

Report on an unannounced full follow-up
inspection of

HMP & YOI Chelmsford

3–7 August 2009

by HM Chief Inspector of Prisons

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Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

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Introduction

The last inspection of Chelmsford prison revealed some 'serious underlying issues' in relation to safety, decency and activity, which managers urgently needed to tackle. This full unannounced follow-up inspection found that there had been some progress, but that many of those underlying issues had not yet been effectively dealt with.

In our prisoner survey, fewer prisoners than at the time of the last inspection said that they currently felt unsafe, but more (43%) had felt unsafe at some time in Chelmsford. Suicide and self-harm procedures had improved considerably, but the other main problems identified at the last inspection remained unaddressed. Reception and induction procedures for vulnerable prisoners did not provide sufficient protection or support, and there were deficiencies in first night procedures for all prisoners. The use of force, and the number of violent incidents, remained high. The violence reduction and anti-bullying policies were not effectively implemented by or known to staff, and supervision on the wings was weak.

A major problem for Chelmsford was the lack of effective strategies for the management and rehabilitation of young adults, who made up a third of the population. They were now spread out among the prison's wings, rather than being concentrated in one place, but this merely disguised the fact that their specific needs and challenges were still not being addressed or met. Four out of 10 young adults were unemployed, and therefore not engaging in any activity that might assist their rehabilitation. By contrast, they were over-represented in adjudications, use of force and violent incidents.

Young adults were also more likely to come from black or minority ethnic backgrounds, or to be Muslims. Surveys showed that all those in minority groups had poorer perceptions of prison life, particularly relationships with staff. The prison's own monitoring showed that black and minority ethnic prisoners were over-represented in disciplinary matters and more likely to be on the basic regime. Little had been done to address these discrepancies. Work on disability was uncoordinated and underdeveloped.

As at the last inspection, accommodation varied between the old and new parts of the prison. There had been improvements in the issue of clothes and bedding, but there were still some shortages of basic items. Fewer prisoners than the comparator, and fewer than at the time of the last inspection, said that staff treated them with respect, though this was heavily influenced by the negative responses of young adults. We saw examples of positive and friendly engagement, and prisoners raised few complaints with us. Health services as a whole were satisfactory though, as before, the inpatient regime was poor, and mental health services insufficient to meet need.

By the time of the Ofsted reinspection in 2008, improvements had already been made to the quality of education and training, with a broad range of courses, and more vocational training. This is welcome. Nevertheless, around a third of the prison population was recorded as unemployed. They could be out of their cells for as little as an hour and a half a day. Lack of sufficient activity was compounded by the prison's chronic inability to reconcile the roll, which had a damaging effect on the regime and the punctuality of attendance at work and education. Allocation to work did not reflect sentence planning, and too little was done to encourage and motivate those who had not even applied to work.

Resettlement work continued to be reasonably good, though the policy was not based on a needs analysis, nor did it recognise the specific needs of young adults. A new resettlement centre was playing a role in coordinating and consolidating service delivery, and offender

management for those in scope was good. Custody planning for short-sentenced prisoners was, however, ineffective, and work on the resettlement pathways did not seem to have developed since the last inspection.

Managers at Chelmsford had worked on some of the more glaring deficiencies that we found on our last inspection. However, they had not solved some of the underlying problems. There was insufficient activity for the population as a whole, in spite of some recent improvements. But the major issue remained the lack of effective management and rehabilitation for young adults, many of them from minority backgrounds. Like most young adults in the prison system as a whole, they remained a forgotten population, whose considerable needs and potentials were not being identified or met.

Anne Owers
HM Chief Inspector of Prisons

October 2009

Fact page

Task of the establishment
Category B male local prison

Area organisation
Eastern

Number held
3 August 2009: 668 (230 young adults, 438 adults)

Certified normal accommodation
554

Operational capacity
695

Last inspection
Full announced: July 2007

Brief history
Built from 1830 onwards as the county jail, it has been used as a long-term category B prison, a young persons' prison and a local prison since 1987. Two new house blocks were opened in 1996 and G wing in 2007.

Description of residential units

Wing	Description	Number held
A	Segregation unit and key workers	30
B	Adult and young adults mixed status	129
C	Adult and young adults mixed status	129
D	Adult and young adults mixed status	55
E	IDTS (integrated drug treatment system)	126
F	Induction	106
G	Enhanced and vulnerable prisoners	120

Healthy prison summary

Introduction

HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison 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.

...performing well against this healthy prison test.

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

...performing reasonably well 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.

...not performing sufficiently well 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.

...performing poorly 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.

HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2007, we found that Chelmsford was not performing sufficiently well against the healthy prison test of safety. We made 43 recommendations, of which 13 had been achieved, eight had been partially achieved, 21 were not achieved and one was no longer relevant. We have made 37 further recommendations.
- HP5 In 2007 we found that Chelmsford was not performing sufficiently well against the healthy prison test of respect. We made 74 recommendations, of which 21 had been achieved, 17 had been partially achieved and 36 were not achieved. We have made 67 further recommendations.
- HP6 In 2007, we found that Chelmsford was not performing sufficiently well against the healthy prison test of purposeful activity. We made 12 recommendations, of which three had been achieved, four had been partially achieved and five were not achieved. We have made seven further recommendations.
- HP7 In 2007, we found that Chelmsford was performing reasonably well against the healthy prison test of resettlement. We made 25 recommendations, of which 11 had been achieved, four had been partially achieved and 10 were not achieved. We have made 31 further recommendations.

Safety

- HP8 New arrivals spent long waits in the cellular vehicles, reception procedures were slow, first night arrangements were poor, and induction for vulnerable prisoners required improvement. Suicide and self-harm prevention was generally good, but levels of recorded violence and bullying were high, as were use of force incidents. The function of the segregation overspill facility required clarification. Young adults were over-represented in most indicators of control and order, and there was no strategy to address this. Prisoners on the vulnerable prisoner wing felt safe. Drug use was reasonably low, and integrated drug treatment system (IDTS) arrangements were good. On the basis of this full follow-up inspection, we considered that the establishment was still not performing sufficiently well against this healthy prison test.
- HP9 Prisoners had long waits at court, and were then held on escort cellular vehicles for unacceptably long periods after arrival at Chelmsford before they could go to reception, which added to delays in the reception process. Although most escort vans arrived before 8pm, some arrived up to 10pm.
- HP10 New arrivals were generally treated respectfully by staff in reception, although in our survey, black and minority ethnic and Muslim prisoners had more negative perceptions. The holding rooms were grubby, had no reading material and the televisions were often switched off. Vulnerable prisoners were placed in holding cells opposite mainstream prisoners, which did not assure safety or anonymity. The reception process lacked confidentiality. Three Listeners were available and their role was made known to new arrivals.
- HP11 All new arrivals, except prisoners needing the integrated drug treatment system (IDTS), went on to the induction wing. It had no dedicated first night cells, and staff handover arrangements to identify new arrivals were weak. First night accommodation was not clean and some cells lacked basic items. Late arrivals were

unable to shower or make telephone calls. Newly arrived vulnerable prisoners said they felt intimidated on the induction wing. In our survey, significantly more prisoners said they felt unsafe on their first night than at comparator¹ prisons, especially black and minority ethnic and Muslim prisoners.

- HP12 A relatively new induction process was provided in the resettlement unit and lasted about three days. There was good use of prisoner peer supporters and mentors. In our survey, more respondents than the comparator confirmed they had attended induction, but many vulnerable prisoners and those subject to IDTS did not receive induction. The custody passport system and documentation that was opened during induction were not well embedded and many were incomplete. The governance of induction processes was not sufficiently robust.
- HP13 Although the level of violence was high, many protocols in the violence reduction policy had not been implemented, and there were no effective strategies to address the incidence of violence. The quality of investigations into allegations of bullying was inconsistent, and the interventions to deal with persistent bullies were not used. There were examples of under-reporting of incidents, residential staff did not know the published reporting system, and we observed weak supervision on all wings.
- HP14 There was a sound suicide and self-harm prevention strategy, informed by a recent review of protocols and procedures, which was well understood by staff. The quality of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents was generally good, and entries showed that staff were aware of the prisoner's circumstances. Care mapping had improved and case managers ensured that reviews happened on time. The Listener scheme had also improved and was now properly supported, with good prisoner access.
- HP15 The flow of intelligence to the security department was good, and security information reports were processed efficiently and promptly. The security meeting was well attended, although the monthly intelligence assessment was too complicated to enable ready analysis of trends. Links were developing with local police forces to identify gang members, but the extent and understanding of this issue in Chelmsford was not clear. The governance of closed visits had improved and appeared proportionate. Some prison rules and procedures were unnecessarily restrictive, and some had a negative impact on prisoners and the efficiency of the regime. Persistent problems with reconciling the roll also affected prisoners' access to the regime.
- HP16 Almost half of all adjudications in the first six months of 2009 had involved young adults, which was disproportionate. Adjudication tariffs had been reviewed but were not published for prisoners. Hearings were conducted appropriately and engaged the prisoner. Adjudication paperwork was completed to a reasonable standard, and quality assurance involved feedback to adjudicators to improve practice. There was clear evidence of the use of unofficial punishments in a few areas.
- HP17 Use of force remained high with about 133 incidents since the beginning of 2009, but had reduced since the previous inspection. Just over half of all incidents involved young adults, and control and restraint (C&R) was used in 72% of cases. In our survey, 30% of young adults said they had been restrained in the last six months, compared with only 3% of over-21s. Use of force statements demonstrated de-escalation of incidents, but we were not completely assured that force was used as a

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

last resort. Safer custody staff maintained a comprehensive use of force database, and all completed forms were quality assured. Planned removals were videoed. Documentation for the use of the special cell was normally completed correctly, but entries on monitoring logs did not reflect active engagement with the prisoner. In one case, the required paperwork had not been completed.

- HP18 The segregation unit had a small number of designated cells, and some others that were referred to as overspill. There was a lack of clarity about the purpose and role of the overspill cells, and no safeguards or effective governance for their use. Communal areas in the segregation unit were clean, but cell standards varied. Prisoners had daily access to showers, telephones and exercise, and there was a progressive regime to incentivise cooperation and good behaviour. Segregation history sheets records were very poor with few entries, and the quality of segregation monitoring data needed to be improved. In the first seven months of 2009, a disproportionate 60% of prisoners located in the unit for cellular confinement were young adults.
- HP19 The integrated drug treatment system (IDTS) was well established on E wing with 86 prisoners currently receiving opiate-substitution treatment. Clinical structures and staffing were appropriate, but the medication administration area did not allow for prisoner privacy. The positive random mandatory drug testing rate over the previous six months was 3.9%, which was low, but the slippage of suspicion tests outside the 72-hour period after intelligence was submitted was not monitored.
- HP20 Living conditions on the vulnerable prisoner unit on G wing were good, and prisoners said that they felt safe. However, purposeful activity was limited. About 50% of vulnerable prisoners on the unit were unemployed, and a disproportionate number were locked up during the core day. Lack of space on G wing meant that some vulnerable prisoners were accommodated elsewhere, and spent most of the day locked in their cells without access to association or purposeful activity. They felt unsafe and were not treated well by staff or prisoners.
- HP21 There was no strategy to deal with the large young adult population of over 200, despite strong evidence that this group was problematic. A disproportionate number of them were unemployed, they were involved in 65% of all violent incidents, and most occupied the worst accommodation. In our survey, young adults reported a significantly worse custodial experience than adult prisoners, and there was considerable evidence to support this view.

Respect

- HP22 The quality of environment varied greatly between the older and newer units, and the external environment required improvement. Prisoners raised repeated concerns about access to basic amenities. The quality of staff-prisoner relationships was varied, but young adult prisoners felt they were not respected and were more victimised by staff. The personal officer scheme was weak. Diversity management was underdeveloped, and black and minority ethnic prisoners were over-represented on a range of indicators. Prisoners had little confidence in applications and complaints procedures. Chaplaincy provision was good, but health services, although generally satisfactory, was poor for inpatients. On the basis of this full follow-up inspection, we

considered that the establishment was still not performing sufficiently well against this healthy prison test.

- HP23 In the older part of the prison – A, B, C and D wings – most communal areas were clean, if dreary, and conditions in cells were mixed, with graffiti evident in some. Toilets in the shared cells were inadequately screened, too close to the beds and many were filthy. There were no facilities for prisoners to dine out of their cells. Living conditions in the newer units were much better. However, the grounds near to the residential units, particularly in the new part of the prison, were littered with rubbish and bird faeces. There had been improvements in issue of clean prison clothing and bedding to prisoners, but there was still a shortage of clean basic clothes and sheets. Access to telephones was poor and showers limited.
- HP24 Prisoners appeared unclear about the incentives and earned privileges (IEP) scheme, and in our survey, fewer than half felt they had been treated fairly in it. The quality of wing file entries justifying IEP decisions was limited. Basic level prisoners received exercise but not association. The prison did not monitor the IEP scheme in relation to young people, although all four prisoners on basic regime during the inspection were young people. Young prisoners and those from a black and minority ethnic background had little confidence in the scheme.
- HP25 In our survey, fewer prisoners said that staff treated them with respect than at comparator prisons or at our 2007 inspection. These findings were heavily influenced by the perceptions of young adult prisoners, under half of whom said they felt respected compared with 71% of adults. Across a range of indicators, young adults expressed negative views of their treatment by staff, with over a third suggesting they had been victimised, compared with a fifth of adults. There were also negative findings for black and minority ethnic and Muslim prisoners, although this partly reflected the younger age profile of these groups. The prison's recent measuring the quality of prison life (MQPL) survey gave a more positive impression of the quality of relationships and respect. Our own observations and discussions with prisoners as a whole were also more encouraging. Prisoners raised few complaints about staff as individuals, and we saw many examples of respectful and friendly engagement, although interaction was limited during association.
- HP26 There was a nominal personal officer scheme, supported by a published policy document, but no evidence that it was being implemented. Contact arrangements were not maintained, and the quality of staff entries in wing files gave no assurance that the scheme was used at all. Personal officers were not engaged in sentence planning, and there was little to show that they were aware of the needs of their prisoners.
- HP27 The kitchen was reasonably well organised and clean. Prisoners working in the kitchen were appropriately trained. There was a reasonable three-week menu cycle. The most recent food survey was undertaken in April 2009, but despite a wide range of concerns from prisoners, there had been little to take these issues forward. In our survey, only 14% of respondents said that the food was good, against the comparator of 24%. The prison was moving to the national contract arrangements for prison shops, and in the transitional period, the number of goods on the shop list had diminished.
- HP28 There was no overarching diversity policy. The full-time diversity manager dealt with all aspects of diversity, and there were no identified leads for the diversity strands.

Diversity work, except on race, generally lacked coordination or focus. Each wing had at least two diversity representatives with clearly identified roles. Prisoners who self-disclosed a disability got some support from health services, but there was no coordination of assessment or provision. There were no action plans or evacuation plans in wing files for those identified as disabled. An older prisoner policy had been published in January 2009, but some aspects had already lapsed, and there were limited wing-based activities for older prisoners not in work. There was currently no work on sexual orientation or religion.

- HP29 Race equality action team (REAT) meetings were well attended and diversity representatives made positive contributions. Concerns identified through ethnic monitoring had not been addressed. During the past 12 months, black and minority ethnic prisoners had been consistently above the anticipated range for use of force, use of segregation and proven adjudications, and black and minority ethnic prisoners were less likely to be on enhanced status and more likely to be on basic. In our survey, the perceptions of black and minority ethnic prisoners were worse than white prisoners. While the prison had recognised these concerns, little had been done to understand the reasons for them or to take effective action.

- HP30 There was a foreign nationals policy but its implementation was limited by the lack of a dedicated foreign nationals coordinator. The identification of foreign national new arrivals was haphazard, and there was no systematic assessment of their individual or collective needs. Information in foreign languages was available during induction and elsewhere across the prison, but we were not assured that all foreign national prisoners had all the information they needed. Airmail letters and telephone calls were available monthly, but prisoners had to apply for these and many did not do so. There were occasional foreign national prisoner support groups.

- HP31 In our survey and in focus groups, prisoners were negative about their access to applications and complaints and the fairness and timeliness of both processes. However, we observed a ready access to both procedures, although the application system did not record responses. The majority of complaint replies we sampled were respectful and within required timescales, and there was a quality assurance process. In a few replies to complaints about staff, prisoners' concerns had not been fully investigated.

- HP32 The chaplaincy was well managed by a full-time coordinating chaplain who was also the Muslim chaplain, and there was a wide range of part-time and sessional chaplains. There were weekly services for the major religions, and other activities included Bible and Islamic study and Alcoholics Anonymous. Chaplaincy staff attended key establishment meetings, including safer custody and REAT, and also regularly attended ACCT meetings.

- HP33 Health services were provided by prison-employed nurses and external specialist services. There was an externally facilitated project to develop clinical governance at the prison, and a long overdue skill mix review was being undertaken. There were few nurse-led clinics, and the management of access to the dentist was weak. Pharmacy services were due to be tendered, and there were weaknesses in the in-possession policy. Inpatients spent too much time locked up, and the delivery of the healthcare regime was poor and not conducive to a therapeutic environment. Although prisoners had access to primary mental health services, this was limited by the diversion of nursing staff to more general nursing duties. The in-reach team provided a service for

those with more complex mental health needs, and there was good access to psychiatrists.

Purposeful activity

HP34 The quality of learning and skills provision had improved and was satisfactory. There was a variety of provision, and most areas offered access to accreditation. Well-established partnerships provided vocational training, and learning and skills were reasonably well integrated with resettlement. There was still insufficient activity to meet the needs of the population, with particularly poor provision for young adults and vulnerable prisoners, and too many prisoners were unemployed. Access to the library was poor. PE provision was impressive, with good access to recreational PE and the opportunity for accredited learning. Prisoners had insufficient time out of cell, and there was slippage in core day routines. On the basis of this full follow-up inspection, we considered that the establishment was still not performing sufficiently well against this healthy prison test.

HP35 Education had improved and offered a broad range of courses, including basic skills from entry level to level three, information and communications technology (ICT) business studies, art, journalism and a wide range of social and life skills. Tutors also supported learning in the workshops and on the residential wings. Prisoners could progress to distance learning and Open University study. Achievements of qualifications were good and standards of work satisfactory. The quality of teaching and learning was generally satisfactory. Up to 150 education places a day were available and attendance rates were reasonable. All prisoners received proper assessment, and arrangements to support those with specific learning needs, including dyslexia, were good. Trained prisoner mentors were used well to support learning. Education provision for vulnerable prisoners had improved but remained limited.

HP36 The prison provided the Prisons Information Communication Technology Academy (PICTA), catering, PE and workshop-based vocational training opportunities. College-based vocational training focused on construction-related trades, industrial cleaning and barbering. Coaching and support in vocational training were generally good, and individual learning plans enabled prisoners to make satisfactory progress.

HP37 There were about 240 work places in workshops and on the wings, and most had a training element. However, there was no labour board or formal system to allocate jobs, and little reference to sentence plans or need when jobs were allocated. The only opportunity for work for vulnerable prisoners was in the laundry. There was a full-time equivalent unemployment rate of about 260, of whom a disproportionate number were young adults. About 169 of the unemployed had never applied for work, and there was no mechanism for staff to encourage or persuade those reluctant to go into employment.

HP38 As at the previous inspection, the library did not meet the needs of prisoners adequately. It was too small to hold a sufficiently wide range of stock, and there was little space to develop new activities. Access to the library remained inadequate – prisoners had only one allocated visit a week and this was likely to be very short – and opening times were limited.

- HP39 Physical education provision was good and well managed. There were good achievements in accredited courses, which were not all short. Access to recreational PE was also very good, and the gym was used to capacity for most of the daily sessions. The gym also opened in the early morning for employed prisoners. Equipment and facilities were very good, and there were links with health services for remedial work.
- HP40 The prison reported a time unlocked figure of just under eight hours a day, although in fact eight hours was the maximum a fully engaged prisoner could expect to be out of cell. Many prisoners spent considerably less time out of cell. Random roll checks revealed about a quarter of prisoners locked in cell during the working part of the day, and about 260 prisoners were recorded as unemployed. Unemployed prisoners were only out of cell for between about 1.5 and four hours a day, and many prisoners were not unlocked at all until lunchtime if they had no activity to go to. There was considerable slippage in the core day, and access to evening association was generally restricted to three evenings a week, and for shorter periods than planned. Daytime association was restricted, although prisoners not in activity could have an hour's exercise. The management of routines continued to be affected by delays in completion of roll checks.

Resettlement

- HP41 The prison had a resettlement policy but this was not based on a needs analysis and did not reflect the needs of young adults. A resettlement centre had recently opened to consolidate service provision. A custody passport planning document had been introduced for all prisoners, but was not yet embedded. The offender management unit had good contact with prisoners in scope for offender management. Public protection arrangements were generally satisfactory. Work across the resettlement pathways was mixed but generally satisfactory. On the basis of this full follow-up inspection, we considered that the establishment continued to perform reasonably well against this healthy prison test.
- HP42 The resettlement policy had been revised in June 2009 but was limited and lacked an action plan, and had not been based on a needs analysis that had been completed. It did not address the needs of young adults, and there was little consideration of any age-appropriate services. A resettlement centre had been established since the last inspection, which brought together facilities in one location. An induction booklet should have been completed on all prisoners and transferred into the custody passport on the shared database. However, arrangements for this were not well embedded. Offender management unit (OMU) staff made use of the passport, but few residential staff were aware of the scheme and did not use it to support prisoners.
- HP43 The OMU was integrated with all key departments and had good links to resettlement. There were few prisoners in scope for offender management, but high levels of contact with them. Prisoners in scope, life-sentenced prisoners and prolific or priority (PPO) offenders were allocated to offender supervisors, and there were effective links with PPO schemes in the region. Sentence planning meetings took place, and video-conferencing facilities were used. There was a backlog of offender assessment system (OASys) assessments and reviews, which was being addressed. Public protection arrangements had a reasonable profile, but information sharing between departments needed to improve. Few prisoners were released on home detention

curfew, but release on temporary licence (ROTL) was used for some prisoners. There were discharge clinics three months and three weeks before discharge to address outstanding issues.

- HP44 There were 13 lifer prisoners. Most had been at Chelmsford for about one year, but one prisoner had been there since 2005. There were no opportunities for lifers to meet together or have family visits, and information for lifers was limited. There were 19 prisoners on indeterminate sentences for public protection (IPP).
- HP45 Prisoner mentors completed housing needs assessments of new arrivals during induction. Prisoners who required accommodation advice were referred to Nacro staff for one-to-one support. The discharge clinics also highlighted cases where action was required. Almost 10% of prisoners had been recorded as having no fixed accommodation on release in the past five months, which was high.
- HP46 During induction, prisoners met relevant employment, training and education agencies individually, completed an initial education assessment, and received information, advice and guidance (IAG). However, IAG did not focus sufficiently on longer term targets that set realistic expectations of employment options on release. There was some use of ROTL to support employment, training and education.
- HP47 There was a high level of need for finance and debt advice, but a relatively low level of service. Jobcentre Plus attended the prison on two days a week and offered basic benefit-related services. There were plans to introduce a personal advice and advocacy service.
- HP48 Health services participated in the discharge clinics. Prisoners due for release were given letters for their GP outlining their care and prescribed medication, and prisoners not registered with a GP were advised how to do this. Patients under the care of the mental health in-reach team were subject to the care programme approach, and there were attempts to maintain contact with their care coordinators in the community. There was a palliative care and end of life policy.
- HP49 There was a substantial counselling, assessment, referral, advice and throughcare service (CARATs) team and caseloads were not excessive. Access was prioritised for IDTS prisoners, and 43 prisoners were on the waiting list, the longest for two months. The P-ASRO (prison addressing substance related offending) programme was run by a team of highly regarded facilitators. Alcoholics Anonymous was available, but only prisoners from E and G wings could go meetings.
- HP50 Visitors complained that the telephone booking lines were frequently engaged. The visitors' centre was well used but too small to cope with the high volume of visitors. There was a cut-off time for visitors to sign in 45 minutes before the visits session, even though they had plenty of time for a visit if they arrived after this. Despite the large number of children visiting, there were no supervised play facilities during weekdays and no books and toys. There was a range of initiatives to improve parenting skills and promote prisoners' relationships with their children and relatives. Prisoners and their families welcomed the family visits, and 'me and my dad' visits promoted family learning and communication.
- HP51 The only accredited programmes were P-ASRO and enhanced thinking skills (ETS). Course completions were high. Psychology staff could undertake suitability assessments for programmes offered elsewhere, and also prepared a range of

reports and needs analysis. There were no non-accredited programmes to meet the needs of short-sentenced prisoners.

Main recommendations

- HP52 Reception and induction arrangements should ensure that vulnerable prisoners are held safely, and have equal access to support and services.
- HP53 First night arrangements should be improved, and consistent.
- HP54 The violence reduction strategy document should be fully implemented.
- HP55 Force should only be used by staff against prisoners as a last resort.
- HP56 The prison should provide training and support for staff to manage and relate to young people, and assist in reducing violence in this population.
- HP57 There should be a full needs assessment of the young adult population, and the results of this should inform local policies, regimes and the delivery of interventions. Young adult prisoners should be involved in this process.
- HP58 The prison should evaluate patterns and trends in ethnic monitoring and address any differential outcomes, and should also institute and evaluate monitoring by religious affiliation.
- HP59 The prison should provide more and better access to purposeful activity, and unemployed and young adult prisoners should be encouraged to engage in it.
- HP60 The prison should deliver the requirements of the published core day and increase the amount of time all prisoners spend out of cell.
- HP61 Residential staff should be involved with resettlement work and play a role in supporting custody and sentence planning.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

Main recommendations

To the governor

- MR1 Reception and induction arrangements should ensure that vulnerable prisoners are held safely, and have equal access to support and services. (HP48)**

Not achieved. Newly arrived vulnerable prisoners were held in reception holding rooms opposite to mainstream prisoners, who could see them enter and leave the rooms. Vulnerable new arrivals were taken directly to the induction wing rather than the vulnerable prisoner unit, and many said that they felt intimidated there. The quality of information in the recently introduced custody passport, opened by first night officers, was unlikely to identify vulnerabilities on arrival (see paragraph 1.13). Vulnerable prisoners did not receive equitable induction arrangements (see paragraph 1.9).

See main recommendation HP52.

- MR2 Trained Listeners and Insiders should be available in reception. (HP49)**

Achieved. There were three Listeners on reception each day, one of whom was also a diversity representative. Posters in reception advertised who they were.

- MR3 Strip conditions and CCTV coverage should only be used in exceptional circumstances to manage prisoners at serious risk of self-harm, and only when other methods of direct and constant engagement and support have been tried, and failed. (HP50)**

Achieved. Strip conditions and CCTV coverage were no longer used to manage prisoners at serious risk of self-harm. The cameras in cells in the healthcare centre were not in operation. The use of strip conditions needed to be authorised by a governor through consultation with health services staff and the safer custody manager. We were given assurances that there were sufficient safeguards to ensure that strip conditions were used only in extreme cases, and they had not been used in 2008 to the time of our inspection.

- MR4 The prison should introduce strategies to reduce bullying and fighting, in particular among young adults. (HP51)**

Not achieved. The prison had published a violence reduction policy document (SAFE) that set out strategies to reduce bullying and violent incidents. However, it was not based on an analysis of patterns of violence and did not focus on the specific trends among the young adult population, who were involved in 65% of all violent incidents in the six months to the end of June 2009. Although the document described a strategy for the overall management of anti-social prisoners, staff were generally unaware of these procedures and many of its protocols had not been implemented. Violence reduction liaison officers had not been appointed on any residential unit, the violence report system was not in place, the six-stage investigation process was not used, and interventions for identified bullies had not been implemented (see also paragraphs 3.13 and 3.14).

See main recommendations HP54 and HP56.

- MR5 Force should be used by staff against prisoners only as a last resort, when all other courses of action have been explored and ruled out. (HP52)**
- Not achieved.** The use of force against prisoners remained high with 138 incidents in the first six months of 2009, an increase compared with the 225 occasions in 2008. Just over half of the incidents in 2009 involved young adults. In our survey, 30% of respondents under 21, compared with only 3% of adult respondents, said they had been restrained in the last six months. We were not assured that force was always used as a last resort. Although there was evidence that de-escalation techniques were deployed during incidents, control and restraint (C&R) had been used in approximately 72% of all incidents in the first six months of 2009. Most incidents were a result of a prisoner's non-compliance.
See main recommendation HP55.
- MR6 The provision of kit for prisoners should be improved with access to kit exchange for all at least once a week. (HP53)**
- Partially achieved.** There had been improvements in the issue of clean prison clothes and bedding to prisoners. There were weekly kit changes on all residential units, and most prisoners could get clean clothes and change a sheet. However, there were still shortages of basic items, such as socks and underpants. Prisoners also said there was a shortage of clean sheets and right size clothes. Prisoners were permitted to wear their own clothes, but there were no facilities for prisoners on A, B, C or D wings to wash them.
See recommendations 2.18 and 2.19.
- MR7 Complaints should be fully investigated and resolved appropriately and within agreed timescales. (HP54)**
- Partially achieved.** There had been 927 complaints in the first six months of 2009. Most of the replies we sampled were respectful, although one response contained an inappropriate remark. The prison's monitoring systems showed that most complainants received responses within the required timescale, but we saw some replies, including some to complaints about staff, which did not offer assurances that all the issues had been fully investigated. For example, some responses to complaints about the prison shop were not appropriately resolved and showed an inflexible approach.
See further recommendation 3.88.
- MR8 The prison should increase the amount of appropriate activity, particularly accredited activity. (HP55)**
- Partially achieved.** The amount of activity had increased since our inspection in 2007, although not since the Ofsted inspection in 2008. There was more accredited provision with the introduction of qualifications in the laundry and the kitchens, and there were now few work areas without accredited training. While still limited, the provision for vulnerable prisoners had also increased.
- MR9 There should be a full needs assessment of the young adult population, and the results of this should inform local policies, regimes and the delivery of interventions. Young adult prisoners should be involved in this process. (HP56)**
- Not achieved.** There had been no needs assessment of the young adult population. As at the last inspection, there was no formal recognition of young adults in any of Chelmsford's policies, which were all aimed at the adult population, and the specific needs of this age group were

overlooked in what was a predominantly adult environment.
See **main recommendation HP57**.

- MR10 **Patients with mental health problems should receive the full range of appropriate multidisciplinary treatment and care as set out in National Institute for Health and Clinical Excellence (NICE) guidelines. (HP57)**

Partially achieved. Patients had access to primary mental healthcare, in-reach services and psychiatrists. However, they did not have access to a wider range of services, such as occupational therapy. Primary mental health services were limited as the primary mental health nurses also carried out generic nursing tasks, which affected their availability for mental health work.

See **recommendation 4.74**.

Progress on recommendations since the last report

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 prisoners' individual needs are recognised and given proper attention.

- 1.1 Prisoners should arrive at the prison before 7pm to ensure that appropriate induction and first night processes can take place. (1.5)

Not achieved. Prisoners generally arrived before 7pm, but later arrivals were not unusual. Those who arrived late had interviews for a cell sharing risk assessment and with a first night officer and a nurse, but they were unlikely to receive other appropriate induction and first night processes on the wing. Long waits on the escort vehicles meant that more prisoners arrived later than was necessary and did not receive all the first night arrangements.

We repeat the recommendation.

- 1.2 Prisoners should be allowed to disembark from cellular vehicles and wait in holding rooms before they are processed. (1.6)

Not achieved. Prisoners were held in the vehicles for unacceptably long periods, in some cases for over two hours. They were only allowed to disembark one at a time when the relevant paperwork and computer entries had been completed. Escort staff said that prisoners got agitated during the long waits. A random sample of prisoner escort records indicated that some prisoners had long waits at court of eight hours or more before they were processed at Chelmsford, and the delay in being disembarked from escort vehicles exacerbated this situation.

We repeat the recommendation.

- 1.3 Escort staff should wait with prisoners in vans rather than in reception. (1.7)

Achieved. SERCO was the contracted escort company. There were usually two staff on each escort vehicle. One of the staff waited in the vehicle with the prisoners, while the other accompanied the prisoner to reception and waited with him there.

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.

- 1.4 Insiders should be available to speak to new arrivals on the first night wing after 8.30pm. (1.22)

Not achieved. Late arrivals had access to Listeners after 8.30pm, but not to Insiders.
We repeat the recommendation.

