoons a week.
- 6.4 Unlock times were reliable and variations were rare and authorised for security or operational reasons. All prisoners could access at least two hours of association every weekday evening.
- 6.5 Although prisoners were unlocked during the day, there was little work for them to do and they told us that they were often bored. They did not have free access to exercise yards, and exercise was available for 30 minutes twice a day. Prisoners were not provided with weatherproof clothing if they wished to exercise during inclement weather. Cancellations were authorised centrally.
- 6.6 There was a small exercise yard for each wing. Only two had a grassed area and one had seating. Most were bare and there were notices informing prisoners that running was forbidden. Staff could not explain the reason for this rule but some believed it might have arisen from an incident at the previous site.
- 6.7 Association areas had a limited number of table games and many prisoners associated in cells. Supervision of both association and exercise was appropriate and we observed good levels of interaction between staff and prisoners.

Recommendation

- 6.8 Prisoners should be allowed free access to exercise yards during unlock periods, subject to a risk assessment.

Housekeeping points

- 6.9 Prisoners who wish to exercise in inclement weather should be provided with weatherproof clothing.
- 6.10 Exercise yards should be furnished with seating.
- 6.11 The restriction on prisoners running during exercise should be reviewed and justified or removed.

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 6.12 The overall provision of learning and skills was poor. Strategic planning to develop all learning and skills activities was underdeveloped. No overview was available to plan provision so that the training and development needs of prisoners were met. Staff communication mechanisms and staff training were inadequate. Quality assurance procedures for education were satisfactory but were not extended to all aspects of learning and skills. There was sufficient work to occupy most prisoners for some of the working week but many were underemployed and too many jobs were menial. The provision of vocational training was inadequate. Education provision was well managed and tutors met the needs of learners. Lessons were well planned but schemes of work were insufficiently detailed. The standard of prisoners' work was good and achievements for many were high. The range of personal and social development provision was narrow and there were insufficient opportunities for longer-stay prisoners. Library provision was poor.

Leadership and management

- 6.13 An education manager and deputy, employed by the Isle of Man College and seconded full time to the prison, managed education, induction, the library and vocational training. Ten part-time staff taught a range of classes. Their contract limited them to no more than 300 hours each year, which equated to one and a half days a week. Some staff chose to provide additional classes, without pay.
- 6.14 Strategic and operational planning was underdeveloped. Insufficient attention was paid to future planning and development of all learning and skills provision. An education policy had been produced in February 2011 and was still in draft form. Other policies detailing how different aspects of the provision would be developed had yet to be written (see main recommendation HP53).
- 6.15 Quality assurance procedures were satisfactory in education. The college had undertaken an internal review of education provision and produced an action plan for improvement. This helped to inform the judgements in the education annual self-assessment report, which staff

also contributed to. However, the report did not evaluate library, PE or vocational training provision. All education staff were observed teaching, as part of quality improvement processes. However, while action plans were developed to improve staff skills, little was done to share best practice and identify staff training needs.

- 6.16 Learners' views were sought at three points in the year and some action was taken to effect improvement as a result of their comments. However, there were no formal processes to involve prisoners in shaping the range of the curriculum or vocational training on offer. In our survey, fewer prisoners than at comparator prisons felt that education or vocational training would help them to get a job on release.
- 6.17 Communication mechanisms were poor. Staff met together as a team only once a year. Part-time staff had little opportunity to meet and discuss curriculum developments, as they worked on different days. Staff had little involvement with the curriculum teams at the Isle of Man College to share information and learn from each other.
- 6.18 There was no regular planned training for staff. Part-time staff performance was not reviewed annually to identify development needs or to inform a learning and skills training plan. Most staff attended only the mandatory prison training. Training in equality and diversity, and safeguarding were underdeveloped (see recommendation 4.6).

Recommendations

- 6.19 **Quality assurance processes should be further developed to include self-assessment of all aspects of learning and skills.**
- 6.20 **Learners' views should be sought to inform curriculum developments.**
- 6.21 **Staff performance reviews should be established and used, along with the outcomes of lesson observations, to plan focused staff training to improve skills and share best practice.**

Induction

- 6.22 All prisoners were assessed on entry to the prison to determine their literacy and numeracy needs, and were also screened for dyslexia. Where appropriate, further diagnostic assessments were carried out to identify specific areas of support needed. A learning styles questionnaire informed individual learning plans to help tutors to develop teaching and learning methods to meet individual learners' needs. However, this was not always evident in the planning or delivery of taught classes.
- 6.23 Prisoners were interviewed to review their initial assessment results and to plan their learning activities. Most prisoners were seen within a week and joined classes quickly.
- 6.24 There were waiting lists for the popular cookery course. Prisoners were expected to improve their literacy or numeracy skills or attend personal and social development programmes before being allocated a place on this course, which caused them some frustration.

Work

- 6.25 There were 104 workplaces available, which met the needs of approximately 88% of the population, and 81% of prisoners were in some form of paid work. However, the majority of jobs were menial, such as cleaning, which accounted for approximately 44% of all work. Although the prison considered jobs to be full time at 12.5 hours a week, few jobs occupied prisoners for a sufficient number of hours (see main recommendation HP53). Six prisoners worked for six half-days a week in the kitchen. The work skills developed, such as time keeping, team working and mentorship, were only recognised in a minority of work areas, and even then they were not recorded adequately. Twenty-five prisoners were unemployed. Of these, three refused to work, 16 were new to the prison and had yet to be allocated work, three prisoners had no work available to them and three had lost their jobs and were awaiting allocation. All retired prisoners chose to participate in some form of work.
- 6.26 Female and vulnerable prisoners had fewer work opportunities than other prisoners (see section on women prisoners). Some work activities were cancelled because of staff shortages.
- 6.27 Prisoners carried out a range of voluntary charity work. They made shopping bags out of recycled materials, banners for sports clubs, jewellery and Christmas cards, which benefited local charities and the community.
- 6.28 Job applications were processed efficiently and quickly. The security department did not create any unnecessary barriers to job allocation. Rates of pay were equitable, based on the responsibilities of the job. Those who refused to work received no pay.

Recommendation

- 6.29 All work skills gained should be recognised and recorded.

Vocational training

- 6.30 The provision of vocational training was inadequate. At the time of the inspection, only two prisoners working in the kitchen were participating in accredited vocational training qualifications. Accredited qualifications were available in horticulture but prisoners who worked in this area had elected not to take a qualification.
- 6.31 Some good vocational training resources were not being utilised. A suite of training rooms were equipped to offer joinery, painting and decorating, and plumbing training. However, because of staff shortages and reductions in the activities budget, these courses were no longer available. In our survey, only 21% of prisoners said that vocational or skills training would help them on release, against the 51% comparator.

Recommendation

- 6.32 The joinery, painting and decorating, and plumbing training workshops should be reinstated.

Education

- 6.33 Education provided an average of 42 classes over four weekdays. Approximately 66% of the population attended education classes. Class duration was just over an hour. The maximum number in each class was six and the average attendance was around 80%. Most prisoners attended education part time. No provision was offered in the evening or at weekends. Classes were closed for eight weeks of the year. A limited timetable was scheduled for these weeks, staffed by full-time education staff and volunteers.
- 6.34 Classrooms in the education department were well decorated and furnished, and each accommodation wing also had a classroom facility. Resources to support learning were satisfactory. Most curriculum areas had a range of textbooks and learning materials but textbooks to support GCSE and A level provision were not readily available and took too long to acquire. The range of information learning technology (ILT), such as interactive white boards, was not well used by tutors, learning materials had not been developed and no software had been purchased. Tutors were well qualified and experienced, with most holding teaching and degree-level qualifications in their subject area.
- 6.35 Tutors had a flexible approach to training and most met the range of different needs and abilities of their learners. They knew the prisoners well and developed purposeful relationships and learning environments. They paid good attention to developing learners' personal skills, including developing own self, improving attitudes and behaviour, and working as a team.
- 6.36 Prisoners produced a good standard of work and applied their skills well, particularly in IT and art and craft, and several art, poetry and free writing pieces had won Koestler awards. In cookery classes, the tutor developed learners' cooking skills well while improving their numeracy skills and their understanding of diet and nutrition.
- 6.37 Most lessons were well planned but schemes of work for accredited qualifications were too brief and insufficiently specific to plan learning in a sequential way to ensure that the syllabus was covered appropriately. Individual learning plans were not used effectively and were not sufficiently detailed. Most tutors recorded what prisoners had achieved in each session but did not provide sufficient focus on short and medium targets for prisoners, so that they would know what they had to do to progress and improve.
- 6.38 Achievements were good, and a high proportion of learners completed their programmes. GCSE English and mathematics results were particularly good, with 100% achievement at grades A to C. A few prisoners progressed on to A level programmes in English.
- 6.39 The range of literacy, numeracy, IT and art classes was adequate but there were insufficient personal and social development courses and there was little higher-level learning for longer-stay prisoners.
- 6.40 Two prison officers provided guitar and keyboard tuition on some accommodation wings. Prisoners could borrow musical instruments and sheet music. Encouraged by the chaplain, a few prisoners were embroidering religious scenes to decorate the chapel. Some of the work was of outstanding quality.

Recommendations

- 6.41 Schemes of work should be developed to improve the planning and delivery of accredited qualification.

- 6.42 Appropriate reference material should be provided to enable learning.
- 6.43 Training should be provided to give staff the skills to develop materials to add interest and variety to learning sessions.
- 6.44 Individual learning plans should be further developed to record learners' short- and long-term targets, as well as ongoing achievement.
- 6.45 The range of personal and social development programmes should be extended.

Library

- 6.46 A prison orderly and a volunteer ran the library and provided a welcoming environment. Neither had any previous experience or library qualifications. The library was open for only one half-day each week. All wings had the opportunity to visit the library during this time but some complained that they often had as little as 20 minutes in the library each week.
- 6.47 Some current legal texts were available on English and Manx law on request. Other legal texts were out of date. A copy of governors' orders had recently been placed in the library for reference.
- 6.48 Book stock had been catalogued and reordered. Good paper-based lending records were kept and provided the prison with information on the most popular genres borrowed. The orderly also managed guitar loans and mended and tuned the guitars.
- 6.49 The book stock, at approximately 700 items, was too small. There was a heavy reliance on donations to supplement the stock of books, magazines and periodicals. Books from the Isle of Man lending library were changed only once a year. Prisoners were not aware of a mobile library facility and there was no process in place for them to order books through this service. There were insufficient books to support education, although the education department held a range of textbooks and resources for each curriculum area. There were few talking books. A small range of easy readers and graphical books was available to less advanced readers. No newspapers were kept, although prisoners could pay for a daily newspaper to be delivered on the wings. A small range of magazines was donated to the library.
- 6.50 Storybook Parents had recently been introduced and three men had books being processed for their children. The Toe by Toe reading scheme was not offered as an additional way to support the literacy needs of prisoners who chose not to attend education.

Recommendations

- 6.51 Training should be provided for the library orderly.
- 6.52 Library opening times should be extended.
- 6.53 The stock of books, magazines and periodicals should be increased.

Housekeeping point

- 6.54 Legal texts should be updated regularly.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.55 Recreational PE was available to prisoners in the daytime and at weekends, and most were offered at least three sessions a week. Those on the basic regime had only one half-hour session a week. No accredited training courses were offered. Only prisoners who had enhanced status privileges could use the facilities in the evening. PE equipment and accommodation were of good quality and there were sufficient facilities to meet the needs of the prison population. The all-weather outside pitch was mostly available to enhanced status prisoners only. The trim trail was unfinished and unusable. Indoor PE activities included weight-lifting, cardiovascular exercise and gym games such as short tennis and badminton.
- 6.56 PE facilities were adequately staffed by a senior officer and four instructors. The prison offered no accredited training and staff were not qualified to deliver training programmes. A large proportion of prisoners had been inducted to the gym. Good attendance records were kept. Links with the health care department were appropriate and there were good referral systems.
- 6.57 Equipment and facilities for recreational PE were good and consisted of a combined cardiovascular and weights room, a spacious indoor sports hall, an external all-weather pitch and a 'trim trail' running track. However, the surface of the trim trail was unusable, having been left unfinished when the prison build had been completed. There was a wide range of equipment and it was in good working order. Gym games such as short tennis, badminton and circuit training were offered regularly.
- 6.58 Most prisoners had good access to the gym, with three sessions offered during the week and one at the weekend. Prisoners, including women and older prisoners, could have individual coaching to improve their health and fitness. Weather permitting, a walk and talk session for older prisoners was held outside. Only prisoners on the enhanced level of the incentives and earned privileges scheme could use the facilities during the evening. Those on the basic level had access to the gym for only 30 minutes once a week. Outside facilities were generally available only to enhanced status prisoners. Access for vulnerable and female prisoners was limited, and for those on the standard and basic privilege levels was non-existent.
- 6.59 Until recently, the prison had supplied clean kit and towels at every session but budget cuts had ended this practice and prisoners were now required to wear their own clothing. There were no showering facilities in the gym and prisoners were required to shower after sessions on their accommodation units.
- 6.60 Accidents and the very few incidents that took place were appropriately recorded.

Recommendation

- 6.61 Opportunities to use the outdoor facilities should be extended to all prisoners.

Housekeeping points

- 6.62 Funds should be identified to complete the trim trail running track for the benefit of prisoners and staff.
- 6.63 The supply of clean prison gym kit should be reinstated.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 Security measures were appropriate and the security department was well staffed. A good flow of information led to individual events being well managed but there was insufficient analysis of information to identify trends and monitor identified problems. Closed visits were not often used but were not reviewed.

Security

- 7.2 Increased resources to the security department had resulted in a more efficient system for processing information quickly, and the security department was well staffed. All security information reports (SIRs) were submitted on the prisoner information management system (PIMS) and the number of reports received had increased considerably since the introduction of electronic recording. The main issues reported related to smoking materials, hooch, threats to prisoners and drugs. Required actions from SIRs, such as searches and drug tests, were carried out swiftly and were well managed. There was little analysis of intelligence and therefore no monitoring of identified problems.
- 7.3 All staff had access to security intelligence with identifying details removed on PIMS, and SIRs were scrutinised daily at the morning management meeting. Information was further discussed at the monthly security meeting, which was attended by a range of staff from different departments, including safer custody. The prison sometimes held prisoners who were closely related to staff members, and had arrangements to manage the situation. There were also often prisoners held who had been in conflict with one another before coming to prison and this was managed using a conflict register.
- 7.4 Closed visits were normally imposed following incidents during visits or as adjudication punishments for disruptive behaviour. Prisoners were subject to these restrictions for either a time span or a set number of visits. No review was carried out until the end of the imposed restrictions, when either there was an extension or the restrictions were lifted. If a visitor had been involved, all visitors to the prisoner were subject to closed visits. Visitors could be banned for inappropriate behaviour or illicit activity during visits. At the time of the inspection, there were two prisoners subject to closed visits and two visitors were banned until further notice, with no date as to when they would be reviewed.

Rules

- 7.5 The prison rules were not excessively restrictive, although the adjudication records showed that some petty infringements of the rules led to an adjudication (see section on disciplinary procedures). The management of the effects of the smoking ban, including the banning of

various items of fruit, such as pears and bananas, and other items, such as pepper and teabags, was inappropriate.

Recommendations

- 7.6 Security managers should analyse security information, to identify trends and implement effective subthemes for monitoring any identified issues.
- 7.7 Closed visits and banned visitors should be reviewed regularly and restrictions removed where no further illicit activity has taken place. The results of those reviews should be communicated to prisoners and visitors.
- 7.8 Items of fruit and other food items should not be banned from the shop list or from the kitchen.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 7.9 The overall number of adjudications was small and they were generally well conducted. Some records showed a lack of enquiry into the charges. Some charges were referred to the Independent Monitoring Board, which conflicted with their main role of providing independent scrutiny. The recorded number of incidents of use of force was low but it was not possible to ascertain the exact number because there was no central recording or collation. Use of force reports were often insufficiently detailed. Governance of use of force, analysis of incidents and monitoring of data were weak. There was little use of the special accommodation but its governance was inadequate. The recently developed segregation policy had not yet been fully implemented. Few prisoners were segregated for long periods. The procedures for reviewing those who did remain for longer periods were not used. There were no formal care planning or reintegration procedures. Documentation authorising and regulating segregation was often poorly completed or missing.

Disciplinary procedures

- 7.10 The overall number of adjudications was small. We observed a number of adjudications taking place in the segregation unit and in a separate room on the women's wing. They were generally well conducted and prisoners were given the chance to participate fully in the proceedings. Appeal information was given verbally and in writing. The main charges related to disobedience, possession of unauthorised articles, damage to property and threats and abuse. Some infringements of the rules, such as a case of a prisoner dropping litter and some instances of disobedience, could have been more appropriately dealt with using the incentives and earned privileges (IEP) scheme.
- 7.11 Adjudication review meetings were held quarterly, and statistics and a random selection of adjudications were reviewed and discussed. There was no formal record of which adjudications had been looked at or whether any issues had been raised.

- 7.12 The Independent Monitoring Board (IMB) retained the right to add days to prisoners' sentences for some offences committed in the prison but felt that this role conflicted with their main role of providing independent scrutiny (see main recommendation HP47). All other offences, including testing positive in mandatory drugs tests, were routinely dealt with by adjudicating governors. The usual punishment was a combination of loss of privileges and earnings, and a sometimes a period of up to three days' cellular confinement according to a published tariff. All prisoners found guilty on adjudication were referred to the IEP board for a review of their status (see section on incentives and earned privileges).
- 7.13 We examined a number of adjudication records and found that a full enquiry into the circumstances had not always been carried out, particularly for allegations of fighting, and the full evidence was not always presented to a prisoner.
- 7.14 Staff were inconsistent in their approach to dealing with breaches of the smoking ban. Women told us that staff on the male wings often ignored prisoners who were smoking and we found this to be the case. Women were generally challenged more robustly when found smoking, resulting in adjudications or IEP warnings. This had led to confusion over the application of the IEP and disciplinary systems for managing discipline and behaviour.