- 1.5 Prisoners should be able to make a free telephone call on their day of arrival. (1.23)

Not achieved. New arrivals could not make a free telephone call. They were given £2 telephone credit and a PIN (personal identification number) at reception, which they could use to make calls on the wing, but late arrivals were unable to make a telephone call. In our survey, only 19% of respondents said they had an opportunity to make a free telephone call on arrival, against the comparator of 57%.
We repeat the recommendation.

- 1.6 Prisoners should be able to have a shower on their day of arrival. (1.24)

Not achieved. Although new arrivals could shower on the wing, those who arrived after 7.45pm could not. A shower in reception was rarely used. Although it was screened off with a curtain, it was in a busy open area. In our survey, only 12% of respondents said they had an opportunity to have a shower on their first day, against the comparator of 34%.
We repeat the recommendation.

- 1.7 There should be clear contingency arrangements to cover the location of new arrivals when E wing spaces are unavailable. (1.25)

Partially achieved. F wing was the induction wing. When it was full, prisoners who had been there for a day or two were decanted. It was not clear whether those removed from F wing to make way for new arrivals received the support and services they still needed.

Further recommendation

- 1.8 There should be clear induction arrangements for new arrivals not located on F wing.

- 1.9 The induction policy should include induction for vulnerable prisoners. (1.26)

Not achieved. Vulnerable prisoners and those on the integrated drug treatment system (IDTS) did not receive the same induction as mainstream prisoners on the induction wing – which lasted two days and consisted of a multiagency induction talk, diversity and induction presentations, a library visit and a basic skills assessment. The quality was poorer due to resource issues, and a significant number of vulnerable prisoners had been omitted from the induction process. We were not assured that induction was managed robustly, and there was evidence that it operated in isolation from residential staff.
We repeat the recommendation.

Additional information

- 1.10 Reception staff generally treated new arrivals respectfully, although in our survey, black and minority ethnic and Muslim respondents were less likely to feel that they had been searched respectfully. The reception process lacked confidentiality, as all the interviews took place in rooms with open doors.
- 1.11 Reception holding rooms were generally not clean, particularly later in the day, and had no reading material. Although they had televisions, these were often switched off. Notices on the notice boards lacked key information, and were in English only. Hot food and drinks were not provided in reception, but were available.
- 1.12 Prisoners attending court were informed the night before, but those due for police interviews and transfers were not told until the morning they were due to depart, and were unable to prepare in advance or make telephone calls.
- 1.13 Although all new arrivals, except those on IDTS, went on to the induction wing (F), there were no systems to ensure that those new to prison received attention to ensure their safety and address their vulnerabilities and concerns. The recently introduced custody passport, opened by first night officers, had yet to be in, and we found that the quality of information was poor and many had not been completed (see further recommendation 8.14). In our survey, 67% of respondents said they felt safe on their first night, against the comparator of 73%, but only 50% of Muslim respondents, against 69% of non-Muslims, and 53% of black and minority ethnic respondents, compared with 72% of white respondents, said they felt safe on their first night.
- 1.14 There were no dedicated cells for first night prisoners, and no system for officers to identify the location of new arrivals. The handover arrangements between reception and first night staff were also poor. First night accommodation was not clean and some cells lacked key items, such as kettles. Prisoners returning from court were placed on F wing rather than the cell they had vacated.
- 1.15 The two-day induction programme offered to mainstream prisoners was comprehensive and started on the first working day following reception. The atmosphere in the newly opened resettlement centre was comfortable and there was good use of prisoner peer support workers (Insiders). Induction officers based in the centre saw prisoners individually to explain and describe the content of the induction pack. Prisoners were also seen by relevant staff, such as education and healthcare staff, counselling, assessment, referral, advice and throughcare (CARAT) service workers and resettlement officers.

Further recommendations

- 1.16 There should be confidentiality in the reception process.
- 1.17 Subject to a risk assessment, prisoners should be informed the day before their transfer to another prison or request for a police interview.
- 1.18 The location of new arrivals should be identified for officers, and wing staff should pay more attention to the welfare of prisoners new to prison.
- 1.19 First night accommodation should be clean, well furnished and properly prepared.

1.20 Prisoners returning from court should be allowed to return to the cell they have vacated rather than be located on F wing.

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 There should be new shower facilities on B, C and D wings. (2.13)

Not achieved. Communal showers on B, C and D wings were unscreened, and most were dirty and had mould and peeling paint.

We repeat the recommendation.

2.2 Cells with toilets not in a separate area should not be used for double occupancy. (2.14)

Not achieved. As at the last inspection, small cells designed for single occupancy on A, B, C and D wings were used to accommodate two prisoners. Toilets in these cells were next to the fixed bunk beds, and prisoners said they were embarrassed to use them while locked in their cells with another prisoner.

We repeat the recommendation.

2.3 Toilets in shared cells should have fixed privacy screening and should be kept in good repair. (2.15)

Not achieved. There was curtain screening in some cells, but this was not sufficient for adequate privacy. Many toilets were filthy, and some were not working properly.

We repeat the recommendation.

2.4 Prisoners should be able to have kettles or flasks in their cells. (2.16)

Not achieved. Although there were kettles in some cells, mainly on G wing, they were not available in most, and the prison did not provide flasks.

We repeat the recommendation.

2.5 Furniture in cells should be fit for purpose and a locked cupboard should be provided. (2.17)

Not achieved. Cells on A, B, C and D wings remained poorly furnished, many with no tables or chairs – many prisoners used their toilets as seating. Cupboards were broken and in a poor state, and none were lockable. However, most cells on E and G wings were adequately furnished and had a table and chair and a cupboard, although not lockable.

We repeat the recommendation.

2.6 Cells should be well maintained and in a good state of repair. (2.18)

Not achieved. There was still a stark difference between the standard of cells in the older prison building and those on E, F and G wings in the newer part. Most of the older cells were designed for one prisoner but nearly all accommodated two. Although some cells on A, B, C, and D wings were reasonably clean, many were dirty, poorly ventilated and had graffiti. Many,

particularly on C wing, were dark and dreary with mould on sinks and some ceilings.
We repeat the recommendation.

2.7 The prison should ensure that prisoners and visitors are clear about the processes for handing in changes of clothing. (2.19)

Achieved. Prisoners could have clothes handed in during visiting times, and prisoners and visitors were clear about the processes.

2.8 Recreational facilities for prisoners should be maintained and replaced when required. (2.20)

Achieved. Table football, pool, table tennis and board games were available on all wings, and the equipment we examined was in an adequate state of repair.

2.9 Prisoners should be able to dine in association. (2.21)

Not achieved. Prisoners were not permitted to have their meals out of their cells. Many prisoners, particularly on the older wings, had to eat their meals in cramped and dirty conditions, often on their toilet seats because of a lack of space and no table and chairs.
We repeat the recommendation.

Additional information

2.10 Accommodation was provided in four residential wings (A, B C and D wings) in the older prison building and in three separate new residential units (E, F and G wings). A wing housed the segregation unit, some key workers and some vulnerable prisoners. B, C and D wings held a mix of convicted, remand and unsentenced prisoners. G wing housed up to 56 vulnerable prisoners on one spur (blue spur), and 56 enhanced on another (red spur). F wing was the first night and induction centre, and E wing the drug treatment and detoxification unit (see paragraph 3.98). Although there were no separate units for young adult prisoners, they were not permitted to share cells with adults.

2.11 There was a sharp contrast between the old and new parts of the prison. Given the age and physical condition of the old prison, communal corridors were sufficiently clean and tidy although some, particularly on upper landings, were grubby, flooring needed repair and walls were damaged. The overall environment was dreary. Many communal toilets were dirty with mould on walls and paint flaking from ceilings, particularly on C wing. Living conditions in the newer units were much better. Communal areas were clean, well decorated and bright. Most cells were clean and adequately furnished. Communal toilets were clean and showers were working.

2.12 A governor's order on the display of offensive material had been published. The policy was adhered to in the cells we inspected.

2.13 There was evidence in entries in wing observation logs that cell call bells were tested regularly. Although we observed that cell bells were responded to quickly, prisoners said that this was not normally the case. In our survey, only 25% of respondents said that their cell bell was answered within five minutes, which was significantly worse than the comparator of 38%.

2.14 Conditions in outside areas were poor. The grounds around most of the residential units were littered with rubbish and large amounts of bird faeces.

Further recommendations

- 2.15 All communal areas in the older part of the prison should be kept clean and in a good state of repair.
- 2.16 Communal toilets should be kept clean.
- 2.17 The prison grounds should be kept clean and free from litter.
- 2.18 Prisoners should have enough prison clothing of the right size, quality and design to meet their individual needs.
- 2.19 Laundry facilities should be provided to allow all prisoners to wash their clothes.

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.

- 2.20 The prison should develop a programme of regular discussion forums and surveys to obtain a more informed view of prisoner opinion. (2.27)

Achieved. The prison had begun local quarterly measuring the quality of prison life (MQPL) surveys in September 2008 to assess the views of prisoners. Four surveys had been completed, sampling about 10% of the population each quarter. Survey interviews were delegated to staff and departments across the prison, and data collated by the psychology department. Information was presented in the standard MQPL style with a small number of high level recommendations. Recommendations were discussed by the senior management team, and a follow-up note on their progress was included in each subsequent survey. The internal surveys had recorded improvement in all areas since the most recent formal MQPL in 2007, although there was some fluctuation in individual areas between surveys. The draft findings of a recent formal MQPL survey completed during 2009, and which we were shown, had also indicated improvement. The generally positive prisoner perceptions in the local surveys were at variance with some of the more negative views in our prisoner survey (see additional information below), particularly for minority groups such as young adults, and suggested that the prison's methodology was not sensitive enough to potentially significant variations. The prison also held monthly prisoner consultative committees, which were generally well attended and discussed a breadth of issues.

- 2.21 There should be training to improve staff work with young people. (2.28)

Not achieved. Although the prison planned to introduce an eight-stage modular training programme for wing staff, this had not yet begun, despite evidence of the young adult prisoners' more negative perceptions and experiences.
See main recommendation HP56.

2.22 Managers should monitor staff-prisoner relationships in all wings, as evidenced in documentation and interactions, in order to ensure consistency and best practice. (2.29)

Not achieved. At our last inspection, we noted significant disparity in the quality of relationships between the older and newer parts of the prison and between young adults and adults. Young adults had previously been held on one wing, but had now been dispersed through the prison. The prison had adopted no specific methodology or initiative to compare experience and relationships across the prison or between different groups. Our evidence suggested there was still significant disparity. In our survey, for example, only 48% of respondents on the older B, C and D wings said that staff treated them with respect, compared with the 75% response from prisoners on the newer wings. Only 48% of young adult respondents, compared with 71% of adults, said that staff treated them with respect. The similarity of these results reflects the preponderance of young adults held in older accommodation.

We repeat the recommendation.

Additional information

2.23 In our survey, 62% of respondents said that staff treated them with respect, which was a fall from the 70% finding at our previous inspection. However, 70% said they knew of staff they could turn to if they needed help, which was better than the finding of 64% in 2007. The findings were generally poorer for young adult, black and minority ethnic and Muslim respondents. For example, 36% of young adults, compared with 22% of adult respondents, said they had been victimised by staff, and 54% of black and minority ethnic respondents and 50% of Muslims said staff treated them with respect, compared with 64% for white and non-Muslim respondents. These responses were consistent with a generally younger black and minority ethnic and Muslim population. In our interviews with prisoners on personal safety, three of the top five issues cited concerned staff.

2.24 The prison's MQPL survey was more positive, and had shown significant improvement since 2007 in staff-prisoner relationships and the respect shown by staff. For example, nearly three-quarters of respondents said that they got on well with staff and over 65% felt they were treated fairly. Most prisoners we spoke to had few complaints about staff, and we saw examples of respectful one-to-one engagement, including widespread staff use of prisoners' preferred names and titles. However, not many staff were present during association, and those who were tended to stand apart from prisoners. Nevertheless, the atmosphere on all wings felt settled and relaxed.

Further recommendation

2.25 The prison should examine and seek to address the negative perceptions of staff held by young adult prisoners and other minorities.

Personal officers

Expected outcome:

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

- 2.26 The new personal officer scheme should be supported by staff briefings about the requirements of the new policy to ensure personal officers are aware of their role and responsibilities. (2.34)

Not achieved. The personal officer policy had been reviewed and re-published in March 2009. Although the policy was comprehensive, prison officers and prisoners were generally unaware of the document. We did not find copies on residential units, officers were unaware of its content, and there was no evidence that its protocols or procedures had been implemented. We repeat the recommendation.

Additional information

- 2.27 Although there was a nominal scheme and all prisoners had been allocated personal officers, there was no evidence that the scheme was of practical benefit to prisoners. Personal officers were not aware of the individual needs of prisoners, did not systematically help them to access required services, and did not maintain regular contact. Entries in wing files gave no indication that personal officers used prisoner history sheets to identify significant events affecting their prisoners or that they had any involvement in sentence planning or resettlement.

Further recommendations

- 2.28 The personal officer scheme should be fully implemented.
- 2.29 Personal officers should make regular contact with their prisoners and the quality of their engagement should benefit the prisoner.

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 The data provided to the safer custody team should enable emerging trends to be easily identified. (3.10)

Partially achieved. A full-time safer custody officer (see paragraph 3.11) had created a database of violent incidents that included their nature, location and the name and age of perpetrators based on information from reported violent incidents. Although the system was developing and information was presented each month to the safer custody committee, it was not used to inform changes to the overarching violence reduction strategy.

Further recommendation

- 3.2 Information provided to the safer custody committee should be used to inform changes to the violence reduction strategy.

- 3.3 The establishment should investigate the reasons for the significant number of prisoners reporting that they feel unsafe at Chelmsford, and put in place arrangements to improve this. (3.11)

Not achieved. In our survey, more prisoners than at our last inspection (43%) said that they had felt unsafe at Chelmsford. However, fewer (20%) said they felt unsafe currently. There had been a focus group with staff and prisoners in 2008, and a MQPL survey in May 2009 (see paragraph 2.20). However, results from these were not used to inform the violence reduction strategy and the number of violent incidents remained high.

Further recommendation

- 3.4 There should be regular consultation with prisoners and the results used to inform the violence reduction strategy.

- 3.5 All alleged incidents of bullying should be reported and investigated, and entries in wing observation books should be regularly checked for any indications of bullying. (3.12)

Not achieved. The prison was unable to provide records of investigation reports into alleged incidents of bullying from January to June 2009. We were not assured that all reported incidents had been investigated and that outcomes were always reported. Many of the 25 anti-bullying documents we examined gave little indication of any meaningful investigation. Wing occurrence books were not checked systematically for indications of bullying, and there was

little evidence that unexplained injuries were fully investigated.
We repeat the recommendation.

3.6 Improvement targets set in anti-bullying monitoring should be better quality and relevant to the prisoner. (3.13)

Not achieved. Although improvement targets were set as part of formal anti-bullying measures (see additional information below), as at the last inspection, most were meaningless. There were many examples where suspected bullies were set just one target that was unrelated to the incident. There were no management checks to ensure that targets were meaningful and helped to address bullying behaviour.
We repeat the recommendation.

3.7 Persistent bullies should be referred to the psychology department for one-to-one intervention, and the establishment should also seek to establish other types of interventions for bullies. (3.14)

Not achieved. There were no formal interventions for persistent bullies. The SAFE document (see paragraph 3.13) described interventions for prisoners on stage two of anti-bullying procedures that included one-to-one work, but there was no evidence that this took place.
We repeat the recommendation.

3.8 Information relating to bullies and victims should be cross-referenced into wing history files. (3.15)

Not achieved. Entries in wing files were generally poor and gave little indication that staff engaged with prisoners positively. Information on bullies was not cross-referenced into wing files. Entries were mostly irregular, and some prisoners on stage two of the formal measures had no entries about their behaviour in their files.
We repeat the recommendation.

3.9 There should be support plans for victims of bullying. (3.16)

Not achieved. A formal system to support victims was nominally in place and described in the SAFE document, but it was rarely used. Only two victim support plans had been drawn up in relation to the cases of 131 prisoners placed on formal anti-bullying procedures from August 2008 to June 2009. Staff we spoke to said that they were unaware of the system.

Further recommendation

3.10 The systems to support victims of bullying should be fully implemented.

Additional information

3.11 A full-time safer custody staff team, consisting of a dedicated manager (safer custody manager), a newly appointed violence reduction coordinator, suicide prevention coordinator and an administration officer, had been appointed to monitor, review and supervise the implementation of the violence reduction strategy document. The team met monthly as part of an overarching safer custody committee that also included oversight of the suicide prevention policy. Meetings were usually chaired by a senior manager, with support from other relevant

managers, such as security and health services. They were well attended and representation from key areas was consistently high.

- 3.12 Levels of violence were high. In the six months to June 2009, there had been 103 violent incidents, including 77 assaults, a rise of more than 10 compared with the same period in 2008.
- 3.13 Although residential officers used a system to identify incidents of bullying and challenge anti-social behaviour, it differed from the one described in the SAFE document, and there was no effective supervision of processes. The three-stage system in use consisted of little more than cursory observations of alleged bullies during stages one and two and the use of segregation if the prisoner progressed to stage three. There had been 131 anti-bullying documents (SAFE books) opened for alleged bullies from August 2008 to June 2009. Documents we inspected showed little evidence that staff were fully engaged in the process, and monitoring data showed that levels of bullying and violence had not reduced since the last inspection (see paragraph MR4 and main recommendations HP54 and 56).
- 3.14 The bully intervention plans described in the SAFE document – which included stress relief sessions, anger awareness sessions, a victim awareness course and social support groups – were not in place. Two prisoner peer support workers had been appointed but their role had not been adequately described, and staff and prisoners were unsure of their purpose or how to contact them. We observed weak supervision on all wings, and officers did not regularly patrol communal landings or cell areas when prisoners were unlocked.
- 3.15 The violence reduction coordinator had taken up post the week before our inspection. He had a good knowledge of relevant issues and had already identified the gaps in violence reduction processes and had begun to deal with these.

Further recommendations

- 3.16 Staff should receive training in implementing violence reduction policies.
- 3.17 Staff supervision when prisoners are unlocked should be improved.

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.

- 3.18 The quality of initial assessment, care in custody and teamwork (ACCT) assessor reports should be significantly improved and regularly monitored, and all ACCT documents should include a care map. (3.33)

Achieved. Initial assessments were comprehensive and action required was carried out immediately. Overall, case management arrangements through the safer custody team were

effective, and the quality of individual care plans was above average. Detailed support plans prepared through consultation with the prisoner identified specific needs and apportioned responsibilities to a nominated case manager. The progress of plans was reviewed at times agreed with the prisoner. All documents included a detailed care map that was reviewed and updated as required.

3.19 Staff monitoring entries in ACCT documents should demonstrate a high level of engagement with the prisoner. (3.34)

Achieved. The quality of staff entries in ACCT self-harm monitoring documents was good and demonstrated that staff, particularly residential officers, were aware of the prisoner's individual circumstances and provided good levels of care and support. Over 90% of staff had been trained in ACCT procedures, and there was a checklist on how to use and manage the associated documentation. There were regular management checks by the safer custody manager and residential senior officers of the quality of entries in documents.

3.20 Prisoners should have 24-hour access to Listeners. (3.35)

Achieved. Prisoners had 24-hour access to Listeners (see also paragraph 3.26).

3.21 CCTV should not be used as an alternative to observation of and engagement with prisoners at risk of self-harm, whereby staff are on hand to engage with the prisoner and offer individual support. (3.36)

Achieved. CCTV cameras were not in operation. Entries in ACCT documents showed that there were good levels of engagement from staff and individual support.

Additional information

3.22 There had been four self-inflicted deaths at the prison in 2008. They had led to a full review of all suicide and self-harm reduction procedures, and an action plan based on its recommendations. The plan had been incorporated into the overarching safer custody continuous improvement plan, and senior staff monitored progress at the monthly safer custody meeting.

3.23 A comprehensive suicide prevention strategy that set out procedures to minimise the risk of self-harm to prisoners had been published. The separate policy document, specific to the identified needs of prisoners, was understood by staff and prisoners. We found copies on all residential units, in reception and the education department.

3.24 The safer custody committee monitored the implementation of the strategy at monthly meetings. Minutes of meetings showed that historical information, provided by the safer custody manager, was used to help identify trends and patterns of behaviour in terms of type, timing and circumstances of individual incidents. This was used to develop the strategy.

3.25 Protocols were managed by a full-time suicide prevention coordinator supported by the full-time safer custody manager, residential managers and the safer custody committee. She was responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented, and was also a centre point for advice and guidance for staff and prisoners. The role was given a high profile and was understood throughout the prison.

3.26 There were 12 Listeners who provided cover on a rota. The Listener scheme was explained on induction and publicised around the prison. One Listener was available in reception and

another was based on the first night and induction unit on F wing. Listeners said that, although they were well supported by staff and could respond to prisoner needs on a 24-hour basis, when they were unlocked during the night to be escorted to another prisoner's cell they were handcuffed without any assessment of risk. They felt this demeaned their role.

- 3.27 There had been 394 ACCT documents opened in the six months to the end of June 2009. Although a high number, there was no evidence that this was due to an over-reaction by staff to the recent tragic deaths in custody or that they were risk averse when dealing with prisoners.

Further recommendation

- 3.28 Listeners should not be handcuffed when escorted to cells to see prisoners during the night, unless there is a particular risk.

Diversity

Expected outcomes:

All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

No recommendations were made under this heading at the last inspection.

Additional information

- 3.29 There was no overarching diversity strategy, and areas other than race remained underdeveloped. With the exception of religion and the coordinating chaplain, no leads for each diversity strand had been identified. There was no disability policy and there had been no work on sexual orientation.
- 3.30 There was a broad operational instruction regarding the chaplaincy (see faith and religious activity section), but there was no mechanism to monitor the impact of religion on specific activity. In our survey, the perception of Muslim prisoners about their experiences at Chelmsford were significantly worse than those of non-Muslims. For example, 31% of Muslim respondents said they had been physically restrained by staff, compared with only 10% of non-Muslims, only 50%, against 64%, said that most staff treated them with respect, and 56% said they had felt unsafe at some point, compared with 42% of non-Muslims.
- 3.31 Initial information collated by reception staff and health service workers included broad questions on disability, and prisoners were also given information that outlined what broadly constituted disability. However, the information collected was not held in one place or shared, and staff, including personal officers, were not routinely informed what provision and support was available from other departments. The information held by the prison usually related to a physical disability, and that relating to learning disability was not widely known. In our survey, 19% of respondents said they had a disability (equating to over 100 across the establishment), yet the prison had identified only 18 prisoners with a disability.
- 3.32 There had been some attempt to understand the needs of prisoners with a disability, and the diversity manager had recently interviewed all 18 prisoners identified. Although most had been

positive about their experiences, necessary provision had yet to be included in any development strategy. Identified prisoners with a disability – including three wheelchair users – did not have action plans or evacuation plans in their wing files. Although there were two adapted cells on G wing, and adapted shower facilities, they were on the non-vulnerable prisoner side, even though there were no prisoners with a disability on that side. Both older prisoners and those with disabilities were disproportionately represented on the vulnerable prisoner unit. E and F wings had four larger double cells that had been converted and could accommodate a prisoner in a wheelchair, although the doors had not been expanded to allow easy wheelchair access.

3.33 An older prisoner policy had been written in January 2009, but had not been implemented. It stated that the needs of new arrivals over 50 were to be assessed through induction and supported by an action plan where necessary, to be reviewed and updated by wing staff each month. None of this happened. The identified older prisoners care team had also never actually been constituted. At the time of the inspection, there were 45 prisoners over 50 (approximately 7% of the population), the oldest being 81. Retired prisoners received retirement pay of £3.25 but were still expected to pay for their television. Activity for older prisoners was also limited. There was a weekly remedial gym session and some peripatetic education, but no specific regime or activities.

3.34 There had been no impact assessments for any area of diversity other than race.

Further recommendations

- 3.35** There should be an overarching diversity strategy that includes all strands of diversity, and an action plan and identified lead officers for each strand.
- 3.36** There should be adapted cells, capable of accommodating a wheelchair, and adapted showers on both the main and vulnerable prisoner sides of the prison.
- 3.37** A detailed assessment of disability should be undertaken with all new prisoners at reception and information appropriately shared with staff working with these individuals.
- 3.38** Appropriate action plans for older and/or prisoners with disabilities and, where necessary, evacuation plans should be maintained in wing files and reviewed regularly.
- 3.39** Activity for retired prisoners should be extended.
- 3.40** Retired prisoners should not be charged for their television.
- 3.41** Impact assessments should be undertaken for each aspect of diversity.

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

3.42 A race equality strategy should be developed. (3.52)

Achieved. The prison had updated its race equality operational instruction in April 2009. The document was comprehensive and covered all key issues. A separate race equality communications strategy was published at the same time. A race and diversity action plan outlined key development objectives for 2009/10, although all its objectives were oriented to race equality. There was also a continuous improvement plan that picked up action points from the race equality action team (REAT) meetings, which also focused on race equality rather than other aspects of diversity.

3.43 The race equality officer post should be full time. (3.53)

Not achieved. Although the race equality post was made full time following our last inspection, it had been vacated in January 2009 and had not yet been replaced. We were told that there were no immediate plans to fill the post, and indeed that it might be one of the casualties of efficiency savings. In the previous seven months, the diversity manager had undertaken the role of race equality officer. The diversity manager led work on race and all other aspects of diversity, along with foreign nationals. There was no staffing support or assistants, and administrative support had only been provided in the previous month. Race equality and diversity issues remained underdeveloped.

Further recommendation

3.44 The full-time race equality post should be filled as soon as possible.

3.45 Assistant race equality officers should be appointed on each wing to assist the race equality officer and act as a first point of contact on the wings on race-related issues. They should have a job description and facility time to carry out their duties. (3.54)

Not achieved. Assistant race equality officers had not been appointed. There was no job description and no plans for this role to be introduced.

Further recommendation

3.46 Assistant diversity officers should be identified on each wing to support and work with the prisoner diversity representatives. They should have a job description and facility time to carry out their duties.

3.47 Black and minority ethnic prisoner consultation forums should be initiated. Areas where black and minority ethnic prisoners have reported wide variations in perceptions compared with white prisoners should be explored further. (3.55)

Not achieved. The prison had introduced some black and minority ethnic prisoner forums that met bi-monthly, but these were by invitation only, were not advertised on wings and were restricted to 10 prisoners. The perceptions of black and minority ethnic prisoners remained considerably worse than those of white prisoners, and there had been little done to rectify this. In many aspects of our survey, the responses of black and minority ethnic prisoners were significantly worse than white prisoners. Only 54% said they felt respected by staff, compared with 64% of white respondents, and 41% against 22% said they had been threatened or mistreated by a member of staff. Although the results of ethnic monitoring showed significant variations in the experience of black and minority ethnic prisoners, the REAT analysis of this information was limited (see additional information below).

We repeat the recommendation.

- 3.48 The race equality action team should monitor successful applications for category D status by ethnicity. (3.56)**

Achieved. Category D applications and success rates had been included in ethnic monitoring, and there were no indications of significant variations.

- 3.49 The innovative integrated diversity training package for staff and prisoners should be delivered to all staff, with priority to those in prisoner contact roles. (3.57)**

Achieved. Since the last inspection, 145 staff had undertaken diversity training (21 in the previous six months). The prison had replaced its integrated programme with the national Challenge it Change it package and was rolling this out each month.

- 3.50 Delays in initiating racist complaints investigations should be reduced. (3.58)**

Achieved. The diversity manager investigated all racist complaints. We examined the 61 completed in 2009 to date, and all had been initiated in a timely manner.

- 3.51 If a prisoner has transferred while their racist incident complaint is still outstanding, this should be followed up in all cases and final outcomes of investigations recorded on Chelmsford's racist incident report form log. (3.59)**

Achieved. In the racist incident complaints completed so far in 2009, only one prisoner had been transferred during the investigation. On this occasion, the file had been transferred to the receiving establishment, which had been asked for information on the outcome of the investigation, although a response was still awaited.

Additional information

- 3.52** The REAT met monthly, chaired by the deputy governor, and was appropriately constituted. Attendance was reasonable and included wing diversity representatives, who played an active role in the REAT's work and attended the whole meeting.

- 3.53** The development of the race diversity representatives had been a positive initiative. Each wing had at least two, and most prisoners knew who their representatives were. Wing representatives met monthly with the diversity manager, and they said they felt well supported. Their role was clear, although most of their work was oriented to race. They had a specific input during induction, and had produced the diversity information leaflet given out then.

- 3.54** The REAT analysed SMART (systematic monitoring and analysing of racist equality treatment) ethnic monitoring information each month, but there were significant differentials that were not dealt with effectively. In the 12 months to June 2009, black and minority ethnic prisoners had been above the anticipated range for proven adjudications on nine occasions. This was also the case for the use of segregation, and use of force was also consistently above or at the very top of the expected range. Equally, black and minority ethnic prisoners were consistently below or in the lowest part of the expected range for achieving enhanced status.

- 3.55** Analysis of these patterns was limited, and not included in the objectives of the diversity and race action plan or the continuous improvement plan. Minutes of REAT meetings indicated occasional explanations for monthly variations – such as multiple representation of certain prisoners, or involvement in gang activity. In May 2009, the deputy governor sought an exploration of the over-representation of black and minority ethnic prisoners in adjudications, but this was restricted to the previous month and there was no systematic analysis of patterns.

The limitations in ethnic monitoring were compounded by the inclusion of 'white other' prisoners as part of the black and minority ethnic category (this is national NOMS policy). This led to a variation of as much as 6% at the time of the inspection.

- 3.56 The experience for young adult prisoners was likely to have been particularly disproportionate. At the time of the inspection, 55% of black and minority ethnic prisoners were young adults, who accounted for only 35% of the whole population. Thus, 47% of all young adults, against only 20% of adults, were classified as black and minority ethnic.
- 3.57 Racist incident complaint forms were widely available on all wings and were managed by the diversity manager. In 2008, 87 had been completed compared with 190 in 2007. There had been 61 in 2009 to date, and approximately 100 were projected to be completed in the year. The quality of investigations was generally good and responses were respectful. Although the deputy governor signed off all completed complaints, there had been no external quality assurance for over a year. There was no programme or specific activity for prisoners found guilty of a racially motivated offence or activity.

Further recommendations

- 3.58 The prison should evaluate pattern and trends in SMART monitoring to establish and address the differential impact of the regime on black and minority ethnic prisoners.
- 3.59 There should be quarterly external quality assurance of completed racist incident complaints.
- 3.60 There should be a programme to challenge the behaviour and attitudes of prisoners convicted of racially motivated offences or identified through racist incident complaints.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.61 An analysis should be undertaken, in conjunction with prisoners, to determine the needs of foreign national prisoners at Chelmsford, and the resources required to deliver services effectively and consistently. This analysis should be the basis for an effective strategy for meeting the needs of foreign national prisoners. (3.67)

Not achieved. There was currently no foreign nationals coordinator, and the role was covered by the diversity manager. There was no mechanism to interview all foreign national new arrivals to ascertain their specific needs, and collate and evaluate this information. The prison held meetings approximately every two months with foreign national prisoners. Attendance was by invitation and restricted to 10, and the meetings were not advertised on wings. The meetings focused on specific issues rather than on developing a strategy for prisoners. Although a foreign nationals strategy had been written in April 2009, this only outlined the provision available and did not cover objectives or developments. Neither the race and diversity action plan or continuous improvement plan included any objectives oriented to foreign nationals. In our survey, foreign national prisoners expressed more negative

perceptions than British nationals in some key aspects: 64% said they had felt unsafe at some point in the prison, compared with 41% of British nationals, and only 25%, against 39% said they were in work.

We repeat the recommendation.

Further recommendation

3.62 The prison should appoint a foreign nationals coordinator immediately.

3.63 There should be more resources for the provision of services for foreign national prisoners to enable a more proactive approach to this work. (3.68)

Not achieved. In the absence of a foreign nationals coordinator, the prison provided fewer resources for this work.

We repeat the recommendation.

3.64 Foreign national prisoner representatives should be appointed on every wing. They should have a formal job description and regularly meet the diversity manager and foreign nationals coordinator. (3.69)

Partially achieved. Two of the current prisoner wing diversity representatives were foreign nationals who had been recruited specifically to take forward such issues. However, their role remained unclear as they had a prison-wide remit, rather than providing support just on their wing.

We repeat the recommendation.

3.65 Prisoner mentors should be identified for prisoners who do not speak English. (3.70)

Partially achieved. Although there was no formal mentoring for foreign national prisoners, the prison attempted to accommodate together those who spoke the same language or came from the same part of the world. While this offered some support, this was not the same as mentors who could offer structured guidance and understanding of the day-to-day functioning of the wing.

We repeat the recommendation.

3.66 There should be informal drop-in sessions for foreign national prisoners. (3.71)

Not achieved. Informal meetings were scheduled approximately every two months (see above), but these were not drop-in sessions and could not be attended by all foreign national prisoners. These meetings tended to focus on specific concerns raised by prisoners. The diversity manager, covering the role of foreign nationals coordinator, responded to individual queries.

We repeat the recommendation.

3.67 The Border and Immigration Agency should visit the establishment to meet foreign national prisoners and discuss their immigration cases. (3.72)

Achieved. Staff from the UK Border Agency (formerly the BIA) attended the prison every fortnight. They saw prisoners on request, and the prison ensured that they saw all foreign national new arrivals as a priority.

- 3.68 There should be greater awareness among staff and prisoners of entitlements for foreign national prisoners and how to apply for them, and the induction booklet should contain information for foreign national prisoners. (3.73)

Not achieved. Although the foreign nationals strategy document outlined the available resources, it was not widely understood by wing staff. Documents outlining the prison's mechanisms and procedures had been translated into several languages, but were not given to prisoners as a matter of course. In the resettlement department, the only copies available were for reference only. Although wing staff provided airmail letters for foreign national prisoners, many prisoners did not take up their entitlement to a free five-minute telephone call in lieu of visits. In the three months to the end of May 2009, only 57 such telephone calls had been authorised, although there was an average of approximately 115 foreign national prisoners.

Further recommendations

- 3.69 Information on the routine and functioning of Chelmsford should be provided to prisoners in a language they understand as a matter of course.
- 3.70 A free monthly telephone call abroad should be offered to all foreign national prisoners.

Additional information

- 3.71 Chelmsford held 109 foreign national prisoners at the time of our inspection. It was not clear how frequently interpreting services were used, as the prison kept no record of use of a professional interpreting service. We were told that information was recorded in prisoner files, but we saw no evidence of this. There was no system to ensure such provision was used in formal situations, such as medical care or during adjudications. We were not assured that appropriate translation and interpreting services were provided. A list of prisoners and staff who could speak foreign languages was out of date
- 3.72 UKBA staff were due to be based at the prison for two to three days a week from the week after our inspection. However, Chelmsford had not been identified as a core establishment for foreign national prisoners, it currently lacked facilities and was not oriented to such a function. We were told that nine Congolese prisoners were to be transferred to Chelmsford the following week from prisons as far away as Liverpool just to see a specialist UKBA caseworker. Such prisoner movements are both unnecessary and potentially destabilising for prisoners.

Further recommendations

- 3.73 Professional interpreting services should be used in all formal settings and should be more widely available.
- 3.74 The list of prisoners and staff who speak foreign languages should be kept up to date and made available to all staff.
- 3.75 Prisoners should not be transferred solely to facilitate immigration interviews.

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.

- 3.76 Where complaints need to have additional information from a third party, staff should set a date for a final response and advise the prisoner of this process. Final responses and outcomes should always be filed with interim replies. (3.101)

Partially achieved. The prison monitored complaints that were forwarded to other prisons for a response. A covering letter was attached to the complaint stating the timescale for a response, and the prisoner received a similar interim reply indicating when he could expect to receive a final response. There was a follow-up system to chase replies not received by the required date. However, we also saw responses to internal complaints where the reply suggested that the prisoner write separately to a different department in the prison to obtain further information. This was unnecessary and likely to result in a second complaint when the respondent making further enquiries on the prisoner's behalf could have provided a full and substantive response.

Further recommendation

- 3.77 Complaint replies should offer a complete response to all issues raised by the prisoner.

- 3.78 The complaints process, including appeals, should be clearly publicised for prisoners and be available in a range of languages. (3.102)

Partially achieved. The complaints process was explained to prisoners during induction. Only limited information was published on wing notice boards to explain the process. This was in English only and often not displayed near complaints boxes and forms. Although the touch screen information points included an overview of the process in a range of languages, not all prisoners had access to a terminal.

We repeat the recommendation.

- 3.79 Complaints relating to staff behaviour should be logged, dealt with by senior managers, and trends noted and acted upon. (3.103)

Partially achieved. All complaints submitted as confidential access were initially referred to the governing governor, and complaints about staff were referred to the relevant functional head. Complaints about staff were recorded on a separate database, including the name of the member of staff concerned to identify any trends. There had been 78 such complaints in the first six months of 2009. The deputy governor quality assured a random sample of complaint replies each month and provided written feedback to managers. Monthly monitoring of complaints by subject and location was also forwarded to the deputy governor. However, in the replies we sampled we found a few complaints about staff that did not offer complete assurance that the prisoner's concerns had been fully explored and investigated. In one complaint, the manager responding simply stated that the member of staff concerned had always been very professional in dealings with prisoners and there were no grounds for the

complaint.

We repeat the recommendation.

Additional information

- 3.80 In our survey and in focus groups, prisoners were negative about applications and complaints procedures, including their access to forms and the timeliness and fairness of both processes. For example, in our survey, only 20% of respondents, significantly worse than the comparator of 33%, said their applications were dealt with fairly.
- 3.81 Prisoners appeared to have ready access to application and complaint forms, although confidential access complaint forms and envelopes were not available on every wing.
- 3.82 Most applications were submitted on a general application form, although there were separate forms for health services, work and PIN telephone requests. Application boxes were opened by night staff, which created delays. An application submitted in the morning was not received by the relevant department until the following day. All applications were logged but a record of responses was not retained, so it was not possible to assess the length of time they took to be processed.
- 3.83 The night orderly officer was also responsible for opening complaint boxes. This was inappropriate and could undermine prisoners' confidence in the process. Submitted complaints were transferred to a single locked box, which the complaints clerk emptied each morning.
- 3.84 The prison's monitoring data showed that the majority of complaints received in 2009 related to property. There was limited complaints monitoring, but not by ethnicity or status. Complaints with a racial aspect were referred to the race equality officer.

Further recommendations

- 3.85 The prison should consult prisoners to explore and address their negative perceptions of the applications and complaints procedures.
- 3.86 Applications should be processed on the day they are submitted.
- 3.87 There should be a recording system that provides an audit trail of the progress of applications to ensure they are answered in a timely manner. This system should be subject to quality assurance.
- 3.88 Complaints should be fully investigated and resolved appropriately and within agreed timescales.
- 3.89 Complaints boxes should only be opened by staff responsible for processing complaints.
- 3.90 There should be a detailed written analysis of complaints by ethnicity and prisoner status.

Housekeeping point

- 3.91 Confidential access complaint forms and envelopes should be available on each residential wing.

Legal rights

Expected outcomes:

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

No recommendations were made under this heading at the last inspection.

Additional information

- 3.92 The prison had only one legal services officer, who was not full time and often deployed elsewhere. Although the officer's attendance at induction every morning was prioritised, there appeared to be little time for further provision, and work was rarely followed up. There was a good range of information: the library held information on Prison Service Orders and other legislation, and legal books were available for reference.
- 3.93 In our survey, only 27% of respondents said they found it easy to communicate with their legal representatives, against the comparator of 42% and the response of 37% at the last inspection. Although prisoners could request access to telephones during the day, this was often problematic and not always facilitated. Visits rooms were available for legal visits, which could be booked for a morning or afternoon every weekday, and it was rare that a visit could not be made on the date required.
- 3.94 There were two video-link courts, which were used daily, and four video-link booths, which could be used for probation interviews, post-programme interviews and inter-prison visits. During June and July 2009, they had been used on 169 occasions.
- 3.95 Bail information and support was managed by a dedicated team of probation staff. All new arrivals were interviewed and considered for possible bail, in conjunction with legal advisers. There was an effective service in relation to the Clearsprings bail support initiative for appropriate accommodation. In the 12 months to the end of July 2009, there had been 292 referrals to Clearsprings, against a target of 120. Of these, 71 (24%) had been accepted and received bail, which was one of the highest success rates in the country.

Further recommendations

- 3.96 The legal services officer should be employed for sufficient time to meet the needs of the population.
- 3.97 Prisoners should be able to telephone their legal representatives during the day.

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.

3.98 Opiate-dependent prisoners should be given appropriate first night clinical support. (3.123)

Achieved. The integrated drug treatment system (IDTS) had been introduced in June 2008. A nurse screened new arrivals for substance use issues. Those who required clinical treatment were taken straight to the stabilisation wing (E wing) rather than to the first night wing. This worked well and prisoners told us that they were satisfied with the first night care, which involved 24-hour nursing cover. Once on E wing, IDTS nurses conducted a triage assessment, and the GP saw those prisoners who needed prescriptions for opiate substitution medication. The GP was on duty from 2pm until 10pm to cover late arrivals.

3.99 Clinical treatment should be flexible, based on individual need and include the option of stabilisation/maintenance regimes. (3.124)

Achieved. National guidelines were followed for the stabilisation and maintenance of the 86 prisoners on opiate substitution treatment. The medication administration hatch on E wing was in a small area that became overcrowded when prisoners were waiting for their Subutex to dissolve.

Further recommendation

3.100 The medication administration area should be adapted to ensure a safe and suitable environment that allows for privacy and a separate area for the administration of Subutex.

3.101 Healthcare and counselling, assessment, referral, advice and throughcare (CARAT) services should work in an integrated way and coordinate prisoners' care jointly. (3.125)

Not achieved. Health services, IDTS nurses and CARAT workers worked together on five- and 28-day IDTS reviews, but there was no evidence of joint care planning. Each department had its own approach to care planning that was separate and not cross-referenced. Prisoners also said that each department worked with them separately, and they had little impression that there was a coordinated approach to their care plans. The joint reviews were also often delayed or interrupted by ongoing roll check problems.

We repeat the recommendation.

3.102 Healthcare providers' skill mix should include dual-diagnosis expertise. (3.126)

Not achieved. There was a new dual-diagnosis care pathway document, but there were no specialist dual-diagnosis professionals in the mental health team.

We repeat the recommendation.

Additional information

3.103 Chelmsford was taking part in a pilot project for the use of FP10 secure prescription forms, incorporating serial numbers and anti-counterfeiting features. Where no arrangements could be made for methadone to continue after a prisoner's discharge, the doctor wrote the FP10 private prescription for the prisoner to take away. If discharge from court was possible, the prescription was sealed into a numbered bag and given to the escorting officers to give to the prisoner, or return to the prison with the prisoner on his return. The aim was to ensure continuity of treatment and reduce the risk of newly released prisoners resorting to the use of street drugs.

- 3.104 In our survey, only 24% of respondents said it was easy to get drugs in the prison, against a comparator of 32%. This was supported by the relatively low positive random mandatory drug testing rate, which had been 3.9% in the six months to June 2009. The testing facilities and holding cells were clean and tidy.
- 3.105 The suspicion test positive rate over the same six months was 31.3% (out of 48 tests). While it was apparent that not all suspicion test requests were completed, there was no monitoring of the number of tests that fell outside the 72-hour requirement. There had been 16 drug finds in the six months to June 2009.

Further recommendation

- 3.106 Target drug testing should be managed more effectively to ensure tests are undertaken within the required timeframe.

Vulnerable prisoners

- 3.107 There should be a risk assessment of the appropriateness of mixing vulnerable young adults with adult prisoners. (3.131)

Not achieved. There was no evidence that there had been a formal risk assessment of young adults located on the vulnerable prisoner unit on G wing.

We repeat the recommendation.

- 3.108 There should be an alternative route for mainstream prisoners during free-flow movement so that they do not have to pass through D wing. (3.132)

No longer relevant. Most vulnerable prisoners were now in a separate unit on G wing (see additional information below).

- 3.109 Staff should not disclose the identities of vulnerable prisoners to other prisoners. (3.133)

Achieved. There was no evidence that staff disclosed the identities of vulnerable prisoners to other prisoners.

Additional information

- 3.110 The vulnerable prisoner unit was on a spur on G wing (blue spur). However, all vulnerable prisoners spent their first night on the induction unit on F wing and moved to blue spur when they had completed their induction and a space became available. The blue spur could accommodate up to 60 prisoners. However, as at the last inspection, the number of prisoners seeking protection exceeded this. Overspill prisoners were sometimes located on A2 landing, next to the segregation unit, but most were kept on F wing and on the second spur on G wing (red spur) awaiting a space on blue spur. At the time of inspection, there were 60 prisoners on blue spur, eight on red spur, five on F wing and two on A wing.
- 3.111 Prisoners on blue spur said they felt safe and that the living conditions were good. Communal areas were clean and bright, and cells were properly furnished. Relationships between residential officers and prisoners were cordial.

- 3.112 There was a basic activities regime for vulnerable prisoners. Although work was available in the laundry and there was a limited range of education classes (see paragraph 5.13), many prisoners were not in purposeful activity. During inspection, nearly half of blue spur prisoners were unemployed and remained locked in their cells for much of the core day.
- 3.113 Vulnerable prisoners based on mainstream accommodation on F wing and A2 landing in the segregation unit received a poor regime and could not be effectively protected. Vulnerable new arrivals in the induction unit were subjected to verbal abuse through their cell doors and windows from other prisoners, were unable to receive association, and had no access to purposeful activity. Prisoners usually remained on induction unit for at least a week.
- 3.114 Conditions on red spur were also poor. Although prisoners here could in theory participate in the regime on blue spur, this rarely happened, and in practice most spent most of the day locked in their cells. They also said they were often subjected to verbal abuse from other prisoners on the unit.

Further recommendation

- 3.115 All vulnerable prisoners should be kept in a safe environment and be able to access a full regime.

Young adults

- 3.116 An identifiable manager should be appointed with overall strategic responsibility for young adult prisoners at Chelmsford. A strategy should be developed for their overall management. (3.139)

Not achieved. There was no specific strategy or an identifiable manager to deal with the 230 young adult prisoners, despite strong evidence that this group of prisoners was proving problematic. During inspection, we found that: 40% of young adults were unemployed; they were involved in 65% of all violent incidents; most occupied the worst accommodation on B, C, and D wings in the old part of the prison; and they accounted for 47% of all adjudications. Young adults reported a significantly worse custodial experience than adult prisoners. In our survey, 64% of young adult respondents (compared with 74% of adults) said that there was a member of staff that they could turn to with a problem, 36% (compared with 22%) said that they had been victimised by staff, 38% (compared with 54%) said that they had done something to make them less likely to offend in future, and 48% (compared with 71%) said that they were treated with respect by staff.

We repeat the recommendation.

Section 4: 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.

- 4.1 There should be a programme of clinical audit that covers topics appropriate to prison health. (4.37)

Not achieved. A nine-month externally facilitated project to develop clinical governance was in progress. The need to develop clinical audit systems had been highlighted, and there was planning to roll out a programme to address this. However, these arrangements were not yet in place.

We repeat the recommendation.

- 4.2 Prisoners should have more opportunities to give feedback and make suggestions about health services. (4.38)

Partially achieved. The clinical nurse manager attended prisoner consultative committee and REAT meetings. Opportunities to meet with diversity representatives to discuss specific health-related issues were being explored. Ways for Patient Advice and Liaison Services (PALS) to become involved in the prison were also being considered.

We repeat the recommendation.

- 4.3 There should be steps to identify and minimise any barriers to health services experienced by young adults, foreign nationals and other potentially excluded groups. (4.39)

Not achieved. There was no monitoring to identify the prisoners using health services and therefore no opportunity to identify any barriers for prisoners in accessing them.

We repeat the recommendation.

- 4.4 Prisoners who wish to make a complaint about healthcare should be able to do so in confidence direct to healthcare. (4.40)

Partially achieved. Although the general complaints system was used for healthcare complaints, envelopes were available with the forms. However, health services staff said that some complaints still came to them via the complaints clerk, and prisoners we asked did not mention the envelopes.

We repeat the recommendation.

- 4.5 There should be a review of the skill mix and staff complement, including the need for dual-diagnosis (substance misuse and mental health problems) expertise and more multidisciplinary input to mental healthcare. (4.41)

Partially achieved. A skill mix review was under way at the time of our inspection. A service redesign for mental health services was also being undertaken. The need for an additional mental health nurse and two additional healthcare assistants had already been identified and funding agreed for these posts, although they had not yet been advertised. There were still no

dual-diagnosis nurses working at the prison.
We repeat the recommendation.

- 4.6 All health staff, including the dental team, should receive annual updates on resuscitation skills and use of the defibrillator. (4.42)**

Achieved. All health staff (except one recently returned from long-term sick leave) had received training in resuscitation and use of the defibrillator. Training had been booked for the remaining member of staff. The dental team had also received training.

- 4.7 GPs practising at the prison should have access to learning and development programmes in line with what is available for GPs working in the community. (4.43)**

Not achieved. GPs said that they did not receive training and development through their employing agency, and had no paid time for continuing professional development. However, one GP had received support to complete his Royal College of General Practitioners level two training.

We repeat the recommendation.

- 4.8 Full and complete signed records of administration of medicines should be kept on prescription charts, including where patients refuse medication or fail to attend. (4.44)**

Not achieved. We saw examples on administration charts where patients had not been given their medicines but this had not been annotated, and many diagnoses were missing.

We repeat the recommendation.

- 4.9 Failure to attend or refusal of medication should be followed up and appropriate action taken. (4.45)**

Not achieved. The follow-up of prisoners failing to attend for medication was ad hoc. The mental health team could be approached if they were taking antidepressants, but there were no records of whether this had been done.

We repeat the recommendation.

- 4.10 Healthcare staff should make full use of the opportunities provided during reception, induction and secondary screening procedures to ensure prisoners have maximum opportunity to benefit from health services. (4.46)**

Not achieved. All new arrivals received a healthcare assessment, but there was no routine secondary health screening. Prisoners were given basic information about health services in the prison as part of their initial health screen, but not in writing. A booklet to give prisoners information about health services at the prison was in draft. Health services staff did not contribute to the induction programme. In an initiative launched two weeks before our inspection, health trainers (prisoners trained in providing general health advice) were available to give basic health information to prisoners during induction.

We repeat the recommendation.

Further recommendation

- 4.11 Prisoners should have a secondary health assessment, carried out and recorded by trained health services staff, within 72 hours of their arrival.**

- 4.12 Prisoners should be able to apply to be seen in healthcare using a confidential and dedicated procedure that is regularly reviewed to identify and remedy any delays. (4.47)

Achieved. Prisoners used a specific healthcare application form to see health services staff, which was posted in a designated healthcare application box on the wing. Boxes were emptied daily and nurses visited prisoners to assess their need. This meant they could offer health advice and identify if the need was urgent or routine. Prisoners who required urgent appointments could be seen by a GP on the same or following day. Routine appointments had longer waiting times of up to five days. Vulnerable prisoners had longer waits for routine appointments as only one clinic day a week was allocated to them; they received equitable access to urgent and emergency care. Prisoners we spoke to knew how to access healthcare appointments.

Further recommendation

- 4.13 All prisoners should have equitable access to routine healthcare.

- 4.14 Nursing staff should use clinical triage algorithms to ensure consistency of advice and treatment to prisoners. (4.48)

Not achieved. Nurses did not use clinical triage algorithms. When they assessed a patient, they completed an information sheet stating the problem and treatment, but this was just a record and did not ensure consistency of advice. This sheet was available to the GP when he saw the patient.

We repeat the recommendation.

- 4.15 Patient group directions (PGDs) should be developed to support a greater range of nurse-led treatment. (4.49)

Not achieved. Apart from a few vaccinations given under patient group directions (PGDs), no other medication was supplied by nursing staff under PGDs, which would allow patients to receive appropriate care without seeing a doctor.

We repeat the recommendation.

- 4.16 Patients attending healthcare should have reasonable notice of their appointment. (4.50)

Achieved. Healthcare assistants took appointment slips to the residential wings the night before the appointment and gave this to the prisoner.

- 4.17 There should be more efficient use of the optician's sessions to reduce waiting times. (4.51)

Partially achieved. The optician's sessions had increased from one to three a month since our last inspection. Although the waiting list had reduced from three months to seven weeks, this was still too long. If medical or nursing staff were concerned about a prisoner, he was offered an appointment at the next optician's clinic.

Further recommendation

- 4.18 Prisoners should have timely access to optician appointments.

4.19 A wider programme of chronic disease management should be introduced. (4.52)

Not achieved. Chronic disease management was GP led. Although some nurses took the lead on specific lifelong conditions, such as diabetes, they had not received specialist training, and there were no regular clinics for prisoners with lifelong conditions.

We repeat the recommendation

4.20 Patients should be able to collect their medicines in privacy. (4.53)

Not achieved. Although there were lines on the floor to give some privacy to patients, these were too small to be effective and were ignored by other patients, even when discipline officers were present.

We repeat the recommendation.

4.21 There should be appropriate identity checks of prisoners before medication is supplied. (4.54)

Achieved. All prisoners were asked to show their photo identity cards. If they did not have them, they were sent back to their cell to get their ID or were vouched for by a discipline officer.

4.22 Records of all medications supplied to a patient, whether prescribed or not, should be maintained on one record, together with a reason for the supply of any non-prescribed medicine. (4.55)

Achieved. Supplies of simple analgesia to patients were recorded on a separate sheet and annotated on to their record and administration chart. The reason for supply was not recorded, but the supplies were patient packs of 24 ibuprofen and 16 paracetamol, which could be used for future use rather than a current condition.

4.23 Procedures should be used to identify and address overuse of non-prescribed medication. (4.56)

Partially achieved. The items that could be supplied to prisoners without prescription had been reduced to only simple analgesia, which had reduced the problems of oversupply. However, there was no audit of the analgesia supplied, and the reduction in medicines available had reduced the service for prisoners reporting special sick.

Further recommendation

4.24 The medicines and therapeutics committee should regularly review the special sick policy to ensure that all appropriate medicines can be supplied.

4.25 All staff who give out non-prescribed medicines should receive training on their use. (4.57)

Achieved. Staff had appropriate knowledge of the medication they administered, but this was mainly due to the reduction in medicines available to prisoners.

4.26 There should be an agreed, transparent and documented risk assessment procedure, including regular multidisciplinary review, to determine whether a patient can have their medication in possession. (4.58)

Not achieved. Although we saw an in-possession policy, staff were unaware of what it contained. The doctor appeared to decide how the patient would receive his medication, and little was supplied more than daily in possession.
We repeat the recommendation.

- 4.27 The medicines management committee should regularly review prescribing trends to guide policy development and check on implementation. (4.59)**

Not achieved. The minutes from the previous three medicines management committee meetings did not mention any prescribing reviews.
We repeat the recommendation.

- 4.28 The healthcare department should work with the rest of the prison to minimise missed appointments, especially with the dentist. (4.60)**

Partially achieved. There was a new system to follow up prisoners who had failed to attend GP appointments. A member of the healthcare team visited them in the afternoon to find out why and ascertain if they still required the appointment. The failure to attend rate for dental appointments was thought to be about 33%, and there had been no detailed work to ascertain the reasons for non-attendance.

Further recommendation

- 4.29 The reasons why prisoners do not attend dental appointments should be investigated, and appropriate action taken to address problems identified.**

- 4.30 The dentist should provide regular returns of the numbers of patients seen and treatment provided. (4.61)**

Achieved. The appropriate forms were completed and regularly submitted to NHS Dental Services.

- 4.31 The number of trained health staff on night duty should be increased to provide safe cover of the inpatient unit and the wings. (4.62)**

Achieved. There were two trained nurses on duty at night, one based on the inpatient unit and one on E wing.

- 4.32 Inpatients should have access to therapeutic daycare options, including education and work appropriate to their clinical condition and that contribute to their recovery. (4.63)**

Partially achieved. Inpatients could attend activities such as education and gym off the unit if it was appropriate to their condition and part of their care plan. Those preparing to return to normal location could also attend exercise or association on their wing to help them to reintegrate. Inpatients could be seen by the mental health in-reach team in their offices rather than on the inpatient unit if they were considered well enough. However, there was very little therapeutic activity for inpatients not well enough to attend activities outside the unit, and they spent too much time locked behind their doors. This meant that those who were most unwell received least interaction and therapeutic activity. Apart from a short period of around 15 minutes in the exercise yard – introduced following a smoking ban on the inpatient unit – inpatients spent all morning locked up if they were on the unit. They did not even leave their

cells to collect their lunch, which healthcare orderlies delivered through door hatches. Although the mental health unit was called 'daycare' it did not perform a daycare function, as prisoners only went there for specific sessions or one-to-one work.

Further recommendation

4.33 Inpatients should have access to a therapeutic regime.

4.34 Inpatients should have daily opportunities for exercise and association equivalent to the rest of the prison, as their clinical condition allows. (4.64)

Partially achieved. Although inpatients spent too much time locked up, they did have access to daily exercise and association. However, they did not receive evening association or regular purposeful activity, such as daily work or education.

Further recommendation

4.35 Inpatients should have a full regime that includes evening association and purposeful activity.

4.36 Healthcare and other prison staff should work jointly to manage and take responsibility for decisions about prisoners at risk of suicide and self-harm. (4.65)

Partially achieved. Primary care staff attended assessment, care in custody and teamwork (ACCT) reviews, although there were not always enough staff to enable them to attend all reviews. A representative of the mental health in-reach team attended as many reviews as possible to identify prisoners not known to the service who could benefit from mental health support. ACCT reviews for inpatients were less multidisciplinary, and it was often difficult to get attendance from wing discipline officers.

We repeat the recommendation.

4.37 The care programme approach should be used for patients with severe mental illness. (4.66)

Achieved. The in-reach team provided a service for prisoners with severe and enduring mental illness, and all patients on their caseload were subject to the care programme approach.

4.38 Prisoners requiring specialist mental health inpatient care should be assessed within seven days and transferred expeditiously. (4.67)

Achieved. The team leader for primary mental health coordinated mental health transfers. She ensured that actions were followed up and assessments arranged. There were good relationships with local services, and moves to local units were swift. Moves outside the local area took a little longer.

Additional information

4.39 Health services were commissioned by Mid-Essex Primary Care Trust (PCT) and provided by prison-employed nurses and external specialist providers. The prison clinical governance committee had been relaunched and terms of reference agreed, but it was not clear how it

linked with the main PCT clinical governance systems. The health needs assessment had been undertaken in 2007 and was planned to be updated in autumn 2009.

- 4.40 A workforce review was under way at the time of our inspection. The current primary health services team included a healthcare manager, who was a registered general nurse (RGN), a clinical nurse manager who was an RGN, six band 6 nurses (two registered mental health nurses, RMNs, three RGNs and one vacant post)) and six band 5 nurses (two RMNs and four RGNs). The team was supported by four healthcare assistants (two band 4 and two band 2). There were also vacancies for three new posts, one band 5 nurse and two band 2 healthcare assistants. There were two healthcare administrators. A group of seven discipline staff provided support for the inpatient unit and outpatient clinics.
- 4.41 A senior nurse was responsible for the overall care of older prisoners. However, this role had not been developed and there was no specific service for this group of prisoners (see also paragraph 3.33).
- 4.42 Information about staff training sessions was recorded in a diary, but it was difficult to identify the nurses who had attended. Arrangements for clinical supervision were being developed as part of the wider clinical governance project. Staff were encouraged to access clinical supervision, but there was no clear system for this or recording of who had attended.
- 4.43 Emergency bags and automated electronic defibrillators were available in the centre of the prison for use on A, B, C and D wings, with separate equipment on E, F and G wings and in the inpatient unit. The ambulance service serviced the defibrillators and had advised on the content of the emergency bags.
- 4.44 The majority of policies relating to health services were under revision as part of the clinical governance project. Previously they had been prison-only policies, but policies that could be adopted from the PCT were also being identified.
- 4.45 GP services were provided through an agency. The same GPs attended the prison, which provided continuity of care. There was GP cover between 8.30am and 10pm Monday to Friday, and a GP attended the prison on Saturday afternoons and Sunday mornings. Out-of-hours services were the same as for the local community.
- 4.46 Paper-based clinical records were still used. Plans to introduce an electronic clinical management system had still not been implemented
- 4.47 Pharmacy services were provided in house by a team of a regular pharmacist, the pharmacy manager, who was a technician, and three other technicians. The IDTS service was supplied by two pharmacy technicians who were responsible to the pharmacy manager. All staff, except the pharmacy manager, were agency staff. It was not clear if the IDTS pharmacy technicians were under the line management of the pharmacy manager, and their work appeared to be unsupervised. They administered to patients, although they were untrained for this and not professionally accountable. The pharmacy manager and other technicians employed by the agency were unregistered with their professional body. The pharmacy technicians gave out all in-possession medication. There was little opportunity for prisoners to see the pharmacist. There was a lack of clear procedures and written pharmacy policies for staff.
- 4.48 The pharmacy was in good order and generally tidy, but the treatment rooms were less well kept and all were hot and humid, which meant that medicinal products were stored above 25°C, contrary to the optimum storage conditions. Reference books in the pharmacy were up to date, but those in the treatment areas were not. There was no specific prescribing formulary.

There did not appear to be evidence-based prescribing, and large quantities of diazepam were prescribed.

- 4.49 Most medication was supplied daily in-possession. Technicians supplied all in-possession medication to patients, but had little opportunity for counselling. Loose tablets were supplied in Henley bags, which was poor practice as they could be exposed to light.
- 4.50 IDTS administration from the centre treatment room was not done using the automated pump, but was measured out by a technician using glass measures. This method was not in compliance with best practice. The technicians also used plastic measures to administer diazepam liquid, which were not suitable.
- 4.51 We saw no out-of-hours policy. Nurses provided medication from the out-of-hours cupboard. They were sometimes required to secondary dispense from stock and give out medication in possession that was not labelled in accordance with the regulations. There was no dual labelling so audit of stock use was difficult. The out-of-hours cabinet was untidy and the one on E wing contained unlabelled, out-of-date and discontinued medication. One cabinet was standing loose on the floor.
- 4.52 Heat-sensitive products could not be proved to have been stored in appropriate conditions. Staff were unsure how to record the temperatures, and were unaware that they should reset the maximum and minimum temperatures after daily recordings. Record sheets varied from wing to wing. Methameasure (computerised methadone dispensing) equipment was regularly cleaned and calibrated, although there were no records to show that it had been done or by whom.
- 4.53 Due to the constraints of the current sterilising procedures in the dental surgery, only four patients a session were booked. However, this was due to increase to between six and eight a session once the planned decontamination room was in operation.
- 4.54 Dental applications were not triaged or prioritised. On the day of the inspection, the waiting list had 65 names with the longest wait being seven weeks. Some of the patients on the list had already been released. If a patient required a course of treatment, appointments were usually at six-week intervals. There was no protocol for providing out-of-hours dental cover and no arrangements to cover annual leave.
- 4.55 Although the 12 cells in the inpatient unit were not on the prison's certified normal accommodation, spaces appeared to be used for prisoners unable to cope on the wings and who needed additional support, which was inappropriate. Some inpatients had physical or mental health needs that required 24-hour nursing support.
- 4.56 A healthcare administrator managed outpatient appointments in conjunction with the senior nurses. Few appointments were cancelled once they had been booked in the healthcare diary (about six a month, with around four cancelled by the prison and two by the hospital). However, there was often an additional delay if an appointment arrived for a date that was already booked in the diary. The administrator negotiated an alternative date, which could add several weeks to the waiting time. This was not monitored, as appointments were only considered to have been cancelled if they were moved once they had been entered in the diary.
- 4.57 There were separate primary and in-reach teams for mental health. To encourage closer working between the teams, there were weekly joint meetings that discussed their caseloads and new referrals, allocating new cases to the appropriate team. Ten patients had been

transferred to mental health beds in the community between January and July 2009, and a further patient was being assessed during our inspection. Both primary and in-reach mental health nurses carried out assessments. There were 92 patients on the mental health caseload, 21 of whom were in-reach clients. In-reach provided groupwork sessions and one-to-one work, while primary care concentrated on individual support.