Recommendations

- 7.15 **Adjudicating governors should carry out a full investigation into the circumstances and evidence leading to an adjudication and make a record of what has happened.**
- 7.16 **The application of the IEP and disciplinary systems with relation to the smoking ban should be consistent across all wings.**

The use of force

- 7.17 The recorded number of incidents of use of force was low, at two so far in 2011. We were unable to ascertain the exact number of incidents because there was no central recording and collation system. Prisoners in our groups told us that there were not many incidents, and in our survey only 8% of prisoners said that they had been restrained by staff in the previous six months.
- 7.18 The records we examined showed that force was used appropriately but many reports had insufficient detail, making it difficult to ascertain exactly what had happened. Documentation did not include a report of any injuries to the prisoner. The body belt had been used on one occasion in the previous six months. There was no written record of the prisoner having been seen by health services staff or ongoing record of observations by staff while the prisoner was restrained in the belt. There was no record of when the belt was removed.
- 7.19 Over 70% of staff were trained in control and restraint and the training included the use of semi-rigid handcuffs. However, these handcuffs had not yet been issued to staff, who continued to use ratchet cuffs.
- 7.20 Use of special accommodation in the segregation unit and on the female wing was low, with eight prisoners having been put in the cells in the previous six months. The accommodation had been used on a number of occasions to hold prisoners who were threatening to self-harm or who were actively self-harming, often in strip conditions. One prisoner had remained in a special cell in strip clothing for 10 days. Documentation was poor and lacking in detail.

- 7.21 Governance of use of force overall was inadequate. There was no use of force committee or any other meeting where use of force was discussed, and no quality assurance checks on documentation. Planned interventions were recorded but the recordings were not reviewed.

Recommendations

- 7.22 A central system for recording and collating incidents of use of force should be developed and implemented as a matter of urgency, along with quality checks of documentation and a means for reviewing and monitoring statistics and trends.
- 7.23 Records of use of force and the use of special accommodation should be comprehensively completed and include full details of the incident.
- 7.24 The use of special accommodation and strip conditions for prisoners at risk of self harm should cease.

Segregation unit

- 7.25 The purpose-built main segregation unit was clean and well maintained, with six normal cells and three dry cells intended to be used as special accommodation and dirty protests. There was also a dedicated segregation cell on the women's wing. Neither of the units was used often and most prisoners did not remain in segregation for long periods. A total of 72 prisoners had been segregated in the previous six months, most of whom had been there for reasons of good order or discipline. Both units were often used to house prisoners requesting some 'time out' from normal residential units, for those who were threatening to self-harm or those who needed protection from other prisoners.
- 7.26 The segregation unit policy was newly developed and had not been fully implemented. The described review and reintegration procedures had not been used for the few prisoners who had remained in the unit for longer periods. Residents were discussed at the morning management meeting but no record was kept of the discussions and formal care plans were not documented. The process for authorising segregation consisted of a one-page document that was sometimes incomplete, without authorisation and without a formal health care assessment of a prisoner's suitability for being held in segregation. The IMB routinely authorised continuing segregation for up to a month (see main recommendation HP47). Despite the lack of detail recorded about prisoners, staff had a good knowledge of those who had been held on the unit.
- 7.27 The regime on the unit was poor and had been restricted as a disincentive to prisoners wanting to go to the unit. There was in-cell electricity in the normal segregation cells but it had not been activated to allow use of televisions, for example.

Recommendations

- 7.28 The purpose of the segregation unit should be clearly defined and it should not be used to house prisoners at risk of self-harm, unless in extreme circumstances.
- 7.29 The segregation unit policy should be fully implemented.
- 7.30 The regime on the segregation unit should be improved, to reflect the level of activity available to prisoners on normal location.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

7.31 The incentives and earned privileges scheme was well understood by staff and prisoners. Staff were generally reasonable and considered before issuing warnings but were inconsistent in their application of some rules. This left prisoners without full confidence in the scheme. Reviews were conducted fairly but prisoners were not always able to contribute. We were not assured that the scheme was a useful motivational tool. The management of prisoners on basic regime lacked any effective targets or engagement that might assist improvements in behaviour.

7.32 The IEP scheme had recently been reviewed and the staff and prisoners we spoke to were conversant with how it applied to them. However, staff were inconsistent in the application of the scheme, particularly with regard to the smoking ban (see section on disciplinary procedures). This led to confusion among prisoners and they told us that they did not have confidence in the scheme.

7.33 Prisoners could apply for enhanced status after eight weeks at the establishment, and submitted a written application to staff to do so. Prisoners who had received sufficient warnings to warrant a review of their status were not given the opportunity to contribute to their review. Those we observed were conducted fairly and staff gave due regard to all aspects of a prisoner's custodial behaviour before a decision was made. Not all prisoners were automatically demoted. Staff spoke personally to prisoners to advise them of the outcomes. All prisoners with a proven adjudication were reviewed and then given an IEP warning, demoted to basic or subjected to no further action as a result, depending on their overall behaviour in recent months.

7.34 Prisoners placed on the basic regime remained on that level for four weeks without any interim review. Many continued their poor behaviour during that time and did not improve until the fifth week, when they were formally reviewed. There were no targets set and no engagement with staff or activities that might assist and encourage them to improve their behaviour sooner.

7.35 There were insufficient differences between the three levels of the scheme to motivate prisoners to achieve enhanced status, and most prisoners (72) were on the standard level at the time of the inspection. There were separate facilities lists for men and for women.

Recommendations

7.36 Prisoners should be able to contribute to all IEP reviews.

7.37 Prisoners on the basic regime should be reviewed regularly and set targets to encourage them to improve their behaviour as soon as the regime is imposed.

Section 8: Services

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 8.1 The kitchen was modern, well designed and clean. Employment of prisoners in the kitchen was restricted to males from main locations. Prisoners working in the kitchen were inducted but did not achieve a food hygiene qualification. A level 2 National Vocational Qualification in catering was available but insufficient resources and planning were applied to ensure that prisoners completed the qualification. Mealtimes were too early but the menu was varied and the quality of the food good. The catering manager was prepared for the demands of special diets. Serveries were clean and well supervised. Vulnerable prisoners believed that their food was open to contamination and there were not sufficient processes to provide assurance. Prisoners could dine in association but they did not have access to cooking facilities on residential wings.
- 8.2 The kitchen was modern, well ordered and clean and had been designed in consultation with local environmental health officers. Staff working there had suitable clothing which was washed after every session. Food was stored appropriately and there was sufficient space for safe and hygienic working.
- 8.3 Four prisoners were employed as cooks, four as kitchen porters and one as a cleaner, who worked two separate shifts. Those employed were all male prisoners from main locations. They had received an induction and hygiene training but were not offered a food hygiene qualification. The catering manager was a qualified National Vocational Qualification assessor and there were two prisoners working towards a level 2 qualification in catering. Because of releases and transfers, only one prisoner had completed the qualification and the catering manager did not have time allocated for training.
- 8.4 The menu was on a three-week cycle and was changed every three months. Prisoners were provided with a healthy breakfast every morning, two choices with soup for lunch and four choices for the evening meal, including a vegetarian option. A snack for supper was provided at teatime. The menu made it possible for prisoners to achieve the recommended five portions of fruit and vegetables a day. The food we sampled was at the correct temperature and of good quality. In our survey, 50% of respondents said that the food was good or very good, which was better than the 24% comparator.
- 8.5 There were no pregnant women held at the prison during the inspection but the catering manager had previously consulted with the health care department to draw up a special diet for them and such diets were available if required.
- 8.6 Mealtimes were too early. Lunch was served at 11.45am and tea at 4.45pm which left a long wait until breakfast the next morning at 7.45am, although this was mitigated to some extent by the small snack provided at teatime.

- 8.7 The menu was adapted in response to prisoner surveys, which were administered twice a year, the most recent having been undertaken in February 2011. The changes made as a result included the provision of more healthy options.
- 8.8 There were no prisoners with religious dietary requirements at the time of the inspection but separate utensils were available and the catering manager had identified halal suppliers and had some stored frozen halal food.
- 8.9 Wing serveries were clean and well supervised. Prisoners working there wore the appropriate clothing, which was laundered regularly.
- 8.10 Vulnerable prisoners told us that they suspected that their food was contaminated and that they were regularly taunted about this by other prisoners. The catering manager was confident that the food for their wing was not identifiable and that supervision of the trolleys was adequate but he had not introduced a system of assurance for prisoners.
- 8.11 There were good facilities for dining together on residential units but prisoners did not have access to any cooking facilities so that they could cater for themselves. Drinking water was available for use at night and prisoners could purchase flasks for hot water. Some prisoners had kettles but their use was being withdrawn because of their illicit use to manufacture smoking material.

Recommendations

- 8.12 Female and vulnerable prisoners should be offered employment in the kitchen.
- 8.13 Prisoners working in the kitchen should be trained to obtain a qualification in food hygiene.
- 8.14 Mealtimes should be adjusted so that lunch is served after midday and the evening meal after 5pm.
- 8.15 The security of food for vulnerable prisoners should be reviewed, assurance and confidence-building systems put in place and prisoners consulted about their concerns.
- 8.16 Prisoners should be allowed access to cooking facilities on residential units.

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 8.17 Prisoners were able to purchase items weekly from a comprehensive list, which met their needs. Newly arrived prisoners with money could make purchases immediately but those without money had to make an application for credit. Enhanced prisoners could purchase privilege items not on the shop list but there were only two catalogues available. Prisoners wishing to purchase clothing were reliant on visitors bringing it in.

- 8.18 Prisoners were able to purchase items weekly from a list of more than 170 items, which was regularly updated in response to prisoner requests. The shop was managed by the prison store man, who kept prices to a minimum and was able to take advantage of local special offers. The list contained toiletry items suitable for the female population and they could also order goods from an Avon catalogue.
- 8.19 The list had been restricted because of the misuse of some items to provide smoking material. Although fresh fruit was available, its range was restricted to that which could not be used for illicit smoking, and tea was only available in granular form for the same reason.
- 8.20 Order forms were collected weekly and purchases issued to wings in the morning before unlock. Prisoners were called to the desk to collect their purchases, which ensured a degree of confidentiality. Any amendments were made immediately.
- 8.21 Prisoners arriving at the prison were provided with an emergency order form, which could be filled the following day if they had money with them. Prisoners arriving without money had to apply to their residential senior officer for a loan to make purchases from the shop.
- 8.22 There were no catalogues available, apart from the Avon catalogue for women and Post a Rose. There was a privilege items section to the order form, for use by enhanced prisoners, who could list any items not on the list which they wished to purchase. This was used mainly for music and books, which were obtained through online stores, and sometimes for hobby materials or sports clothing. The manager responsible tried to respond to special requests where appropriate.
- 8.23 Long-term prisoners requiring new clothing could not buy them through catalogues unless the shop manager was able to purchase them, so they were reliant on visitors bringing them in. We met a woman who was visited only by her elderly father, who found it difficult to judge what was appropriate or suitable for her, so she had no reliable source of new clothing. The prison had accommodated her on special occasions, such as the funeral of her brother, by sending staff to purchase clothes on her behalf but she could not routinely buy clothing of her choice. The prison had arranged for some suppliers of women's clothing to visit the prison and help women make suitable purchases.

Recommendations

- 8.24 **Newly arrived prisoners with no money should be automatically provided with an advance of credit to enable them to make purchases from the prison shop.**
- 8.25 **Prisoners should have access to catalogues which meet their needs.**

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 9.1 The Isle of Man did not have a reducing reoffending strategy to which the prison could contribute and few agencies actively provided support to prisoners. The prison did not have a comprehensive resettlement strategy or a needs analysis to inform provision. Outcomes for prisoners were not yet monitored and performance targets had been a recent introduction.
- 9.2 There was no reducing reoffending strategy in operation on the Isle of Man to which the prison could contribute (see main recommendation HP54). There were few agencies providing support to prisoners and few which were willing to go into the prison to provide advice.
- 9.3 The prison had no resettlement needs analysis and no analysis of resettlement need among specific groups, such as women or young people. A policy and procedure document had been developed in October 2010 but it was purely descriptive and focused only on the assessment and planning processes introduced a few months before the inspection. There were limited formal governance arrangements to monitor milestones and actions (see main recommendation HP54).
- 9.4 The resettlement team consisted of a deputy governor, a principal officer and a recently appointed resettlement prison officer, recruited to lead the delivery of a newly introduced custody planning procedure. Two probation officers complemented the team. The principal officer and resettlement prison officer were based in the resettlement and education centre. The role of personal officers in resettlement was not well enough defined.
- 9.5 Outcomes for prisoners were not yet monitored and performance targets had been a recent introduction. As a result, there was no information about the efficiency and effectiveness of the resettlement provision.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 9.6 Some prisoners did not have a custody plan, in spite of the resettlement team's efforts to put in place a plan for each prisoner. There was a lack of resettlement services and opportunities, both within the prison and in the community. Plans were of limited quality, with basic objectives that lacked detail or specific timescales. The two probation officers had insufficient time to provide face-to-face work with prisoners. There was no formal or rigorous process for the

systematic identification, management and review of prisoners presenting public protection risks. There was insufficient involvement of prison staff in the multi-agency public protection arrangements (MAPPA). Release on temporary licence and home detention curfew were not used to support effective resettlement. Life-sentenced prisoners were transferred swiftly to a more appropriate establishment in the UK.

Sentence planning and offender management

- 9.7 Custody planning procedures had been developed in October 2010 and resettlement boards were taking place but, in spite of large efforts, a quarter of prisoners did not have a plan. The resettlement officer was working hard to put in place a plan for each prisoner and had developed a useful database to track progress. The introduction of custody planning was a positive step but still a new concept for staff and prisoners. It was difficult to see how plans could be meaningful, given the lack of resettlement services and opportunities both within the prison and in the community. Prisoners we spoke to did not yet see the full benefit of the process. A number of prisoners we spoke to said that they had been in the prison for some months but had had a resettlement board only very recently. Personal officers did not contribute to the boards and plans were of limited quality, with basic objectives that lacked detail or specific timescales. The prisoner did not receive a copy.
- 9.8 Community-based probation officers used a structured risk and needs assessment tool, known as the Level of Services Inventory (Revised) but too few prison staff had been trained to understand it, which limited its usefulness to the custody planning process.
- 9.9 The prison-based probation officers prepared social enquiry reports and managed prisoners serving over 12 months because of the lack of resources in the community-based probation team. As a result, they had limited time to undertake face-to-face work with prisoners.
- 9.10 Prisoners from other jurisdictions could be transferred on release. Their licence conditions were dependent on the length of imprisonment, and for some it meant that the time they had spent on remand was not taken into account. The Isle of Man Parole Committee undertook recall of offenders supervised in the UK.

Recommendations

- 9.11 All prisoners should have a custody and a pre-release plan.
- 9.12 The quality of plans and ownership by the prisoner should be improved.
- 9.13 Prison-based probation officers should have more time to undertake face-to-face contact with prisoners.

Categorisation

- 9.14 As the only prison on the Isle of Man, the establishment held prisoners of all categories. Formal recategorisation processes were not undertaken, except where a prisoner came under the criteria of category A status. If such prisoners were confirmed to be category A, a reciprocal agreement with the UK Prison Service enabled the governor to transfer them to UK prisons with appropriate security conditions.

- 9.15 Prisoners were risk assessed to ascertain the level of staffing that would be required if they were escorted to court, hospital or other external appointment. At the time of the inspection, two prisoners were authorised to work outside the prison unsupervised.

Public protection

- 9.16 There was no formal or rigorous process for the systematic identification, management and review of prisoners presenting public protection risks. No formal assessment was made to determine the level and type of restrictions required. Information exchange between the agencies concerned had not been fully formalised and operational prison staff were not always aware of the restrictions placed on a prisoner. The case recording system did not clearly flag up public protection cases or the names of individuals whom such prisoners should not contact. We were told about two recent examples of prisoners making contact with their victim.
- 9.17 Three levels of multi-agency risk management (MARM) were in place as part of the public protection arrangements across the Isle of Man. Multi-agency public protection arrangements (MAPPA) meetings were used to manage the critical few high risk of harm prisoners. MARM meetings were used for those prisoners who did not need a MAPPA meeting but required other agency involvement to manage risk of harm to others. Single agency risk management (SARM) meetings were the third option used. Until very recently, MAPPA meetings held in the community had not always included prison staff. The deputy governor for resettlement had recently been trained to chair MAPPA meetings in order to improve their level of involvement. Resettlement staff in the prison found it difficult to attend community-based MAPPA and MARM meetings, as they were held on different days and at different times.
- 9.18 Release on temporary licence was used for day release, to enable prisoners to attend an appointment – for example, a hospital appointment. However, it was not used for overnight family contact or work beyond the prison and escorted town visits were not considered. Prisoners we spoke to said that the lack of these opportunities hindered their chances of successful resettlement.

Recommendations

- 9.19 A formal and rigorous system for assessing and managing public protection cases should be introduced, with a clear process for reviewing the restrictions.
- 9.20 The prison should ensure that resettlement staff are able to attend multi-agency public protection arrangements (MAPPA) and multi-agency risk management (MARM) meetings when necessary.
- 9.21 Resettlement opportunities should be improved through the increased use of release on temporary licence and escorted town visits where appropriate.

Indeterminate-sentenced prisoners

- 9.22 At the time of the inspection, there were no indeterminate sentenced prisoners in the prison. Life-sentenced prisoners were transferred to a prison in the UK. Those facing a life sentence were held in the prison pending sentence and were told about the implications of their sentence in preparation for the transfer. Following sentence, transfer was swift. Probation staff continued to manage those held in prisons in the UK and prepared parole reports as required.