Further recommendations

- 4.58 The planned electronic records system should be introduced as soon as possible and all health services staff trained in its use.
- 4.59 The management arrangements for pharmacy technicians should be clarified and their work should be properly supervised.
- 4.60 The administration of medication should be carried out by trained staff.
- 4.61 The pharmacy manager and technicians should be registered with their professional body.
- 4.62 The ambient temperature of the pharmacy should be monitored and it should provide an appropriate environment for medicines to be stored.
- 4.63 All pre-pack medications should be dual labelled. One label should be attached to the prescription chart when it is dispensed and faxed to the pharmacy, so the pharmacist can check that the prescription was appropriate and that the correct item was supplied.
- 4.64 Prisoners should be able to consult a pharmacist.
- 4.65 PGDs should be introduced to enable the pharmacist and nurses to supply more potent medication and avoid unnecessary consultations with the doctor. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff.
- 4.66 The in-possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded.
- 4.67 All pharmacy procedures and policies should be formally reviewed and adopted through the medicines and therapeutics committee. All health services staff should read, sign and implement the agreed procedures.
- 4.68 All applications to see the dentist should be triaged and prioritised, preferably by one of the dental team.
- 4.69 There should be measures to reduce the waiting time for dental appointments.
- 4.70 There should be a protocol for dental out-of-hours cover.
- 4.71 There should be arrangements to cover the dentist's work during periods of absence.
- 4.72 Prisoners should only be located in the inpatient unit where there is a clear clinical need.
- 4.73 Primary mental health nurses should have sufficient protected time to devote to mental health duties.

Housekeeping points

- 4.74 Clear staff training records should be maintained.
- 4.75 Old reference books should be discarded and only the most recent copy should be kept.
- 4.76 The automated pump should be used for IDTS administration.
- 4.77 Diazepam mixture should be measured using appropriate glass measures.
- 4.78 Loose tablets and tablet foils should not be present in stock.
- 4.79 Maximum and minimum drug fridge temperatures should be recorded daily to ensure that heat-sensitive items are stored within the 2-8°C range. Corrective action should be taken if necessary, and this should be monitored by pharmacy staff.

Section 5: Activities

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.

- 5.1 More prisoners in work or vocational training should have the opportunity to achieve substantial vocational qualifications. (5.17)

Achieved. The prison had introduced vocational training that led to nationally recognised qualifications in most workshops. Many of these qualifications were based on achievement of individual units, which could be built up to achieve full awards. This approach gave prisoners who stayed for varying lengths of time opportunities to gain accreditation, as well as a basis to continue their training at other prisons or in the community.

- 5.2 Learning and skills programmes should be better matched to prisoners' length of stay. (5.18)

Achieved. Programmes had been designed to meet the needs of prisoners at the prison for a short time. These included a wide range of two-week accredited Open College Network courses. The prison recognised and recorded progress of prisoners who achieved part of a qualification through an internal certificate, if they left before completing the whole programme. Accreditation by units also helped to record the achievements of shorter stay prisoners. The introduction of some level three qualifications met the needs of the longer term prisoners.

- 5.3 Planning of learning to meet individual needs, assessment and recording of progress should be improved, and there should be better coordination of access to activity. The collation and use of data in planning provision should be improved. (5.19)

Partially achieved. Information, advice and guidance (IAG) services helped with referrals to appropriate activities. Prisoners completed a learning plan for each unit of learning they studied. Progress records were used to motivate prisoners, but many did not sufficiently evaluate the standards of learning achieved or identify areas for improvement or progression. The use of data had improved and performance targets were used to improve outcomes for prisoners. However, the data was not used sufficiently to compare the performance of different groups of learners.

Further recommendation

- 5.4 Data should be used to compare the performance of different groups of learners.

- 5.5 There should not be routine over-allocation of prisoners to workshops or classes. (5.20)

Partially achieved. The prison did not over-allocate prisoners to classes. Sufficient prisoners

were allocated to a class to fill it, and where there was a vacancy, it was offered to a prisoner who had previously expressed an interest. The education department was notified about prisoners due for transfer or release so that places could be offered promptly. However, there was still some over-allocation of prisoners to workshops, at around 20% at the time of the inspection.

We repeat the recommendation.

5.6 The library's stock of books, newspapers and periodicals in foreign languages and legal and reference books should be increased. (5.21)

Achieved. The prison had made progress in improving this stock. The library had a good link with HMP Bullwood Hall, which allowed it to borrow materials in a range of languages. The librarian had allocated part of the current budget to improve foreign language materials and the stock of legal and reference books, and some newspapers in foreign languages were now available. Key reference and legal materials were also available electronically in the library.

5.7 The library facility should be enlarged and improved to meet the needs of the prison population. (5.22)

Not achieved. The library remained in the same limited accommodation as at the previous inspection. This restricted the number of prisoners who could use it, as well as the space for mounting displays of materials, and there was no space to develop activities. A funding bid to extend the library awaited approval.

We repeat the recommendation.

5.8 All prisoners, including employed prisoners, should have regular access to the library. (5.23)

Not achieved. Arrangements for access to the library remained inadequate. It was open for four-and-a-half days a week, but not in the evenings or at weekends. All prisoners had an allocated slot to visit the library but, because of its size and the need for supervision, groups had to be small and time slots short. Escorts were not always available, particularly recently. Regular problems with the roll count also restricted the movement of prisoners and many missed their time in the library. The library offered flexible visiting arrangements on Friday afternoon, which a few prisoners used. It also provided a service to the segregation unit and inpatients.

We repeat the recommendation.

5.9 There should be appropriate links between the library and learning and skills providers to ensure the library contributes effectively to prisoners' learning and development. (5.24)

Partially achieved. The newly appointed library liaison officer was beginning to establish links with teaching and training staff to evaluate and update stock. These links were not sufficiently formal to ensure that the library had enough information to manage its stock rotation and budget allocation to meet the needs of all learners.

We repeat the recommendation.

Additional information

5.10 At the time of the inspection, the head of learning and skills was absent on long-term sick leave and the deputy governor was responsible for overseeing education, the library, work and industries, vocational training and the gym. When Ofsted inspectors had carried out a follow-up

inspection in 2008, they had noted improvements as a result of the plan. However, progress since then had been slow. The leadership and management of the provision were satisfactory, and there was a strategy for the development of learning and skills supported by an action plan. The prison worked with a wide variety of providers to offer a range of employment-related and other relevant courses.

- 5.11 The education provider was Milton Keynes College. It offered courses in literacy and numeracy from entry level to level three, English for speakers of other languages (ESOL), information and communications technology (ICT) at levels one and two, business studies, art, journalism and a wide range of social and life skills. Tutors provided learning support in the workshops and on the residential wings. The college also provided accredited training for the construction site certificate in safety (CSCS) and levels one and two in industrial cleaning (BICS) and barbering, and level one in bricklaying, electrical installation and plumbing. Prisoners could also take distance learning and Open University courses, with the support of the Prisoners' Education Trust. There were up to 150 places in education each day, but generally only between 80% and 90% of these were filled. Prisoners could attend education on a part- or full-time basis. There was no weekend or evening provision.
- 5.12 Other providers included the Colchester Institute (volunteering certificate), Business Links, Ormiston Trust (parenting skills), Every Step Ltd, which provided LearnDirect (online literacy, numeracy programmes), and the Prison Information and Communications Technology Academy (PICTA). There was also vocational training in physical education (PE), laundry working, portable appliance testing and catering. Accredited training was not yet available in the recycling workshop.
- 5.13 The provision for vulnerable prisoners had improved, but remained limited. It included literacy and numeracy skills, ICT, art and vocational training in the laundry. A few prisoners were on distance and Open University courses. There was support for learning while these prisoners were at work in the laundry (the only work available for them), but there was no suitable teaching area in this workshop.
- 5.14 Success rates in almost all programmes in the education department were high. Many courses were delivered in units to ensure that short stay prisoners had time to complete their planned learning. For example, in 2008/9 there was a 97% success rate for the 217 learners taking units of the new CLAIT (computer literacy and information technology) diploma. Success rates in foundation level literacy and numeracy, which had been unsatisfactory at 36% and 57%, had improved significantly. Standards of work were generally satisfactory. Some work in learners' portfolios was of a good standard and some good artwork was displayed in the education centre. Attendance on programmes in the education centre was satisfactory at 77%.
- 5.15 Success rates on programmes provided by the prison and by other providers were very high. For example, in 2008/9 all 62 learners on Learndirect programmes in literacy, numeracy and IT and all 34 learners in the laundry achieved their qualifications.
- 5.16 Teaching and learning were satisfactory. In the better lessons, teachers used a range of stimulating learning activities and identified appropriate individual learning activities. Learning was well managed and teachers worked effectively to motivate and encourage learning. In the weaker lessons, differentiated learning activities were not clear enough, learners were not effectively engaged, and learning was easily disrupted.
- 5.17 Teachers used peer mentors to support teaching and learning in many education and training sessions. Many mentors had received good training in their role and effectively developed their own interpersonal skills.

- 5.18 All prisoners received an initial assessment of their literacy and numeracy skills, although this did not differentiate skills above entry level three. Prisoners attending education received a full diagnostic assessment of their literacy and numeracy skills, which helped to provide suitable individual learning programmes. However, the sharing of these assessments with vocational tutors to support learners improve their basic skills during vocationally based lessons was underdeveloped.
- 5.19 Support for learners with specific learning needs, including dyslexia, was good. Staff, tutors and peer mentors were aware of the potential signs of dyslexia and worked well to ensure that learners who needed specialist support were referred to a specialist team. Much of the support was provided in the workshops and on the residential wings. Tutors were also given guidance on how they could better support their learners.
- 5.20 The use of individual learning plans for prisoners was satisfactory overall. However, their effectiveness remained variable. The targets in some plans were good but in others they were insufficiently SMART (specific, measurable, achievable, realistic and time bound). Teachers and learners assessed and recorded daily progress. Teachers used these assessments to motivate learners, but some were not sufficiently evaluative and detailed and did not help learners to progress. Formal progress reviews were used to record attendance and employability skills, but did not take place in some areas. Assessment practice was satisfactory.
- 5.21 The classrooms opened in 2007 provided good facilities for learning. The facilities in the older part of the prison were satisfactory. Many of the classrooms were well resourced but the quality of some learning materials was poor. Access to some education classrooms for prisoners with limited mobility was poor.
- 5.22 Support for learning in vocational training was good, and prisoners made satisfactory progress in developing vocational skills. The training workshops built in 2007 were now fully operational and provided good learning environments.
- 5.23 The prison provided at least 240 work places in workshops, on the wings and in other designated areas, which was insufficient for the number of prisoners who applied for employment. Prisoners could apply for jobs during induction or later on the wings. There was no labour board or formal system for the allocation of jobs. Staff allocated jobs on a first come, first served basis. Employment was not linked to sentence planning or any analysis of the individual prisoner's needs. At the time of the inspection, the allocations office had no vacancies, except for a few jobs in the kitchen. It maintained waiting lists for jobs. However, although prisoners were informed, many who remained on the list were in too high a security band for the post they had applied for.
- 5.24 There was a high number of unemployed prisoners. During the inspection, 226 prisoners were fully unemployed and another 71 were partly unemployed. Of these, 169 had never applied for employment. Unemployment among young adults was disproportionately high at 40%. There was insufficient work by staff to encourage or persuade prisoners who were reluctant to work to find useful employment.
- 5.25 The library was provided under contract with Essex County Council and was staffed by two part-time senior library assistants and a newly appointed library development officer. All the staff had experience in working in libraries, but none held formal professional qualifications. The staff were supported by two orderlies who were undertaking useful key skills units. The library had a satisfactory range of fiction, including simplified and large-print books and audio materials, but there were no materials in Braille. There were too few books to support some

education and training programmes. Library induction had recently improved through closer working with resettlement staff.

Further recommendations

- 5.26 The prison should develop and implement a strategy to identify and meet the different education and training needs of young adults and adult prisoners.
- 5.27 Work allocation procedures should be improved and linked to sentence planning.
- 5.28 There should be a wider range of learning opportunities for vulnerable prisoners, including opportunities to learn in groups.
- 5.29 The arrangements to share the diagnostic assessments of learners' literacy and numeracy with vocational tutors should be developed.
- 5.30 There should be sufficient activity places to meet the needs of prisoners, and their participation should be encouraged.

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.

No recommendations were made under this heading at the last inspection.

Additional information

- 5.31 Physical education provision was very good and well used. PE staff ensured that the gym was used to capacity for most sessions. It was open for four sessions each weekday and two sessions on Saturdays and Sundays. The staff had improved access for employed prisoners with an early morning session each weekday. Although there were not enough opportunities for all prisoners to attend the gym twice week, many daytime sessions were up to two-and-a-half hours long and included a variety of activities and training opportunities.
- 5.32 The achievement of accredited qualifications was very good, and 100% in many courses. The gym offered a range of short courses and had recently developed well-structured programmes linked with the Football Association and the Rugby Football Union. The staff in the gym designed their teaching to meet individual learners' needs and abilities. They risk assessed all activities and monitored learners closely. Learners in the gym developed generic skills, and some had found employment in the leisure industry and in coaching.
- 5.33 Indoor and outdoor facilities for PE were very good and included a newly laid Astroturf pitch and a well-equipped cardiovascular suite. The centre included a spacious and well-resourced classroom.

- 5.34 PE staff provided remedial programmes for prisoners referred by health services. They had also worked closely with health services and other staff to provide a health and wellbeing day for prisoners.
- 5.35 Prisoners were given clean kit when they attended the gym. The showers had recently been rebuilt and were appropriately screened while still allowing suitable monitoring by PE staff.

Good practice

- 5.36 *The gym staff opened the gym in the early morning before work for employed prisoners, which had improved access for this group.*

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 the life of the establishment and contributes to the overall care, support and resettlement of prisoners.

No recommendations were made under this heading at the last inspection.

Additional information

- 5.37 There was a reasonable sized chaplaincy team. The full-time coordinating chaplain was also the Muslim chaplain, and there were a further 20 sessional and part-time chaplains, many of whom attended regularly. In our survey, only 34% of respondents, below the comparator of 44%, said they were able to see a chaplain on their day of arrival. However, from the records and our observations this seemed unlikely, as there were always at least two chaplains on duty during the day and all new arrivals were interviewed at reception. Because of the wide range of religions practised at Chelmsford, it was not always possible for prisoners to see a chaplain of their choice immediately, but contact was facilitated as quickly as possible.
- 5.38 All members of the chaplaincy team undertook pastoral care. In our survey, a similar proportion of respondents as the comparator (54%) said they were able to see a chaplain of their choice, but this rose to 69% of Muslim respondents compared with 51% of non-Muslims.
- 5.39 There was a large multi-faith room and appropriate smaller meeting rooms. Religious services were provided in the multi-faith room, although there were also separate Anglican and Catholic services on G wing for vulnerable prisoners. Other services incorporated both mainstream and vulnerable prisoners.
- 5.40 The chaplaincy ran or facilitated a range of courses, including Bible study, Islamic study, an Alpha course and Alcoholics Anonymous. A victim awareness programme had been provided but was no longer available due to a lack of funding.
- 5.41 The chaplaincy had good links with the wider prison community. It had good attendance at the race equality and diversity monthly meetings and safer custody meetings. Chaplains also regularly attended assessment, care in custody and teamwork (ACCT) reviews.

Time out of cell

Expected outcomes:

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

5.42 Wing routines should be followed in accordance with published core day timetables. (5.42)

Not achieved. All wings had their own core day routine which, although fundamentally similar, allowed for variation. There was still considerable evidence of slippage in routines, combined with discretion in the interpretation of core day requirements. The 8.30am unlock for activities took place at 8.45am, and prisoners said it was often later. Fixed morning and afternoon association periods were interpreted differently across the wings. On some wings, they did not happen at all, while on other wings, landings were unlocked by rotation or there was a controlled unlock. Staff described this time as 'showers and telephone calls'. Wings due for evening association were scheduled an hour and three quarters between 6pm and 7.45pm, but in practice wings were unlocked between 6.20pm and 7.30pm, reducing the time to about an hour. Adherence to core routines was also affected by the prison's seemingly recurrent difficulty in reconciling roll checks, which led to avoidable delays.

We repeat the recommendation.

Further recommendation

5.43 Daytime association periods should be provided as required in the published core day.

5.44 Time out of cell should be increased. (5.43)

Not achieved. The prison reported a lower time out of cell figure – about eight hours a day – than it did in 2007. Although methods of reporting and recording time out of cell had improved, there was evidence of over-reporting. For example, prisoners were routinely credited with 1.75 hours for evening association when the reality was nearer an hour (see above). Our examination of the core day revealed that it was difficult for even the most fully engaged prisoner to be out of cell for more than eight hours, and for many the experience was much less. Our research suggested that time unlocked for employed prisoners typically ranged between 3.75 and just over seven hours. For the 260 unemployed prisoners, the typical experience was between 1.5 and just under four hours. Two random roll checks we undertook during the inspection revealed 23% to 27% of prisoners locked in their cell during the working day, although this was mitigated by access to exercise and ad hoc domestic time. However, it was not unusual for cell doors to remain locked until lunchtime.

We repeat the recommendation.

5.45 All wings should benefit from evening association. (5.44)

Not achieved. On our previous visit, all wings received evening association, except the young adults on B wing. On this inspection, we found that enhanced prisoners on red spur of G wing received evening association four nights a week, and that all other wings (except the red spur of E wing, which had 30 minutes association every afternoon) had association three evenings a week on a rota. Wings had a morning or afternoon session of association on Saturdays and Sundays. Association was rarely cancelled. In our survey, 53% of respondents said they went on association more than five times a week. This was better than the comparator of 49%, but

worse than our finding of 78% in 2007. Facilities available during association were reasonable, but supervision and interaction with staff were limited.
We repeat the recommendation.

Section 6: 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. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 Prisoners should receive fuller written explanations for decisions following closed visits reviews. (6.10)

Partially achieved. The management of closed visits had improved and now appeared to be proportionate. Three prisoners were on closed visits at the start of the inspection. Following the submission of an appeal, one prisoner was subsequently reviewed and removed from closed visits. Prisoners placed on closed visits were given a letter of explanation that outlined the review and appeal process. The written explanation tended to be generic and lacked specific detail, although this was partly mitigated because the letters were delivered by a member of the security department.

We repeat the recommendation.

- 6.2 The quality of information and the range of contributions for closed visits reviews should be improved. (6.11)

Partially achieved. Prisoners were usually placed on closed visits for a minimum three-month period and were reviewed every 28 days or outside this period on appeal or in the event of a further incident. Closed visits reviews were primarily the responsibility of the head of security and operations who discussed individual cases with residential managers and the security committee at monthly meetings. However, written contributions were not sought from staff across the prison, such as personal officers or counselling, assessment, referral, advice and throughcare (CARAT) staff, to inform reviews.

Further recommendation

- 6.3 Closed visits reviews should be informed by written contributions from a range of relevant departments.

- 6.4 Decisions to ban visitors should be reviewed regularly. (6.12)

Achieved. There were 28 banned visitors. Bans were instigated for a minimum of three months, after which the visitor could be subject to a further period of closed visits, although this sanction was imposed by case rather than as a blanket policy. The head of security and operations conducted regular reviews, and visitors were informed in writing, including details of how they could appeal.

- 6.5 The criteria for the banning of visitors should be reviewed and focus on clear and recent intelligence concerning current threats. (6.13)

Achieved. Security managers were clear that visitors were banned as a result of recent intelligence and current threats. Although guided by the relevant Prison Service Order, they also took a flexible approach to individual cases. For example, a prisoner whose visitors had been banned by his transferring establishment had his case reviewed and the ban lifted to allow a fresh start.

- 6.6 Processes to reconcile the prison's roll should be improved, and delays recorded and subject to management scrutiny. (6.14)

Not achieved. Procedures to reconcile the roll were clearly stated in the security strategy, and there were systems to record delays. Prisoners were only returned from activities if the roll could not be reconciled after two standfast roll checks. Staff were also exchanged if required so that different staff could conduct the second check. Security information reports were completed following an incorrect roll check along with a pro forma explanation of why it was incorrect. Individual staff had been given advice and guidance. However, it was apparent, through the prison's monitoring records and our own observations, that these procedures had failed to resolve the issue. There were still persistent problems with reconciling the prison roll after mass movement, and these affected prisoners' access to the regime.

See main recommendation HP60.

Additional information

- 6.7 The security committee, chaired by the deputy governor, met monthly and was well attended by appropriate staff. The security and operations department covered a range of work, including security, reception, the gate, visits and correspondence. It was run by two principal officers, two senior officers, three security search team officers, three operational support grades and two administrative staff.
- 6.8 The flow of intelligence to the department was good with just under 3,500 security information reports (SIRs) received in the first six months of 2009. We viewed a random sample of SIRs and found they were processed efficiently and promptly by the collator and trained analyst. The department was due to move to the prison intelligence model and was co-locating key staff in a single intelligence unit. Managers had recognised that the monthly intelligence assessment, which was reviewed by the security committee, was too complicated to enable ready analysis of trends, and its layout and content were under review. Intelligence objectives were published for all staff, and a daily operational briefing gave staff an overview of the previous day's occurrences and any relevant security information
- 6.9 The prison reported good relationships with its three police intelligence officers, who were shared with Bullwood Hall. The four dog handlers were also shared with Bullwood Hall but were based in Chelmsford. There were two prisoners on the escape list at the start of the inspection. There were reviews of their status and they were seen in person and given a copy of the prison's E-list (escape list) procedures.
- 6.10 Security managers had recognised that the current approach to the management of gang-related issues was not sufficiently active, and they often only learned of gang membership or allegiances after an incident. The department was establishing links with the Metropolitan Police and Operation Trident to help it identify known gang members. There had been work to set up a gang management committee, but this had stalled recently.

- 6.11 Prisoners were given an overview of the rules during induction. Some of the rules and procedures were unnecessarily restrictive. For example, non-operational staff were not permitted to pass through mass movement routes when movement was under way, and this policy was rigorously enforced by staff supervising the movement. Some procedures also had a negative impact on prisoners. For example, the practice of escorting arrivals from escort vans individually meant that prisoners had lengthy waits in cellular vehicles (see paragraph 1.2). It had also been the policy to handcuff Listeners when they were moved during the night state (see paragraph 3.26), although the procedures were revised during our inspection.

Further recommendations

- 6.12 Security managers should work with safer custody staff to analyse the extent of gang-related activity in the prison, and develop a clear strategy to manage identified issues.
- 6.13 Rules and regulations should be appropriate and proportionate.

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.

- 6.14 The use of unofficial punishments should cease. (6.33)

Not achieved. As at the previous inspection, unofficial punishments were still used. For example, there was a suspension policy in the gym for prisoners involved in a range of behaviour, including fighting or attending the gym when they should have been elsewhere. Once a suspension period had elapsed, prisoners had to apply in writing for the return of their gym card. Staff and prisoners also told us that a recent collective punishment had been used on E wing when association had been curtailed while litter in the grounds around the unit was removed.

We repeat the recommendation.

- 6.15 The refusal to transfer protocol should be discontinued. (6.34)

Achieved. Although the scheme was still published, it had been reviewed and was now more closely aligned to the incentives and earned privileges (IEP) scheme. Prisoners who refused to transfer to another establishment were not placed on report and, as a result, the protocol was no longer used as a secondary punishment. Such prisoners were placed on basic regime, which was reviewed every 14 days, and there was a right of appeal.

- 6.16 The prison should establish a use of force committee, linked into the violence reduction committee, to monitor in detail use of force incidents. Any lessons learned or training needs identified should be acted on. (6.35)

Partially achieved. Governance had improved since the last inspection. The safer custody team maintained a comprehensive use of force database, which monitored incidents by status, type, ethnicity, location and the reason for use of force. This data was reviewed by the monthly control and restraint committee, which was chaired by the deputy governor and attended by safer custody staff and the Independent Monitoring Board. Minutes of meetings indicated some

analysis of trends, but chiefly on a monthly basis rather than a cumulative analysis over time. The meeting had identified that black and minority ethnic prisoners and young adults were over-represented in use of force incidents, and had put forward suggestions on why this was the case. However, although this was a consistent finding over many months, the committee had not undertaken a comprehensive analysis to understand the reasons, and there was no strategic plan to address the issue (see also paragraphs 3.54 and 3.55 and further recommendation 3.58). Some action points in response to identified concerns were raised, but some were repeatedly carried over.

Further recommendation

6.17 The control and restraint committee should monitor all use of force incidents to identify patterns and trends, including the over-representation of young adults and black and minority ethnic prisoners in incidents, and take timely action in response to these.

6.18 Paperwork for the use of force, special accommodation and body belts should always be completed to a high standard. Statements should be thorough and should make clear why the level of force deployed was necessary. (6.36)

Partially achieved. The segregation unit manager and deputy governor reviewed and quality assured all use of force paperwork, and there was evidence of follow-up action in some cases. Use of force paperwork was generally well completed, and the majority of statements gave a comprehensive description of the incident. In our sample, some forms had not been countersigned by the orderly officer, and in some cases the use of force had been authorised and certified by the same person. Prisoners were not always debriefed by the safer custody officer when force was used against them. (See also paragraph MR5 and main recommendation HP55.)

6.19 There had been five recorded uses of special accommodation in 2009, including two overnight. The documentation we viewed was generally completed thoroughly, although entries in monitoring logs did not indicate active engagement with the prisoner to encourage a return to normal location. Prisoners were routinely strip searched when placed in special accommodation, but loss of normal clothing was subject to a risk assessment. In one case, special accommodation had been used following the relocation of a non-compliant prisoner to the segregation unit. He had been strip searched and his clothes cut off to remove them. Although the reasons for staff action were documented in the use of force statements, there was no accompanying paperwork to authorise use of the special cell.

6.20 In one planned use of force incident, statements indicated that use of a body belt had been authorised, although it was subsequently not used. Although it was clear from the statements that appropriate authorisation for use of the mechanical restraint had been obtained, the required paperwork had not been completed.

Further recommendations

6.21 The use of force should not be authorised and certified by the same person.

6.22 Staff should engage positively with prisoners in special accommodation to encourage a return to normal location.

6.23 The required authorisation for the use of special cells and mechanical restraints should always be completed.

6.24 Prisoners should not be routinely strip searched on location into special accommodation. The reasons for doing so should be clearly recorded, and monitored by the control and restraint committee.

6.25 There should be formal allocation criteria for the non-segregation unit cells next to the segregation unit. (6.37)

Not achieved. Six cells on the first floor of the segregation unit continued to be used as an overspill. The function and purpose of this facility required clarification. There was no formal protocol for its use, and no arrangements to oversee the management of prisoners located there. There were four prisoners in these cells at the start of the inspection, one of whom was a young adult. The reasons for their location in the unit and their needs varied. One prisoner who had formerly been segregated said he was unclear about what was happening to him as he no longer had the opportunity to attend a regular review. No monitoring data was collected to provide management information about the length of time prisoners spent there, and the prisoners did not have formal reintegration plans. Prisoners in these cells had a restricted regime. Although they could associate with other prisoners, they were only able to do so on a small area of A2 landing, and they had no access to association equipment.

Further recommendation

6.26 There should be a formal protocol governing the use of the overspill cells in the segregation unit, including the use of structured reintegration plans for prisoners located there.

Additional information

6.27 There had been 567 adjudications in the first six months of 2009, of which approximately 47% involved young adults. Approximately 63% of prisoners located in the segregation unit under cellular confinement in the first seven months of 2009 were also young adults. The prison's punishment tariffs had been reviewed but were not yet published for prisoners. Tariffs included forfeiture of tobacco. Although prisoners were seen by healthcare staff and nicotine replacement patches provided, this punishment was unfairly harsh for prisoners who smoked. One prisoner in the segregation unit under cellular confinement had received this punishment, but segregation staff had exercised discretion in his case as he had not had access to patches. The minor reports system was not used

6.28 Adjudication hearings took place in a small but appropriately laid out room in the segregation unit and were coordinated by the unit senior officer. Although prisoners were routinely asked if they could read and write, a pen and paper were not provided. The hearings we observed were appropriately conducted. The prisoner engaged in the process and could challenge the evidence.

6.29 The adjudication paperwork we sampled was generally completed to a reasonable standard. However, we found two examples with nothing recorded by the adjudicating governor to provide assurance that concerns raised by the prisoner in written statements had been fully explored and addressed. There were monthly minuted adjudication standardisation meetings, chaired by the deputy governor, who reviewed a random weekly sample of 10% of completed

adjudications for quality assurance. There was written feedback to adjudicating governors to help improve practice and ensure that charges were thoroughly investigated.

- 6.30 Planned use of force incidents were video recorded and the footage was reviewed by the deputy governor. The footage we viewed showed that relevant staff were present during planned incidents, and that all staff involved were thoroughly briefed beforehand. Ninety-six per cent of staff had received control and restraint (C&R) training or refresher training. Prisoners were not always debriefed by the safer custody officer when force was used against them.
- 6.31 The segregation unit was on A wing with accommodation over three galleried landings. There were six segregation cells and two special cells on the ground floor and a further six segregation cells in a gated area on the second floor. The other six cells on the second floor were used as an overspill facility (see paragraph 6.25). Key workers were located on the third landing. The unit was staffed by a selected staff group who were appropriately trained, including mental health awareness training. Most prisoners spoke positively about the staff team.
- 6.32 Communal areas in the unit were clean, although there were ventilation problems in the ground floor shower. Cell standards varied. Some had damaged flooring or furniture and graffiti, although some had been whitewashed over. Some cells on the ground floor were gloomy with little natural light. Some toilets were badly stained and required deep cleaning.
- 6.33 The published regime provided daily access to showers, telephones and exercise in the unit's small outdoor area. There was a three-tier progressive regime for prisoners segregated under good order or discipline (GOOD), which included access to in-cell electricity. In-cell education was available on an individual basis, and prisoners on level two or three of the progressive regime had access to the gym. Visitors to the unit included chaplaincy and health services staff, who attended each day and signed the segregation unit log.
- 6.34 Except for those attending the unit for adjudication, all other prisoners were routinely strip searched on location to the segregation unit without a risk assessment. There were hardly any entries in segregation unit files, other than the duty governor's entry following rounds. Reviews of segregated prisoners were multidisciplinary and attended by the prisoner.
- 6.35 Segregation monitoring data was maintained electronically and used to inform the monthly segregation review meeting. Ethnic monitoring range setting data consistently showed an over-representation of black and minority ethnic prisoners in segregation and proven adjudications (see paragraph 3.54). The quality and consistency of recorded data needed to be improved. For example, some fields in the quarterly segregation monitoring and review data we saw were not completed. Although relevant staff attended monthly segregation review meetings, there were only two sets of minutes available for 2009.

Further recommendations

- 6.36 The adjudication standardisation meeting should analyse and monitor the award of cellular confinement for young adults to ensure awards are appropriate and proportionate.
- 6.37 Loss of tobacco should not be given as an adjudication punishment.
- 6.38 The punishment tariff should be published for prisoners.

6.39	Prisoners should be fully debriefed following the use of force against them, and findings should be scrutinised by the control and restraint committee.
6.40	Cells and showers in the segregation unit should be clean, free from graffiti and adequately maintained.
6.41	The level of search for prisoners located in the segregation unit should be informed by a risk assessment.
6.42	Segregation unit file entries should demonstrate positive daily engagement with prisoners.
6.43	Segregation monitoring data should be consistent and accurate.
6.44	There should always be a written record of monthly segregation review meetings.
Housekeeping point	
6.45	Prisoners in adjudications should be given a pen and paper.

Incentives and earned privileges scheme

Expected outcomes:

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

- 6.46 The establishment should investigate young adults' negative perceptions of the incentives and earned privileges scheme, and support more young adults to achieve enhanced status. (6.48)

Partially achieved. The prison had reviewed young adults' views of the incentives and earned privileges (IEP) scheme in 2008. Out of 31 young adults interviewed, 46% felt it was harder for them to achieve enhanced status under the IEP scheme. There was little evidence that the prison had taken action on these findings. Some prisoners were still unclear about the IEP scheme and what it involved, and felt that officers varied in how they administered it. There was no monitoring of the IEP scheme in relation to young adults, although all four prisoners on basic regime at the time of our inspection were young people. In our survey, only 13% of respondents under 21 said they were on enhanced level compared with 30% of those over 21.

Further recommendation

- 6.47 The establishment should support more young adults to achieve enhanced status.

- 6.48 Activity supervisors should routinely contribute to incentives and earned privileges (IEP) reviews. (6.49)

Not achieved. There was little written evidence of IEP reviews, and no documented evidence that activity supervisors routinely contributed to the scheme. The review process involved the regular wing officer, senior officer and the prisoner; and there was no facility for activity

supervisors to contribute.
We repeat the recommendation.

Further recommendation

6.49 Regular IEP reviews should take place.

6.50 Enhanced level prisoners should not receive a higher pay rate for the same work as those on standard or basic levels. (6.50)

Achieved. Enhanced level prisoners received the same pay rate as those on standard or basic levels. However, the induction talk for new arrivals still referred to the enhanced regime as offering an opportunity for better paid work.

Further recommendation

6.51 The information in the induction talk for new arrivals should reflect current policy.

6.52 Basic level prisoners should receive some association and should not be deprived of their in-cell power supply. (6.51)

Partially achieved. Basic level prisoners could exercise but did not have any association time. They got half an hour a day for showers and telephone calls. Prisoners on basic regimes had in-cell power, but were denied access to televisions.

Further recommendation

6.53 Basic level prisoners should receive some association time.

6.54 Wing history files should show evidence that verbal warnings have been issued before red entries are made. (6.52)

Not achieved. Under the IEP scheme, three red entries triggered a review documented by the senior officer on the prisoner's history sheet. The review determined if a downgrading was applicable. Although verbal warnings should have been documented before a red entry was made, wing history files contained little evidence of this.

We repeat the recommendation.

Additional information

6.55 In our survey, only 46% of respondents said they had been treated fairly in their experience of the IEP scheme, against the comparator of 60%, and only a quarter of black and minority ethnic respondents (26%), compared with half of white respondents (52%) said they had been treated fairly. Although staff were aware of how many prisoners were on a basic regime through the daily briefing sheets, there was no management overview of the IEP scheme.

Further recommendations

- 6.56** The IEP scheme should operate fairly and consistently across the prison, using sound documented evidence.
- 6.57** The IEP scheme should be effectively monitored by senior managers.

Section 7: 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.

7.1 Hot food should be served to prisoners shortly after it has been cooked. (7.7)

Achieved. Prisoners were served one hot meal a day at the time of the inspection. We were told that in the winter the lunch menu changed from a sandwich option to a second hot meal. The hot meal was meant to be served at about 5pm, although we observed it served earlier than this. Although the food was usually prepared well before serving and was transported to the wings at about 4.15pm, temperature check records on the wings and in the kitchen indicated that there were rarely problems with food getting cold.

Further recommendation

7.2 The evening meal should not be served before 5pm.

7.3 Catering staff should regularly attend wings at meal times to answer prisoner complaints and to check the quality of food served. (7.8)

Not achieved. Although we were told that catering staff attended wings regularly, this was only noted with any frequency in one wing's food comments books. Duty governors also attended wings.

Further recommendation

7.4 Catering staff should regularly attend wings at meal times to answer prisoner complaints and to check the quality of food served, and this should be recorded in wing food comments books.

7.5 All comments from prisoners about the quality of prison food should be replied to. (7.9)

Not achieved. Although comments in wing comments books should have been taken to the catering manager for a response, this did not happen regularly. Some comments books indicated that views had been 'noted', but when we spoke to the prisoners concerned they said that they had never received a response. The catering department undertook biannual surveys and responses were posted on the wings, but many comments by respondents, mainly negative, had not been followed up or included in the published surveys. However, catering was a standing item at prisoner consultation meetings. During our inspection, we received many complaints about the quality and quantity of food. In our survey, only 14% of respondents, against a comparator of 24%, said the food was good, and this was also worse than the finding of 26% in 2007. The food we tried during the inspection was reasonable.

Further recommendation

- 7.6 There should be formal responses to comments and concerns raised by prisoners in surveys or wing food comments books.

Additional information

- 7.7 The kitchen was reasonably well maintained. Along with the full-time staff, it could employ up to 28 prisoners, with approximately 15-16 on duty at a time. All prisoners were appropriately trained in kitchen work beforehand, as well as health and hygiene training. They could be trained up to NVQ level two.
- 7.8 A three-week menu cycle offered a good range of meals and included vegetarian and halal options. Other religious and medical needs were catered for and a reasonable amount of the food served was made on the premises. However, breakfast packs were insubstantial and were given out the day before they were to be eaten. Prisoners could not eat meals communally and all food was eaten in cells (see recommendation 2.9).
- 7.9 There had been some recent concerns about the preparation and serving of halal food, including the potential for cross-contamination during preparation and the lack of dedicated utensils in the kitchen. Although these problems had been resolved, halal food was placed next to non-halal during the serving of food on serveries, and the potential for contamination was high. The kitchen also did not have halal certificates available.

Further recommendations

- 7.10 Breakfast should be served on the day it is to be eaten.
- 7.11 Halal food should be kept separate from non-halal food during the serving of meals.

Housekeeping point

- 7.12 Halal certificates should be available in the kitchen.

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.

- 7.13 A range of fresh food, including fruit and vegetables, should be available from the prison shop. (7.15)

Not achieved. Fresh food was not available in the current prison shop list or the more extensive list due to be introduced when the prison shop moved to a new provider.

We repeat the recommendation.

Additional information

- 7.14 At the time of the inspection, the prison operated its own shop service managed by a residential senior officer and staffed by two operational support grades and three prison orderlies. The prison had been due to move to the national DHL contract in May 2009, but after some delay this was now scheduled to commence two weeks after the inspection. In the transitional period, the range of goods available from the prison's current supplier had reduced. In our survey, only 9% of respondents, significantly worse than the comparator of 45%, said the shop sold a wide enough range of goods to meet their needs.
- 7.15 There had been some consultation with prisoners to draw up the revised list to be implemented under the new contract. It was more extensive, with 321 items, including a small range of electrical goods. There were no hobby items, as the consultation had indicated no demand for such goods, although there was scope to add such items at a later stage. The prison shop was a standing agenda item at prisoner consultative meetings.
- 7.16 Under the existing arrangements, each wing had a designated day for prison shop orders to be issued, collected and distributed. Under the new contract, the order sheets were to be issued every Friday with pre-bagged orders delivered to the prison on Thursday and distributed to prisoners on Friday. This system would affect prisoners absent from the prison on a Friday or who arrived in the early part of the following week, as they would only be able to buy one of a limited number of bags of items available on site. They could wait up to a further two weeks before they could buy goods from the full prison shop list.
- 7.17 New arrivals were given an advance to buy a smoker's or non-smoker's pack, to be paid back at a reasonable rate. The cost of these packs was due to rise by £1.50 under the new contract.
- 7.18 Prisoners could order a small range of approved items from a catalogue, and there were no delivery charges for these items. They could buy newspapers and approved magazines or have them sent directly from an approved supplier and ordered and paid for by their visitors.

Further recommendation

- 7.19 New arrivals should be able to buy and receive items from the prison shop in their first week.

Section 8: 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.

- 8.1 There should be a resettlement strategy document that represents the prison's strategic overview of resettlement and intervention structures, and apports responsibilities. (8.8)

Partially achieved. A new resettlement policy had been signed off in June 2009. It was limited and focused primarily on work already under way across the resettlement pathways rather than containing an action plan for each one. Individual pathway leaders were not identified in the document. The policy also failed to acknowledge the specific needs of young adults and other minority groups. A needs analysis had been drawn up in 2008 based on a prisoner survey that had 158 responses, but this had not been used to inform the resettlement policy.

Further recommendations

- 8.2 The resettlement policy should contain action plans for each pathway and identify pathway leads.
- 8.3 The resettlement policy should reflect the needs of young adults and other minority groups.
- 8.4 Future revisions of the resettlement policy should be based on a needs analysis.

- 8.5 The resettlement strategy document should be widely advertised to all staff, particularly officers working on the wings. (8.9)

Not achieved. Residential staff had little awareness of the resettlement policy, and had not been properly briefed on the purpose of the new resettlement centre and its facilities for prisoners on induction and pending discharge.

Further recommendation

- 8.6 Residential staff should be briefed on the work of the resettlement centre.

Additional information

- 8.7 A resettlement committee had been re-established in 2009 and planned to meet quarterly. The notes of meetings did not indicate a strategic approach to the management of resettlement. There was evidence of some engagement by the voluntary and community sector in meetings.
- 8.8 A resettlement centre had opened in June 2009 in a former workshop. This housed all resettlement facilities in one location, including Nacro, the Foundation Training Company,

Tribal and Jobcentre Plus. This positive initiative attempted to raise the profile of resettlement in the prison.

- 8.9 Prisoner representatives played a key role in the delivery of the induction programme, and orderly roles had been identified to work with Jobcentre Plus, Tribal and Nacro.
- 8.10 Prisoners were invited to attend discharge clinics three months and then three weeks before they were due for discharge. This allowed resettlement staff sufficient time to set up accommodation where required, and make appointments for benefit claims or referrals to substance misuse programmes in the community. Short-sentenced prisoners were invited to the three-weeks workshop if they had sufficient time left.

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.

- 8.11 **Links between the offender management unit and the wings should be developed. Residential staff should be more involved in supporting prisoners to achieve sentence planning targets. (8.22)**

Not achieved. Residential staff did not play a role in supporting prisoners to achieve their sentence plan objectives. The personal officer scheme was underdeveloped, and no staff were identified to engage with prisoners one to one. Residential staff did not routinely look at custody passports for information on prisoners' individual needs. Offender management unit (OMU) staff advised residential staff of specific issues, such as providing written notification when a prisoner was a prolific or priority offender (PPO).

We repeat the recommendation.

- 8.12 **Prisoners suitable for release on temporary licence should be considered and encouraged to apply. (8.23)**

Achieved. The prison had continued to promote opportunities for ROTL, and in the previous six months, 10 prisoners had been released on 89 occasions. ROTL had been granted for work experience, tending the grounds and the visitors' centre, resettlement leave, a forklift driver course, a Samaritans conference and town visits. Although the number of prisoners likely to be released on ROTL was low, it was covered in the induction programme and prisoners were encouraged to apply.

- 8.13 **All prisoners should have a written plan that specifies how their specific needs are to be met during and post custody. (8.24)**

Not achieved. Formal sentence planning arrangements were directed at prisoners in scope for offender management and those serving sentences of over 12 months. There were sentence planning meetings for prisoners in scope, and good use of video conferencing facilities to include offender managers unable to attend in person. There was some variation in the format of sentence planning documents. We noted several cases where the prisoner had signed to acknowledge receipt of his sentence plan objectives for the year ahead. All prisoners were

meant to have a completed custody passport that highlighted their needs. An induction booklet was opened for all new arrivals and completed as they went through the induction programme. All key information was meant to be transferred to an electronic custody passport on a shared database. We checked several files on the database and found that the use of the custody passport varied considerably. Several passports had no information, and most had minimal 'tick box' information with no qualitative material. The best use of the passports was for prisoners in scope for offender management. There was no quality assurance to oversee the completion of the induction booklet or the custody passport. Few residential staff knew about the custody passport scheme or used it in their personal officer work. The custody passport had been in existence at our previous inspection, but had failed to become embedded in the establishment, apart from the OMU, whose staff had high levels of contact, especially with prisoners who were vulnerable or subject to assessment, care in custody and teamwork (ACCT) procedures. Although attention was paid to post-custody issues, these were not recorded sufficiently well.

We repeat the recommendation.

Further recommendations

8.14 There should be quality assurance of the completion of the induction booklet and the custody passport.

8.15 Residential staff should be briefed on the role of the electronic custody passport.

8.16 Life- and indeterminate-sentenced prisoners should be transferred to an appropriate establishment at the earliest opportunity. (8.25)

Partially achieved. The number of life-sentenced prisoners held at Chelmsford had reduced, and there was now regular movement of lifers to stage one lifer prisons, though after some time. There were 13 life-sentenced prisoners at the time of our inspection, of whom four were subject to licence recall. Most had arrived at the prison within the past year, but we found one prisoner who had been at Chelmsford since 2005 and had yet to be allocated to a first stage lifer prison. There were 19 prisoners on indeterminate sentences for public protection (IPPs), of whom four were beyond their tariff date. All required paperwork was up to date, and parole reports were being completed for one prisoner.

8.17 All lifers should get the opportunity to participate in regular group meetings with a lifer manager. (8.26)

Not achieved. Life-sentenced prisoners were located throughout the prison, and there was no opportunity for them to meet as a group or have specific family visits days, although such prisoners usually spent over a year at Chelmsford and many would have welcomed these. All lifer prisoners were allocated to an offender supervisor and could have one-to-one contact with them. Offender supervisors were also involved in multi-agency lifer risk assessment panel (MALRAP) meetings, and the prison was up to date on these.

We repeat the recommendation.

Further recommendation

8.18 There should be specific events for life-sentenced prisoners and their families.

Additional information

- 8.19 There were 104 prisoners subject to phase two of the offender management model and 19 IPP prisoners managed under phase three. Cases were allocated to all offender supervisors, but lifers and IPP prisoners were managed by probation staff. There were also a few young prisoners subject to detention and training orders who were supervised by youth offending teams (YOTs).
- 8.20 All prolific or priority offenders (PPOs), regardless of sentence length, were allocated to an offender supervisor. The OMU had good links with PPO schemes in the region and had developed a PPO protocol.
- 8.21 There was a backlog of approximately 80 offender assessment system (OASys) assessments and reviews. This was attributable to factors such as high staff turnover and an embargo on recruitment. A recovery plan to address the backlog was due to be implemented. Quality assurance processes were underdeveloped.
- 8.22 A public protection operational instruction issued in December 2008 was reasonably comprehensive. There were weekly interdepartmental risk management meetings due to the high turnover of prisoners. Attendance was usually limited to OMU managers, the police liaison officer and the public protection staff member from the security department. Individual notes were completed on each prisoner discussed, and decisions were made about applying telephone and mail monitoring. Actions were allocated to individual staff for completion, but subsequent meetings did not formally record whether they had been concluded. It was also not clear whether the notes of the risk meetings were copied to offender managers in the community. We were not satisfied that the notes reflected full information sharing between departments in Chelmsford. Mail monitoring was reviewed regularly, and the security department maintained a separate database that recorded the date of reviews. Some prisoners were categorised as multi-agency public protection arrangements (MAPPA) cases, with 17 at MAPPA one and 13 at MAPPA two. Staff contributed to MAPPA case conferences when they were invited through written reports or attending in person. Staff had been trained in use of the violent and sexual offenders register (VISOR), and there were 15 terminals to the programme.
- 8.23 The number of prisoners released on home detention curfew (HDC) was low, and staff said that many preferred to be released on end of custody licence, which did not require an electronic tag. Prisoners could apply for HDC three months before their release. They were invited to complete the forms and were sent three reminders. Home suitability reports sent to the home probation area were not always received on time, and this caused delays. In the previous six months, there had been 250 applications for HDC but only 28 were granted. Many prisoners were transferred during the application process, although the prison forwarded the relevant paperwork to the next establishment. Recent work commissioned through the REAT to examine the ethnic profile of prisoners granted HDC had not identified any inequalities in outcomes.
- 8.24 All new arrivals received a written notification of their security categorisation within their first two days. Adult prisoners were reviewed at six month or yearly periods, depending on their sentence length. They could make written representation and seek additional advice from the OMU and wing staff. Decisions were taken by the head of reducing reoffending and ratified by the governor. Appeals could also be made against decisions. Young adults were not subject to the same arrangements and it was not clear how they were advised that they could apply to be moved to the open estate.

- 8.25 Observation, classification and allocation staff had positive links with the OMU, and there were examples of moves to fulfil sentence planning objectives. At the time of the inspection, 32 vulnerable prisoners were waiting to be moved to other establishments. As they were the most difficult group for onward moves, they could wait many months to be transferred. Twelve category C and 16 category D prisoners were also waiting to be moved, but their waits were likely to be shorter. There were approximately 30 moves a week from Chelmsford to other establishments, which included Rochester, Bedford, Highpoint and Hollesley Bay.

Further recommendations

- 8.26 There should be a standardised format for the recording of sentence planning meetings.
- 8.27 The backlog of offender assessment system (OASys) assessments and reviews should be cleared.
- 8.28 OASys quality assurance processes should be introduced.
- 8.29 Notes of interdepartmental risk management meetings should record completion of actions.
- 8.30 Notes on individuals discussed in risk management meetings should be forwarded to offender managers in the community.
- 8.31 Internal information sharing between the offender management unit and the security department should be improved.
- 8.32 Prisoners in the process of applying for home detention curfew should not be transferred to other prisons while their applications are being processed.
- 8.33 Young adults should be advised how to apply for recategorisation for open conditions.

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

Accommodation

No recommendations were made under this heading at the last inspection.

Additional information

- 8.34 Accommodation services were provided by Nacro through a full-time and part-time member of staff. A trained prison orderly assigned to them also completed the housing needs assessment

form for all new arrivals. Prisoners who required additional support in applying for housing benefit or closing down tenancies were referred to the specialist adviser.

- 8.35 Prisoners who required support in securing accommodation were usually referred to supported accommodation with the possibility of progression to more independent living. In the previous five months, 9.2% of prisoners had no fixed accommodation on release, which appeared high. In our survey, only 31% of respondents, against a comparator of 40%, said they knew who to contact in the prison for advice on accommodation.

Further recommendations

- 8.36 Prisoners with no fixed accommodation on release should be targeted for support in identifying accommodation.
- 8.37 Accommodation services should be publicised to prisoners.

Education, training and employment

No recommendations were made under this heading at the last inspection.

Additional information

- 8.38 During induction, prisoners completed an initial assessment of their literacy and numeracy, and received information, advice and guidance (IAG) from Tribal staff. These referral arrangements were often used by OMU to support offender supervisors to sequence learning and skills activities in sentence plans effectively. Some prisoners could achieve a range of vocational qualifications. However, overarching learning plans did not sufficiently focus on longer term targets and action plans that set and met realistic expectations of prisoners' employability options on release.
- 8.39 About 38% of prisoners went into employment on release and 3.1% took up education and/or training. There had been a business link conference in October 2008 to promote employment links for prisoners, but there was potential to improve links with local community groups. There was a limited use of ROTL, and some prisoners were able to attend forklift truck training and job interviews before release.
- 8.40 There was good pre-release training for prisoners to improve their employability prospects. The Foundation Training Company provided a five-week training programme for up to 140 prisoners a year, and a regular two-day signposting course. The programmes helped prisoners prepare for finding suitable employment on release.

Further recommendations

- 8.41 Long-term target setting should be improved to ensure that learning plans meet realistic employability options for prisoners.
- 8.42 There should be better links with local community groups to promote employment opportunities for prisoners.

Finance, benefit and debt

8.43 The planned course in debt and bank account management should be introduced. (8.36)

Not achieved. At the last inspection, the prison was considering the introduction of a course with the Citizens Advice Bureau to cover debt issues and bank account management. This had not happened. A forthcoming personal advocacy and advice service, planned to start in October 2009, aimed to address individual need, but would not cover financial literacy. The prison was also unsure of the level of resource it would be allocated for the service, which was part of a regional contract with a number of prisons. There were no facilities for prisoners to open a bank account while in custody at Chelmsford.

Further recommendations

8.44 The prison should introduce a course in budgeting and money management.

8.45 Prisoners should be able to open a bank account before their release.

Additional information

- 8.46** This was an area with a high level of expressed need and a relatively low level of service. We encountered several prisoners with complex circumstances relating to debt and credit arrangements that they could not fully address without specialist support. A Jobcentre Plus adviser was based at the prison for two days a week, supported by a prison orderly who had received some basic training. The orderly saw all new arrivals during their induction and referred all cases requiring assistance to the adviser. The usual limited range of services was available, including closing down benefit claims and, for prisoners about to be discharged, advice in applying for community care grants or incapacity benefits or arranging Fresh Start or New Deal appointments.
- 8.47** In our survey, only 14% of respondents, against a comparator of 28%, knew who to contact in the prison for advice on money and finances, and only 31%, against 42%, knew who to contact for information on claiming benefits.

Mental and physical health

8.48 All prisoners should receive information in preparation for release on health protection and access to health services. (8.40)

Partially achieved. Health services staff attended the pre-discharge workshops. They advised prisoners how to register with a GP if they did not have one, gave them letters for their GP outlining any treatment they had received in prison. Those on prescribed medication were given a supply when they left the prison to meet their needs until they could visit their GP.

8.49 Mental health services in the prison should work actively with a prisoner's local mental health team to prepare for their release. (8.41)

Achieved. The mental health in-reach team used the same electronic clinical records system as that in the local community, and could access the previous mental health records of local prisoners. If prisoners were from further away, there were attempts to contact their care team

to request information. Prisoner care coordinators from the community were encouraged to retain contact with prisoners and were invited to attend case conferences at the prison.

Additional information

- 8.50 A health services discharge pack for prisoners was about to be completed. There was a palliative care and end of life policy and links with the local hospice, which had been used effectively in the past.

Drugs and alcohol

- 8.51 **There should be a detailed population needs analysis to inform the drug and alcohol strategy. (8.56)**

Achieved. An external consultant had completed a comprehensive integrated drug treatment system (IDTS) needs analysis in July 2008, which also considered the needs of non-IDTS prisoners with drug problems. It looked at a wide range of issues related to the needs of prisoners and suggested new objectives for the drug strategy team. The drug strategy had been drawn up in May 2007 and was currently under review. A separate alcohol strategy had been introduced in March 2009. Action plans were being developed alongside the drug and alcohol strategies.

- 8.52 **Dedicated counselling, assessment, referral, advice and throughcare (CARAT) officers should not be diverted to other duties. (8.57)**

Achieved. CARAT officers were ring fenced and were only diverted in exceptional circumstances. They were involved in the supervision of opiate-substitution medication administration each morning, which gave opportunities to interact with prisoners to check up on their wellbeing and progress on the IDTS programme.

- 8.53 **The drug strategy team should ensure that services meet the needs of young adults, and the CARAT team should develop specialised work with this age group. (8.58)**

Not achieved. There were no special services or targeted interventions for this age group. All CARAT clients were treated the same, whether young adults or adults. As most CARAT service time was spent on IDTS prisoners, most of whom were adults, potential preventative work with young adults was a second priority.

We repeat the recommendation.

- 8.54 **CARAT and healthcare services should work together in a more integrated way to plan and coordinate prisoners' care. (8.59)**

Not achieved. See paragraph and recommendation 3.101.

- 8.55 **P-ASRO [prison addressing substance related offending] programme staff should develop a peer support scheme. (8.60)**

Achieved. This had been achieved through the introduction of three development sessions during the six weeks of the course. Development sessions were held in the afternoon when prisoners had a less formal environment in which to share and discuss issues that had arisen during the more structured morning P-ASRO sessions. Prisoners said that they found these sessions a very beneficial addition to the P-ASRO programme.

- 8.56 The area drug coordinator and the prison should assess the need for an additional drug/alcohol programme suitable for prisoners in the integrated drug treatment system who are not on maintenance programmes. (8.61)

Achieved. The need had been assessed and there were plans to pilot a P-ASRO course in October 2009 as part of a national pilot in conjunction with the national Interventions and Substance Misuse Group (ISMG) and IDTS. The first cohort was expected to comprise eight IDTS prisoners and four non-IDTS (normal location) prisoners.

- 8.57 There should be a clear distinction between voluntary and compliance drug testing in prisoners' compacts. (8.62)

Achieved. The documentation for the compact clearly distinguished between compliance and voluntary drug testing programmes. Prisoners were given the compact to read and sign that they had read and understood it. There were 205 voluntary drug testing (VDT) compacts, and a further 80 compliance compacts covering prisoners who worked in the laundry, kitchens, recycling enterprises and as wing cleaners. The testing facilities were clean and tidy.

Additional information

- 8.58 The CARAT team comprised 12 workers, made up of nine employed by Phoenix Futures and three uniformed officers. The team had an active caseload of 270.
- 8.59 As with other IDTS establishments, the IDTS prisoners took priority over non-IDTS prisoners for access to CARAT workers. At the time of the inspection, 43 non-IDTS prisoners were on the CARATs waiting list, with the longest at two months. It was not possible to ascertain how many prisoners referred to CARATs had subsequently been released before seeing a CARAT worker. However, the independent needs analysis in July 2008 identified that in the year 2007/8, 'an estimated 524 men referred for assessment were not seen by a CARAT worker.'
- 8.60 Alcoholics Anonymous was advertised as available to all prisoners, but in practice only those from E and G wings could go to meetings, due to prisoner movement problems and a lack of officers to coordinate the facilitation of additional meetings on other wings.
- 8.61 Prisoners who had completed the P-ASRO programme spoke highly of the team of facilitators who ran it. The last cohort finished with all 12 starters. The same team also ran the new alcohol-related violence (ARV) course, which was also part of a national pilot scheme. As with P-ASRO, prisoners on this course praised the team and its ability to motivate and support participants.

Further recommendations

- 8.62 CARAT provision should be extended to reflect demand for the service from both IDTS and non-IDTS prisoners.
- 8.63 All prisoners should have equality of access to Alcoholics Anonymous meetings, regardless of their location.

Children and families of offenders

- 8.64 Prisoners should be able to use telephones on a daily basis, and have increased access during the evening period. (3.87)

Not achieved. Prisoner access to telephones was restricted by the time for association on each wing, which averaged three periods a week. Prisoners complained about the lack of access to telephones. Demand for telephones was always highest on Thursdays, when prisoners' telephone credit was adjusted. Not all telephones were in full working order, which contributed to delays in contacting family and friends.

We repeat the recommendation.

- 8.65 There should be a visitors' survey to assess their levels of satisfaction with the services. (3.88)

Achieved. A visitors' survey in 2008 had assessed visitor satisfaction across a range of areas and had resulted in a comprehensive report, although it was not clear how its recommendations were being taken forward. The Chelmsford Prison Visits website also sought visitors' views on the ease of access with which they could book visits, and many visitors had used this to comment on the current arrangements.

Further recommendation

- 8.66 An action plan should be developed from the visitors' survey.

- 8.67 Visitors should be notified when a prisoner is not available for a booked visit. (3.89)

Not achieved. Visits booking staff said that it was not always possible to advise visitors beforehand if prisoners were not available, especially as prisoners due for transfer were only informed on the morning of the move. This meant that visitors were only told after they had travelled to the prison – sometimes from a considerable distance – that the prisoner was not available and turned away. However, centre staff helped them to book another visit where this was possible.

We repeat the recommendation.

- 8.68 Entry arrangements should not result in unacceptable delays for visitors. (3.90)

Not achieved. It took at least 45 minutes to process visitors through the entry system, which affected the time available for a visit. Although staff were efficient, only a small number of visitors could be processed at a time. After they signed in at the visitors' centre, they went to the prison in small groups and went through a security scanning machine, and some items such as shoes went through an x-ray machine. They were sent to wait in a waiting room before they were called through in small groups to be searched by the drug dog. They were then escorted to the visits room where they were allocated to a table and the prisoner was called from the holding room. This process meant that some visitors were not able to experience the full two hours of the visit period.

We repeat the recommendation.

- 8.69 A positive indication by a drug dog should only result in a closed visit where there is other supporting intelligence. (3.91)

Not achieved. Following a positive indication, the visitor was searched again. If there was a further positive indication, the visitor was offered a closed visit or the option to rebook another visit. This decision was not based on any other security intelligence.

We repeat the recommendation.

8.70 The establishment should attempt to reduce the noise in the main visit room. (3.92)

Achieved. The establishment had fitted a noise reduction system in the main visits hall. This had reduced the noise, and staff said it had also contributed to a better visits environment. We found a low level of audible noise, but this did not hamper the visiting experience.

8.71 The children's play area in the main visit room should be staffed for all visit sessions. (3.93)

Not achieved. The play area was usually only staffed at weekends or during children's family visits. The Mudpies volunteers from the Mothers Union usually staffed the play area. Our inspection took place during the school summer holidays and there was a large number of children at each visit. There were no facilities to occupy them as all the toys, games and books were locked away, and many were bored and were running about the visits hall.

We repeat the recommendation.

8.72 Prisoners should be removed from closed visits at the earliest opportunity; reviews should routinely include formal contributions from residential staff. (3.94)

Achieved. Only two prisoners were on closed visits during the inspection, which was a considerable reduction from the previous inspection. We were told that prisoners on closed visits were regularly reviewed through the security meetings, which considered decisions to remove them from closed visits.

Additional information

8.73 There were telephones on all wings with a sufficient ratio of one to about 22 prisoners on the larger wings and about 18 prisoners on the smaller units. Prisoners could use telephones during association on most days (see paragraph 5.45), but this was on a first come, first served basis without supervision from staff. Because all prisoners had their telephone credits added to their accounts on the same day, there was a higher demand then, which meant that not all prisoners could make a telephone call every day. In our survey, 48% of respondents said that they had problems accessing telephones, which was significantly worse than the 31% comparator.

8.74 There were no restrictions on the number of letters prisoners could send or receive. They received two free letters a week, and could buy stationery and stamps from the prison shop. During the inspection we saw that mail was delivered to the residential units on the day that it arrived. However, prisoners complained that they had regular delays in receiving mail, and in our survey, 61% of respondents, against the comparator of 41%, said that they had problems receiving mail.

8.75 Visitors could only book visits through a telephone booking line. This was staffed from Monday to Friday, but visitors complained that it was frequently engaged and that they had to call repeatedly to get through. We rang the booking line several times and also found that it was engaged. The prison had recently introduced a new system for visitors to book their next three visits during a single call.

- 8.76** Five of the 40 booking slots per session were reserved for new arrivals, and a visit could be booked within two days of arrival. However, in our survey, only 34% of respondents, against the comparator of 42%, said they had received information on their visits entitlement on their first day, and only 22%, against the comparator of 36%, said they had a visit during their first week.
- 8.77** Visits took place on Monday to Thursday from 2pm to 4pm, and between 9.30am and 11am and 2.30pm and 4pm at weekends. Evening visits had stopped since the last inspection. Legal visits took place every day and could be booked for mornings and afternoons except on Fridays, when only morning visits were available. There were 11 legal visits booths. Professional visitors could make bookings by email as well as telephone. There were four closed visits booths.
- 8.78** The visitors' centre was staffed by a manager and two paid staff, in addition to several volunteers. It had male and female toilets and a baby changing facility. There was a small children's play area with toys and books, a small tea bar that sold hot and cold drinks and snacks, and some tables and chairs. The Chelmsford Prison Visits charity had a helpful and informative website for visitors.
- 8.79** If visitors arrived after 1.45pm, it was likely that the visit would not go ahead as the prisoner would have been returned to the wing. Visitors complained about this, especially as a visit of over an hour would still have been possible even following searching procedures.
- 8.80** The visitors' waiting room had male and female toilets as well as disabled access, which were clean, and there was also a television. Searching of visitors was respectful, and we saw staff engaging well with children and other visitors. Searching by the dog and its handler was efficient and attempts were made to alleviate any anxieties.
- 8.81** The visits hall was often filled to capacity during weekday afternoons. Staff were vigilant but not obtrusive. Prisoners had to wear a red bib during the visit. There was a tea bar with hot drinks and snacks, as well as a vending machine. Visitors could bring in or exchange prisoners' clothes during weekday social visits following an application from the prisoner.
- 8.82** The Ormiston Trust arranged children's visits each month, which were welcomed by prisoners and families. The Trust also ran an accredited parenting programme 'you and your child' four times a year, which resulted in an Open College Network (OCN) accreditation. Up to 10 prisoners could attend each course. Family liaison work was also offered, and prisoners could make an application to see Ormiston Trust staff.
- 8.83** The prison had replaced a homework club with the 'me and my dad' visits, which were held during school holidays and emphasised family learning. Although one other parent or guardian could attend, the focus was on the relationship between the prisoner and his child. Approximately 15 children attended each visit.

Further recommendations

- 8.84** Prisoners should be able to make a telephone call every day.
- 8.85** Prisoners should receive their mail within a day of its arrival in the prison.
- 8.86** Visitors should be able to book visits by email as well as telephone, and should be able to book their next visit while at the prison.

- 8.87 New arrivals should be given information on visits arrangements.
- 8.88 The cut-off time for the arrival of visitors should be extended.
- 8.89 Prisoners should not have to wear bibs during visits.

Attitudes, thinking and behaviour

No recommendations were made under this heading at the last inspection.

Additional information

- 8.90 P-ASRO (prison addressing substance related offending) and enhanced thinking skills (ETS) were the only accredited programmes available. The short duration drug programme (SDP) was about to be introduced. The ETS waiting list was relatively manageable with 62 prisoners, some of whom were waiting for suitability assessments. There were separate ETS programmes for vulnerable prisoners when there was sufficient demand from this group. Psychology staff undertook suitability assessments for other programmes, including controlling anger and learning to manage it (CALM) and the sex offender treatment programme (SOTP). This facilitated the transfer of prisoners to establishments that offered these programmes.
- 8.91 Prisoners who successfully completed programmes were invited to small celebration events that families could attend to acknowledge their achievement. In our survey, 57% of respondents currently involved in offending behaviour programmes, against a comparator of 48%, believed these would assist them on release.
- 8.92 There were no shorter interventions for shorter stay prisoners, and there were acknowledged gaps in interventions on instrumental violence and domestic abuse. There were also no victim awareness interventions.