Life-sentenced prisoners had access to a family visits scheme to maintain contact with family living on the Isle of Man.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

9.23 Provision under some resettlement pathways was underdeveloped. Few prisoners accessed support and advice from community-based agencies in relation to accommodation or finance, debts and benefits. Release on temporary licence was rarely used to help prisoners to prepare to reintegrate into society, and no pre-release course was available. There were no links with employers. Health services staff attended sentence planning and resettlement boards. Prisoners with an address on the Isle of Man and who had served more than three months were allocated to a GP; details of the care of those serving less than three months were faxed to their existing GPs.

Accommodation

9.24 A quarter of prisoners who replied to our survey said that they had had a housing problem on arrival at the establishment. Only 15%, against the 30% comparator, said that they knew whom to contact in the prison to get help with accommodation. Just over a third of prisoners said that finding accommodation would be a problem for them on release.

9.25 There were very few accommodation providers on the Isle of Man and data on the number of prisoners released without appropriate accommodation were not available. No floating support or supported housing was available. One agency, known as Kemmyrk, attended the prison on request but funding for this had ended very recently. The service provided valuable support, including links with private property owners, help with claiming housing benefits and budgeting advice. The Salvation Army ran a hostel that accommodated a wide range of prisoners, including those convicted of sexual offences. There were concerns about the use of this accommodation for vulnerable women and young people. There was no specific provision for female offenders. The two prison-based probation officers also provided basic advice but few other prison staff had been trained to provide advice or support.

Recommendation

9.26 More prison staff should be trained to provide basic advice about accommodation and housing benefits.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.27 Links with the Isle of Man College were effective and allowed prisoners to continue their education courses on release. The education department monitored the progress of learners on release to follow up success in completing courses and in reducing the reoffending of individuals. However, this information was not shared with or replicated by the resettlement team.
- 9.28 No pre-release course was available. There were no links with employers but some connections had been made with CIRCA, a voluntary agency, to develop placement opportunities.
- 9.29 The Careers Advice Service provided some support but this had stopped because of sickness absence. The prison reported that other agencies were resistant to visiting the prison to provide prisoners with support to prepare for release.

Recommendations

- 9.30 Prisoners' achievements should be communicated to the resettlement team.
- 9.31 A pre-release programme should be developed.
- 9.32 Links with employers should be established to promote the employment opportunities of ex-offenders.
- 9.33 Regular careers advice and guidance should be readily available for all prisoners.

Mental and physical health

- 9.34 Health services staff attended sentence planning and resettlement boards, which gave them opportunities to liaise with the probation service and other prison staff.
- 9.35 If prisoners had an address on the Isle of Man and had served more than three months, the Isle of Man Department of Health patient services allocated them a GP and then wrote to them with the details. The health care department also provided them with one week's supply of their prescribed medications. GPs were faxed a summary of the care given and details of medications. Prisoners serving less than three months were considered to be temporary patients at the prison, so their GP was sent faxed details of any care provided on the day of their release. If necessary, prisoners were referred to community drug and alcohol services or the criminal justice mental health liaison service. However, little was done for those returning to other countries.
- 9.36 Prisoners with palliative care needs were transferred to other health services as required.

Recommendation

- 9.37 All prisoners being released from the establishment should be given information and assistance to access health and social care on release, and support in accessing services if required.

Good practice

- 9.38 *There were good arrangements for prisoners who had served more than three months and were returning to Manx addresses, as they guaranteed continuity of health services on release.*

Finance, benefit and debt

- 9.39 No community agency giving advice on finance and debts was available at the prison. Referrals were made by the probation officers to the Debt Counselling Service or the Employment Group to provide prisoners with support. A benefits manual was available in the library.
- 9.40 Access to bank accounts was being established, with the first prisoner being helped to open one during the inspection. The Manx Courts Mission could provide prisoners or their families with emergency financial help.

Recommendation

- 9.41 **Prisoners should receive support with financial management and debt advice and be able to open a bank account before release.**

Drugs and alcohol

- 9.42 Psychosocial support in the prison was inadequate, and all interventions were devolved to an under-resourced community-based drug and alcohol team. The prison lacked a strategic approach to its drug and alcohol treatment and resettlement options were limited.
- 9.43 Although, in our survey, 50%, against a comparator of 35%, said that they had had a drug problem when they came to the prison, there were few interventions, other than clinical, that addressed either drug use or drug-related offending. The education department delivered a basic drug and alcohol awareness programme but this did not address either therapeutic need or drug and alcohol offending behaviour.
- 9.44 Psychosocial support in the prison was not provided by prison staff, so prisoners were offered referrals to the community-based drug and alcohol team (DAT) based in Douglas. However, this over-reliance on the already overstretched DAT had resulted in an underdeveloped, non-integrated psychosocial support programme which did not adequately support the needs of either opiate users or users of other drugs, including alcohol. One probation worker (seconded to the DAT) attended the prison for just half a day per week to deliver one-to-one comprehensive assessments and relapse prevention sessions.
- 9.45 There was no group work or peer support for either recovering drug users or alcoholics. Alcoholics Anonymous attended the prison but only for one-to-one work. There were no other interventions for prisoners with alcohol problems.
- 9.46 Psychosocial care plans were not routinely shared with health services staff, although some case notes were entered on the electronic clinical records system by the psychosocial worker.

- 9.47 Overall, prisoners did not receive consistent support during or after clinical intervention. Prisoners told us of their frustration at the lack of psychosocial support, quoting the prison's 'Rough Guide to the Isle of Man Prison', in which the reference to drug and alcohol treatment was more about punishment and contained little about support or treatment. One prisoner had been able to get an appointment for relaxation therapy after a long wait, which was the only option available to help with the anxiety of trying to stay off drugs in the prison.
- 9.48 There was no current drug or alcohol strategy or a drug strategy team, and consequently there were no drug strategy meetings. Drug supply issues were discussed at the monthly security meetings.
- 9.49 There were links with the DAT for continuity of care on release, although we were told that the DAT was currently running with only 50% of their key workers in place. In our survey, 48% of prisoners, against a comparator of 32%, said that they thought they would have a problem with drugs on their release from the prison.

Recommendations

- 9.50 A comprehensive substance use needs analysis of the prison's population should be carried out to inform the drug and alcohol strategy and future service provision, and this should be repeated annually.
- 9.51 The establishment should increase the level of one-to-one psychosocial services for prisoners with drug and alcohol problems.
- 9.52 The community-based drug and alcohol team should be adequately resourced to provide an effective resettlement service to prisoners on release.
- 9.53 A drug and alcohol group-based treatment programme should be introduced.
- 9.54 The drug strategy document should contain detailed action plans and performance measures.
- 9.55 A drug strategy team should be established, to monitor the strategy and action plan.

Housekeeping point

- 9.56 Psychosocial care plans should be recorded on the patient clinical recording system.

Children and families of offenders

- 9.57 Visits were well organised and access was adequate. Some visitors said that there were delays in starting the visit owing to the length of time it took to complete the security procedures. The results of a visitors' survey had been positive and staff were described as respectful. The main visits hall was clean but bare. Seating arrangements were considered, with women and vulnerable prisoners separated across the room. The children's play area was small, there was a limited range of toys and there was no supervision during the week. Work to promote family ties was limited, as was access to family days.

- 9.58 In our survey, more prisoners (59%) than in the comparator group (45%) said that they were told about their entitlement to visits on arrival at the prison. They could receive their first visit within one week. Sentenced prisoners were entitled to only one visit a week for one hour, and remand prisoners received a maximum of two visits for one hour each. Visits took place on five afternoons a week, including Saturday and Sunday. There was normally one session per afternoon, unless demand required two. Evening visits were not provided. A visitors' survey had been conducted over a year before the inspection, and the aggregated data had been positive, but this exercise had not been repeated since. The prison was 14 miles from Douglas and difficult to reach by public transport but no prison transport was provided for visitors.
- 9.59 Visiting orders were used to book visits and access to the booking telephone line was adequate. The visitors centre, run by the prison, was clean but bare. It opened on time during the inspection. A vending machine, toilets, baby changing facilities and lockers for storing valuables were available.
- 9.60 Access to family days was too limited. Only those on the enhanced level of the incentives and earned privileges scheme were eligible and they had to be nominated by a member of staff. There were only eight places on each event and they took place only three times a year. During these days, the furniture in the hall was rearranged to make it more family friendly, meals were provided and a range of activities was organised for the children.
- 9.61 All domestic visits for men, women and young adult prisoners were held in the same room. The hall was large and had seating for 24 prisoners, with up to three adults and two children per prisoner. There were two tables for visitors using a wheelchair. The hall was clean but bare, with no pictures, artwork or information posters. The children's play area was small and there was a limited supply of toys available. Volunteers supervised it at weekends but not normally during the week, unless it was a family day. Furniture was institutionalised but there was enough space between the seats to provide privacy. Visitors had access to a toilet during visits but prisoners did not. Vending machines provided drinks but a limited range of snacks, such as chocolate, biscuits or crisps.
- 9.62 Seating was considered, with women and vulnerable prisoners separated across the room. The security unit issued a seating plan, based on any intelligence they held on file. Visitors we spoke to said that there were sometimes long waits to get through the security checks, reducing the amount of time they had for the visit. Male prisoners were held away from the main hall pending the arrival of their visitors. Women and young adult prisoners were sent through to the main hall. Inter-wing visits were often arranged.
- 9.63 Visitors we spoke to commented positively on the staff and said that they treated them well. The security checks were undertaken respectfully. Visitors arriving up to 30 minutes late could still have their visit. There was no volunteer prison visitors scheme.
- 9.64 There was no current policy for banning visitors following indications by the drug dog, although one was being developed. At the time of the inspection there were two visitors banned. Closed visits were held via telephone link across a desk separated by a glass screen. The booths were clean and of an adequate size. The number of staff supervising visits was adequate and they monitored the area well. Closed-circuit television ran throughout visits session, recording the whole room and targeting specific visitors when necessary.
- 9.65 Provision for children and families of offenders was underdeveloped. Prisoners with young children were given the opportunity to take part in the Storybook Parents scheme. Prior vetting of candidates was carried out through Social Services and also consultation with the child(ren)'s primary carer.

- 9.66 Social care visits were arranged and facilitated as required and these ran outside of visiting hours, to provide additional privacy.

Recommendations

- 9.67 There should be greater access to family days for a wider range of prisoners.
- 9.68 Prisoners should be able to access toilets during visits sessions.
- 9.69 Security checks should not restrict the length of visits.
- 9.70 A volunteer prison visitor scheme should be established.

Attitudes, thinking and behaviour

9.71 There were no accredited offending behaviour programmes but some packages existed. A lack of strategic vision, a needs analysis and prioritisation meant that the delivery of structured offending behaviour work was ad hoc and not delivered to enough prisoners.

9.72 Although there were no accredited offending behaviour programmes, some packages existed. These included cannabis awareness presentations, victim awareness, sex offender therapy (although at the time of the inspection this was not running), an alcohol awareness workshop, general drug awareness and offence-specific work using 'Targets for Effective Change'. However, some of the modules were of limited content and duration. The delivery of some of the others – for example, anger management – had ended, in spite of anecdotal evidence of a high level of need.

9.73 The absence of a strategic vision, a needs analysis and prioritisation meant that the provision of structured offending behaviour work by probation officers was ad hoc, not delivered to enough prisoners and often limited in content. Little attention had been given to the specific offending behaviour needs of women and young adult prisoners.

9.74 The sex offender treatment programme had been developed by an external consultant and was based on a clear model of change. The consultant supported the work and provided some support to staff but one of the probation officers had not yet undertaken the required training.

Recommendations

- 9.75 The provision of good quality offending behaviour work should be based on a thorough needs analysis, designed to meet the diverse needs of the prison population and delivered in a structured way.
- 9.76 Staff delivering the sex offender treatment programme should have received the necessary training.

Section 10: Recommendations, housekeeping points 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 Isle of Man Department of Home Affairs and the Prison Governor

- 10.1 The prisons should work with the IOM government to develop a clear and adequately resourced strategy for improving the quality and quantity of work, training and education provided so that prisoners are purposefully occupied in the prison and better equipped to obtain work or further education on release. (HP53)
- 10.2 An Isle of Man reducing reoffending strategy should be developed, setting out the commitment to resettlement and the agencies available to respond to the range of prisoners' needs. A prison reducing reoffending strategy should be developed as part of this, based on a through needs analysis, with a detailed action plan and adequate governance arrangements to ensure progress against priorities. (HP54)

Main recommendation To the Isle of Man Department of Home Affairs

- 10.3 The practice of the Independent Monitoring Board (IMB) conducting adjudications and authorising segregation should cease, to enable them to undertake their main role of independent scrutiny. (HP47)

Main recommendations To the Prison Governor

- 10.4 There should be a published anti-bullying strategy in operation. (HP48)
- 10.5 The prison's clinical approach to drug treatment should be the subject to a comprehensive review and an up-to-date analysis of prisoners' needs. Medication administration procedures should be reviewed to ensure the prevention of medication diversion. (HP49)
- 10.6 The ban on smoking and its resultant outcomes should be subject to a comprehensive review that takes into account all aspects of health, safety and security in the establishment. (HP50)
- 10.7 The prison should develop an approach to diversity and diversity policy which identifies and addresses the needs of prisoners from minority groups, and which monitors the impact of the prison's regime on these groups. (HP51)
- 10.8 Multidisciplinary primary, secondary and tertiary mental health services should be available from staff with appropriate skills, to meet the needs of the prisoner population. (HP52)

Recommendations

To the Isle of Man Government

- 10.9 There should be greater use of the Live Link facility, to minimise the need for court appearances. (1.6)
- 10.10 The community-based drug and alcohol team should be adequately resourced to provide an effective resettlement service to prisoners on release. (9.52)

Recommendations

To the Prison Governor

First days in custody

- 10.11 First night procedures should be completed and documented in every case, with appropriate governance from senior managers to ensure completion. (1.20)
- 10.12 Induction procedures should be completed and documented in every case, and a system introduced to ensure that this happens. (1.25)

Residential units

- 10.13 The offensive display policy should be applied consistently by staff on all wings. (2.11)

Personal officers

- 10.14 The draft policy for the personal officer scheme should be finalised and implemented. (2.23)
- 10.15 Personal officers should provide input and advice on all matters relating to the prisoners in their care, including custody planning and resettlement. (2.24)

Bullying and violence reduction

- 10.16 The safer custody committee should analyse available data to determine areas of concern and to identify trends. (3.7)
- 10.17 All incidents of suspected bullying and injury should be properly investigated and a programme to challenge bullying should be introduced. (3.8)

Self-harm and suicide

- 10.18 The current folder 5 procedures and the requirements placed on staff to support those in crisis should be clarified. (3.22)
- 10.19 A range of intervention options, other than the use of segregation, should be available to support prisoners in crisis. (3.23)
- 10.20 The launch of the new folder 5 procedure should be expedited. (3.24)
- 10.21 All contact staff should be fully trained in suicide prevention and self-harm awareness. (3.25)

10.22 All contact staff should carry anti-ligature knives at all times. (3.26)

Mothers and babies

10.23 There should be robust, workable, documented contingencies to deal with the admission of a woman with a baby and no mother and baby should be admitted to the prison until they are in place. (3.29)

Applications and complaints

10.24 Application and complaint forms should be freely available on residential wings. (3.39)

10.25 There should be a clear distinction made in prison processes between a simple application and a formal complaint. (3.40)

10.26 Senior managers should monitor complaints, feed back the findings to those who answer them, and quality check application and complaint replies. (3.41)

10.27 Complaints should be analysed to identify areas of the prison where prisoners experience problems and any themes in the issues they raise. (3.42)

10.28 Prisoners should be able to make a complaint in confidence to the governor, in a sealed envelope, without the knowledge of residential staff. (3.43)

Legal rights

10.29 Prisoners should have access to trained staff who can provide advice on a full range of legal matters and assist them in retaining the services of an advocate quickly. (3.48)

Faith and religious activity

10.30 Prisoners should meet a chaplain within their first 24 hours at the prison. (3.54)

10.31 The chaplaincy should develop resettlement links with local churches. (3.55)

10.32 The chaplaincy should offer courses in religious study and faith-based education if there is demand to do so. (3.56)

Substance use

10.33 Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to evidence-based best practice. (3.68)

10.34 Clinical substance misuse services and psychosocial services should integrate and develop a framework for undertaking joint care plans and regular joint clinical/psychosocial reviews. (3.69)

10.35 Risk assessments for in-possession medication should take into consideration the dangerousness of the drugs involved and the likelihood of their abuse. (3.70)

- 10.36 Regular, structured smoking cessation advice and support clinics should be made available to all prisoners. (3.71)
- 10.37 An up-to-date supply reduction strategy should be developed and implemented, and be embedded in the wider prison drug strategy. (3.75)

Diversity

- 10.38 A senior manager should lead an effective and adequately resourced diversity strategy with clear governance arrangements. (4.5)
- 10.39 Staff should be provided with specialist training in all aspects of diversity. (4.6)

Diversity: race equality

- 10.40 The prison should develop a policy and services for meeting the needs of prisoners from a Gypsy Traveller background. (4.10)

Diversity: foreign nationals

- 10.41 The prison should designate a member of staff with responsibility for foreign nationals. (4.15)
- 10.42 Prisoners who do not have a full understanding of English should be provided with written information in a language they are familiar with, and their understanding of prison procedures should be verified regularly. (4.16)
- 10.43 There should be effective links with the immigration service to ensure that they are quickly informed of the reception of foreign national prisoners or detainees and that a decision about their removal or release is made speedily. (4.17)

Diversity: disability and older prisoners

- 10.44 A member of staff should be designated with responsibility for older prisoners and those with a disability. (4.23)
- 10.45 Older prisoners and those with a disability should be consulted regularly about their needs and have care plans to meet these needs and evacuation plans in case of an emergency. (4.24)
- 10.46 Older prisoners should not be required to pay for their televisions. (4.25)