Further recommendation

- 8.93 The prison should provide interventions to address instrumental violence and domestic abuse, as well as victim awareness.

Section 9: Summary of recommendations, housekeeping points and good practice

The following is a listing of recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations	To the governor
9.1 Reception and induction arrangements should ensure that vulnerable prisoners are held safely, and have equal access to support and services. (HP52)	
9.2 First night arrangements should be improved, and consistent. (HP53)	
9.3 The violence reduction strategy document should be fully implemented. (HP54)	
9.4 Force should only be used by staff against prisoners as a last resort. (HP55)	
9.5 The prison should provide training and support for staff to manage and relate to young people, and assist in reducing violence in this population. (HP56)	
9.6 There should be a full needs assessment of the young adult population, and the results of this should inform local policies, regimes and the delivery of interventions. Young adult prisoners should be involved in this process. (HP57)	
9.7 The prison should evaluate patterns and trends in ethnic monitoring and address any differential outcomes, and should also institute and evaluate monitoring by religious affiliation. (HP58)	
9.8 The prison should provide more and better access to purposeful activity, and unemployed and young adult prisoners should be encouraged to engage in it. (HP59)	
9.9 The prison should deliver the requirements of the published core day and increase the amount of time all prisoners spend out of cell. (HP60)	
9.10 Residential staff should be involved with resettlement work and play a role in supporting custody and sentence planning. (HP61)	
Recommendations	To NOMS
9.11 Prisoners should arrive at the prison before 7pm to ensure that appropriate induction and first night processes can take place. (1.1)	
9.12 Prisoners should not be transferred solely to facilitate immigration interviews. (3.75)	
Recommendation	To the director of offender management
9.13 There should be new shower facilities on B, C and D wings. (2.1)	

Courts, escorts and transfers

- 9.14 Prisoners should be allowed to disembark from cellular vehicles and wait in holding rooms before they are processed. (1.2)

First days in custody

- 9.15 Insiders should be available to speak to new arrivals on the first night wing after 8.30pm. (1.4)
- 9.16 Prisoners should be able to make a free telephone call on their day of arrival. (1.5)
- 9.17 Prisoners should be able to have a shower on their day of arrival. (1.6)
- 9.18 There should be clear induction arrangements for new arrivals not located on F wing. (1.8)
- 9.19 The induction policy should include induction for vulnerable prisoners. (1.9)
- 9.20 There should be confidentiality in the reception process. (1.16)
- 9.21 Subject to a risk assessment, prisoners should be informed the day before their transfer to another prison or request for a police interview. (1.17)
- 9.22 The location of new arrivals should be identified for officers, and wing staff should pay more attention to the welfare of prisoners new to prison. (1.18)
- 9.23 First night accommodation should be clean, well furnished and properly prepared. (1.19)
- 9.24 Prisoners returning from court should be allowed to return to the cell they have vacated rather than be located on F wing. (1.20)

Residential units

- 9.25 Cells with toilets not in a separate area should not be used for double occupancy. (2.2)
- 9.26 Toilets in shared cells should have fixed privacy screening and should be kept in good repair. (2.3)
- 9.27 Prisoners should be able to have kettles or flasks in their cells. (2.4)
- 9.28 Furniture in cells should be fit for purpose and a locked cupboard should be provided. (2.5)
- 9.29 Cells should be well maintained and in a good state of repair. (2.6)
- 9.30 Prisoners should be able to dine in association. (2.9)
- 9.31 All communal areas in the older part of the prison should be kept clean and in a good state of repair. (2.15)
- 9.32 Communal toilets should be kept clean. (2.16)

- 9.33 The prison grounds should be kept clean and free from litter. (2.17)
- 9.34 Prisoners should have enough prison clothing of the right size, quality and design to meet their individual needs. (2.18)
- 9.35 Laundry facilities should be provided to allow all prisoners to wash their clothes. (2.19)

Staff-prisoner relationships

- 9.36 Managers should monitor staff-prisoner relationships in all wings, as evidenced in documentation and interactions, in order to ensure consistency and best practice. (2.22)
- 9.37 The prison should examine and seek to address the negative perceptions of staff held by young adult prisoners and other minorities. (2.25)

Personal officers

- 9.38 The new personal officer scheme should be supported by staff briefings about the requirements of the new policy to ensure personal officers are aware of their role and responsibilities. (2.26)
- 9.39 The personal officer scheme should be fully implemented. (2.28)
- 9.40 Personal officers should make regular contact with their prisoners and the quality of their engagement should benefit the prisoner. (2.29)

Bullying and violence reduction

- 9.41 Information provided to the safer custody committee should be used to inform changes to the violence reduction strategy. (3.2)
- 9.42 There should be regular consultation with prisoners and the results used to inform the violence reduction strategy. (3.4)
- 9.43 All alleged incidents of bullying should be reported and investigated, and entries in wing observation books should be regularly checked for any indications of bullying. (3.5)
- 9.44 Improvement targets set in anti-bullying monitoring should be better quality and relevant to the prisoner. (3.6)
- 9.45 Persistent bullies should be referred to the psychology department for one-to-one intervention, and the establishment should also seek to establish other types of interventions for bullies. (3.7)
- 9.46 Information relating to bullies and victims should be cross-referenced into wing history files. (3.8)
- 9.47 The systems to support victims of bullying should be fully implemented. (3.10)
- 9.48 Staff should receive training in implementing violence reduction policies. (3.16)
- 9.49 Staff supervision when prisoners are unlocked should be improved. (3.17)

Self-harm and suicide

- 9.50 Listeners should not be handcuffed when escorted to cells to see prisoners during the night, unless there is a particular risk. (3.28)

Diversity

- 9.51 There should be an overarching diversity strategy that includes all strands of diversity, and an action plan and identified lead officers for each strand. (3.35)
- 9.52 There should be adapted cells, capable of accommodating a wheelchair, and adapted showers on both the main and vulnerable prisoner sides of the prison. (3.36)
- 9.53 A detailed assessment of disability should be undertaken with all new prisoners at reception and information appropriately shared with staff working with these individuals. (3.37)
- 9.54 Appropriate action plans for older and/or prisoners with disabilities and, where necessary, evacuation plans should be maintained in wing files and reviewed regularly. (3.38)
- 9.55 Activity for retired prisoners should be extended. (3.39)
- 9.56 Retired prisoners should not be charged for their television. (3.40)
- 9.57 Impact assessments should be undertaken for each aspect of diversity. (3.41)

Race equality

- 9.58 The full-time race equality post should be filled as soon as possible. (3.44)
- 9.59 Assistant diversity officers should be identified on each wing to support and work with the prisoner diversity representatives. They should have a job description and facility time to carry out their duties. (3.46)
- 9.60 Black and minority ethnic prisoner consultation forums should be initiated. Areas where black and minority ethnic prisoners have reported wide variations in perceptions compared with white prisoners should be explored further. (3.47)
- 9.61 The prison should evaluate pattern and trends in SMART monitoring to establish and address the differential impact of the regime on black and minority ethnic prisoners. (3.58)
- 9.62 There should be quarterly external quality assurance of completed racist incident complaints. (3.59)
- 9.63 There should be a programme to challenge the behaviour and attitudes of prisoners convicted of racially motivated offences or identified through racist incident complaints. (3.60)

Foreign national prisoners

- 9.64 An analysis should be undertaken, in conjunction with prisoners, to determine the needs of foreign national prisoners at Chelmsford, and the resources required to deliver services

effectively and consistently. This analysis should be the basis for an effective strategy for meeting the needs of foreign national prisoners. (3.61)

- 9.65 The prison should appoint a foreign nationals coordinator immediately. (3.62)
- 9.66 There should be more resources for the provision of services for foreign national prisoners to enable a more proactive approach to this work. (3.63)
- 9.67 Foreign national prisoner representatives should be appointed on every wing. They should have a formal job description and regularly meet the diversity manager and foreign nationals coordinator. (3.64)
- 9.68 Prisoner mentors should be identified for prisoners who do not speak English. (3.65)
- 9.69 There should be informal drop-in sessions for foreign national prisoners. (3.66)
- 9.70 Information on the routine and functioning of Chelmsford should be provided to prisoners in a language they understand as a matter of course. (3.69)
- 9.71 A free monthly telephone call abroad should be offered to all foreign national prisoners. (3.70)
- 9.72 Professional interpreting services should be used in all formal settings and should be more widely available. (3.73)
- 9.73 The list of prisoners and staff who speak foreign languages should be kept up to date and made available to all staff. (3.74)

Applications and complaints

- 9.74 Complaint replies should offer a complete response to all issues raised by the prisoner. (3.77)
- 9.75 The complaints process, including appeals, should be clearly publicised for prisoners and be available in a range of languages. (3.78)
- 9.76 Complaints relating to staff behaviour should be logged, dealt with by senior managers, and trends noted and acted upon. (3.79)
- 9.77 The prison should consult prisoners to explore and address their negative perceptions of the applications and complaints procedures. (3.85)
- 9.78 Applications should be processed on the day they are submitted. (3.86)
- 9.79 There should be a recording system that provides an audit trail of the progress of applications to ensure they are answered in a timely manner. This system should be subject to quality assurance. (3.87)
- 9.80 Complaints should be fully investigated and resolved appropriately and within agreed timescales. (3.88)
- 9.81 Complaints boxes should only be opened by staff responsible for processing complaints. (3.89)
- 9.82 There should be a detailed written analysis of complaints by ethnicity and prisoner status. (3.90)

Legal rights

- 9.83 The legal services officer should be employed for sufficient time to meet the needs of the population. (3.96)
- 9.84 Prisoners should be able to telephone their legal representatives during the day. (3.97)

Substance use

- 9.85 The medication administration area should be adapted to ensure a safe and suitable environment that allows for privacy and a separate area for the administration of Subutex. (3.100)
- 9.86 Healthcare and counselling, assessment, referral, advice and throughcare (CARAT) services should work in an integrated way and coordinate prisoners' care jointly. (3.101)
- 9.87 Healthcare providers' skill mix should include dual-diagnosis expertise. (3.102)
- 9.88 Target drug testing should be managed more effectively to ensure tests are undertaken within the required timeframe. (3.106)

Vulnerable prisoners

- 9.89 There should be a risk assessment of the appropriateness of mixing vulnerable young adults with adult prisoners. (3.107)
- 9.90 All vulnerable prisoners should be kept in a safe environment and be able to access a full regime. (3.115)

Young adults

- 9.91 An identifiable manager should be appointed with overall strategic responsibility for young adult prisoners at Chelmsford. A strategy should be developed for their overall management. (3.116)

Health services

- 9.92 There should be a programme of clinical audit that covers topics appropriate to prison health. (4.1)
- 9.93 Prisoners should have more opportunities to give feedback and make suggestions about health services. (4.2)
- 9.94 There should be steps to identify and minimise any barriers to health services experienced by young adults, foreign nationals and other potentially excluded groups. (4.3)
- 9.95 Prisoners who wish to make a complaint about healthcare should be able to do so in confidence direct to healthcare. (4.4)

- 9.96 There should be a review of the skill mix and staff complement, including the need for dual-diagnosis (substance misuse and mental health problems) expertise and more multidisciplinary input to mental healthcare. (4.5)
- 9.97 GPs practising at the prison should have access to learning and development programmes in line with what is available for GPs working in the community. (4.7)
- 9.98 Full and complete signed records of administration of medicines should be kept on prescription charts, including where patients refuse medication or fail to attend. (4.8)
- 9.99 Failure to attend or refusal of medication should be followed up and appropriate action taken. (4.9)
- 9.100 Healthcare staff should make full use of the opportunities provided during reception, induction and secondary screening procedures to ensure prisoners have maximum opportunity to benefit from health services. (4.10)
- 9.101 Prisoners should have a secondary health assessment, carried out and recorded by trained health services staff, within 72 hours of their arrival. (4.11)
- 9.102 All prisoners should have equitable access to routine healthcare. (4.13)
- 9.103 Nursing staff should use clinical triage algorithms to ensure consistency of advice and treatment to prisoners. (4.14)
- 9.104 Patient group directions (PGDs) should be developed to support a greater range of nurse-led treatment. (4.15)
- 9.105 Prisoners should have timely access to optician appointments. (4.18)
- 9.106 A wider programme of chronic disease management should be introduced. (4.19)
- 9.107 Patients should be able to collect their medicines in privacy. (4.20)
- 9.108 The medicines and therapeutics committee should regularly review the special sick policy to ensure that all appropriate medicines can be supplied. (4.24)
- 9.109 There should be an agreed, transparent and documented risk assessment procedure, including regular multidisciplinary review, to determine whether a patient can have their medication in possession. (4.26)
- 9.110 The medicines management committee should regularly review prescribing trends to guide policy development and check on implementation. (4.27)
- 9.111 The reasons why prisoners do not attend dental appointments should be investigated, and appropriate action taken to address problems identified. (4.29)
- 9.112 Inpatients should have access to a therapeutic regime. (4.33)
- 9.113 Inpatients should have a full regime that includes evening association and purposeful activity. (4.35)

- 9.114 Healthcare and other prison staff should work jointly to manage and take responsibility for decisions about prisoners at risk of suicide and self-harm. (4.36)
- 9.115 The planned electronic records system should be introduced as soon as possible and all health services staff trained in its use. (4.58)
- 9.116 The management arrangements for pharmacy technicians should be clarified and their work should be properly supervised. (4.59)
- 9.117 The administration of medication should be carried out by trained staff. (4.60)
- 9.118 The pharmacy manager and technicians should be registered with their professional body. (4.61)
- 9.119 The ambient temperature of the pharmacy should be monitored and it should provide an appropriate environment for medicines to be stored. (4.62)
- 9.120 All pre-pack medications should be dual labelled. One label should be attached to the prescription chart when it is dispensed and faxed to the pharmacy, so the pharmacist can check that the prescription was appropriate and that the correct item was supplied. (4.63)
- 9.121 Prisoners should be able to consult a pharmacist. (4.64)
- 9.122 PGDs should be introduced to enable the pharmacist and nurses to supply more potent medication and avoid unnecessary consultations with the doctor. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff. (4.65)
- 9.123 The in-possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded. (4.66)
- 9.124 All pharmacy procedures and policies should be formally reviewed and adopted through the medicines and therapeutics committee. All health services staff should read, sign and implement the agreed procedures. (4.67)
- 9.125 All applications to see the dentist should be triaged and prioritised, preferably by one of the dental team. (4.68)
- 9.126 There should be measures to reduce the waiting time for dental appointments. (4.69)
- 9.127 There should be a protocol for dental out-of-hours cover. (4.70)
- 9.128 There should be arrangements to cover the dentist's work during periods of absence. (4.71)
- 9.129 Prisoners should only be located in the inpatient unit where there is a clear clinical need. (4.72)
- 9.130 Primary mental health nurses should have sufficient protected time to devote to mental health duties. (4.73)

Learning and skills and work activities

- 9.131 Data should be used to compare the performance of different groups of learners. (5.4)
- 9.132 There should not be routine over-allocation of prisoners to workshops or classes. (5.5)

- 9.133 The library facility should be enlarged and improved to meet the needs of the prison population. (5.7)
- 9.134 All prisoners, including employed prisoners, should have regular access to the library. (5.8)
- 9.135 There should be appropriate links between the library and learning and skills providers to ensure the library contributes effectively to prisoners' learning and development. (5.9)
- 9.136 The prison should develop and implement a strategy to identify and meet the different education and training needs of young adults and adult prisoners. (5.26)
- 9.137 Work allocation procedures should be improved and linked to sentence planning. (5.27)
- 9.138 There should be a wider range of learning opportunities for vulnerable prisoners, including opportunities to learn in groups. (5.28)
- 9.139 The arrangements to share the diagnostic assessments of learners' literacy and numeracy with vocational tutors should be developed. (5.29)
- 9.140 There should be sufficient activity places to meet the needs of prisoners, and their participation should be encouraged. (5.30)

Time out of cell

- 9.141 Wing routines should be followed in accordance with published core day timetables. (5.42)
- 9.142 Daytime association periods should be provided as required in the published core day. (5.43)
- 9.143 Time out of cell should be increased. (5.44)
- 9.144 All wings should benefit from evening association. (5.45)

Security and rules

- 9.145 Prisoners should receive fuller written explanations for decisions following closed visits reviews. (6.1)
- 9.146 Closed visits reviews should be informed by written contributions from a range of relevant departments. (6.3)
- 9.147 Security managers should work with safer custody staff to analyse the extent of gang-related activity in the prison, and develop a clear strategy to manage identified issues. (6.12)
- 9.148 Rules and regulations should be appropriate and proportionate. (6.13)

Discipline

- 9.149 The use of unofficial punishments should cease. (6.14)
- 9.150 The control and restraint committee should monitor all use of force incidents to identify patterns and trends, including the over-representation of young adults and black and minority ethnic prisoners in incidents, and take timely action in response to these. (6.17)

- 9.151 The use of force should not be authorised and certified by the same person. (6.21)
- 9.152 Staff should engage positively with prisoners in special accommodation to encourage a return to normal location. (6.22)
- 9.153 The required authorisation for the use of special cells and mechanical restraints should always be completed. (6.23)
- 9.154 Prisoners should not be routinely strip searched on location into special accommodation. The reasons for doing so should be clearly recorded, and monitored by the control and restraint committee. (6.24)
- 9.155 There should be a formal protocol governing the use of the overspill cells in the segregation unit, including the use of structured reintegration plans for prisoners located there. (6.26)
- 9.156 The adjudication standardisation meeting should analyse and monitor the award of cellular confinement for young adults to ensure awards are appropriate and proportionate. (6.36)
- 9.157 Loss of tobacco should not be given as an adjudication punishment. (6.37)
- 9.158 The punishment tariff should be published for prisoners. (6.38)
- 9.159 Prisoners should be fully debriefed following the use of force against them, and findings should be scrutinised by the control and restraint committee. (6.39)
- 9.160 Cells and showers in the segregation unit should be clean, free from graffiti and adequately maintained. (6.40)
- 9.161 The level of search for prisoners located in the segregation unit should be informed by a risk assessment. (6.41)
- 9.162 Segregation unit file entries should demonstrate positive daily engagement with prisoners. (6.42)
- 9.163 Segregation monitoring data should be consistent and accurate. (6.43)
- 9.164 There should always be a written record of monthly segregation review meetings. (6.44)

Incentives and earned privileges

- 9.165 The establishment should support more young adults to achieve enhanced status. (6.47)
- 9.166 Activity supervisors should routinely contribute to incentives and earned privileges (IEP) reviews. (6.48)
- 9.167 Regular IEP reviews should take place. (6.49)
- 9.168 The information in the induction talk for new arrivals should reflect current policy. (6.51)
- 9.169 Basic level prisoners should receive some association time. (6.53)
- 9.170 Wing history files should show evidence that verbal warnings have been issued before red entries are made. (6.54)

- 9.171 The IEP scheme should operate fairly and consistently across the prison, using sound documented evidence. (6.56)
- 9.172 The IEP scheme should be effectively monitored by senior managers. (6.57)

Catering

- 9.173 The evening meal should not be served before 5pm. (7.2)
- 9.174 Catering staff should regularly attend wings at meal times to answer prisoner complaints and to check the quality of food served, and this should be recorded in wing food comments books. (7.4)
- 9.175 There should be formal responses to comments and concerns raised by prisoners in surveys or wing food comments books. (7.6)
- 9.176 Breakfast should be served on the day it is to be eaten. (7.10)
- 9.177 Halal food should be kept separate from non-halal food during the serving of meals. (7.11)

Prison shop

- 9.178 A range of fresh food, including fruit and vegetables, should be available from the prison shop. (7.13)
- 9.179 New arrivals should be able to buy and receive items from the prison shop in their first week. (7.19)

Strategic management of resettlement

- 9.180 The resettlement policy should contain action plans for each pathway and identify pathway leads. (8.2)
- 9.181 The resettlement policy should reflect the needs of young adults and other minority groups. (8.3)
- 9.182 Future revisions of the resettlement policy should be based on a needs analysis. (8.4)
- 9.183 Residential staff should be briefed on the work of the resettlement centre. (8.6)

Offender management and planning

- 9.184 Links between the offender management unit and the wings should be developed. Residential staff should be more involved in supporting prisoners to achieve sentence planning targets. (8.11)
- 9.185 All prisoners should have a written plan that specifies how their specific needs are to be met during and post custody. (8.13)
- 9.186 There should be quality assurance of the completion of the induction booklet and the custody passport. (8.14)

- 9.187 Residential staff should be briefed on the role of the electronic custody passport. (8.15)
- 9.188 All lifers should get the opportunity to participate in regular group meetings with a lifer manager. (8.17)
- 9.189 There should be specific events for life-sentenced prisoners and their families. (8.18)
- 9.190 There should be a standardised format for the recording of sentence planning meetings. (8.26)
- 9.191 The backlog of offender assessment system (OASys) assessments and reviews should be cleared. (8.27)
- 9.192 OASys quality assurance processes should be introduced. (8.28)
- 9.193 Notes of interdepartmental risk management meetings should record completion of actions. (8.29)
- 9.194 Notes on individuals discussed in risk management meetings should be forwarded to offender managers in the community. (8.30)
- 9.195 Internal information sharing between the offender management unit and the security department should be improved. (8.31)
- 9.196 Prisoners in the process of applying for home detention curfew should not be transferred to other prisons while their applications are being processed. (8.32)
- 9.197 Young adults should be advised how to apply for recategorisation for open conditions. (8.33)

Resettlement pathways

- 9.198 Prisoners with no fixed accommodation on release should be targeted for support in identifying accommodation. (8.36)
- 9.199 Accommodation services should be publicised to prisoners. (8.37)
- 9.200 Long-term target setting should be improved to ensure that learning plans meet realistic employability options for prisoners. (8.41)
- 9.201 There should be better links with local community groups to promote employment opportunities for prisoners. (8.42)
- 9.202 The prison should introduce a course in budgeting and money management. (8.44)
- 9.203 Prisoners should be able to open a bank account before their release. (8.45)
- 9.204 The drug strategy team should ensure that services meet the needs of young adults, and the CARAT team should develop specialised work with this age group. (8.53)
- 9.205 CARAT provision should be extended to reflect demand for the service from both IDTS and non-IDTS prisoners. (8.62)
- 9.206 All prisoners should have equality of access to Alcoholics Anonymous meetings, regardless of their location. (8.63)

- 9.207 Prisoners should be able to use telephones on a daily basis, and have increased access during the evening period. (8.64)
- 9.208 An action plan should be developed from the visitors' survey. (8.66)
- 9.209 Visitors should be notified when a prisoner is not available for a booked visit. (8.67)
- 9.210 Entry arrangements should not result in unacceptable delays for visitors. (8.68)
- 9.211 A positive indication by a drug dog should only result in a closed visit where there is other supporting intelligence. (8.69)
- 9.212 The children's play area in the main visit room should be staffed for all visit sessions. (8.71)
- 9.213 Prisoners should be able to make a telephone call every day. (8.84)
- 9.214 Prisoners should receive their mail within a day of its arrival in the prison. (8.85)
- 9.215 Visitors should be able to book visits by email as well as telephone, and should be able to book their next visit while at the prison. (8.86)
- 9.216 New arrivals should be given information on visits arrangements. (8.87)
- 9.217 The cut-off time for the arrival of visitors should be extended. (8.88)
- 9.218 Prisoners should not have to wear bibs during visits. (8.89)
- 9.219 The prison should provide interventions to address instrumental violence and domestic abuse, as well as victim awareness. (8.93)

Housekeeping points

Applications and complaints

- 9.220 Confidential access complaint forms and envelopes should be available on each residential wing. (3.91)

Health services

- 9.221 Clear staff training records should be maintained. (4.74)
- 9.222 Old reference books should be discarded and only the most recent copy should be kept. (4.75)
- 9.223 The automated pump should be used for IDTS administration. (4.76)
- 9.224 Diazepam mixture should be measured using appropriate glass measures. (4.77)
- 9.225 Loose tablets and tablet foils should not be present in stock. (4.78)

- 9.226 Maximum and minimum drug fridge temperatures should be recorded daily to ensure that heat-sensitive items are stored within the 2-8°C range. Corrective action should be taken if necessary, and this should be monitored by pharmacy staff. (4.79)

Discipline

- 9.227 Prisoners in adjudications should be given a pen and paper. (6.45)

Catering

- 9.228 Halal certificates should be available in the kitchen. (7.12)

Example of good practice

- 9.229 The gym staff opened the gym in the early morning before work for employed prisoners, which had improved access for this group. (5.36)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Marie Orrell	Inspector
Gordon Riach	Inspector
Anita Saigal	Inspector
Andrea Walker	Inspector
Laura Nettleingham	Researcher
Michael Skidmore	Researcher
Adam Altoft	Researcher (induction)
Specialist inspectors	
Paul Roberts	Drugs inspector
Mandy Whittingham	Health services inspector
Sandra Summers	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.

Status	18-20 yr olds	21 and over	%
Sentenced	82	246	
Recall	12	43	
Convicted unsentenced	58	40	
Remand	73	102	
Detainees	5	7	
Total	230	438	

Sentence	18-20 yr olds	21 and over	%
Unsentenced	136	149	
Less than 6 months	27	68	
6 months to less than 12 months	5	33	
12 months to less than 2 years	16	34	
2 years to less than 4 years	23	67	
4 years to less than 10 years	19	49	
ISPP	2	18	
Life	2	11	
Total	230	438	

Age	Number of prisoners	%
Under 21 years: <i>minimum age=18</i>	230	
21 years to 29 years	182	
30 years to 39 years	130	
40 years to 49 years	81	
50 years to 59 years	29	
60 years to 69 years	13	
70 plus years: <i>maximum age =81</i>	3	
Total	668	

Nationality	18-20 yr olds	21 and over	%
British	200	368	
Foreign nationals	30	70	
Total	230	438	

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	136	149	
Uncategorised sentenced	21	35	
Cat B	0	37	
Cat C	0	168	
Cat D	0	49	
Other	73	0	
Total	230	438	

Ethnicity	18-20 yr olds	21 and over	%
<i>White:</i>			
British	337	121	
Other white	30	9	
<i>Mixed:</i>			
White and Black Caribbean	3	5	
Other mixed	4	3	
<i>Asian or Asian British:</i>			
Indian	1	7	
Pakistani	6	7	

Bangladeshi	4	4	
Other Asian	7	15	
<i>Black or Black British:</i>			
Caribbean	17	16	
African	7	23	
Other Black	14	16	
<i>Chinese or other ethnic group:</i>			
Chinese	6	4	
Other ethnic group	2	0	
Total	230	438	

Religion	18-20 yr olds	21 and over	%
Church of England	41	149	
Roman Catholic	37	88	
Other Christian denominations	18	24	
Muslim	48	36	
Hindu	1	2	
Buddhist	2	6	
Other	12	30	
No religion	71	101	
Total	230	438	

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	38		94	
1 month to 3 months	27		60	
3 months to 6 months	14		38	
6 months to 1 year	7		50	
1 year to 2 years	7		24	
2 years to 4 years	1		13	
4 years or more	0		15	
Total	94		294	

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	52		55	
1 month to 3 months	55		54	
3 months to 6 months	14		31	
6 months to 1 year	15		9	
Total	136		149	

Main offence	18-20 yr olds	21 and over	%
Violence against the person	29	135	
Sexual offences	9	36	
Burglary	21	36	
Robbery	29	27	
Theft and handling	18	27	
Fraud and forgery	10	13	
Drugs offences	18	27	
Other offences	71	67	
Offence not recorded / holding warrant	24	80	
Total	230	438	

Appendix III: Safety and Staff-Prisoner Interviews

Twenty six prisoners and young adults were approached by the research team to undertake structured interviews regarding issues of safety and staff-prisoner relationships at HMP/ YOI Chelmsford. The sample was split between adult and young adults and individuals were randomly selected from each wing in the establishment, including one individual from segregation. Healthcare was excluded from the sample. The number of interviews carried out on each wing broadly reflects the proportions of adult and young adult prisoners on each.

Location of interviews

	Number of interviews – adults	Number of interviews – young adults
A wing	1	0
B wing	2	3
C wing	2	3
D wing	2	2
E wing	2	1
F wing	2	2
G wing	2	2
Total	13	13

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency; therefore all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff- prisoner relationships.

The demographic information of interviewees is detailed below followed by the results from each section.

Demographic information

- Length of time in prison on this sentence ranged from four days to four years and two months
- Length of time at HMP/ YOI Chelmsford ranged from four days to two years
- For ten prisoners this was their first time in prison
- Sixteen prisoners were sentenced and of those sentenced, sentence length ranged from 3 weeks to 9 years.
- Average age was 25 years (ranging from 18 to 38)
- Seven interviews were conducted with black and minority ethnic prisoners and nineteen with white prisoners.
- One interviewee did not have English as a first language.
- Three interviewees stated their religion as Christian, five as Muslim, five as Catholic and the remaining thirteen stated that they had no religion.
- One interviewee stated they had a disability
- One interviewee stated they were a foreign national

Safety

All interviewees were asked to identify areas of concern with regards to safety within HMP/ YOI Chelmsford, as well as rating the problem on a scale of 1-4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Staff behaviour with prisoners	13	2.3	30
Overcrowding	10	2.9	29
Response of staff with regards to fights/bullying/self harm in the prison	7	3.1	22
Aggressive body language of prisoners	11	2	22
Lack of confidence in staff	9	2.4	22
Procedures for discipline (adjudications)	9	2.3	21
Lack of information about prison regime	7	3	21
Gang culture	5	3.8	19
Lack of trust in staff	7	2.6	18
Number of staff on duty during association	4	3	12
Aggressive body language of staff	4	3.3	13
Layout/structure of the prison	10	1.3	13
Availability of drugs	4	2.5	10
Surveillance cameras	3	3.3	10
The way meals are served	3	3	9
Movement to work/education/gym	4	2.3	9
Isolation (within the prison)	4	2.1	8.5
Staff members giving favours in return for something	2	3.5	7
Number of staff on duty during the day	2	3	6
Existence of an illegal market	2	1.5	3
Healthcare facilities	1	1	1

The top five issues were:

1. The way staff behave with prisoners
2. Overcrowding
3. Response of staff with regards to fights/ bullying/ self harm
4. Aggressive body language of prisoners
5. Lack of confidence in staff

Overall Rating

Interviewees were asked to give an overall rating for safety at HMP & YOI Chelmsford, with 1 being very bad and 4 being very good. **The average rating was 2.8**

A breakdown of the scores is shown in the table below:

1	2	3	4
1 (4%)	8 (31%)	11 (42%)	6 (23%)

Differences in Responses from young adult and adult prisoners

The most significant issues for young adult prisoners across all wings were:

- Overcrowding
- Lack of information about prison regime
- The way staff behave with prisoners
- Gang culture
- Response of staff with regards to fights/ bullying/ self harm

The most significant issues for adult prisoners interviewed across all wings were:

- The way staff behave with prisoners
- Lack of confidence in staff
- Response of staff with regards to fights/ bullying/ self harm
- Layout/ structure of prison
- Procedures for discipline (adjudications)
- Aggressive body language of prisoners

Staff-Prisoner Relationships

All interviewees were asked to rate their relationship with wing staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

1. Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
9 (35%)	11 (42%)	5 (19%)	1 (4%)

The average rating was 1.9

2. How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
7 (28%)	10 (40%)	6 (24%)	2 (8%)

The average rating was 2.1

3. How often do wing staff address you by your first name or by Mr?

1 Always	2	3	4 Never
2 (8%)	6 (23%)	5 (19%)	13 (50%)

The average rating was 3.1

4. How often do wing staff knock before entering your cell?

1 Always	2	3	4 Never
0	3 (12%)	2 (8%)	20 (80%)

The average rating was 3.7

5. How helpful are staff generally with questions and day to day issues?

1 Very helpful	2	3	4 Not at all helpful
7 (27%)	9 (35%)	8 (31%)	2 (8%)

The average rating was 2.2

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
10 (40%)	8 (32%)	5 (20%)	2 (8%)

The average rating was 2

7. Do staff treat prisoners fairly?

1 Completely	2	3	4 Not at all
11 (42%)	6 (23%)	4 (15%)	5 (19%)

The average rating was 2.1

8. Do staff members treat you fairly when applying the rules of the prison?

1 Completely	2	3	4 Not at all
9 (35%)	5 (19%)	7 (27%)	5 (19%)

The average rating was 2.3

9. Are staff fair and consistent in their approach to the IEP scheme?

1 Completely	2	3	4 Not at all
8 (35%)	4 (17%)	7 (30%)	4 (17%)

The average rating was 2.3

10. Would staff take it seriously if you were being victimised or bullied on the wing?

Yes	No	Depends who you approach
15 (65%)	2 (9%)	6 (26%)

11. How often do staff interact with you?

1 Always	2	3	4 Never
11 (42%)	4 (15%)	7 (27%)	4 (15%)

The average rating was 2.2

12. Do you have a member of staff to turn to if you have a problem?

6 (23%) stated they did not. Of the 20 (77%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
6 (30%)	6 (30%)	7 (35%)	1 (5%)

The average rating was 2.2

13. Can you approach your personal officer?

Yes	No	Don't have one
16 (62%)	2 (8%)	8 (31%)

14. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
14 (61%)	6 (26%)	2 (9%)	1 (4%)

The average rating was 1.5

15. Do staff promote responsible behaviour?

1 Always	2	3	4 Never
7 (27%)	6 (23%)	4 (15%)	9 (35%)

The average rating was 2.6

16. Do staff provide assistance if you need it in applying for jobs/education/ROTL etc.?

1 Always	2	3	4 Never
7 (27%)	4 (15%)	7 (27%)	8 (31%)

The average rating was 2.6

17. Do staff actively encourage you to take part in activities outside your cell?

1 Always	2	3	4 Never
5 (19%)	3 (12%)	4 (15%)	14 (54%)

The average rating was 3.

From the twenty six interviewed, no one reported having experienced any discrimination from staff on the basis of

- Nationality
- Disability
- Sexual orientation
- Status (remand/ sentenced)

Have you ever been discriminated against by staff because of?

- Your ethnicity

Yes	No
3 (12%)	23 (88%)

- Your religion

Yes	No
2 (8%)	24 (92%)

- Your age

Yes	No
6 (23%)	20 (77%)

Overall Rating

Interviewees were asked to give an overall rating for staff-prisoner relationships at HMP/ YOI Chelmsford, with 1 being excellent and 4 being poor. **The average rating was 2.2**

A breakdown of the scores given is shown in the table below:

1	2	3	4
2 (8%)	18 (69%)	5 (19%)	1 (4%)

Appendix IV: Time Out Of Cell

In order to ascertain how much time out of cell prisoners in HMP & YOI Chelmsford were receiving and whether this matched their recorded time out of cell, 24 prisoners were interviewed. Interviews were carried out on all wings, excluding A wing, healthcare and the segregation unit.

All interviewees were randomly selected from each wing. On each wing an attempt was made to conduct interviews with prisoners who attended work or education on either a full or part-time basis. On the majority of wings there were very few prisoners who were part-time employed. Very few prisoners were on basic and interviews did not include prisoners on this regime.

In total, twelve interviews were conducted with prisoners who were employed on a full-time basis and twelve who were unemployed.

On 2 - 4 August interviewees were asked about the time spent out of cell on a 'normal day'; providing details as to where differences lay.

Time out of Cell

The following report highlights two scenarios:

1. The 'best case' scenario depicts a day in which prisoners were out of their cells for the maximum possible time, i.e. including time spent on outside exercise, on association, at education and at work.
2. The second, 'worst case' scenario depicts a day in which prisoners are not offered time out of cell, due to inconsistent roll counts, and not being involved with either work, vocational training or education.

The average time out of cell based on prisoner interviews:

4 hours 3 minutes

- Best case scenario: 5 hours 31 minutes
- Worst case scenario: 2 hours 35 minutes

Average time out of cell 'best & worst case' scenarios for full time employed prisoner's (based on interviews alone):

- Best case: 7 hours 5 minutes
- Worst case: 3 hours 46 minutes

Average time out of cell 'best & worst case' scenarios for unemployed prisoners (based on interviews alone):

- Best case: 3 hours 57 minutes
- Worst case: 1 hour 24 minutes

Using the average time out of cell from all interviews, the following hours out of cell can be gleaned (please note these averages are based on a small number of interviews only):

	Best case	Worst case
Young Adults	5 hours 20 minutes	3 hours 6 minutes
Adults	5 hours 39 minutes	2 hours 13 minutes
BME prisoners	6 hours 19 minutes	3 hours 43 minutes
White prisoners	5 hours 7 minutes	2 hours 1 minute
Enhanced	7 hours 23 minutes	4 hours 32 minutes
Standard	4 hours 35 minutes	1 hour 36 minutes
Basic	None included	None included
B wing	5 hours 42 minutes	3 hours 50 minutes
C wing	5 hours 33 minutes	2 hours 11 minutes
D wing	5 hours 1 minute	2 hours 51 minutes
E wing	4 hours 45 minutes	32 minutes
F wing	4 hours 48 minutes	1 hour 48 minutes
G wing	7 hours 16 minutes	4 hours 18 minutes

1. Activities available during Association

- During association periods – all prisoners could access facilities on the wings; however these were limited to pool tables and table tennis tables located on the landings of each wing (with the exception of C wing where access was limited to one or the other depending on which landing prisoners were on).
- During association times prisoners could also access phones, use the showers, and associate on the landings. Prisoners described a lack of phones for the numbers on the wing and several stated much of association being spent in a queue to get to the phone, particularly on the day phone credit is replenished. Seventeen (71%) prisoners stated the number of staff on during association was enough to make them feel safe.
- Outside exercise was offered for those unemployed during the afternoon on C, D and E wing and in the morning on B and G wing. Generally those who were employed were unable to partake in outside exercise due to it conflicting with work schedules.
- Only six (25%) prisoners described staff encouraging them to participate in activities outside their cells.
- Eleven prisoners (46%) described it as easy or very easy to participate in education or employment. Several prisoners remarked that it was easier to get into education than work.
- Gym and library can be oversubscribed meaning access is not guaranteed for each time slot.

2. Unlock times

- The majority of prisoners stated that association was rarely cancelled and the reasons for cancellations included if the roll count was incorrect or there was a fight on the wing, which can mean association is ended prematurely. Several prisoners stated that on rare occasions association might be cancelled due to staff shortages, which would be explained to them by a notice posted on the wall.

- With the exception of the enhanced spur on G wing the prisoners had association only four out of the five weekdays, and this was on different days depending on which wing you were based on.
- Fourteen (58%) prisoners stated they had had difficulties getting to activities on time; visits was a particular issue for some. It was stated that although they arrived at the holding cell on time, visitors were not put through security until 2pm, which shortens the two hour visit if the visitor is at the back of the queue.
- Achieving an accurate roll count appeared a perennial difficulty at the prison and this could lead to delays or an inability to get to work for those who are employed on the wing. In addition once 'fixed post' has been implemented prisoners can be stranded for up to 30 minutes at exercise, library, gym or workshop, or prisoners may leave their activity early should they need to recall all prisoners back to the wings to have a recount for the roll. Time taken to account for the roll can encroach on association and delay meal times.

Appendix V: 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.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 29 July 2009, the prisoner population at HMP Chelmsford was 650. The sample size was 130. Overall, this represented 20% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

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, three respondents were 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;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to 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, 124 respondents completed and returned their questionnaires. This represented 19% of the prison population. The response rate was 95%. In addition to the one respondent who refused to complete a questionnaire, four questionnaires were not returned and one was returned blank.

Comparisons

The following details the results from the survey. Data from each establishment has been 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 sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 39 local prisons since April 2003.
- The current survey responses in 2009 against the responses of prisoners and young adults surveyed at HMP/ YOI Chelmsford in 2007.

(Please note in 2007 young adults were located on a separate wing at Chelmsford and were sampled and analysed separately for the last inspection. There is no longer a separate wing for young adults so the 2007 responses have been amalgamated to include both adults and young adults in order to make a fair comparison to the 2009 responses. Therefore, the 2007 responses presented will not match the responses published in the last report).

- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2009 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2009 survey between Muslim and non-Muslim prisoners.
- A comparison within the 2009 survey between those who consider themselves to have a disability and those who do not.
- A comparison within the 2009 survey between those under the age of 21 and those above.
- A comparison within the 2009 survey between prisoners located on the older wings (A, B, C and D) and those on the newer wings (E, F and G).

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. 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.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

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 is excluded). The actual numbers will match up as the data is cleaned to be consistent.

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

Section 1: About You

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.2 How old are you?

<i>Under 21</i>	38%
<i>21 - 29</i>	24%
<i>30 - 39</i>	18%
<i>40 - 49</i>	14%
<i>50 - 59</i>	6%
<i>60 - 69</i>	1%
<i>70 and over</i>	0%

Q1.3 Are you sentenced?

<i>Yes</i>	44%
<i>Yes - on recall</i>	15%
<i>No - awaiting trial</i>	21%
<i>No - awaiting sentence</i>	19%
<i>No - awaiting deportation</i>	1%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	42%
<i>Less than 6 months</i>	17%
<i>6 months to less than 1 year</i>	7%
<i>1 year to less than 2 years</i>	6%
<i>2 years to less than 4 years</i>	7%
<i>4 years to less than 10 years</i>	13%
<i>10 years or more</i>	2%
<i>IPP (Indeterminate Sentence for Public Protection)</i>	2%
<i>Life</i>	3%

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>	45%
<i>6 months or less</i>	28%
<i>More than 6 months</i>	27%

Q1.6 How long have you been in this prison?

<i>Less than 1 month</i>	28%
<i>1 to less than 3 months</i>	27%
<i>3 to less than 6 months</i>	16%
<i>6 to less than 12 months</i>	16%
<i>12 months to less than 2 years</i>	10%
<i>2 to less than 4 years</i>	2%
<i>4 years or more</i>	1%

Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)		
	Yes		12%
	No		88%
Q1.8	Is English your first language?		
	Yes		92%
	No		8%
Q1.9	What is your ethnic origin?		
	White - British	66%	Asian or Asian British - Bangladeshi..... 2%
	White - Irish.....	4%	Asian or Asian British - Other..... 1%
	White - Other	2%	Mixed Race - White and Black Caribbean
	Black or Black British - Caribbean...	5%	Mixed Race - White and Black African
	Black or Black British - African.....	7%	Mixed Race - White and Asian..... 1%
	Black or Black British - Other.....	1%	Mixed Race - Other..... 2%
	Asian or Asian British - Indian.....	0%	Chinese..... 0%
	Asian or Asian British - Pakistani	2%	Other ethnic group
Q1.10	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		6%
	No		94%
Q1.11	What is your religion?		
	None.....	25%	Hindu
	Church of England.....	30%	Jewish
	Catholic.....	25%	Muslim..... 13%
	Protestant.....	1%	Sikh..... 0%
	Other Christian denomination	3%	Other..... 2%
	Buddhist.....	0%	
Q1.12	How would you describe your sexual orientation?		
	Heterosexual/ Straight.....		98%
	Homosexual/Gay		1%
	Bisexual.....		2%
	Other		0%
Q1.13	Do you consider yourself to have a disability?		
	Yes		19%
	No		81%
Q1.14	How many times have you been in prison before?		
	0	1	2 to 5
	31%	16%	32%
			More than 5
			21%

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>
59%	28%	13%

Q1.16 Do you have any children under the age of 18?

<i>Yes</i>	49%
<i>No</i>	51%

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	7%	44%	19%	20%	7%	2%	2%
Your personal safety during the journey	10%	44%	17%	14%	15%	0%	0%
The comfort of the van	2%	7%	16%	29%	45%	0%	2%
The attention paid to your health needs	5%	18%	29%	26%	12%	5%	5%
The frequency of toilet breaks	3%	12%	24%	13%	27%	1%	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>
37%	41%	16%	5%	1%

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>
14%	52%	19%	6%	5%	3%

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?	75%	25%	0%
Before you arrived here did you receive any written information about what would happen to you?	16%	81%	3%
When you first arrived here did your property arrive at the same time as you?	80%	16%	4%

Q2.5 Do you have any other comments on courts, transfers and escorts?

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% | <i>Money worries</i> | 16% |
| <i>Loss of property</i> | 6% | <i>Feeling depressed or suicidal</i> | 49% |
| <i>Housing problems</i> | 25% | <i>Health problems</i> | 66% |
| <i>Contacting employers</i> | 11% | <i>Needing protection from other prisoners</i> | 13% |
| <i>Contacting family</i> | 26% | <i>Accessing phone numbers</i> | 37% |
| <i>Ensuring dependants were being looked after</i> | 10% | <i>Other</i> | 2% |
- Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply)**
- | | | | |
|--|-----|--|-----|
| <i>Didn't have any problems</i> | 20% | <i>Money worries</i> | 24% |
| <i>Loss of property</i> | 15% | <i>Feeling depressed or suicidal</i> | 22% |
| <i>Housing problems</i> | 20% | <i>Health problems</i> | 24% |
| <i>Contacting employers</i> | 8% | <i>Needing protection from other prisoners</i> | 10% |
| <i>Contacting family</i> | 44% | <i>Accessing phone numbers</i> | 27% |
| <i>Ensuring dependants were looked after</i> | 7% | <i>Other</i> | 5% |
- Q3.3 Please answer the following questions about reception:**
- | | Yes | No | Don't remember |
|---|-----|-----|----------------|
| Were you seen by a member of health services? | 98% | 2% | 0% |
| When you were searched, was this carried out in a respectful way? | 77% | 21% | 2% |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | Very well | Well | Neither | Badly | Very badly | Don't remember |
|-----------|------|---------|-------|------------|----------------|
| 14% | 45% | 25% | 10% | 5% | 1% |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply)**
- | | |
|--|-----|
| <i>Information about what was going to happen to you</i> | 32% |
| <i>Information about what support was available for people feeling depressed or suicidal</i> | 39% |
| <i>Information about how to make routine requests</i> | 21% |
| <i>Information about your entitlement to visits</i> | 34% |
| <i>Information about health services</i> | 38% |
| <i>Information about the chaplaincy</i> | 34% |
| <i>Not offered anything</i> | 43% |
- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)**
- | | |
|---|-----|
| <i>A smokers/non-smokers pack</i> | 86% |
|---|-----|

<i>The opportunity to have a shower</i>	12%
<i>The opportunity to make a free telephone call</i>	19%
<i>Something to eat</i>	71%
<i>Did not receive anything</i>	6%

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)

<i>Chaplain or religious leader</i>	28%
<i>Someone from health services</i>	78%
<i>A listener/Samaritans</i>	18%
<i>Did not meet any of these people</i>	17%

Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?

<i>Yes</i>	2%
<i>No</i>	98%

Q3.9 Did you feel safe on your first night here?

<i>Yes</i>	67%
<i>No</i>	29%
<i>Don't remember</i>	4%

Q3.10 How soon after your arrival did you go on an induction course?

<i>Have not been on an induction course</i>	12%
<i>Within the first week</i>	69%
<i>More than a week</i>	16%
<i>Don't remember</i>	2%

Q3.11 Did the induction course cover everything you needed to know about the prison?

<i>Have not been on an induction course</i>	12%
<i>Yes</i>	52%
<i>No</i>	31%
<i>Don't remember</i>	4%

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?	4%	23%	18%	27%	22%	6%
Attend legal visits?	9%	40%	19%	10%	5%	16%
Obtain bail information?	2%	11%	25%	18%	12%	32%

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

<i>Not had any letters</i>	18%
<i>Yes</i>	33%

No..... 49%

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	33%	54%	5%	9%
Are you normally able to have a shower every day?	64%	33%	3%	0%
Do you normally receive clean sheets every week?	43%	43%	11%	2%
Do you normally get cell cleaning materials every week?	53%	41%	5%	1%
Is your cell call bell normally answered within five minutes?	25%	57%	15%	4%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	55%	41%	2%	2%
Can you normally get your stored property, if you need to?	18%	60%	20%	2%

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>
3%	11%	27%	25%	34%

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

<i>Have not bought anything yet</i>	13%
Yes	9%
No.....	78%

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	32%	42%	8%	6%	2%	11%
An application form	34%	45%	12%	2%	1%	6%

Q4.7 Have you made an application?

Yes	80%
No.....	20%

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?	20%	31%	49%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	20%	21%	58%

Q4.9 Have you made a complaint?

Yes	41%
No.....	59%

- 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? | 59% | 8% | 33% |
| Do you feel <i>complaints</i> are dealt with promptly? (within seven days) | 59% | 12% | 29% |
| Were you given information about how to make an appeal? | 39% | 26% | 34% |
- Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**
- | | |
|-----------------------------------|-----|
| Not made a complaint | 60% |
| Yes | 11% |
| No | 30% |
- 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> | <i>Very difficult</i> |
|--------------------------------|------------------|-------------|----------------|------------------|-----------------------|
| 35% | 2% | 9% | 30% | 16% | 8% |
- Q4.13 What level of the IEP scheme are you on now?**
- | | |
|--|-----|
| Don't know what the IEP scheme is | 7% |
| <i>Enhanced</i> | 24% |
| <i>Standard</i> | 66% |
| <i>Basic</i> | 2% |
| <i>Don't know</i> | 2% |
- Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?**
- | | |
|--|-----|
| Don't know what the IEP scheme is | 7% |
| Yes | 46% |
| No | 34% |
| <i>Don't know</i> | 13% |
- Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?**
- | | |
|--|-----|
| Don't know what the IEP scheme is | 7% |
| Yes | 50% |
| No | 43% |
- 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)? | 13% | 87% |
| In the last six months have you spent a night in the segregation /care and separation unit? | 13% | 87% |

Q4.17	Please answer the following questions about your religious beliefs?			
		Yes	No	Don't know/ N/A
	Do you feel your religious beliefs are respected?	51%	17%	32%
	Are you able to speak to a religious leader of your faith in private if you want to?	54%	10%	36%
Q4.18	Can you speak to a listener at any time, if you want to?			
	Yes	No	Don't know	
	60%	13%	27%	
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?	70%	30%	
	Do most staff treat you with respect?	62%	38%	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?		
	Yes	43%	
	No	57%	
Q5.2	Do you feel unsafe in this prison at the moment?		
	Yes	20%	
	No	80%	
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe	60%	<i>At meal times</i> 5%
	<i>Everywhere</i>	14%	<i>At health services</i> 2%
	<i>Segregation unit</i>	1%	<i>Visit's area</i> 4%
	<i>Association areas</i>	9%	<i>In wing showers</i> 12%
	<i>Reception area</i>	5%	<i>In gym showers</i> 6%
	<i>At the gym</i>	6%	<i>In corridors/stairwells</i> 5%
	<i>In an exercise yard</i>	14%	<i>On your landing/wing</i> 8%
	<i>At work</i>	2%	<i>In your cell</i> 5%
	<i>During Movement</i>	11%	<i>At religious services</i> 0%
	<i>At education</i>	1%	
Q5.4	Have you been victimised by another prisoner or group of prisoners here?		
	Yes	17%	
	No	83%	
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)		
	<i>Insulting remarks (about you or your family or friends).....</i>	9%	<i>Because of your sexuality</i> 0%

<i>Physical abuse (being hit, kicked or assaulted).....</i>	3%	<i>Because you have a disability.....</i>	0%
<i>Sexual abuse.....</i>	0%	<i>Because of your religion/religious beliefs.....</i>	1%
<i>Because of your race or ethnic origin</i>	2%	<i>Because of your age.....</i>	2%
<i>Because of drugs.....</i>	2%	<i>Being from a different part of the country than others</i>	3%
<i>Having your canteen/property taken</i>	4%	<i>Because of your offence/ crime</i>	2%
<i>Because you were new here.....</i>	4%	<i>Because of gang related issues.....</i>	6%

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

Yes 27%
No 73%

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

<i>Insulting remarks (about you or your family or friends).....</i>	13%	<i>Because you have a disability.....</i>	2%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	5%	<i>Because of your religion/religious beliefs.....</i>	6%
<i>Sexual abuse.....</i>	1%	<i>Because of your age</i>	5%
<i>Because of your race or ethnic origin</i>	7%	<i>Being from a different part of the country than others</i>	3%
<i>Because of drugs.....</i>	1%	<i>Because of your offence/ crime</i>	4%
<i>Because you were new here.....</i>	5%	<i>Because of gang related issues.....</i>	4%
<i>Because of your sexuality.....</i>	0%		

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

Not been victimised 66%
Yes 8%
No 27%

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

Yes 19%
No 81%

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

Yes 24%
No 76%

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>
10%	14%	6%	7%	9%	54%

Section 6: Health services

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	20%	2%	17%	13%	40%	8%
The nurse	21%	9%	26%	11%	27%	6%
The dentist	27%	1%	3%	9%	36%	24%
The optician	35%	2%	5%	14%	26%	19%

Q6.2 Are you able to see a pharmacist?

Yes	65%
No	35%

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	20%	7%	27%	19%	14%	12%
The nurse	24%	16%	25%	18%	8%	9%
The dentist	46%	4%	18%	14%	4%	13%
The optician	57%	0%	14%	16%	3%	10%

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>
14%	7%	26%	19%	21%	12%

Q6.5 Are you currently taking medication?

Yes	44%
No	56%

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

<i>Not taking medication</i>	56%
Yes	30%
No	14%

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

Yes	38%
No	62%

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

<i>Do not have any issues / Not receiving any help</i>	81%
<i>Doctor</i>	10%
<i>Nurse</i>	8%
<i>Psychiatrist</i>	5%
<i>Mental Health In Reach team</i>	6%
<i>Counsellor</i>	3%
<i>Other</i>	2%

Q6.9	Did you have a problem with either of the following when you came into this prison?		
		Yes	No
	Drugs	41%	59%
	Alcohol	29%	71%
Q6.10	Have you developed a problem with either of the following since you have been in this prison?		
		Yes	No
	Drugs	7%	93%
	Alcohol	2%	98%
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?		
	Yes		42%
	No		10%
	<i>Did not / do not have a drug or alcohol problem</i>		48%
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?		
	Yes		37%
	No		13%
	<i>Did not / do not have a drug or alcohol problem</i>		50%
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?		
	Yes		31%
	No		8%
	<i>Did not have a problem/Have not received help</i>		61%
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?		
		Yes	No
			<i>Don't know</i>
	Drugs	16%	67%
	Alcohol	11%	70%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?		
	Yes		23%
	No		16%
	N/A.....		61%

Section 7: Purposeful Activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply)		
	Prison job		37%
	Vocational or skills training		11%
	Education (including basic skills)		29%

Offending behaviour programmes.....	16%
Not involved in any of these	36%

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	35%	24%	32%	8%
Vocational or skills training	42%	24%	24%	11%
Education (including basic skills)	34%	36%	19%	11%
Offending behaviour programmes	44%	32%	14%	10%

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

Don't want to go	10%
Never.....	20%
Less than once a week	35%
About once a week	21%
More than once a week.....	3%
Don't know.....	10%

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
13%	19%	26%	25%	8%	3%	8%

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
9%	8%	23%	28%	25%	8%

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)

Less than 2 hours	31%
2 to less than 4 hours.....	24%
4 to less than 6 hours.....	18%
6 to less than 8 hours.....	13%
8 to less than 10 hours.....	3%
10 hours or more.....	4%
Don't know.....	6%

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
1%	3%	2%	33%	53%	8%

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

Do not go on association	2%
Never.....	14%
Rarely.....	43%
Some of the time	23%
Most of the time.....	15%
All of the time.....	4%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	61%
	<i>In the first week</i>	18%
	<i>More than a week</i>	10%
	<i>Don't remember</i>	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>	
	62%	8%
	16%	8%
	3%	3%
Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	42%
	<i>Yes</i>	27%
	<i>No</i>	31%
Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	73%
	<i>Very involved</i>	8%
	<i>Involved</i>	8%
	<i>Neither</i>	3%
	<i>Not very involved</i>	2%
	<i>Not at all involved</i>	6%
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>	74%
	<i>Yes</i>	15%
	<i>No</i>	11%
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>	74%
	<i>Yes</i>	15%
	<i>No</i>	11%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	
	<i>Not sentenced</i>	43%
	<i>Yes</i>	18%
	<i>No</i>	39%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	15%
	<i>No</i>	85%
Q8.9	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	61%

- No..... 29%
- Don't know..... 9%
- Q8.10 Have you had any problems getting access to the telephones?**
- Yes 48%
- No..... 51%
- Don't know..... 1%
- Q8.11 Did you have a visit in the first week that you were here?**
- Not been here a week yet* 8%
- Yes 22%
- No..... 67%
- Don't remember..... 3%
- 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 |
|---------------------------|-----|--------|--------|-----------|
| 9% | 50% | 37% | 2% | 2% |
- Q8.13 How are you and your family / friends usually treated by visits staff?**
- Not had any visits* 26%
- Very well..... 3%
- Well 27%
- Neither 14%
- Badly 10%
- Very badly 9%
- Don't know..... 11%
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
- Yes 25%
- No 75%
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- | | |
|---|---|
| <i>Don't know who to contact</i> 52% | <i>Help with your finances in preparation for release</i> 14% |
| <i>Maintaining good relationships</i> 13% | <i>Claiming benefits on release</i> 31% |
| <i>Avoiding bad relationships</i> 7% | <i>Arranging a place at college/continuing education on release</i> 21% |
| <i>Finding a job on release</i> 25% | <i>Continuity of health services on release</i> 16% |
| <i>Finding accommodation on release</i> 31% | <i>Opening a bank account</i> 15% |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)**
- | | |
|------------------------------|---|
| <i>No problems</i> 27% | <i>Help with your finances in preparation for release</i> 31% |
|------------------------------|---|

<i>Maintaining good relationships</i>	14%	<i>Claiming benefits on release</i>	37%
<i>Avoiding bad relationships</i>	10%	<i>Arranging a place at college/continuing education on release</i>	21%
<i>Finding a job on release</i>	51%	<i>Continuity of health services on release</i>	11%
<i>Finding accommodation on release</i>	45%	<i>Opening a bank account</i>	29%

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>.....	43%
Yes	28%
No	30%

Thank you for completing this survey



Prisoner survey responses HMP & YOI Chelmsford 2009

Prisoner survey responses (Missing data has 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

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
		Vulnerable prisoner wing	All other wings
Number of completed questionnaires returned		21	103
SECTION 1: General Information			
2	Are you under 21 years of age?	34%	39%
3a	Are you sentenced?	66%	57%
3b	Are you on recall?	15%	16%
4a	Is your sentence less than 12 months?	5%	28%
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?	9%	32%
6	Have you been in this prison less than a month?	5%	33%
7	Are you a foreign national?	5%	13%
8	Is English your first language?	96%	92%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	19%	30%
10	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	6%
11	Are you Muslim?	9%	14%
12	Are you homosexual/gay or bisexual?	10%	1%
13	Do you consider yourself to have a disability?	15%	20%
14	Is this your first time in prison?	40%	29%
15	Have you been in more than 5 prisons this time?	17%	12%
16	Do you have any children under the age of 18?	50%	49%
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?	53%	51%
1b	Was your personal safety during the journey good/very good?	58%	54%
1c	Was the comfort of the van good/very good?	9%	8%
1d	Was the attention paid to your health needs good/very good?	30%	22%
1e	Was the frequency of toilet breaks good/very good?	15%	14%
2	Did you spend more than four hours in the van?	9%	4%
3	Were you treated well/very well by the escort staff?	62%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	65%	76%
4b	Before you arrived here did you receive any written information about what would happen to you?	15%	16%
4c	When you first arrived here did your property arrive at the same time as you?	85%	79%

Key to tables

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	Any percent highlighted in blue is significantly worse		
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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%	7%
1c	Housing problems?	15%	28%
1d	Problems contacting employers?	5%	12%
1e	Problems contacting family?	9%	30%
1f	Problems ensuring dependants were looked after?	5%	11%
1g	Money problems?	9%	17%
1h	Problems of feeling depressed/suicidal?	47%	50%
1i	Health problems?	76%	64%
1j	Problems in needing protection from other prisoners?	5%	15%
1k	Problems accessing phone numbers?	34%	38%
2	When you first arrived:		
2a	Did you have any problems?	70%	82%
2b	Did you have any problems with loss of property?	15%	15%
2c	Did you have any housing problems?	5%	23%
2d	Did you have any problems contacting employers?	10%	7%
2e	Did you have any problems contacting family?	40%	45%
2f	Did you have any problems ensuring dependants were being looked after?	0%	8%
2g	Did you have any money worries?	10%	27%
2h	Did you have any problems with feeling depressed or suicidal?	30%	20%
2i	Did you have any health problems?	20%	24%
2j	Did you have any problems with needing protection from other prisoners?	10%	10%
2k	Did you have problems accessing phone numbers?	15%	29%
3a	Were you seen by a member of health services in reception?	100%	98%
3b	When you were searched in reception, was this carried out in a respectful way?	81%	77%
4	Were you treated well/very well in reception?	53%	60%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	37%	31%
5b	Information about what support was available for people feeling depressed or suicidal?	48%	37%
5c	Information about how to make routine requests?	21%	21%
5d	Information about your entitlement to visits?	31%	35%
5e	Information about health services?	31%	39%
5f	Information about the chaplaincy?	37%	34%

Key to tables

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	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
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?	91%	85%
6b	The opportunity to have a shower?	9%	13%
6c	The opportunity to make a free telephone call?	15%	20%
6d	Something to eat?	81%	69%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	34%	28%
7b	Someone from health services?	81%	77%
7c	A listener/Samaritans?	9%	20%
8	Did you have access to the prison shop/canteen within the first 24 hours?	5%	2%
9	Did you feel safe on your first night here?	72%	66%
10	Have you been on an induction course?	81%	89%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	63%	59%
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?	34%	26%
1b	Attend legal visits?	65%	46%
1c	Obtain bail information?	16%	12%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	31%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	47%	29%
3b	Are you normally able to have a shower every day?	100%	56%
3c	Do you normally receive clean sheets every week?	50%	42%
3d	Do you normally get cell cleaning materials every week?	81%	47%
3e	Is your cell call bell normally answered within five minutes?	28%	24%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	52%
3g	Can you normally get your stored property, if you need to?	19%	18%
4	Is the food in this prison good/very good?	34%	10%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	5%	10%
6a	Is it easy/very easy to get a complaints form?	86%	71%
6b	Is it easy/very easy to get an application form?	90%	77%
7	Have you made an application?	96%	77%

Key to tables

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	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	31%	41%
8b	Do you feel applications are dealt with promptly? (within 7 days)	31%	25%
9	Have you made a complaint?	57%	38%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	25%	19%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	25%	31%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	8%	33%
10c	Were you given information about how to make an appeal?	45%	23%
12	Is it easy/very easy to see the Independent Monitoring Board?	15%	11%
13	Are you on the enhanced (top) level of the IEP scheme?	62%	16%
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	53%	45%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	50%
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	15%
16b	In the last six months have you spent a night in the segregation/ care and separation unit?	5%	15%
13a	Do you feel your religious beliefs are respected?	80%	46%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	80%	49%
14	Are you able to speak to a Listener at any time, if you want to?	72%	57%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	69%
15b	Do most staff, in this prison, treat you with respect?	66%	61%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	43%	43%
2	Do you feel unsafe in this prison at the moment?	19%	20%
4	Have you been victimised by another prisoner?	19%	17%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	9%	9%
5b	Hit, kicked or assaulted you?	5%	3%
5c	Sexually abused you?	0%	0%
5d	Victimised you because of your race or ethnic origin?	0%	3%
5e	Victimised you because of drugs?	0%	2%
5f	Taken your canteen/property?	0%	5%
5g	Victimised you because you were new here?	9%	3%
5h	Victimised you because of your sexuality?	0%	0%
5i	Victimised you because you have a disability?	0%	0%
5j	Victimised you because of your religion/religious beliefs?	0%	1%
5k	Victimised you because of your age?	0%	3%
5l	Victimised you because you were from a different part of the country?	5%	3%
5m	Victimised you because of your offence/crime?	5%	2%
5n	Victimised you because of gang related issues?	9%	5%

Key to tables

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	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	19%	29%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	5%	15%
7b	Hit, kicked or assaulted you?	0%	6%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	0%	9%
7e	Victimised you because of drugs?	0%	1%
7f	Victimised you because you were new here?	9%	4%
7g	Victimised you because of your sexuality?	0%	0%
7h	Victimised you because you have a disability?	0%	3%
7i	Victimised you because of your religion/religious beliefs?	0%	7%
7j	Victimised you because of your age?	5%	5%
7k	Victimised you because you were from a different part of the country?	5%	3%
7l	Victimised you because of your offence/crime?	5%	4%
7m	Victimised you because of gang related issues?	0%	5%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	16%	24%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	19%	19%
10	Have you ever felt threatened or intimidated by a member of staff in here?	9%	28%
11	Is it easy/very easy to get illegal drugs in this prison?	24%	24%
SECTION 6: Health services			
1a	Is it easy/very easy to see the doctor?	19%	19%
1b	Is it easy/very easy to see the nurse?	25%	36%
1c	Is it easy/very easy to see the dentist?	5%	3%
1d	Is it easy/very easy to see the optician?	5%	7%
2	Are you able to see a pharmacist?	84%	60%
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?	39%	44%
3b	The nurse?	67%	51%
3c	The dentist?	67%	35%
3d	The optician?	68%	27%
4	The overall quality of health services?	35%	40%

Key to tables

	Any percent highlighted in green is significantly better	Vulnerable prisoner wing	All other wings
	Any percent highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
Health services continued			
5	Are you currently taking medication?	38%	46%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	88%	65%
7	Do you feel you have any emotional well being/mental health issues?	28%	40%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	76%	40%
8b	A doctor?	0%	32%
8c	A nurse?	0%	26%
8d	A psychiatrist?	0%	17%
8e	The Mental Health In-Reach Team?	0%	20%
8f	A counsellor?	0%	9%
9a	Did you have a drug problem when you came into this prison?	34%	43%
9b	Did you have an alcohol problem when you came into this prison?	35%	28%
10a	Have you developed a drug problem since you have been in this prison?	5%	7%
10b	Have you developed an alcohol problem since you have been in this prison?	0%	2%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	90%	79%
12	Have you received any help or intervention whilst in this prison?	90%	70%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	100%	76%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	10%	37%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	15%	34%
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?	67%	59%

Key to tables

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SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	50%	34%
1b	Vocational or skills training?	15%	10%
1c	Education (including basic skills)?	30%	29%
1d	Offending Behaviour Programmes?	15%	17%
2ai	Have you had a job whilst in this prison?	69%	64%
For those who have had a prison job whilst in this prison:			
2aii	Do you feel the job will help you on release?	54%	33%
2bi	Have you been involved in vocational or skills training whilst in this prison?	60%	57%
For those who have had vocational or skills training whilst in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	66%	35%
2ci	Have you been involved in education whilst in this prison?	73%	65%
For those who have been involved in education whilst in this prison:			
2cii	Do you feel the education will help you on release?	83%	48%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	58%	55%
For those who have been involved in offending behaviour programmes whilst in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	81%	51%
3	Do you go to the library at least once a week?	25%	25%
4	On average, do you go to the gym at least twice a week?	72%	27%
5	On average, do you go outside for exercise three or more times a week?	80%	47%
6	On average, do you spend ten or more hours out of your cell on a weekday?	5%	4%
7	On average, do you go on association more than five times each week?	66%	51%
8	Do staff normally speak to you most of the time/all of the time during association?	38%	15%
SECTION 8: Resettlement			
1	Do you have a personal officer?	57%	35%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	83%	59%
For those who are sentenced:			
3	Do you have a sentence plan?	64%	43%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	79%	57%
5	Can you achieve some/all of your sentence plan targets in this prison?	55%	59%
6	Are there plans for you to achieve some/all your targets in another prison?	76%	52%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	43%	28%
8	Do you feel that any member of staff has helped you to prepare for release?	30%	12%
9	Have you had any problems with sending or receiving mail?	80%	58%
10	Have you had any problems getting access to the telephones?	34%	51%
11	Did you have a visit in the first week that you were here?	35%	19%
12	Did you receive one or more visits in the last week?	53%	39%

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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)	37%	41%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	30%	24%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	16%	13%
15c	Avoiding bad relationships?	5%	7%
15d	Finding a job on release?	31%	24%
15e	Finding accommodation on release?	37%	30%
15f	With money/finances on release?	10%	15%
15g	Claiming benefits on release?	37%	30%
15h	Arranging a place at college/continuing education on release?	26%	20%
15i	Accessing health services on release?	21%	15%
15j	Opening a bank account on release?	37%	10%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	10%	15%
16c	Avoiding bad relationships?	5%	11%
16d	Finding a job?	48%	52%
16e	Finding accommodation?	26%	48%
16f	Money/finances?	16%	34%
16g	Claiming benefits?	31%	38%
16h	Arranging a place at college/continuing education?	21%	21%
16i	Accessing health services?	5%	12%
16j	Opening a bank account?	21%	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?	69%	43%



Prisoner survey responses HMP & YOI Chelmsford 2009

Prisoner survey responses (Missing data has 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.