Women prisoners

- 10.47 Staff working with women prisoners should be given specific training for the role. (4.33)
- 10.48 The regime on the women's wing should be distinctive and provide opportunities appropriate to their needs. (4.34)

Health services

- 10.49 The health needs assessment should be agreed and the recommendations put into action. (5.7)
- 10.50 Staffing levels and skill mix should include medical, nursing and administrative staff so that clinical staff can focus on clinical practice. (5.15)
- 10.51 There should be an emergency childbirth kit available. (5.16)
- 10.52 Prisoners' clinical records should be confidential and access to them should require the consent of the prisoner. (5.17)
- 10.53 There should be an active patient forum to assist in the promotion of health services across the prison community. (5.18)
- 10.54 Following reception screening, a further health assessment should be carried out within 72 hours after the prisoner's arrival. (5.29)
- 10.55 Prisoners with lifelong conditions should be cared for in line with evidence-based best practice and this should be reflected in care planning. (5.30)
- 10.56 Barrier protection should be freely available to all prisoners. (5.31)
- 10.57 There should be a health promotion strategy (that includes oral health) and an implementation group. (5.32)
- 10.58 Staff should be proactive in their care of patients. (5.33)
- 10.59 Prisoners should have access to simple analgesia in the absence of health services staff. (5.43)
- 10.60 A pharmacist should attend the prison with sufficient regularity and frequency to permit the instigation of appropriate pharmacist-led clinics and medicine use reviews. (5.44)
- 10.61 All prisoners who have any medications in possession should be subject to a documented risk assessment that assesses both the patient and the medications. (5.45)
- 10.62 Treatment planning/consent forms FP17DC or a suitable equivalent should be provided as appropriate under NHS regulations. (5.53)
- 10.63 Discipline staff should have mental health awareness training. (5.59)

Time out of cell

- 10.64 Prisoners should be allowed free access to exercise yards during unlock periods, subject to a risk assessment. (6.8)

Learning and skills and work activities

- 10.65 Quality assurance processes should be further developed to include self-assessment of all aspects of learning and skills. (6.19)
- 10.66 Learners' views should be sought to inform curriculum developments. (6.20)
- 10.67 Staff performance reviews should be established and used, along with the outcomes of lesson observations, to plan focused staff training to improve skills and share best practice. (6.21)
- 10.68 All work skills gained should be recognised and recorded. (6.29)
- 10.69 The joinery, painting and decorating, and plumbing training workshops should be reinstated. (6.32)
- 10.70 Schemes of work should be developed to improve the planning and delivery of accredited qualification. (6.41)
- 10.71 Appropriate reference material should be provided to enable learning. (6.42)
- 10.72 Training should be provided to give staff the skills to develop materials to add interest and variety to learning sessions. (6.43)
- 10.73 Individual learning plans should be further developed to record learners' short- and long-term targets, as well as ongoing achievement. (6.44)
- 10.74 The range of personal and social development programmes should be extended. (6.45)
- 10.75 Training should be provided for the library orderly. (6.51)
- 10.76 Library opening times should be extended. (6.52)
- 10.77 The stock of books, magazines and periodicals should be increased. (6.53)

Physical education and health promotion

- 10.78 Opportunities to use the outdoor facilities should be extended to all prisoners. (6.61)

Security and rules

- 10.79 Security managers should analyse security information, to identify trends and implement effective subthemes for monitoring any identified issues. (7.6)
- 10.80 Closed visits and banned visitors should be reviewed regularly and restrictions removed where no further illicit activity has taken place. The results of those reviews should be communicated to prisoners and visitors. (7.7)
- 10.81 Items of fruit and other food items should not be banned from the shop list or from the kitchen. (7.8)

Discipline

- 10.82 Adjudicating governors should carry out a full investigation into the circumstances and evidence leading to an adjudication and make a record of what has happened. (7.15)
- 10.83 The application of the IEP and disciplinary systems with relation to the smoking ban should be consistent across all wings. (7.16)
- 10.84 A central system for recording and collating incidents of use of force should be developed and implemented as a matter of urgency, along with quality checks of documentation and a means for reviewing and monitoring statistics and trends. (7.22)
- 10.85 Records of use of force and the use of special accommodation should be comprehensively completed and include full details of the incident. (7.23)
- 10.86 The use of special accommodation and strip conditions for prisoners at risk of self harm should cease. (7.24)
- 10.87 The purpose of the segregation unit should be clearly defined and it should not be used to house prisoners at risk of self-harm, unless in extreme circumstances. (7.28)
- 10.88 The segregation unit policy should be fully implemented. (7.29)
- 10.89 The regime on the segregation unit should be improved, to reflect the level of activity available to prisoners on normal location. (7.30)

Incentives and earned privileges

- 10.90 Prisoners should be able to contribute to all IEP reviews. (7.36)
- 10.91 Prisoners on the basic regime should be reviewed regularly and set targets to encourage them to improve their behaviour as soon as the regime is imposed. (7.37)

Catering

- 10.92 Female and vulnerable prisoners should be offered employment in the kitchen. (8.12)
- 10.93 Prisoners working in the kitchen should be trained to obtain a qualification in food hygiene. (8.13)
- 10.94 Mealtimes should be adjusted so that lunch is served after midday and the evening meal after 5pm. (8.14)
- 10.95 The security of food for vulnerable prisoners should be reviewed, assurance and confidence-building systems put in place and prisoners consulted about their concerns. (8.15)
- 10.96 Prisoners should be allowed access to cooking facilities on residential units. (8.16)

Prison shop

- 10.97 Newly arrived prisoners with no money should be automatically provided with an advance of credit to enable them to make purchases from the prison shop. (8.24)
- 10.98 Prisoners should have access to catalogues which meet their needs. (8.25)

Offender management and planning

- 10.99 All prisoners should have a custody and a pre-release plan. (9.11)
- 10.100 The quality of plans and ownership by the prisoner should be improved. (9.12)
- 10.101 Prison-based probation officers should have more time to undertake face-to-face contact with prisoners. (9.13)
- 10.102 A formal and rigorous system for assessing and managing public protection cases should be introduced, with a clear process for reviewing the restrictions. (9.19)
- 10.103 The prison should ensure that resettlement staff are able to attend multi-agency public protection arrangements (MAPPA) and multi-agency risk management (MARM) meetings when necessary. (9.20)
- 10.104 Resettlement opportunities should be improved through the increased use of release on temporary licence and escorted town visits where appropriate. (9.21)

Resettlement pathways

- 10.105 More prison staff should be trained to provide basic advice about accommodation and housing benefits. (9.26)
- 10.106 Prisoners' achievements should be communicated to the resettlement team. (9.30)
- 10.107 A pre-release programme should be developed. (9.31)
- 10.108 Links with employers should be established to promote the employment opportunities of ex-offenders. (9.32)
- 10.109 Regular careers advice and guidance should be readily available for all prisoners. (9.33)
- 10.110 All prisoners being released from the establishment should be given information and assistance to access health and social care on release, and support in accessing services if required. (9.37)
- 10.111 Prisoners should receive support with financial management and debt advice and be able to open a bank account before release. (9.41)
- 10.112 A comprehensive substance use needs analysis of the prison's population should be carried out to inform the drug and alcohol strategy and future service provision, and this should be repeated annually. (9.50)

- 10.113 The establishment should increase the level of one-to-one psychosocial services for prisoners with drug and alcohol problems. (9.51)
- 10.114 A drug and alcohol group-based treatment programme should be introduced. (9.53)
- 10.115 The drug strategy document should contain detailed action plans and performance measures. (9.54)
- 10.116 A drug strategy team should be established, to monitor the strategy and action plan. (9.55)
- 10.117 There should be greater access to family days for a wider range of prisoners. (9.67)
- 10.118 Prisoners should be able to access toilets during visits sessions. (9.68)
- 10.119 Security checks should not restrict the length of visits. (9.69)
- 10.120 A volunteer prison visitor scheme should be established. (9.70)
- 10.121 The provision of good quality offending behaviour work should be based on a thorough needs analysis, designed to meet the diverse needs of the prison population and delivered in a structured way. (9.75)
- 10.122 Staff delivering the sex offender treatment programme should have received the necessary training. (9.76)

Housekeeping points

Courts, escorts and transfers

- 10.123 The information booklet available to prisoners in court cells should be updated regularly. (1.7)

First days in custody

- 10.124 A stock of clothing should be held, to allow all prisoners to attend court sessions in clothing that does not identify them as prisoners in a public space. (1.14)
- 10.125 Peer support should be available in reception. (1.15)
- 10.126 New arrivals should be identified on wing roll boards. (1.21)

Residential units

- 10.127 A log should be kept of when legal mail is opened by staff, and appropriate action should be taken to address any issues. (2.12)

Applications and complaints

- 10.128 The complaint procedure should be clearly explained to all prisoners and staff. (3.44)

Health services

- 10.129 Prisoners should have access to a full range of vaccinations. (5.34)
- 10.130 There should be documented records to indicate that the Methasoft equipment has been cleaned and calibrated. (5.46)

Time out of cell

- 10.131 Prisoners who wish to exercise in inclement weather should be provided with weatherproof clothing. (6.9)
- 10.132 Exercise yards should be furnished with seating. (6.10)
- 10.133 The restriction on prisoners running during exercise should be reviewed and justified or removed. (6.11)

Learning and skills and work activities

- 10.134 Legal texts should be updated regularly. (6.54)

Physical education and health promotion

- 10.135 Funds should be identified to complete the trim trail running track for the benefit of prisoners and staff. (6.62)
- 10.136 The supply of clean prison gym kit should be reinstated. (6.63)

Resettlement pathways

- 10.137 Psychosocial care plans should be recorded on the patient clinical recording system. (9.56)

Examples of good practice

First days in custody

- 10.138 Prisoners were allowed to retrieve telephone numbers from their mobile telephones on arrival in reception, enabling them to maintain family contact. (1.16)

Health services

- 10.139 The 'patient walk-through' audits were a good initiative that helped to ensure that prison health was seen as part of wider community services. (5.19)
- 10.140 The reception screening that was specifically for those over 65 years of age was a useful tool that could be used by other establishments. (5.35)

Resettlement pathways

10.141 There were good arrangements for prisoners who had served more than three months and were returning to Manx addresses, as they guaranteed continuity of health services on release. (9.38)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Martin Lomas	Team leader
Sandra Fieldhouse	Inspector
Karen Dillon	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Adam Altoft	Researcher
Amy Summerfield	Researcher
Specialist inspectors	
Elizabeth Tysoe	Health services inspector
Paul Roberts	Drugs inspector
Stan Brandwood	Pharmacist
Martin Wedgwood	Dentist
Sheila Willis	Ofsted inspector

Appendix II: Prison population profile

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

Males

Status	18–20-year-olds	21 and over	%
Sentenced	5	51	52.34
Recall		3	2.80
Convicted unsentenced	1	9	9.35
Remand	3	33	33.65
Civil prisoners		1	0.93
Detainees			
Other		1	0.93
Total	9	98	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	5	42	43.93
Less than 6 months	1	4	4.68
6 months to less than 12 months	1	2	2.80
12 months to less than 2 years	2	4	5.60
2 years to less than 4 years		8	7.47
4 years to less than 10 years		26	24.30
10 years and over (not life)		12	11.22
ISPP			
Life			
Total	9	98	100

Age	Number of prisoners	%
Please state minimum age	18	
Under 21 years	9	8.42
21 years to 29 years	41	38.32
30 years to 39 years	30	28.04
40 years to 49 years	17	15.89
50 years to 59 years	6	5.60
60 years to 69 years	3	2.80
70 plus years	1	0.93
Please state maximum age		
Total	107	100

Nationality	18–20-year-olds	21 and over	%
British	9	95	97.20
Foreign nationals		3	2.80
Other			
Total	9	98	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	5	42	43.92
Uncategorised sentenced			
Category A			

Category B	4	56	56.08
Category C			
Category D			
Other			
Total	9	98	100

Ethnicity	18-20-year-olds	21 and over	%
White			
British	9	94	96.26
Irish		1	0.93
Other white		2	1.88
Mixed			
White and black Caribbean		1	0.93
White and black African			
White and Asian			
Other mixed			
Asian or Asian British			
Indian			
Pakistani			
Bangladeshi			
Other Asian			
Black or black British			
Caribbean			
African			
Other black			
Chinese or other ethnic group			
Chinese			
Other ethnic group			
Not stated			
Total	9	98	100

Religion	18-20-year-olds	21 and over	%
Baptist		1	0.93
Church of England	2	22	22.43
Roman Catholic		14	13.08
Other Christian denominations		2	1.88
Muslim			
Sikh			
Hindu			
Buddhist			
Jewish			
Other	1	3	3.74
No religion	6	56	57.94
Total	9	98	100

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	20	2	3.58
1 month to 3 months	2	40	3	5.35
3 months to 6 months	2	40	1	1.79
6 months to 1 year			9	16.08
1 year to 2 years			24	42.85
2 years to 4 years			17	30.35
4 years or more				
Total	5	100	56	100

Unsentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	75	13	30.96
1 month to 3 months	1	25	12	28.57
3 months to 6 months			7	16.67
6 months to 1 year			5	11.90
1 year to 2 years			4	9.52
2 years to 4 years			1	2.38
4 years or more				
Total	4	100	42	100

Main offence	18-20-year-olds	21 and over	%
Violence against the person	2	7	8.42
Sexual offences	1	7	7.47
Burglary	1	3	3.74
Robbery			
Theft and handling		3	2.80
Fraud and forgery		5	4.68
Drugs offences		49	45.79
Other offences	5	23	26.17
Civil offences		1	0.93
Offence not recorded/holding warrant	9	98	100
Total			

Females

Status	18-20-year-olds	21 and over	%
Sentenced	1	6	63.63
Recall			
Convicted unsentenced		3	27.27
Remand		1	9.09
Civil prisoners			
Detainees			
Other			
Total	1	10	100

Sentence	18-20-year-olds	21 and over	%
Unsentenced		4	36.36
Less than 6 months	1	1	18.18
6 months to less than 12 months			
12 months to less than 2 years		2	18.18
2 years to less than 4 years		1	9.09
4 years to less than 10 years		1	9.09
10 years and over (not life)		1	9.09
ISPP			
Life			
Total	1	10	100

Age	Number of prisoners	%
Please state minimum age	18	
Under 21 years	1	9.09
21 years to 29 years	6	54.55
30 years to 39 years		
40 years to 49 years	3	27.27
50 years to 59 years	1	9.09
60 years to 69 years		
70 plus years		
Please state maximum age		-
Total	11	100

Nationality	18-20-year-olds	21 and over	%
British	1	10	100
Foreign nationals			
Other			
Total	1	10	100

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced		4	36.36
Uncategorised sentenced			
Category A			
Category B	1	6	63.63
Category C			
Category D			
Other			
Total	1	10	100

Ethnicity	18-20-year-olds	21 and over	%
White			
British	1	10	100
Irish			
Other white			
Mixed			
White and black Caribbean			
White and black African			
White and Asian			
Other mixed			
Asian or Asian British			
Indian			
Pakistani			
Bangladeshi			
Other Asian			
Black or black British			
Caribbean			
African			
Other black			
Chinese or other ethnic group			
Chinese			
Other ethnic group			
Not stated			
Total	1	10	100

Religion	18-20-year-olds	21 and over	%
Baptist			
Church of England	1	2	27.27
Roman Catholic			
Other Christian denominations		1	9.09
Muslim			
Sikh			
Hindu			
Buddhist			
Jewish			
Other			
No religion		7	63.63
Total	1	10	100

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	100%		
1 month to 3 months			1	16.66
3 months to 6 months				
6 months to 1 year			1	16.66

1 year to 2 years			2	33.34
2 years to 4 years			2	33.34
4 years or more				
Total	1	100	6	100

Unsentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			2	50
1 month to 3 months			1	25
3 months to 6 months				
6 months to 1 year				
1 year to 2 years			1	25
2 years to 4 years				
4 years or more				
Total	0	0	4	100

Main offence	18-20-year-olds	21 and over	%
Violence against the person		2	18.18
Sexual offences			
Burglary		1	9.09
Robbery			
Theft and handling	1	2	27.27
Fraud and forgery		1	9.09
Drugs offences		2	18.18
Other offences		2	18.18
Civil offences			
Offence not recorded/holding warrant			
Total	1	10	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Selecting the sample

At the time of the survey on 15 February 2011, the prisoner population at the Isle of Man was 105. This included 94 males and 11 females. All prisoners were offered a survey.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. One respondent refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 99 respondents completed and returned their questionnaires. This represented 94% of the prison population. The response rate was 94%. In addition to the respondent who refused to complete a questionnaire, three questionnaires were not returned and two were returned blank.

The number of male respondents was 88. This represented 94% of the male prisoner population. The response rate was 94%.

The number of female respondents was 11. This represented 100% of the female prisoner population. The response rate was 100%.

Comparisons

The following details the results from the survey. Data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire male sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current male survey responses in 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since 2006.
- The current female survey responses in 2011 against comparator figures for all prisoners surveyed in female prisons. This comparator is based on all responses from prisoner surveys carried out in six women's local prisons since 2006.

In the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary – for example, 'Not sentenced' options across questions – may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from those shown in the comparison data, as the comparator data have been weighted for comparison purposes.

Summary of prisoner survey results (males)

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	7 (8%)
	<i>21 - 29</i>	36 (41%)
	<i>30 - 39</i>	25 (29%)
	<i>40 - 49</i>	11 (13%)
	<i>50 - 59</i>	4 (5%)
	<i>60 - 69</i>	1 (1%)
	<i>70 and over</i>	3 (3%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	53 (61%)
	<i>Yes - on recall</i>	1 (1%)
	<i>No - awaiting trial</i>	13 (15%)
	<i>No - awaiting sentence</i>	20 (23%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	33 (38%)
	<i>Less than 6 months</i>	6 (7%)
	<i>6 months to less than 1 year</i>	3 (3%)
	<i>1 year to less than 2 years</i>	5 (6%)
	<i>2 years to less than 4 years</i>	6 (7%)
	<i>4 years to less than 10 years</i>	23 (26%)
	<i>10 years or more</i>	11 (13%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	0 (0%)
	<i>Life</i>	0 (0%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	33 (41%)
	<i>6 months or less</i>	20 (25%)
	<i>More than 6 months</i>	27 (34%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	13 (15%)
	<i>1 to less than 3 months</i>	11 (13%)
	<i>3 to less than 6 months</i>	13 (15%)
	<i>6 to less than 12 months</i>	13 (15%)
	<i>12 months to less than 2 years</i>	20 (24%)
	<i>2 to less than 4 years</i>	13 (15%)
	<i>4 years or more</i>	2 (2%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	10 (12%)
	<i>No</i>	74 (88%)

Q1.8 Is English your first language?
 Yes 78 (98%)
 No 2 (3%)

Q1.9 What is your ethnic origin?

<i>White - British</i>	71 (83%)	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)
<i>White - Irish</i>	4 (5%)	<i>Asian or Asian British - Other</i>	0 (0%)
<i>White - Other</i>	10 (12%)	<i>Mixed Race - White and Black Caribbean</i>	0 (0%)
<i>Black or Black British - Caribbean</i>	0 (0%)	<i>Mixed Race - White and Black African</i>	1 (1%)
<i>Black or Black British - African</i>	0 (0%)	<i>Mixed Race - White and Asian</i>	0 (0%)
<i>Black or Black British - Other</i>	0 (0%)	<i>Mixed Race - Other</i>	0 (0%)
<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Chinese</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	0 (0%)	<i>Other ethnic group</i>	0 (0%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?
 Yes 4 (5%)
 No 79 (95%)

Q1.11 What is your religion?

<i>None</i>	28 (33%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	24 (29%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	19 (23%)	<i>Muslim</i>	0 (0%)
<i>Protestant</i>	5 (6%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	3 (4%)	<i>Other</i>	4 (5%)
<i>Buddhist</i>	1 (1%)		

Q1.12 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	84 (98%)
<i>Homosexual/gay</i>	1 (1%)
<i>Bisexual</i>	1 (1%)
<i>Other</i>	0 (0%)

Q1.13 Do you consider yourself to have a disability?
 Yes 7 (8%)
 No 79 (92%)

Q1.14 How many times have you been in prison before?

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
21 (24%)	14 (16%)	28 (32%)	25 (28%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
64 (76%)	18 (21%)	2 (2%)

Q1.16	Do you have any children under the age of 18?	
	Yes	45 (51%)
	No	43 (49%)

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	17 (19%)	45 (51%)	11 (13%)	9 (10%)	3 (3%)	2 (2%)	1 (1%)
Your personal safety during the journey?	17 (21%)	48 (60%)	9 (11%)	3 (4%)	1 (1%)	1 (1%)	1 (1%)
The comfort of the van?	9 (10%)	27 (31%)	18 (21%)	18 (21%)	12 (14%)	1 (1%)	1 (1%)
The attention paid to your health needs?	13 (16%)	32 (39%)	20 (24%)	4 (5%)	9 (11%)	1 (1%)	4 (5%)
The frequency of toilet breaks?	14 (16%)	25 (29%)	13 (15%)	3 (4%)	8 (9%)	4 (5%)	18 (21%)

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
62 (73%)	17 (20%)	1 (1%)	0 (0%)	5 (6%)

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
43 (50%)	37 (43%)	5 (6%)	0 (0%)	1 (1%)	0 (0%)

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	78 (91%)	4 (5%)	4 (5%)
Before you arrived here did you receive any written information about what would happen to you?	15 (18%)	62 (74%)	7 (8%)
When you first arrived here did your property arrive at the same time as you?	60 (71%)	21 (25%)	3 (4%)

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)

<i>Didn't ask about any of these.....</i>	13 (16%)	<i>Money worries.....</i>	8 (10%)
<i>Loss of property.....</i>	4 (5%)	<i>Feeling depressed or suicidal.</i>	43 (52%)
<i>Housing problems.....</i>	7 (8%)	<i>Health problems.....</i>	48 (58%)
<i>Contacting employers</i>	10 (12%)	<i>Needing protection from other prisoners.....</i>	19 (23%)

Contacting family.....	50 (60%)	Accessing phone numbers.....	46 (55%)
Ensuring dependants were being looked after	9 (11%)	Other.....	1 (1%)

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Didn't have any problems	22 (31%)	Money worries.....	21 (30%)
Loss of property.....	10 (14%)	Feeling depressed or suicidal.	15 (21%)
Housing problems.....	18 (25%)	Health problems.....	22 (31%)
Contacting employers	5 (7%)	Needing protection from other prisoners	5 (7%)
Contacting family.....	18 (25%)	Accessing phone numbers.....	15 (21%)
Ensuring dependants were looked after	9 (13%)	Other.....	2 (3%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	74 (85%)	7 (8%)	6 (7%)
When you were searched, was this carried out in a respectful way?	71 (86%)	11 (13%)	1 (1%)

Q3.4 Overall, how well did you feel you were treated in reception?

Very well	Well	Neither	Badly	Very badly	Don't remember
9 (10%)	51 (59%)	19 (22%)	4 (5%)	1 (1%)	2 (2%)

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)

Information about what was going to happen to you	40 (49%)
Information about what support was available for people feeling depressed or suicidal	45 (55%)
Information about how to make routine requests	39 (48%)
Information about your entitlement to visits.....	48 (59%)
Information about health services	44 (54%)
Information about the chaplaincy	30 (37%)
Not offered anything	19 (23%)

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)

A smokers/non-smokers pack.....	34 (41%)
The opportunity to have a shower.....	53 (65%)
The opportunity to make a free telephone call.....	69 (84%)
Something to eat.....	56 (68%)
Did not receive anything	3 (4%)

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)

Chaplain or religious leader	11 (14%)
Someone from health services	69 (85%)
A Listener/Samaritans.....	4 (5%)

	Did not meet any of these people	11 (14%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes	18 (22%)
	No.....	65 (78%)
Q3.9	Did you feel safe on your first night here?	
	Yes	68 (84%)
	No.....	9 (11%)
	Don't remember.....	4 (5%)
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	48 (59%)
	Within the first week	21 (26%)
	More than a week	5 (6%)
	Don't remember.....	7 (9%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	48 (60%)
	Yes	16 (20%)
	No.....	7 (9%)
	Don't remember.....	9 (11%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i> <i>N/A</i>
	Communicate with your solicitor or legal representative?	5 (6%)	20 (24%)	18 (22%)	26 (31%)	11 (13%) 3 (4%)
	Attend legal visits?	7 (9%)	33 (41%)	17 (21%)	11 (14%)	7 (9%) 5 (6%)
	Obtain bail information?	3 (4%)	13 (17%)	16 (21%)	17 (22%)	11 (14%) 17 (22%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	Not had any letters					3 (4%)
	Yes					32 (39%)
	No.....					47 (57%)
Q4.3	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>	
	Are you normally offered enough clean, suitable clothes for the week?	37 (44%)	20 (24%)	8 (10%)	19 (23%)	

Are you normally able to have a shower every day?	81 (96%)	3 (4%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	56 (67%)	23 (27%)	0 (0%)	5 (6%)
Do you normally get cell cleaning materials every week?	73 (86%)	12 (14%)	0 (0%)	0 (0%)
Is your cell call bell normally answered within five minutes?	57 (69%)	15 (18%)	8 (10%)	3 (4%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58 (69%)	24 (29%)	1 (1%)	1 (1%)
Can you normally get your stored property, if you need to?	56 (67%)	16 (19%)	9 (11%)	3 (4%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
6 (7%)	37 (43%)	19 (22%)	15 (17%)	9 (10%)

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet</i>	1 (1%)
Yes	38 (46%)
No.....	43 (52%)

Q4.6 Is it easy or difficult to get either

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	14 (16%)	45 (53%)	5 (6%)	6 (7%)	5 (6%)	10 (12%)
An application form	24 (31%)	48 (62%)	2 (3%)	1 (1%)	1 (1%)	1 (1%)

Q4.7 Have you made an application?

Yes	76 (90%)
No.....	8 (10%)

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	8 (10%)	31 (38%)	43 (52%)
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	8 (10%)	38 (48%)	33 (42%)

Q4.9 Have you made a complaint?

Yes	42 (51%)
No.....	41 (49%)

Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)				
		Not made one	Yes	No	
	Do you feel <i>complaints</i> are dealt with fairly?	41 (49%)	10 (12%)	33 (39%)	
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	41 (50%)	9 (11%)	32 (39%)	
	Were you given information about how to make an appeal?	27 (36%)	19 (25%)	29 (39%)	
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?				
	<i>Not made a complaint</i>			41 (51%)	
	Yes.....			15 (19%)	
	No.....			25 (31%)	
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?				
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
	13 (16%)	8 (10%)	22 (27%)	24 (30%)	14 (17%)
					0 (0%)
Q4.13	What level of the IEP scheme are you on now?				
	<i>Don't know what the IEP scheme is</i>				0 (0%)
	<i>Enhanced</i>				34 (40%)
	<i>Standard</i>				44 (52%)
	<i>Basic</i>				6 (7%)
	<i>Don't know</i>				1 (1%)
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?				
	<i>Don't know what the IEP scheme is</i>				0 (0%)
	Yes				37 (48%)
	No				33 (43%)
	<i>Don't know</i>				7 (9%)
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?				
	<i>Don't know what the IEP scheme is</i>				0 (0%)
	Yes.....				27 (35%)
	No.....				44 (57%)
	<i>Don't know</i>				6 (8%)
Q4.16	Please answer the following questions about this prison?				
			Yes	No	
	In the last six months have any members of staff physically restrained you (C&R)?		7 (8%)	77 (92%)	
	In the last six months have you spent a night in the segregation/care and separation unit?		21 (26%)	60 (74%)	

Q4.17	Please answer the following questions about your religious beliefs?	Yes	No	<i>Don't know/N/A</i>
	Do you feel your religious beliefs are respected?	35 (43%)	13 (16%)	33 (41%)
	Are you able to speak to a religious leader of your faith in private if you want to?	41 (53%)	5 (6%)	31 (40%)
Q4.18	Can you speak to a listener at any time if you want to?	Yes 22 (26%)	No 30 (35%)	<i>Don't know</i> 33 (39%)
Q4.19	Please answer the following questions about staff in this prison?	Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	65 (77%)	19 (23%)	
	Do most staff treat you with respect?	60 (75%)	20 (25%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?	Yes..... 28 (33%)	No..... 56 (67%)																				
Q5.2	Do you feel unsafe in this prison at the moment?	Yes..... 8 (10%)	No..... 73 (90%)																				
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i>..... 56 (67%)</td> <td><i>At mealtimes</i>..... 5 (6%)</td> </tr> <tr> <td><i>Everywhere</i>..... 1 (1%)</td> <td><i>At health services</i>..... 6 (7%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 4 (5%)</td> <td><i>Visit's area</i>..... 5 (6%)</td> </tr> <tr> <td><i>Association areas</i>..... 10 (12%)</td> <td><i>In wing showers</i>..... 5 (6%)</td> </tr> <tr> <td><i>Reception area</i>..... 1 (1%)</td> <td><i>In gym showers</i>..... 1 (1%)</td> </tr> <tr> <td><i>At the gym</i>..... 2 (2%)</td> <td><i>In corridors/stairwells</i>..... 5 (6%)</td> </tr> <tr> <td><i>In an exercise yard</i>..... 4 (5%)</td> <td><i>On your landing/wing</i>..... 11 (13%)</td> </tr> <tr> <td><i>At work</i>..... 3 (4%)</td> <td><i>In your cell</i>..... 12 (14%)</td> </tr> <tr> <td><i>During movement</i>..... 7 (8%)</td> <td><i>At religious services</i>..... 2 (2%)</td> </tr> <tr> <td><i>At education</i>..... 5 (6%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> 56 (67%)	<i>At mealtimes</i> 5 (6%)	<i>Everywhere</i> 1 (1%)	<i>At health services</i> 6 (7%)	<i>Segregation unit</i> 4 (5%)	<i>Visit's area</i> 5 (6%)	<i>Association areas</i> 10 (12%)	<i>In wing showers</i> 5 (6%)	<i>Reception area</i> 1 (1%)	<i>In gym showers</i> 1 (1%)	<i>At the gym</i> 2 (2%)	<i>In corridors/stairwells</i> 5 (6%)	<i>In an exercise yard</i> 4 (5%)	<i>On your landing/wing</i> 11 (13%)	<i>At work</i> 3 (4%)	<i>In your cell</i> 12 (14%)	<i>During movement</i> 7 (8%)	<i>At religious services</i> 2 (2%)	<i>At education</i> 5 (6%)	
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<i>In an exercise yard</i> 4 (5%)	<i>On your landing/wing</i> 11 (13%)																						
<i>At work</i> 3 (4%)	<i>In your cell</i> 12 (14%)																						
<i>During movement</i> 7 (8%)	<i>At religious services</i> 2 (2%)																						
<i>At education</i> 5 (6%)																							
Q5.4	Have you been victimised by another prisoner or group of prisoners here?	Yes..... 23 (28%)	No..... 60 (72%)																				
			If No, go to question 5.6																				
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends)</i>..... 12 (14%)</td> <td><i>Because of your sexuality</i>..... 0 (0%)</td> </tr> <tr> <td><i>Physical abuse (being hit, kicked or assaulted)</i>..... 5 (6%)</td> <td><i>Because you have a disability</i>... 0 (0%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends)</i> 12 (14%)	<i>Because of your sexuality</i> 0 (0%)	<i>Physical abuse (being hit, kicked or assaulted)</i> 5 (6%)	<i>Because you have a disability</i> ... 0 (0%)																
<i>Insulting remarks (about you or your family or friends)</i> 12 (14%)	<i>Because of your sexuality</i> 0 (0%)																						
<i>Physical abuse (being hit, kicked or assaulted)</i> 5 (6%)	<i>Because you have a disability</i> ... 0 (0%)																						

<i>Sexual abuse</i>	1 (1%)	<i>Because of your religion/religious beliefs</i>	1 (1%)
<i>Because of your race or ethnic origin</i>	1 (1%)	<i>Because of your age</i>	1 (1%)
<i>Because of drugs</i>	5 (6%)	<i>Being from a different part of the country than others</i>	0 (0%)
<i>Having your canteen/property taken</i>	3 (4%)	<i>Because of your offence/ crime.</i>	9 (11%)
<i>Because you were new here</i>	4 (5%)	<i>Because of gang related issues</i>	3 (4%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes	27 (33%)	If No, go to question 5.8
No.....	55 (67%)	

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	11 (13%)	<i>Because you have a disability</i>	1 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	4 (5%)	<i>Because of your religion/religious beliefs</i>	1 (1%)
<i>Sexual abuse</i>	0 (0%)	<i>Because of your age</i>	1 (1%)
<i>Because of your race or ethnic origin</i>	0 (0%)	<i>Being from a different part of the country than others</i>	3 (4%)
<i>Because of drugs</i>	8 (10%)	<i>Because of your offence/ crime</i>	10 (12%)
<i>Because you were new here</i> ..	8 (10%)	<i>Because of gang related issues</i>	2 (2%)
<i>Because of your sexuality</i>	2 (2%)		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	43 (55%)
Yes	9 (12%)
No	26 (33%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes	20 (24%)
No	63 (76%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes	14 (17%)
No	70 (83%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
11 (14%)	12 (15%)	6 (8%)	8 (10%)	10 (13%)	33 (41%)

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people?

	Don't know	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	3 (4%)	7 (8%)	24 (29%)	9 (11%)	24 (29%)	16 (19%)
The nurse	5 (6%)	16 (19%)	38 (46%)	14 (17%)	7 (8%)	3 (4%)
The dentist	9 (11%)	3 (4%)	23 (28%)	9 (11%)	23 (28%)	15 (18%)
The optician	33 (40%)	2 (2%)	13 (16%)	9 (11%)	14 (17%)	11 (13%)

Q6.2 Are you able to see a pharmacist?

Yes	28 (36%)
No	50 (64%)

Q6.3 What do you think of the quality of the health service from the following people?

	Not been	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	6 (7%)	10 (12%)	27 (32%)	15 (18%)	15 (18%)	11 (13%)
The nurse	9 (11%)	16 (20%)	24 (29%)	12 (15%)	10 (12%)	11 (13%)
The dentist	20 (25%)	12 (15%)	23 (29%)	8 (10%)	9 (11%)	8 (10%)
The optician	44 (55%)	6 (8%)	9 (11%)	11 (14%)	5 (6%)	5 (6%)

Q6.4 What do you think of the overall quality of the health services here?

Not been	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
1 (1%)	10 (12%)	28 (35%)	13 (16%)	14 (17%)	15 (19%)

Q6.5 Are you currently taking medication?

Yes	63 (76%)
No	20 (24%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

Not taking medication	20 (25%)
Yes	49 (60%)
No	12 (15%)

Q6.7 Do you feel you have any emotional well-being/mental health issues?

Yes	33 (39%)
No	51 (61%)

Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

Do not have any issues/not receiving any help	65 (81%)
<i>Doctor</i>	7 (9%)
<i>Nurse</i>	2 (3%)
<i>Psychiatrist</i>	7 (9%)
<i>Mental health in-reach team</i>	7 (9%)
<i>Counsellor</i>	6 (8%)
<i>Other</i>	1 (1%)

Q6.9	Did you have a problem with either of the following when you came into this prison?			
			Yes	No
	Drugs		38 (50%)	38 (50%)
	Alcohol		20 (29%)	49 (71%)
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes			16 (20%)
	No			66 (80%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes			28 (35%)
	No			17 (22%)
	<i>Did not/do not have a drug or alcohol problem</i>			34 (43%)
Q6.12	Have you received any intervention or help (including CARATs, health services etc) for your drug/alcohol problem, while in this prison?			
	Yes			18 (23%)
	No			28 (35%)
	<i>Did not/do not have a drug or alcohol problem</i>			34 (43%)
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes			11 (14%)
	No			7 (9%)
	<i>Did not have a problem/have not received help</i>			62 (78%)
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	13 (17%)	41 (53%)	24 (31%)
	Alcohol	6 (8%)	50 (68%)	18 (24%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes			20 (27%)
	No			17 (23%)
	N/A			38 (51%)

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	64 (77%)
	Vocational or skills training	7 (8%)
	Education (including basic skills)	39 (47%)
	Offending behaviour programmes	5 (6%)

Not involved in any of these..... 12 (14%)

Q7.2 If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	6 (8%)	21 (27%)	44 (56%)	7 (9%)
Vocational or skills training	16 (33%)	7 (15%)	20 (42%)	5 (10%)
Education (including basic skills)	9 (14%)	23 (35%)	29 (44%)	5 (8%)
Offending behaviour programmes	17 (35%)	6 (13%)	19 (40%)	6 (13%)

Q7.3 How often do you go to the library?

Don't want to go	6 (7%)
<i>Never</i>	23 (28%)
<i>Less than once a week</i>	15 (18%)
<i>About once a week</i>	32 (39%)
<i>More than once a week</i>	0 (0%)
<i>Don't know</i>	6 (7%)

Q7.4 On average how many times do you go to the gym each week?

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
11 (13%)	10 (12%)	1 (1%)	4 (5%)	37 (44%)	15 (18%)	6 (7%)

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
12 (14%)	9 (11%)	12 (14%)	24 (29%)	21 (25%)	5 (6%)

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

<i>Less than 2 hours</i>	3 (4%)
<i>2 to less than 4 hours</i>	9 (12%)
<i>4 to less than 6 hours</i>	15 (19%)
<i>6 to less than 8 hours</i>	21 (27%)
<i>8 to less than 10 hours</i>	16 (21%)
<i>10 hours or more</i>	12 (15%)
<i>Don't know</i>	2 (3%)

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
0 (0%)	6 (7%)	3 (4%)	10 (12%)	58 (70%)	6 (7%)

Q7.8 How often do staff normally speak to you during association time?

Do not go on association	1 (1%)
<i>Never</i>	10 (12%)
<i>Rarely</i>	20 (25%)
<i>Some of the time</i>	29 (36%)
<i>Most of the time</i>	16 (20%)
<i>All of the time</i>	5 (6%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					7 (8%)
	<i>In the first week</i>					47 (57%)
	<i>More than a week</i>					19 (23%)
	<i>Don't remember</i>					10 (12%)
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	7 (8%)	21 (25%)	31 (37%)	14 (17%)	6 (7%)	5 (6%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					33 (40%)
	<i>Yes</i>					12 (15%)
	<i>No</i>					37 (45%)
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					70 (83%)
	<i>Very involved</i>					1 (1%)
	<i>Involved</i>					3 (4%)
	<i>Neither</i>					4 (5%)
	<i>Not very involved</i>					4 (5%)
	<i>Not at all involved</i>					2 (2%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					70 (86%)
	<i>Yes</i>					7 (9%)
	<i>No</i>					4 (5%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					70 (85%)
	<i>Yes</i>					4 (5%)
	<i>No</i>					8 (10%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>					33 (39%)
	<i>Yes</i>					9 (11%)
	<i>No</i>					42 (50%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					11 (14%)
	<i>No</i>					66 (86%)
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>					31 (38%)

No..... 44 (54%)
 Don't know..... 6 (7%)

Q8.10 Have you had any problems getting access to the telephones?

Yes 11 (13%)
 No..... 71 (87%)
 Don't know..... 0 (0%)

Q8.11 Did you have a visit in the first week that you were here?

Not been here a week yet 3 (4%)
 Yes 46 (56%)
 No..... 29 (35%)
 Don't remember..... 4 (5%)

Q8.12 How many visits did you receive in the last week?

<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
3 (4%)	34 (43%)	43 (54%)	0 (0%)	0 (0%)

Q8.13 How are you and your family/friends usually treated by visits staff?

Not had any visits 9 (11%)
 Very well..... 9 (11%)
 Well 32 (40%)
 Neither 6 (7%)
 Badly 9 (11%)
 Very badly 4 (5%)
 Don't know..... 12 (15%)

Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?

Yes 34 (42%)
 No..... 47 (58%)

Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)

Don't know who to contact .	45 (65%)	<i>Help with your finances in preparation for release</i>	7 (10%)
<i>Maintaining good relationships</i>	6 (9%)	<i>Claiming benefits on release</i> ..	17 (25%)
<i>Avoiding bad relationships</i>	4 (6%)	<i>Arranging a place at college/continuing education on release</i>	9 (13%)
<i>Finding a job on release</i>	11 (16%)	<i>Continuity of health services on release</i>	11 (16%)
<i>Finding accommodation on release</i>	10 (14%)	<i>Opening a bank account</i>	9 (13%)

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

<i>No problems</i>	22 (30%)	<i>Help with your finances in preparation for release</i>	25 (34%)
<i>Maintaining good relationships</i>	12 (16%)	<i>Claiming benefits on release</i> ..	24 (32%)
<i>Avoiding bad relationships</i>	17 (23%)	<i>Arranging a place at college/continuing education on release</i>	15 (20%)
<i>Finding a job on release</i>	42 (57%)	<i>Continuity of health services on release</i>	12 (16%)
<i>Finding accommodation on release</i>	26 (35%)	<i>Opening a bank account</i>	21 (28%)

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	33 (41%)
<i>Yes</i>	18 (22%)
<i>No</i>	30 (37%)

Thank you for completing this survey

Summary of prisoner survey results (females)

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	6 (55%)
	<i>30 - 39</i>	0 (0%)
	<i>40 - 49</i>	4 (36%)
	<i>50 - 59</i>	0 (0%)
	<i>60 - 69</i>	1 (9%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	5 (45%)
	<i>Yes - on recall</i>	0 (0%)
	<i>No - awaiting trial</i>	3 (27%)
	<i>No - awaiting sentence</i>	3 (27%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	6 (55%)
	<i>Less than 6 months</i>	1 (9%)
	<i>6 months to less than 1 year</i>	0 (0%)
	<i>1 year to less than 2 years</i>	2 (18%)
	<i>2 years to less than 4 years</i>	0 (0%)
	<i>4 years to less than 10 years</i>	1 (9%)
	<i>10 years or more</i>	1 (9%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	0 (0%)
	<i>Life</i>	0 (0%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	6 (60%)
	<i>6 months or less</i>	2 (20%)
	<i>More than 6 months</i>	2 (20%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	2 (18%)
	<i>1 to less than 3 months</i>	4 (36%)
	<i>3 to less than 6 months</i>	0 (0%)
	<i>6 to less than 12 months</i>	3 (27%)
	<i>12 months to less than 2 years</i>	0 (0%)
	<i>2 to less than 4 years</i>	2 (18%)
	<i>4 years or more</i>	0 (0%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	0 (0%)
	<i>No</i>	11 (100%)

Q1.8 Is English your first language?
 Yes 11 (100%)
 No 0 (0%)

Q1.9 What is your ethnic origin?

<i>White - British</i>	11	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)
	(100%)		
<i>White - Irish</i>	0 (0%)	<i>Asian or Asian British - Other</i>	0 (0%)
<i>White - Other</i>	0 (0%)	<i>Mixed race - White and black Caribbean</i>	0 (0%)
<i>Black or black British - Caribbean</i> 0 (0%)		<i>Mixed race - White and black African</i>	0 (0%)
<i>Black or black British - African</i>	0 (0%)	<i>Mixed race - White and Asian</i>	0 (0%)
<i>Black or black British - Other</i>	0 (0%)	<i>Mixed race - Other</i>	0 (0%)
<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Chinese</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i> 0 (0%)		<i>Other ethnic group</i>	0 (0%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?
 Yes 0 (0%)
 No 11 (100%)

Q1.11 What is your religion?

<i>None</i>	5 (45%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	0 (0%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	4 (36%)	<i>Muslim</i>	0 (0%)
<i>Protestant</i>	0 (0%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i> ...	1 (9%)	<i>Other</i>	1 (9%)
<i>Buddhist</i>	0 (0%)		

Q1.12 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	9 (82%)
<i>Homosexual/gay</i>	1 (9%)
<i>Bisexual</i>	1 (9%)
<i>Other</i>	0 (0%)

Q1.13 Do you consider yourself to have a disability?
 Yes 1 (9%)
 No 10 (91%)

Q1.14 How many times have you been in prison before?

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
2 (18%)	3 (27%)	6 (55%)	0 (0%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
9 (90%)	1 (10%)	0 (0%)

Q1.16	Do you have any children under the age of 18?	
	Yes	5 (45%)
	No	6 (55%)

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons. How was:							
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
	The cleanliness of the van?	1 (10%)	6 (60%)	1 (10%)	1 (10%)	0 (0%)	1 (10%)	0 (0%)
	Your personal safety during the journey?	4 (50%)	3 (38%)	0 (0%)	1 (13%)	0 (0%)	0 (0%)	0 (0%)
	The comfort of the van?	0 (0%)	3 (33%)	1 (11%)	3 (33%)	2 (22%)	0 (0%)	0 (0%)
	The attention paid to your health needs?	4 (44%)	2 (22%)	1 (11%)	1 (11%)	1 (11%)	0 (0%)	0 (0%)
	The frequency of toilet breaks?	1 (11%)	3 (33%)	1 (11%)	0 (0%)	0 (0%)	0 (0%)	4 (44%)

Q2.2	How long did you spend in the van?					
		<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
		8 (80%)	2 (20%)	0 (0%)	0 (0%)	0 (0%)

Q2.3	How did you feel you were treated by the escort staff?						
		<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
		7 (70%)	2 (20%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)

Q2.4	Please answer the following questions about when you first arrived here:			
		<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	Did you know where you were going when you left court or when transferred from another prison?	10 (100%)	0 (0%)	0 (0%)
	Before you arrived here did you receive any written information about what would happen to you?	1 (10%)	7 (70%)	2 (20%)
	When you first arrived here did your property arrive at the same time as you?	9 (82%)	2 (18%)	0 (0%)

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)		
	<i>Didn't ask about any of these</i>	2 (18%)	<i>Money worries.....</i> 1 (9%)
	<i>Loss of property.....</i>	0 (0%)	<i>Feeling depressed or suicidal....</i> 8 (73%)
	<i>Housing problems.....</i>	0 (0%)	<i>Health problems.....</i> 7 (64%)
	<i>Contacting employers</i>	0 (0%)	<i>Needing protection from other prisoners</i> 1 (9%)
	<i>Contacting family.....</i>	7 (64%)	<i>Accessing phone numbers.....</i> 6 (55%)

Ensuring dependants were being looked after 2 (18%) Other..... 0 (0%)

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Didn't have any problems..... 4 (40%) Money worries..... 3 (30%)
 Loss of property..... 1 (10%) Feeling depressed or suicidal... 2 (20%)
 Housing problems..... 1 (10%) Health problems..... 2 (20%)
 Contacting employers 0 (0%) Needing protection from other prisoners 1 (10%)
 Contacting family..... 2 (20%) Accessing phone numbers..... 1 (10%)
 Ensuring dependants were looked after 1 (10%) Other..... 1 (10%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	9 (82%)	1 (9%)	1 (9%)
When you were searched, was this carried out in a respectful way?	8 (80%)	1 (10%)	1 (10%)

Q3.4 Overall, how well did you feel you were treated in reception?

Very well	Well	Neither	Badly	Very badly	Don't remember
4 (36%)	5 (45%)	1 (9%)	0 (0%)	0 (0%)	1 (9%)

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)

Information about what was going to happen to you 6 (60%)
 Information about what support was available for people feeling depressed or suicidal 7 (70%)
 Information about how to make routine requests 9 (90%)
 Information about your entitlement to visits 8 (80%)
 Information about health services 6 (60%)
 Information about the chaplaincy 4 (40%)
Not offered anything 0 (0%)

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)

A smokers/non-smokers pack..... 5 (45%)
 The opportunity to have a shower..... 11 (100%)
 The opportunity to make a free telephone call..... 11 (100%)
 Something to eat..... 10 (91%)
Did not receive anything..... 0 (0%)

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)

Chaplain or religious leader 5 (50%)
 Someone from health services 10 (100%)
 A Listener/Samaritans..... 3 (30%)
Did not meet any of these people..... 0 (0%)

Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?					
	Yes	4	(40%)			
	No	6	(60%)			
Q3.9	Did you feel safe on your first night here?					
	Yes	7	(64%)			
	No	2	(18%)			
	Don't remember.....	2	(18%)			
Q3.10	How soon after your arrival did you go on an induction course?					
	Have not been on an induction course	8	(73%)			
	<i>Within the first week</i>	3	(27%)			
	<i>More than a week</i>	0	(0%)			
	<i>Don't remember</i>	0	(0%)			
Q3.11	Did the induction course cover everything you needed to know about the prison?					
	Have not been on an induction course	8	(73%)			
	Yes	2	(18%)			
	No	1	(9%)			
	Don't remember.....	0	(0%)			

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	0 (0%)	4 (36%)	1 (9%)	2 (18%)	1 (9%)	3 (27%)
	Attend legal visits?	1 (9%)	4 (36%)	1 (9%)	0 (0%)	2 (18%)	3 (27%)
	Obtain bail information?	0 (0%)	1 (9%)	2 (18%)	0 (0%)	2 (18%)	6 (55%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters						2 (18%)
	Yes						2 (18%)
	No						7 (64%)
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>		
	Are you normally offered enough clean, suitable clothes for the week?	7 (78%)	2 (22%)	0 (0%)	0 (0%)		
	Are you normally able to have a shower every day?	11 (100%)	0 (0%)	0 (0%)	0 (0%)		
	Do you normally receive clean sheets every week?	11 (100%)	0 (0%)	0 (0%)	0 (0%)		

Do you normally get cell cleaning materials every week?	7 (70%)	3 (30%)	0 (0%)	0 (0%)
Is your cell call bell normally answered within five minutes?	6 (55%)	1 (9%)	3 (27%)	1 (9%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	6 (55%)	5 (45%)	0 (0%)	0 (0%)
Can you normally get your stored property if you need to?	9 (90%)	1 (10%)	0 (0%)	0 (0%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
1 (9%)	4 (36%)	4 (36%)	1 (9%)	1 (9%)

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet</i>	1 (9%)
Yes	8 (73%)
No.....	2 (18%)

Q4.6 Is it easy or difficult to get:

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form?	3 (27%)	3 (27%)	1 (9%)	0 (0%)	0 (0%)	4 (36%)
An application form?	8 (73%)	2 (18%)	1 (9%)	0 (0%)	0 (0%)	0 (0%)

Q4.7 Have you made an application?

Yes	9 (90%)
No.....	1 (10%)

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	1 (10%)	5 (50%)	4 (40%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	1 (10%)	4 (40%)	5 (50%)

Q4.9 Have you made a complaint?

Yes	3 (27%)
No.....	8 (73%)

Q4.10 Please answer the following questions concerning complaints:

(If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	8 (73%)	1 (9%)	2 (18%)
Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	8 (73%)	2 (18%)	1 (9%)
Were you given information about how to make an appeal?	4 (67%)	1 (17%)	1 (17%)

Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?				
	<i>Not made a complaint</i>	8	(73%)		
	Yes	1	(9%)		
	No	2	(18%)		
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?				
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
	1 (9%)	2 (18%)	7 (64%)	0 (0%)	1 (9%)
					0 (0%)
Q4.13	What level of the IEP scheme are you on now?				
	<i>Don't know what the IEP scheme is</i>	1	(9%)		
	<i>Enhanced</i>	3	(27%)		
	<i>Standard</i>	7	(64%)		
	<i>Basic</i>	0	(0%)		
	<i>Don't know</i>	0	(0%)		
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?				
	<i>Don't know what the IEP scheme is</i>	1	(9%)		
	Yes	6	(55%)		
	No	3	(27%)		
	<i>Don't know</i>	1	(9%)		
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?				
	<i>Don't know what the IEP scheme is</i>	1	(9%)		
	Yes	3	(27%)		
	No.....	6	(55%)		
	<i>Don't know</i>	1	(9%)		
Q4.16	Please answer the following questions about this prison?				
		Yes	No		
	In the last six months have any members of staff physically restrained you (C&R)?	1 (9%)	10 (91%)		
	In the last six months have you spent a night in the segregation /care and separation unit?	1 (9%)	10 (91%)		
Q4.17	Please answer the following questions about your religious beliefs?				
		Yes	No	<i>Don't know/N/A</i>	
	Do you feel your religious beliefs are respected?	5 (45%)	1 (9%)	5 (45%)	
	Are you able to speak to a religious leader of your faith in private if you want to?	7 (70%)	1 (10%)	2 (20%)	
Q4.18	Can you speak to a Listener at any time if you want to?				
	Yes	No	<i>Don't know</i>		
	2 (20%)	1 (10%)	7 (70%)		

Q4.19 Please answer the following questions about staff in this prison?

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	10 (91%)	1 (9%)
Do most staff treat you with respect?	10 (100%)	0 (0%)

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes	4 (36%)
No	7 (64%)

Q5.2 Do you feel unsafe in this prison at the moment?

Yes	2 (18%)
No	9 (82%)

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

Never felt unsafe	7 (70%)	<i>At mealtimes</i>	1 (10%)
<i>Everywhere</i>	3 (30%)	<i>At health services</i>	0 (0%)
<i>Segregation unit</i>	0 (0%)	<i>Visit's area</i>	0 (0%)
<i>Association areas</i>	1 (10%)	<i>In wing showers</i>	1 (10%)
<i>Reception area</i>	0 (0%)	<i>In gym showers</i>	0 (0%)
<i>At the gym</i>	1 (10%)	<i>In corridors/stairwells</i>	0 (0%)
<i>In an exercise yard</i>	1 (10%)	<i>On your landing/wing</i>	1 (10%)
<i>At work</i>	1 (10%)	<i>In your cell</i>	1 (10%)
<i>During movement</i>	1 (10%)	<i>At religious services</i>	0 (0%)
<i>At education</i>	1 (10%)		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes	1 (9%)	If No, go to question 5.6
No	10 (91%)	

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	1 (9%)	<i>Because of your sexuality</i>	0 (0%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	0 (0%)	<i>Because you have a disability</i>	0 (0%)
<i>Sexual abuse</i>	0 (0%)	<i>Because of your religion/religious beliefs</i>	0 (0%)
<i>Because of your race or ethnic origin</i>	0 (0%)	<i>Because of your age</i>	0 (0%)
<i>Because of drugs</i>	0 (0%)	<i>Being from a different part of the country than others</i>	0 (0%)
<i>Having your canteen/property taken</i>	0 (0%)	<i>Because of your offence/crime</i>	0 (0%)
<i>Because you were new here</i> ..	1 (9%)	<i>Because of gang related issues</i>	0 (0%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes 0 (0%)
 No..... 11 (100%) **If No, go to question 5.8**

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends).....</i>	0 (0%)	<i>Because you have a disability</i>	0 (0%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	0 (0%)	<i>Because of your religion/religious beliefs.....</i>	0 (0%)
<i>Sexual abuse.....</i>	0 (0%)	<i>Because of your age.....</i>	0 (0%)
<i>Because of your race or ethnic origin.....</i>	0 (0%)	<i>Being from a different part of the country than others.....</i>	0 (0%)
<i>Because of drugs.....</i>	0 (0%)	<i>Because of your offence/crime.....</i>	0 (0%)
<i>Because you were new here.....</i>	0 (0%)	<i>Because of gang related issues.....</i>	0 (0%)
<i>Because of your sexuality.....</i>	0 (0%)		

Q5.8 If you have been victimised by prisoners or staff did you report it?

Not been victimised 10 (91%)
 Yes 0 (0%)
 No..... 1 (9%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes 2 (20%)
 No..... 8 (80%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes 2 (20%)
 No..... 8 (80%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
1 (10%)	1 (10%)	0 (0%)	1 (10%)	1 (10%)	6 (60%)

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people?

	Don't know	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	1 (10%)	1 (10%)	5 (50%)	0 (0%)	2 (20%)	1 (10%)
The nurse	1 (11%)	4 (44%)	3 (33%)	0 (0%)	0 (0%)	1 (11%)
The dentist	2 (22%)	1 (11%)	2 (22%)	0 (0%)	1 (11%)	3 (33%)
The optician	3 (33%)	1 (11%)	1 (11%)	1 (11%)	1 (11%)	2 (22%)

- Q6.2 Are you able to see a pharmacist?**
 Yes 4 (50%)
 No..... 4 (50%)
- Q6.3 What do you think of the quality of the health service from the following people?**
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor | 1 (10%) | 3 (30%) | 3 (30%) | 0 (0%) | 2 (20%) | 1 (10%) |
| The nurse | 2 (22%) | 4 (44%) | 2 (22%) | 0 (0%) | 0 (0%) | 1 (11%) |
| The dentist | 4 (50%) | 2 (25%) | 0 (0%) | 0 (0%) | 1 (13%) | 1 (13%) |
| The optician | 4 (44%) | 2 (22%) | 0 (0%) | 1 (11%) | 1 (11%) | 1 (11%) |
- Q6.4 What do you think of the overall quality of the health services here?**
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--|-----------------|------------------|-------------|----------------|------------|-----------------|
| | 0 (0%) | 3 (33%) | 2 (22%) | 2 (22%) | 1 (11%) | 1 (11%) |
- Q6.5 Are you currently taking medication?**
 Yes 10 (100%)
 No 0 (0%)
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
Not taking medication 0 (0%)
 Yes 9 (90%)
 No..... 1 (10%)
- Q6.7 Do you feel you have any emotional well-being/mental health issues?**
 Yes 6 (60%)
 No..... 4 (40%)
- Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**
- | | |
|--|---------|
| <i>Do not have any issues/not receiving any help</i> | 4 (44%) |
| <i>Doctor</i> | 2 (22%) |
| <i>Nurse</i> | 0 (0%) |
| <i>Psychiatrist</i> | 1 (11%) |
| <i>Mental health in-reach team</i> | 2 (22%) |
| <i>Counsellor</i> | 0 (0%) |
| <i>Other</i> | 1 (11%) |
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | <i>Yes</i> | <i>No</i> |
|---------|------------|-----------|
| Drugs | 6 (60%) | 4 (40%) |
| Alcohol | 4 (67%) | 2 (33%) |
- Q6.10 Have you developed a problem with drugs since you have been in this prison?**
 Yes 2 (20%)
 No..... 8 (80%)

Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes	6	(67%)	
	No	2	(22%)	
	Did not/do not have a drug or alcohol problem	1	(11%)	
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem while in this prison?			
	Yes	5	(56%)	
	No	3	(33%)	
	Did not/do not have a drug or alcohol problem	1	(11%)	
Q6.13	Was the intervention or help you received while in this prison helpful?			
	Yes	4	(44%)	
	No	1	(11%)	
	Did not have a problem/have not received help	4	(44%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	2 (20%)	5 (50%)	3 (30%)
	Alcohol	2 (25%)	4 (50%)	2 (25%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes	4	(40%)	
	No	4	(40%)	
	N/A.....	2	(20%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)				
	Prison job	6	(60%)		
	Vocational or skills training.....	0	(0%)		
	Education (including basic skills).....	8	(80%)		
	Offending behaviour programmes.....	0	(0%)		
	Not involved in any of these	2	(20%)		
Q7.2	If you have been involved in any of the following while in this prison, do you think it will help you on release?				
		Not been involved	Yes	No	Don't know
	Prison job	3 (33%)	2 (22%)	4 (44%)	0 (0%)
	Vocational or skills training	5 (83%)	0 (0%)	1 (17%)	0 (0%)
	Education (including basic skills)	2 (22%)	1 (11%)	6 (67%)	0 (0%)
	Offending behaviour programmes	6 (75%)	0 (0%)	2 (25%)	0 (0%)

- Q7.3 How often do you go to the library?**
- | | |
|------------------------------------|---------|
| <i>Don't want to go</i> | 0 (0%) |
| <i>Never</i> | 1 (10%) |
| <i>Less than once a week</i> | 0 (0%) |
| <i>About once a week</i> | 9 (90%) |
| <i>More than once a week</i> | 0 (0%) |
| <i>Don't know</i> | 0 (0%) |
- Q7.4 On average how many times do you go to the gym each week?**
- | | | | | | | |
|-------------------------|--------|--------|---------|---------|-------------|------------|
| <i>Don't want to go</i> | 0 | 1 | 2 | 3 to 5 | More than 5 | Don't know |
| 4 (40%) | 0 (0%) | 0 (0%) | 1 (10%) | 2 (20%) | 2 (20%) | 1 (10%) |
- Q7.5 On average how many times do you go outside for exercise each week?**
- | | | | | | |
|-------------------------|--------|---------|--------|-------------|------------|
| <i>Don't want to go</i> | 0 | 1 to 2 | 3 to 5 | More than 5 | Don't know |
| 2 (20%) | 0 (0%) | 3 (30%) | 0 (0%) | 5 (50%) | 0 (0%) |
- Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)**
- | | |
|--------------------------------------|---------|
| <i>Less than 2 hours</i> | 1 (11%) |
| <i>2 to less than 4 hours</i> | 2 (22%) |
| <i>4 to less than 6 hours</i> | 1 (11%) |
| <i>6 to less than 8 hours</i> | 1 (11%) |
| <i>8 to less than 10 hours</i> | 1 (11%) |
| <i>10 hours or more</i> | 1 (11%) |
| <i>Don't know</i> | 2 (22%) |
- Q7.7 On average, how many times do you have association each week?**
- | | | | | | |
|-------------------------|--------|---------|---------|-------------|------------|
| <i>Don't want to go</i> | 0 | 1 to 2 | 3 to 5 | More than 5 | Don't know |
| 0 (0%) | 0 (0%) | 1 (11%) | 1 (11%) | 6 (67%) | 1 (11%) |
- Q7.8 How often do staff normally speak to you during association time?**
- | | |
|---------------------------------------|---------|
| <i>Do not go on association</i> | 0 (0%) |
| <i>Never</i> | 0 (0%) |
| <i>Rarely</i> | 5 (56%) |
| <i>Some of the time</i> | 1 (11%) |
| <i>Most of the time</i> | 2 (22%) |
| <i>All of the time</i> | 1 (11%) |

Section 8: Resettlement

- Q8.1 When did you first meet your personal officer?**
- | | |
|---|---------|
| <i>Still have not met him/her</i> | 2 (20%) |
| <i>In the first week</i> | 6 (60%) |
| <i>More than a week</i> | 0 (0%) |
| <i>Don't remember</i> | 2 (20%) |

Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	2 (20%)	3 (30%)	3 (30%)	2 (20%)	0 (0%)	0 (0%)
Q8.3	Do you have a sentence plan/OASys?					
	Not sentenced					6 (55%)
	Yes					2 (18%)
	No.....					3 (27%)
Q8.4	How involved were you in the development of your sentence plan?					
	Do not have a sentence plan/OASys					9 (82%)
	<i>Very involved</i>					1 (9%)
	<i>Involved</i>					0 (0%)
	<i>Neither</i>					0 (0%)
	<i>Not very involved</i>					1 (9%)
	<i>Not at all involved</i>					0 (0%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	Do not have a sentence plan/OASys					9 (82%)
	Yes					1 (9%)
	No.....					1 (9%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	Do not have a sentence plan/OASys					9 (82%)
	Yes					0 (0%)
	No.....					2 (18%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	Not sentenced					6 (55%)
	Yes					2 (18%)
	No.....					3 (27%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	Yes					2 (20%)
	No.....					8 (80%)
Q8.9	Have you had any problems with sending or receiving mail?					
	Yes					3 (30%)
	No.....					6 (60%)
	<i>Don't know</i>					1 (10%)
Q8.10	Have you had any problems getting access to the telephones?					
	Yes					1 (10%)
	No.....					9 (90%)
	<i>Don't know</i>					0 (0%)

- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 0 (0%)
 Yes 7 (70%)
 No 3 (30%)
 Don't remember..... 0 (0%)
- Q8.12 How many visits did you receive in the last week?**
- | <i>Not been in a week</i> | 0 | 1 to 2 | 3 to 4 | 5 or more |
|---------------------------|---------|---------|--------|-----------|
| 0 (0%) | 2 (20%) | 8 (80%) | 0 (0%) | 0 (0%) |
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits..... 1 (10%)
 Very well..... 4 (40%)
 Well 4 (40%)
 Neither 0 (0%)
 Badly 1 (10%)
 Very badly 0 (0%)
 Don't know..... 0 (0%)
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 8 (80%)
 No 2 (20%)
- Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)**
- | | | | |
|---|---------|---|---------|
| <i>Don't know who to contact</i> | 4 (44%) | <i>Help with your finances in preparation for release</i> | 3 (33%) |
| <i>Maintaining good relationships</i> . | 3 (33%) | <i>Claiming benefits on release</i> | 4 (44%) |
| <i>Avoiding bad relationships</i> | 3 (33%) | <i>Arranging a place at college/continuing education on release</i> | 2 (22%) |
| <i>Finding a job on release</i> | 2 (22%) | <i>Continuity of health services on release</i> | 4 (44%) |
| <i>Finding accommodation on release</i> | 2 (22%) | <i>Opening a bank account</i> | 1 (11%) |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)**
- | | | | |
|---|---------|---|---------|
| <i>No problems</i> | 2 (20%) | <i>Help with your finances in preparation for release</i> | 8 (80%) |
| <i>Maintaining good relationships</i> . | 1 (10%) | <i>Claiming benefits on release</i> | 4 (40%) |
| <i>Avoiding bad relationships</i> | 3 (30%) | <i>Arranging a place at college/continuing education on release</i> | 5 (50%) |
| <i>Finding a job on release</i> | 6 (60%) | <i>Continuity of health services on release</i> | 3 (30%) |
| <i>Finding accommodation on release</i> | 7 (70%) | <i>Opening a bank account</i> | 5 (50%) |

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	6 (55%)
Yes	4 (36%)
No.....	1 (9%)

Thank you for completing this survey

Main comparator and comparator to last time



Prisoner survey responses - Isle of Man 2011

Prisoner survey responses (missing data have been excluded for each question) Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

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Number of completed questionnaires returned		88	4621
SECTION 1: General information			
2	Are you under 21 years of age?	8%	6%
3a	Are you sentenced?	62%	67%
3b	Are you on recall?	1%	11%
4a	Is your sentence less than 12 months?	11%	18%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	4%
5	Do you have six months or less to serve?	25%	33%
6	Have you been in this prison less than a month?	15%	20%
7	Are you a foreign national?	12%	12%
8	Is English your first language?	98%	89%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	1%	24%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	5%
11	Are you Muslim?	0%	10%
12	Are you homosexual/gay or bisexual?	2%	3%
13	Do you consider yourself to have a disability?	8%	20%
14	Is this your first time in prison?	23%	28%
15	Have you been in more than five prisons this time?	2%	9%
16	Do you have any children under the age of 18?	51%	55%
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	70%	49%
1b	Was your personal safety during the journey good/very good?	81%	60%
1c	Was the comfort of the van good/very good?	42%	13%
1d	Was the attention paid to your health needs good/very good?	54%	29%
1e	Was the frequency of toilet breaks good/very good?	46%	16%
2	Did you spend more than four hours in the van?	0%	4%
3	Were you treated well/very well by the escort staff?	94%	66%
4a	Did you know where you were going when you left court or when transferred from another prison?	90%	73%
4b	Before you arrived here did you receive any written information about what would happen to you?	18%	15%
4c	When you first arrived here did your property arrive at the same time as you?	71%	82%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	5%	13%
1c	Housing problems?	8%	31%
1d	Problems contacting employers?	12%	14%
1e	Problems contacting family?	61%	51%
1f	Problems ensuring dependants were looked after?	11%	15%
1g	Money problems?	10%	18%
1h	Problems of feeling depressed/suicidal?	52%	55%
1i	Health problems?	58%	63%
1j	Problems in needing protection from other prisoners?	23%	22%
1k	Problems accessing phone numbers?	55%	42%
2	When you first arrived:		
2a	Did you have any problems?	68%	76%
2b	Did you have any problems with loss of property?	15%	13%
2c	Did you have any housing problems?	25%	24%
2d	Did you have any problems contacting employers?	7%	7%
2e	Did you have any problems contacting family?	25%	34%
2f	Did you have any problems ensuring dependants were being looked after?	13%	8%
2g	Did you have any money worries?	29%	23%
2h	Did you have any problems with feeling depressed or suicidal?	21%	21%
2i	Did you have any health problems?	32%	30%
2j	Did you have any problems with needing protection from other prisoners?	7%	9%
2k	Did you have problems accessing phone numbers?	21%	30%
3a	Were you seen by a member of health services in reception?	85%	89%
3b	When you were searched in reception, was this carried out in a respectful way?	85%	73%
4	Were you treated well/very well in reception?	70%	59%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	49%	46%
5b	Support was available for people feeling depressed or suicidal?	55%	46%
5c	How to make routine requests?	48%	38%
5d	Your entitlement to visits?	59%	45%
5e	Health services?	53%	51%
5f	The chaplaincy?	36%	47%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	41%	86%
6b	The opportunity to have a shower?	65%	35%
6c	The opportunity to make a free telephone call?	84%	59%
6d	Something to eat?	68%	80%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	14%	48%
7b	Someone from health services?	85%	75%
7c	A Listener/Samaritans?	5%	24%
8	Did you have access to the prison shop/canteen within the first 24 hours?	21%	16%
9	Did you feel safe on your first night here?	84%	72%
10	Have you been on an induction course?	41%	77%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	50%	60%
SECTION 4: Legal rights and respectful custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	30%	42%
1b	Attend legal visits?	50%	61%
1c	Obtain bail information?	21%	25%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	40%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	44%	50%
3b	Are you normally able to have a shower every day?	97%	81%
3c	Do you normally receive clean sheets every week?	67%	81%
3d	Do you normally get cell cleaning materials every week?	86%	64%
3e	Is your cell call bell normally answered within five minutes?	69%	36%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69%	65%
3g	Can you normally get your stored property, if you need to?	67%	26%
4	Is the food in this prison good/very good?	50%	24%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	47%	44%
6a	Is it easy/very easy to get a complaints form?	69%	79%
6b	Is it easy/very easy to get an application form?	94%	86%
7	Have you made an application?	90%	84%

Main comparator and comparator to last time

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	42%	55%
8b	Do you feel applications are dealt with promptly (within seven days)?	54%	47%
9	Have you made a complaint?	51%	42%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	24%	30%
10b	Do you feel complaints are dealt with promptly (within seven days)?	23%	33%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	37%	26%
10c	Were you given information about how to make an appeal?	25%	22%
12	Is it easy/very easy to see the Independent Monitoring Board?	37%	24%
13	Are you on the enhanced (top) level of the IEP scheme?	40%	27%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	51%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	45%
16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	8%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	26%	11%
13a	Do you feel your religious beliefs are respected?	43%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	53%	56%
14	Are you able to speak to a Listener at any time if you want to?	26%	59%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	78%	70%
15b	Do most staff in this prison treat you with respect?	75%	69%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	33%	40%
2	Do you feel unsafe in this prison at the moment?	10%	18%
4	Have you been victimised by another prisoner?	28%	22%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	15%	11%
5b	Hit, kicked or assaulted you?	6%	7%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	1%	4%
5e	Victimised you because of drugs?	6%	4%
5f	Taken your canteen/property?	3%	5%
5g	Victimised you because you were new here?	5%	6%
5h	Victimised you because of your sexuality?	0%	1%
5i	Victimised you because you have a disability?	0%	3%
5j	Victimised you because of your religion/religious beliefs?	1%	2%
5k	Victimised you because of your age?	1%	2%
5l	Victimised you because you were from a different part of the country?	0%	4%
5m	Victimised you because of your offence/crime?	11%	5%
5n	Victimised you because of gang related issues?	3%	4%

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SECTION 5: Safety continued		
6 Have you been victimised by a member of staff?	33%	26%
7 Since you have been here, has a member of staff:		
7a Made insulting remarks about you, your family or friends?	14%	12%
7b Hit, kicked or assaulted you?	5%	5%
7c Sexually abused you?	0%	1%
7d Victimised you because of your race or ethnic origin?	0%	5%
7e Victimised you because of drugs?	10%	5%
7f Victimised you because you were new here?	10%	6%
7g Victimised you because of your sexuality?	2%	1%
7h Victimised you because you have a disability?	1%	3%
7i Victimised you because of your religion/religious beliefs?	1%	2%
7j Victimised you because of your age?	1%	2%
7k Victimised you because you were from a different part of the country?	3%	4%
7l Victimised you because of your offence/crime?	13%	4%
7m Victimised you because of gang related issues?	2%	2%
For those who have been victimised by staff or other prisoners:		
8 Did you report any victimisation that you have experienced?	26%	34%
9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	24%	25%
10 Have you ever felt threatened or intimidated by a member of staff in here?	17%	23%
11 Is it easy/very easy to get illegal drugs in this prison?	29%	31%
SECTION 6: Health services		
1a Is it easy/very easy to see the doctor?	37%	28%
1b Is it easy/very easy to see the nurse?	65%	50%
1c Is it easy/very easy to see the dentist?	32%	11%
1d Is it easy/very easy to see the optician?	18%	12%
2 Are you able to see a pharmacist?	36%	44%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:		
3a The doctor?	48%	46%
3b The nurse?	55%	59%
3c The dentist?	58%	33%
3d The optician?	42%	35%
4 The overall quality of health services?	48%	41%

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Health services continued			
5	Are you currently taking medication?	76%	49%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	80%	57%
7	Do you feel you have any emotional well-being/mental health issues?	39%	34%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	48%	39%
8b	A doctor?	23%	34%
8c	A nurse?	7%	18%
8d	A psychiatrist?	23%	18%
8e	The mental health in-reach team?	23%	28%
8f	A counsellor?	19%	12%
9a	Did you have a drug problem when you came into this prison?	50%	35%
9b	Did you have an alcohol problem when you came into this prison?	29%	25%
10a	Have you developed a drug problem since you have been in this prison?	19%	10%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	63%	80%
12	Have you received any help or intervention while in this prison?	39%	68%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	63%	77%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	48%	32%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	33%	26%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	54%	59%

Main comparator and comparator to last time

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SECTION 7: Purposeful activity		
1 Are you currently involved in any of the following activities:		
1a A prison job?	77%	43%
1b Vocational or skills training?	8%	10%
1c Education (including basic skills)?	47%	26%
1d Offending Behaviour Programmes?	6%	7%
2ai Have you had a job while in this prison?	93%	66%
For those who have had a prison job while in this prison:		
2aii Do you feel the job will help you on release?	29%	40%
2bi Have you been involved in vocational or skills training while in this prison?	67%	52%
For those who have had vocational or skills training while in this prison:		
2bii Do you feel the vocational or skills training will help you on release?	21%	51%
2ci Have you been involved in education while in this prison?	86%	62%
For those who have been involved in education while in this prison:		
2cii Do you feel the education will help you on release?	41%	59%
2di Have you been involved in offending behaviour programmes while in this prison?	65%	49%
For those who have been involved in offending behaviour programmes while in this prison:		
2dii Do you feel the offending behaviour programme(s) will help you on release?	18%	48%
3 Do you go to the library at least once a week?	39%	37%
4 On average, do you go to the gym at least twice a week?	67%	44%
5 On average, do you go outside for exercise three or more times a week?	54%	38%
6 On average, do you spend ten or more hours out of your cell on a weekday?	16%	10%
7 On average, do you go on association more than five times each week?	70%	51%
8 Do staff normally speak to you most of the time/all of the time during association?	26%	17%
SECTION 8: Resettlement		
1 Do you have a personal officer?	92%	46%
For those with a personal officer:		
2 Do you think your personal officer is helpful/very helpful?	68%	62%
For those who are sentenced:		
3 Do you have a sentence plan?	25%	42%
For those with a sentence plan?		
4 Were you involved/very involved in the development of your plan?	27%	58%
5 Can you achieve some/all of your sentence plan targets in this prison?	64%	62%
6 Are there plans for you to achieve some/all your targets in another prison?	31%	45%
For those who are sentenced:		
7 Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	18%	27%
8 Do you feel that any member of staff has helped you to prepare for release?	15%	14%
9 Have you had any problems with sending or receiving mail?	38%	45%
10 Have you had any problems getting access to the telephones?	14%	30%
11 Did you have a visit in the first week that you were here?	56%	36%
12 Did you receive one or more visits in the last week?	54%	41%

Main comparator and comparator to last time

Key to tables

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Resettlement continued			
For those who have had visits:			
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	57%	50%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	42%	34%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	8%	14%
15c	Avoiding bad relationships?	5%	10%
15d	Finding a job on release?	16%	28%
15e	Finding accommodation on release?	15%	30%
15f	With money/finances on release?	10%	19%
15g	Claiming benefits on release?	24%	33%
15h	Arranging a place at college/continuing education on release?	14%	17%
15i	Accessing health services on release?	16%	22%
15j	Opening a bank account on release?	14%	18%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	17%	14%
16c	Avoiding bad relationships?	23%	14%
16d	Finding a job?	57%	50%
16e	Finding accommodation?	35%	41%
16f	Money/finances?	34%	36%
16g	Claiming benefits?	33%	33%
16h	Arranging a place at college/continuing education?	20%	22%
16i	Accessing health services?	17%	19%
16j	Opening a bank account?	28%	31%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	37%	47%

Main comparator and comparator to last time

Prisoner survey responses Isle of Man 2011 - Women's responses compared with women's local comparator

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Isle of Man 2011	Women's Local Comparator
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Number of completed questionnaires returned		11	970
SECTION 1: General information			
2	Are you under 21 years of age?	0%	12%
3a	Are you sentenced?	46%	72%
3b	Are you on recall?	0%	6%
4a	Is your sentence less than 12 months?	9%	26%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	3%
5	Do you have six months or less to serve?	20%	41%
6	Have you been in this prison less than a month?	18%	24%
7	Are you a foreign national?	0%	14%
8	Is English your first language?	100%	90%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	0%	23%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	7%
11	Are you Muslim?	0%	6%
12	Are you homosexual/gay or bisexual?	18%	27%
13	Do you consider yourself to have a disability?	9%	17%
14	Is this your first time in prison?	18%	46%
15	Have you been in more than five prisons this time?	0%	3%
16	Do you have any children under the age of 18?	46%	52%
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	70%	48%
1b	Was your personal safety during the journey good/very good?	88%	58%
1c	Was the comfort of the van good/very good?	33%	14%
1d	Was the attention paid to your health needs good/very good?	67%	35%
1e	Was the frequency of toilet breaks good/very good?	44%	14%
2	Did you spend more than four hours in the van?	0%	5%
3	Were you treated well/very well by the escort staff?	90%	74%
4a	Did you know where you were going when you left court or when transferred from another prison?	100%	81%
4b	Before you arrived here did you receive any written information about what would happen to you?	10%	16%
4c	When you first arrived here did your property arrive at the same time as you?	82%	83%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	0%	12%
1c	Housing problems?	0%	35%
1d	Problems contacting employers?	0%	12%
1e	Problems contacting family?	64%	65%
1f	Problems ensuring dependants were looked after?	18%	28%
1g	Money problems?	9%	18%
1h	Problems of feeling depressed/suicidal?	73%	60%
1i	Health problems?	64%	63%
1j	Problems in needing protection from other prisoners?	9%	14%
1k	Problems accessing phone numbers?	55%	47%
2	When you first arrived:		
2a	Did you have any problems?	60%	79%
2b	Did you have any problems with loss of property?	10%	14%
2c	Did you have any housing problems?	10%	29%
2d	Did you have any problems contacting employers?	0%	5%
2e	Did you have any problems contacting family?	20%	34%
2f	Did you have any problems ensuring dependants were being looked after?	10%	10%
2g	Did you have any money worries?	30%	23%
2h	Did you have any problems with feeling depressed or suicidal?	20%	37%
2i	Did you have any health problems?	20%	38%
2j	Did you have any problems with needing protection from other prisoners?	10%	7%
2k	Did you have problems accessing phone numbers?	10%	29%
3a	Were you seen by a member of health services in reception?	82%	87%
3b	When you were searched in reception, was this carried out in a respectful way?	80%	86%
4	Were you treated well/very well in reception?	82%	69%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	60%	54%
5b	Support was available for people feeling depressed or suicidal?	70%	57%
5c	How to make routine requests?	90%	39%
5d	Your entitlement to visits?	80%	45%
5e	Health services?	60%	48%
5f	The chaplaincy?	40%	46%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	46%	86%
6b	The opportunity to have a shower?	100%	45%
6c	The opportunity to make a free telephone call?	100%	82%
6d	Something to eat?	91%	83%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	50%	49%
7b	Someone from health services?	100%	79%
7c	A Listener/Samaritans?	30%	28%
8	Did you have access to the prison shop/canteen within the first 24 hours?	40%	15%
9	Did you feel safe on your first night here?	64%	67%
10	Have you been on an induction course?	27%	84%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	67%	60%
SECTION 4: Legal rights and respectful custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	36%	41%
1b	Attend legal visits?	46%	60%
1c	Obtain bail information?	9%	26%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	18%	38%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	78%	54%
3b	Are you normally able to have a shower every day?	100%	85%
3c	Do you normally receive clean sheets every week?	100%	79%
3d	Do you normally get cell cleaning materials every week?	70%	78%
3e	Is your cell call bell normally answered within five minutes?	55%	45%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	55%	60%
3g	Can you normally get your stored property if you need to?	90%	28%
4	Is the food in this prison good/very good?	46%	27%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	73%	48%
6a	Is it easy/very easy to get a complaints form?	55%	81%
6b	Is it easy/very easy to get an application form?	91%	86%
7	Have you made an application?	90%	86%

Main comparator and comparator to last time

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	56%	62%
8b	Do you feel applications are dealt with promptly (within seven days)?	44%	47%
9	Have you made a complaint?	27%	46%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	33%	43%
10b	Do you feel complaints are dealt with promptly (within seven days)?	67%	48%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	33%	28%
10c	Were you given information about how to make an appeal?	17%	22%
12	Is it easy/very easy to see the Independent Monitoring Board?	82%	31%
13	Are you on the enhanced (top) level of the IEP scheme?	27%	30%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	55%	52%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	27%	46%
16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	5%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	8%
13a	Do you feel your religious beliefs are respected?	46%	58%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	70%	60%
14	Are you able to speak to a Listener at any time if you want to?	20%	64%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	91%	81%
15b	Do most staff, in this prison, treat you with respect?	100%	74%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	36%	44%
2	Do you feel unsafe in this prison at the moment?	18%	15%
4	Have you been victimised by another prisoner?	9%	29%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	9%	17%
5b	Hit, kicked or assaulted you?	0%	7%
5c	Sexually abused you?	0%	1%
5d	Victimised you because of your race or ethnic origin?	0%	4%
5e	Victimised you because of drugs?	0%	4%
5f	Taken your canteen/property?	0%	7%
5g	Victimised you because you were new here?	9%	8%
5h	Victimised you because of your sexuality?	0%	2%
5i	Victimised you because you have a disability?	0%	3%
5j	Victimised you because of your religion/religious beliefs?	0%	2%
5k	Victimised you because of your age?	0%	3%
5l	Victimised you because you were from a different part of the country?	0%	3%
5m	Victimised you because of your offence/crime?	0%	5%
5n	Victimised you because of gang related issues?	0%	2%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	0%	21%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	0%	10%
7b	Hit, kicked or assaulted you?	0%	2%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	0%	2%
7e	Victimised you because of drugs?	0%	4%
7f	Victimised you because you were new here?	0%	4%
7g	Victimised you because of your sexuality?	0%	3%
7h	Victimised you because you have a disability?	0%	2%
7i	Victimised you because of your religion/religious beliefs?	0%	2%
7j	Victimised you because of your age?	0%	2%
7k	Victimised you because you were from a different part of the country?	0%	2%
7l	Victimised you because of your offence/crime?	0%	4%
7m	Victimised you because of gang related issues?	0%	1%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	0%	44%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	20%	33%
10	Have you ever felt threatened or intimidated by a member of staff in here?	20%	22%
11	Is it easy/very easy to get illegal drugs in this prison?	20%	26%
SECTION 6: Health services			
1a	Is it easy/very easy to see the doctor?	60%	25%
1b	Is it easy/very easy to see the nurse?	78%	54%
1c	Is it easy/very easy to see the dentist?	33%	11%
1d	Is it easy/very easy to see the optician?	22%	10%
2	Are you able to see a pharmacist?	50%	40%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	67%	49%
3b	The nurse?	86%	63%
3c	The dentist?	50%	36%
3d	The optician?	40%	34%
4	The overall quality of health services?	56%	42%

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Health services continued		
5 Are you currently taking medication?	100%	70%
For those currently taking medication:		
6 Are you allowed to keep possession of your medication in your own cell?	90%	36%
7 Do you feel you have any emotional well-being/mental health issues?	60%	47%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:		
8a Not receiving any help?	17%	19%
8b A doctor?	33%	43%
8c A nurse?	0%	25%
8d A psychiatrist?	17%	24%
8e The mental health in-reach team?	33%	43%
8f A counsellor?	0%	24%
9a Did you have a drug problem when you came into this prison?	60%	46%
9b Did you have an alcohol problem when you came into this prison?	67%	33%
10a Have you developed a drug problem since you have been in this prison?	20%	9%
For those with drug or alcohol problems:		
11 Do you know who to contact in this prison for help?	75%	88%
12 Have you received any help or intervention while in this prison?	63%	86%
For those who have received help or intervention with their drug or alcohol problem:		
13 Was this intervention or help useful?	80%	80%
14a Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	50%	34%
14b Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	50%	27%
For those who may have a drug or alcohol problem on release, do you know who in this prison:		
15 Can help you contact external drug or alcohol agencies on release?	50%	74%

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SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	60%	55%
1b	Vocational or skills training?	0%	13%
1c	Education (including basic skills)?	80%	42%
1d	Offending Behaviour Programmes?	0%	13%
2ai	Have you had a job while in this prison?	67%	81%
For those who have had a prison job while in this prison:			
2aii	Do you feel the job will help you on release?	33%	54%
2bi	Have you been involved in vocational or skills training while in this prison?	17%	64%
For those who have had vocational or skills training while in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	0%	58%
2ci	Have you been involved in education while in this prison?	78%	84%
For those who have been involved in education while in this prison:			
2cii	Do you feel the education will help you on release?	14%	65%
2di	Have you been involved in offending behaviour programmes while in this prison?	25%	61%
For those who have been involved in offending behaviour programmes while in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	0%	55%
3	Do you go to the library at least once a week?	90%	46%
4	On average, do you go to the gym at least twice a week?	50%	31%
5	On average, do you go outside for exercise three or more times a week?	50%	39%
6	On average, do you spend ten or more hours out of your cell on a weekday?	11%	18%
7	On average, do you go on association more than five times each week?	67%	52%
8	Do staff normally speak to you most of the time/all of the time during association?	33%	25%
SECTION 8: Resettlement			
1	Do you have a personal officer?	80%	72%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	75%	69%
For those who are sentenced:			
3	Do you have a sentence plan?	40%	51%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	50%	69%
5	Can you achieve some/all of your sentence plan targets in this prison?	50%	82%
6	Are there plans for you to achieve some/all your targets in another prison?	0%	44%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	40%	42%
8	Do you feel that any member of staff has helped you to prepare for release?	20%	23%
9	Have you had any problems with sending or receiving mail?	30%	36%
10	Have you had any problems getting access to the telephones?	10%	24%
11	Did you have a visit in the first week that you were here?	70%	40%
12	Did you receive one or more visits in the last week?	80%	40%

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Resettlement continued			
For those who have had visits:			
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	89%	54%
14	Have you been helped to maintain contact with family/friends while in this prison?	80%	56%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	33%	21%
15c	Avoiding bad relationships?	33%	18%
15d	Finding a job on release?	22%	36%
15e	Finding accommodation on release?	22%	46%
15f	With money/finances on release?	33%	27%
15g	Claiming benefits on release?	44%	48%
15h	Arranging a place at college/continuing education on release?	22%	27%
15i	Accessing health services on release?	44%	28%
15j	Opening a bank account on release?	11%	16%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	10%	18%
16c	Avoiding bad relationships?	30%	23%
16d	Finding a job?	60%	50%
16e	Finding accommodation?	70%	41%
16f	Money/finances?	80%	30%
16g	Claiming benefits?	40%	35%
16h	Arranging a place at college/continuing education?	50%	24%
16i	Accessing health services?	30%	24%
16j	Opening a bank account?	50%	30%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	80%	56%