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Number of completed questionnaires returned		124	4126	124	110
SECTION 1: General Information					
2	Are you under 21 years of age?	38%	4%	38%	28%
3a	Are you sentenced?	59%	66%	59%	61%
3b	Are you on recall?	15%	10%	15%	12%
4a	Is your sentence less than 12 months?	24%	17%	24%	17%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	4%	3%	5%
5	Do you have six months or less to serve?	28%	32%	28%	36%
6	Have you been in this prison less than a month?	28%	19%	28%	
7	Are you a foreign national?	12%	13%	12%	13%
8	Is English your first language?	92%	90%	92%	90%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	28%	27%	28%	31%
10	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%	6%	
11	Are you Muslim?	13%	12%	13%	13%
12	Are you homosexual/gay or bisexual?	3%	4%	3%	3%
13	Do you consider yourself to have a disability?	19%	19%	19%	18%
14	Is this your first time in prison?	31%	28%	31%	39%
15	Have you been in more than 5 prisons this time?	13%	9%	13%	
16	Do you have any children under the age of 18?	49%	56%	49%	41%
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?	51%	51%	51%	47%
1b	Was your personal safety during the journey good/very good?	54%	59%	54%	60%
1c	Was the comfort of the van good/very good?	8%	13%	8%	10%
1d	Was the attention paid to your health needs good/very good?	24%	29%	24%	25%
1e	Was the frequency of toilet breaks good/very good?	14%	13%	14%	12%
2	Did you spend more than four hours in the van?	5%	4%	5%	9%
3	Were you treated well/very well by the escort staff?	66%	68%	66%	68%
4a	Did you know where you were going when you left court or when transferred from another prison?	75%	73%	75%	65%
4b	Before you arrived here did you receive any written information about what would happen to you?	16%	14%	16%	10%
4c	When you first arrived here did your property arrive at the same time as you?	80%	82%	80%	80%

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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?	6%	11%	6%	
1c	Housing problems?	25%	30%	25%	
1d	Problems contacting employers?	11%	12%	11%	
1e	Problems contacting family?	26%	49%	26%	
1f	Problems ensuring dependants were looked after?	10%	14%	10%	
1g	Money problems?	16%	18%	16%	
1h	Problems of feeling depressed/suicidal?	49%	55%	49%	
1i	Health problems?	66%	60%	66%	
1j	Problems in needing protection from other prisoners?	13%	24%	13%	
1k	Problems accessing phone numbers?	37%	39%	37%	
2	When you first arrived:				
2a	Did you have any problems?	80%	76%	80%	85%
2b	Did you have any problems with loss of property?	15%	12%	15%	17%
2c	Did you have any housing problems?	20%	23%	20%	30%
2d	Did you have any problems contacting employers?	8%	7%	8%	10%
2e	Did you have any problems contacting family?	44%	31%	44%	42%
2f	Did you have any problems ensuring dependants were being looked after?	7%	8%	7%	10%
2g	Did you have any money worries?	24%	25%	24%	27%
2h	Did you have any problems with feeling depressed or suicidal?	22%	23%	22%	27%
2i	Did you have any health problems?	24%	25%	24%	27%
2j	Did you have any problems with needing protection from other prisoners?	10%	9%	10%	9%
2k	Did you have problems accessing phone numbers?	27%	30%	27%	
3a	Were you seen by a member of health services in reception?	99%	87%	99%	94%
3b	When you were searched in reception, was this carried out in a respectful way?	77%	69%	77%	63%
4	Were you treated well/very well in reception?	59%	59%	59%	48%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	32%	43%	32%	39%
5b	Information about what support was available for people feeling depressed or suicidal?	39%	44%	39%	36%
5c	Information about how to make routine requests?	21%	33%	21%	23%
5d	Information about your entitlement to visits?	34%	42%	34%	42%
5e	Information about health services?	38%	45%	38%	
5f	Information about the chaplaincy?	34%	44%	34%	

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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?	86%	79%	86%	68%
6b	The opportunity to have a shower?	12%	34%	12%	11%
6c	The opportunity to make a free telephone call?	19%	57%	19%	29%
6d	Something to eat?	71%	81%	71%	82%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	28%	49%	28%	41%
7b	Someone from health services?	78%	70%	78%	62%
7c	A listener/Samaritans?	18%	28%	18%	26%
8	Did you have access to the prison shop/canteen within the first 24 hours?	3%	20%	3%	30%
9	Did you feel safe on your first night here?	67%	73%	67%	69%
10	Have you been on an induction course?	88%	74%	88%	82%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	60%	57%	60%	44%
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?	27%	42%	27%	37%
1b	Attend legal visits?	49%	61%	49%	57%
1c	Obtain bail information?	12%	24%	12%	23%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	42%	33%	33%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	33%	51%	33%	42%
3b	Are you normally able to have a shower every day?	64%	79%	64%	80%
3c	Do you normally receive clean sheets every week?	43%	83%	43%	61%
3d	Do you normally get cell cleaning materials every week?	53%	65%	53%	64%
3e	Is your cell call bell normally answered within five minutes?	25%	38%	25%	32%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	55%	64%	55%	58%
3g	Can you normally get your stored property, if you need to?	18%	29%	18%	21%
4	Is the food in this prison good/very good?	14%	24%	14%	26%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	9%	45%	9%	27%
6a	Is it easy/very easy to get a complaints form?	74%	81%	74%	81%
6b	Is it easy/very easy to get an application form?	79%	86%	79%	80%
7	Have you made an application?	81%	82%	81%	78%

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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?	39%	55%	39%	47%
8b	Do you feel applications are dealt with promptly? (within 7 days)	27%	50%	27%	36%
9	Have you made a complaint?	41%	47%	41%	67%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	20%	33%	20%	28%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	30%	36%	30%	33%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	27%	27%	27%	20%
10c	Were you given information about how to make an appeal?	26%	27%	26%	23%
12	Is it easy/very easy to see the Independent Monitoring Board?	12%	29%	12%	20%
13	Are you on the enhanced (top) level of the IEP scheme?	24%	29%	24%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	46%	60%	46%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	54%	50%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	13%	3%	13%	
16b	In the last six months have you spent a night in the segregation/ care and seperation unit?	13%	10%	13%	
13a	Do you feel your religious beliefs are respected?	51%	53%	51%	55%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	54%	56%	54%	60%
14	Are you able to speak to a Listener at any time, if you want to?	60%	61%	60%	51%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	67%	70%	64%
15b	Do most staff, in this prison, treat you with respect?	62%	68%	62%	70%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	43%	39%	43%	37%
2	Do you feel unsafe in this prison at the moment?	20%	19%	20%	42%
4	Have you been victimised by another prisoner?	17%	22%	17%	25%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	9%	11%	9%	14%
5b	Hit, kicked or assaulted you?	3%	8%	3%	4%
5c	Sexually abused you?	0%	1%	0%	0%
5d	Victimised you because of your race or ethnic origin?	3%	4%	3%	2%
5e	Victimised you because of drugs?	2%	4%	2%	0%
5f	Taken your canteen/property?	4%	5%	4%	7%
5g	Victimised you because you were new here?	4%	5%	4%	5%
5h	Victimised you because of your sexuality?	0%	1%	0%	2%
5i	Victimised you because you have a disability?	0%	2%	0%	1%
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	0%
5k	Victimised you because of your age?	3%	3%	3%	
5l	Victimised you because you were from a different part of the country?	3%	5%	3%	6%
5m	Victimised you because of your offence/crime?	3%	6%	3%	
5n	Victimised you because of gang related issues?	6%	3%	6%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	27%	26%	27%	23%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	13%	13%	13%	7%
7b	Hit, kicked or assaulted you?	5%	5%	5%	5%
7c	Sexually abused you?	1%	1%	1%	0%
7d	Victimised you because of your race or ethnic origin?	7%	5%	7%	4%
7e	Victimised you because of drugs?	1%	4%	1%	0%
7f	Victimised you because you were new here?	5%	6%	5%	3%
7g	Victimised you because of your sexuality?	0%	1%	0%	0%
7h	Victimised you because you have a disability?	3%	3%	3%	0%
7i	Victimised you because of your religion/religious beliefs?	6%	4%	6%	2%
7j	Victimised you because of your age?	5%	1%	5%	
7k	Victimised you because you were from a different part of the country?	3%	4%	3%	2%
7l	Victimised you because of your offence/crime?	4%	7%	4%	
7m	Victimised you because of gang related issues?	4%	1%	4%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	23%	33%	23%	26%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	19%	25%	19%	24%
10	Have you ever felt threatened or intimidated by a member of staff in here?	24%	24%	24%	21%
11	Is it easy/very easy to get illegal drugs in this prison?	24%	32%	24%	16%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	19%	27%	19%	
1b	Is it easy/very easy to see the nurse?	34%	50%	34%	
1c	Is it easy/very easy to see the dentist?	3%	10%	3%	
1d	Is it easy/very easy to see the optician?	7%	11%	7%	
2	Are you able to see a pharmacist?	65%	44%	65%	
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?	43%	48%	43%	42%
3b	The nurse?	54%	61%	54%	59%
3c	The dentist?	41%	35%	41%	32%
3d	The optician?	32%	37%	32%	20%
4	The overall quality of health services?	39%	43%	39%	34%

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		HMP/YOI Chelmsford	Local prisons comparator	HMP/YOI Chelmsford 2009	HMP/YOI Chelmsford 2007
Health services continued					
5	Are you currently taking medication?	44%	46%	44%	35%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	69%	61%	69%	81%
7	Do you feel you have any emotional well being/mental health issues?	38%	33%	38%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	44%	40%	44%	
8b	A doctor?	28%	27%	28%	
8c	A nurse?	23%	12%	23%	
8d	A psychiatrist?	15%	21%	15%	
8e	The Mental Health In-Reach Team?	18%	29%	18%	
8f	A counsellor?	8%	10%	8%	
9a	Did you have a drug problem when you came into this prison?	41%	30%	41%	
9b	Did you have an alcohol problem when you came into this prison?	29%	19%	29%	
10a	Have you developed a drug problem since you have been in this prison?	7%	10%	7%	
10b	Have you developed an alcohol problem since you have been in this prison?	2%	3%	2%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	81%	79%	81%	
12	Have you received any help or intervention whilst in this prison?	73%	68%	73%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	81%	78%	81%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	33%	31%	33%	23%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	30%	27%	30%	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?	60%	56%	60%	54%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	37%	44%	37%	
1b	Vocational or skills training?	11%	13%	11%	
1c	Education (including basic skills)?	29%	27%	29%	
1d	Offending Behaviour Programmes?	16%	10%	16%	
2ai	Have you had a job whilst in this prison?	65%	66%	65%	76%
For those who have had a prison job whilst in this prison:					
2aii	Do you feel the job will help you on release?	37%	39%	37%	46%
2bi	Have you been involved in vocational or skills training whilst in this prison?	58%	56%	58%	69%
For those who have had vocational or skills training whilst in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	41%	49%	41%	62%
2ci	Have you been involved in education whilst in this prison?	66%	65%	66%	72%
For those who have been involved in education whilst in this prison:					
2cii	Do you feel the education will help you on release?	54%	58%	54%	70%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	56%	52%	56%	53%
For those who have been involved in offending behaviour programmes whilst in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	57%	48%	57%	55%
3	Do you go to the library at least once a week?	25%	37%	25%	23%
4	On average, do you go to the gym at least twice a week?	35%	42%	35%	44%
5	On average, do you go outside for exercise three or more times a week?	53%	39%	53%	29%
6	On average, do you spend ten or more hours out of your cell on a weekday?	4%	10%	4%	3%
7	On average, do you go on association more than five times each week?	53%	49%	53%	78%
8	Do staff normally speak to you most of the time/all of the time during association?	19%	18%	19%	20%
SECTION 8: Resettlement					
1	Do you have a personal officer?	39%	41%	39%	52%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	64%	63%	64%	69%
For those who are sentenced:					
3	Do you have a sentence plan?	47%	38%	47%	43%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	63%	60%	63%	68%
5	Can you achieve some/all of your sentence plan targets in this prison?	58%	60%	58%	64%
6	Are there plans for you to achieve some/all your targets in another prison?	58%	46%	58%	48%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	31%	25%	31%	
8	Do you feel that any member of staff has helped you to prepare for release?	15%	16%	15%	
9	Have you had any problems with sending or receiving mail?	61%	41%	61%	64%
10	Have you had any problems getting access to the telephones?	48%	31%	48%	41%
11	Did you have a visit in the first week that you were here?	22%	36%	22%	28%
12	Did you receive one or more visits in the last week?	41%	39%	41%	48%

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Resettlement continued		HMP/YOI Chelmsford	Local prisons comparator	HMP/YOI Chelmsford 2009	HMP/YOI Chelmsford 2007
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/ well)	41%	47%	41%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	25%	41%	25%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	13%	15%	13%	
15c	Avoiding bad relationships?	7%	10%	7%	
15d	Finding a job on release?	25%	38%	25%	31%
15e	Finding accommodation on release?	31%	40%	31%	40%
15f	With money/finances on release?	14%	28%	14%	22%
15g	Claiming benefits on release?	31%	42%	31%	37%
15h	Arranging a place at college/continuing education on release?	22%	28%	22%	24%
15i	Accessing health services on release?	16%	33%	16%	37%
15j	Opening a bank account on release?	15%	26%	15%	30%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	14%	15%	14%	
16c	Avoiding bad relationships?	10%	14%	10%	
16d	Finding a job?	51%	55%	51%	54%
16e	Finding accommodation?	45%	48%	45%	52%
16f	Money/finances?	31%	51%	31%	57%
16g	Claiming benefits?	37%	37%	37%	40%
16h	Arranging a place at college/continuing education?	21%	32%	21%	44%
16i	Accessing health services?	11%	24%	11%	18%
16j	Opening a bank account?	29%	40%	29%	38%
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?	48%	48%	48%	60%



Prisoner survey responses HMP & YOI Chelmsford 2009

Prisoner survey responses (Missing data has 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.

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Number of completed questionnaires returned		60	62	47	77
SECTION 1: General Information					
2	Are you under 21 years of age?	51%	26%		
3a	Are you sentenced?	59%	59%	57%	60%
3b	Are you on recall?	18%	12%	21%	12%
4a	Is your sentence less than 12 months?	29%	20%	36%	16%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	2%	0%	4%
5	Do you have six months or less to serve?	32%	25%	37%	22%
6	Have you been in this prison less than a month?	22%	35%	28%	28%
7	Are you a foreign national?	12%	10%	11%	12%
8	Is English your first language?	90%	95%	88%	95%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	35%	22%	42%	20%
10	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	9%	10%	4%
11	Are you Muslim?	18%	8%	20%	9%
12	Are you homosexual/gay or bisexual?	0%	3%	0%	4%
13	Do you consider yourself to have a disability?	16%	20%	20%	19%
14	Is this your first time in prison?	27%	36%	28%	32%
15	Have you been in more than 5 prisons this time?	10%	14%	4%	18%
16	Do you have any children under the age of 18?	30%	66%	19%	67%
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?	44%	57%	34%	62%
1b	Was your personal safety during the journey good/very good?	54%	54%	51%	56%
1c	Was the comfort of the van good/very good?	9%	8%	11%	7%
1d	Was the attention paid to your health needs good/very good?	22%	22%	22%	25%
1e	Was the frequency of toilet breaks good/very good?	17%	10%	15%	14%
2	Did you spend more than four hours in the van?	7%	3%	7%	4%
3	Were you treated well/very well by the escort staff?	64%	67%	57%	72%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	68%	72%	76%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	19%	15%	16%
4c	When you first arrived here did your property arrive at the same time as you?	80%	80%	72%	85%

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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%	7%	4%	7%
1c	Housing problems?	23%	27%	22%	28%
1d	Problems contacting employers?	10%	12%	11%	11%
1e	Problems contacting family?	20%	34%	24%	28%
1f	Problems ensuring dependants were looked after?	8%	12%	9%	11%
1g	Money problems?	12%	19%	15%	16%
1h	Problems of feeling depressed/suicidal?	46%	52%	37%	57%
1i	Health problems?	59%	73%	56%	72%
1j	Problems in needing protection from other prisoners?	16%	10%	13%	13%
1k	Problems accessing phone numbers?	34%	39%	33%	39%
2	When you first arrived:				
2a	Did you have any problems?	86%	76%	81%	79%
2b	Did you have any problems with loss of property?	19%	12%	21%	12%
2c	Did you have any housing problems?	22%	17%	26%	17%
2d	Did you have any problems contacting employers?	10%	5%	9%	7%
2e	Did you have any problems contacting family?	43%	46%	42%	45%
2f	Did you have any problems ensuring dependants were being looked after?	3%	10%	2%	9%
2g	Did you have any money worries?	31%	19%	28%	22%
2h	Did you have any problems with feeling depressed or suicidal?	19%	26%	21%	22%
2i	Did you have any health problems?	19%	29%	19%	26%
2j	Did you have any problems with needing protection from other prisoners?	12%	8%	12%	9%
2k	Did you have problems accessing phone numbers?	24%	30%	21%	30%
3a	Were you seen by a member of health services in reception?	98%	98%	98%	99%
3b	When you were searched in reception, was this carried out in a respectful way?	71%	84%	77%	78%
4	Were you treated well/very well in reception?	48%	69%	51%	64%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	23%	39%	25%	36%
5b	Information about what support was available for people feeling depressed or suicidal?	28%	49%	38%	39%
5c	Information about how to make routine requests?	13%	29%	22%	21%
5d	Information about your entitlement to visits?	26%	42%	36%	34%
5e	Information about health services?	33%	42%	38%	38%
5f	Information about the chaplaincy?	30%	39%	38%	33%

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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?	84%	88%	87%	86%
6b	The opportunity to have a shower?	8%	13%	9%	14%
6c	The opportunity to make a free telephone call?	15%	23%	24%	17%
6d	Something to eat?	61%	80%	64%	75%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	22%	33%	32%	26%
7b	Someone from health services?	75%	80%	79%	78%
7c	A listener/Samaritans?	17%	18%	15%	20%
8	Did you have access to the prison shop/canteen within the first 24 hours?	2%	3%	0%	4%
9	Did you feel safe on your first night here?	66%	67%	70%	65%
10	Have you been on an induction course?	88%	88%	94%	84%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	48%	71%	65%	56%
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?	25%	28%	24%	30%
1b	Attend legal visits?	48%	49%	45%	52%
1c	Obtain bail information?	14%	11%	15%	10%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	34%	32%	37%	31%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	30%	33%	30%	34%
3b	Are you normally able to have a shower every day?	54%	72%	66%	62%
3c	Do you normally receive clean sheets every week?	47%	38%	48%	41%
3d	Do you normally get cell cleaning materials every week?	57%	48%	55%	51%
3e	Is your cell call bell normally answered within five minutes?	25%	22%	27%	23%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	44%	64%	45%	61%
3g	Can you normally get your stored property, if you need to?	17%	16%	9%	24%
4	Is the food in this prison good/very good?	3%	22%	7%	18%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	10%	7%	9%	9%
6a	Is it easy/very easy to get a complaints form?	74%	73%	77%	72%
6b	Is it easy/very easy to get an application form?	77%	81%	77%	81%
7	Have you made an application?	92%	71%	79%	82%

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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?	39%	39%	30%	45%
8b	Do you feel applications are dealt with promptly? (within 7 days)	25%	29%	22%	29%
9	Have you made a complaint?	44%	39%	38%	43%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	11%	31%	17%	22%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	18%	42%	17%	36%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	32%	21%	24%	28%
10c	Were you given information about how to make an appeal?	21%	32%	22%	29%
12	Is it easy/very easy to see the Independent Monitoring Board?	10%	10%	7%	15%
13	Are you on the enhanced (top) level of the IEP scheme?	13%	33%	13%	30%
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	45%	46%	45%	47%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	52%	54%	49%
16a	In the last six months have any members of staff physically restrained you (C&R)?	21%	3%	30%	3%
16b	In the last six months have you spent a night in the segregation/ care and separation unit?	20%	7%	22%	8%
13a	Do you feel your religious beliefs are respected?	43%	58%	51%	51%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	48%	61%	57%	52%
14	Are you able to speak to a Listener at any time, if you want to?	51%	67%	53%	64%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	72%	64%	74%
15b	Do most staff, in this prison, treat you with respect?	48%	75%	48%	71%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	46%	40%	42%	44%
2	Do you feel unsafe in this prison at the moment?	21%	18%	20%	20%
4	Have you been victimised by another prisoner?	20%	15%	20%	16%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	10%	8%	9%	9%
5b	Hit, kicked or assaulted you?	3%	3%	4%	3%
5c	Sexually abused you?	0%	0%	0%	0%
5d	Victimised you because of your race or ethnic origin?	5%	0%	4%	1%
5e	Victimised you because of drugs?	3%	0%	2%	1%
5f	Taken your canteen/property?	7%	2%	7%	3%
5g	Victimised you because you were new here?	3%	5%	4%	4%
5h	Victimised you because of your sexuality?	0%	0%	0%	0%
5i	Victimised you because you have a disability?	0%	0%	0%	0%
5j	Victimised you because of your religion/religious beliefs?	2%	0%	0%	1%
5k	Victimised you because of your age?	2%	3%	4%	1%
5l	Victimised you because you were from a different part of the country?	3%	3%	2%	4%
5m	Victimised you because of your offence/crime?	2%	3%	4%	1%
5n	Victimised you because of gang related issues?	5%	7%	7%	5%

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	41%	13%	36%	22%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	24%	3%	20%	9%
7b	Hit, kicked or assaulted you?	10%	0%	13%	0%
7c	Sexually abused you?	2%	0%	0%	1%
7d	Victimised you because of your race or ethnic origin?	14%	2%	13%	4%
7e	Victimised you because of drugs?	2%	0%	2%	0%
7f	Victimised you because you were new here?	5%	5%	9%	3%
7g	Victimised you because of your sexuality?	0%	0%	0%	0%
7h	Victimised you because you have a disability?	3%	2%	0%	4%
7i	Victimised you because of your religion/religious beliefs?	10%	2%	9%	4%
7j	Victimised you because of your age?	5%	3%	9%	3%
7k	Victimised you because you were from a different part of the country?	5%	2%	4%	3%
7l	Victimised you because of your offence/crime?	5%	3%	7%	3%
7m	Victimised you because of gang related issues?	7%	2%	4%	4%
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	27%	15%	17%	27%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	21%	15%	20%	18%
10	Have you ever felt threatened or intimidated by a member of staff in here?	40%	10%	31%	20%
11	Is it easy/very easy to get illegal drugs in this prison?	19%	28%	26%	23%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	14%	23%	24%	16%
1b	Is it easy/very easy to see the nurse?	29%	37%	27%	39%
1c	Is it easy/very easy to see the dentist?	2%	3%	2%	4%
1d	Is it easy/very easy to see the optician?	9%	5%	2%	10%
2	Are you able to see a pharmacist?	51%	77%	58%	69%
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?	36%	49%	49%	40%
3b	The nurse?	34%	74%	36%	64%
3c	The dentist?	24%	59%	18%	52%
3d	The optician?	24%	47%	15%	43%
4	The overall quality of health services?	28%	48%	41%	38%

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Health services continued					
5	Are you currently taking medication?	37%	50%	26%	55%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	77%	63%	92%	62%
7	Do you feel you have any emotional well being/mental health issues?	33%	40%	20%	49%
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	25%	62%	34%	47%
8b	A doctor?	19%	28%	21%	30%
8c	A nurse?	25%	15%	11%	27%
8d	A psychiatrist?	25%	5%	21%	13%
8e	The Mental Health In-Reach Team?	25%	9%	21%	17%
8f	A counsellor?	12%	5%	11%	6%
9a	Did you have a drug problem when you came into this prison?	35%	48%	47%	38%
9b	Did you have an alcohol problem when you came into this prison?	16%	41%	31%	28%
10a	Have you developed a drug problem since you have been in this prison?	8%	5%	11%	4%
10b	Have you developed an alcohol problem since you have been in this prison?	2%	2%	5%	0%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	73%	86%	64%	92%
12	Have you received any help or intervention whilst in this prison?	61%	83%	61%	81%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	71%	86%	65%	90%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	36%	30%	36%	30%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	30%	32%	32%	29%
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?	52%	68%	45%	69%

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SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	35%	40%	29%	42%
1b	Vocational or skills training?	8%	15%	2%	17%
1c	Education (including basic skills)?	33%	24%	27%	31%
1d	Offending Behaviour Programmes?	17%	15%	9%	21%
2ai	Have you had a job whilst in this prison?	62%	69%	53%	72%
For those who have had a prison job whilst in this prison:					
2aii	Do you feel the job will help you on release?	36%	39%	37%	37%
2bi	Have you been involved in vocational or skills training whilst in this prison?	55%	62%	39%	69%
For those who have had vocational or skills training whilst in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	35%	46%	25%	46%
2ci	Have you been involved in education whilst in this prison?	6%	66%	53%	75%
For those who have been involved in education whilst in this prison:					
2cii	Do you feel the education will help you on release?	48%	59%	50%	56%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	54%	59%	44%	63%
For those who have been involved in offending behaviour programmes whilst in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	57%	56%	47%	61%
3	Do you go to the library at least once a week?	20%	27%	13%	32%
4	On average, do you go to the gym at least twice a week?	30%	41%	34%	36%
5	On average, do you go outside for exercise three or more times a week?	45%	59%	61%	47%
6	On average, do you spend ten or more hours out of your cell on a weekday?	5%	3%	2%	6%
7	On average, do you go on association more than five times each week?	58%	47%	58%	51%
8	Do staff normally speak to you most of the time/all of the time during association?	16%	20%	12%	24%
SECTION 8: Resettlement					
1	Do you have a personal officer?	36%	42%	20%	51%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	65%	63%	50%	68%
For those who are sentenced:					
3	Do you have a sentence plan?	43%	53%	31%	57%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	47%	76%	50%	67%
5	Can you achieve some/all of your sentence plan targets in this prison?	58%	58%	57%	58%
6	Are there plans for you to achieve some/all your targets in another prison?	47%	69%	50%	61%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	22%	38%	13%	42%
8	Do you feel that any member of staff has helped you to prepare for release?	13%	16%	12%	17%
9	Have you had any problems with sending or receiving mail?	64%	61%	68%	58%
10	Have you had any problems getting access to the telephones?	56%	42%	49%	47%
11	Did you have a visit in the first week that you were here?	20%	24%	18%	24%
12	Did you receive one or more visits in the last week?	46%	37%	38%	43%

Key to tables

	Any percent highlighted in green is significantly better	A, B, C & D wings (old)	E, F & G wings (new)	Under 21	Over 21
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/ well)	42%	39%	28%	47%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	21%	30%	25%	25%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	14%	13%	5%	18%
15c	Avoiding bad relationships?	11%	2%	5%	7%
15d	Finding a job on release?	21%	30%	23%	26%
15e	Finding accommodation on release?	29%	31%	26%	34%
15f	With money/finances on release?	15%	11%	8%	18%
15g	Claiming benefits on release?	29%	33%	28%	32%
15h	Arranging a place at college/continuing education on release?	17%	26%	21%	22%
15i	Accessing health services on release?	11%	21%	13%	18%
15j	Opening a bank account on release?	10%	21%	15%	15%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	14%	15%	13%	15%
16c	Avoiding bad relationships?	5%	15%	9%	11%
16d	Finding a job?	55%	48%	51%	51%
16e	Finding accommodation?	48%	40%	45%	45%
16f	Money/finances?	29%	33%	20%	39%
16g	Claiming benefits?	35%	38%	38%	36%
16h	Arranging a place at college/continuing education?	26%	15%	20%	21%
16i	Accessing health services?	12%	10%	11%	11%
16j	Opening a bank account?	29%	29%	27%	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?	41%	56%	38%	54%



Key questions (disability analysis) HMP & YOI Chelmsford 2009

Prisoner survey responses (Missing data has 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

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	96
1.3	Are you sentenced?	57%	61%
1.7	Are you a foreign national?	14%	12%
1.8	Is English your first language?	91%	93%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	8%	32%
1.1	Do you consider yourself to be Gypsy/ Romany/ Traveller?	18%	3%
1.11	Are you Muslim?	4%	15%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	35%	29%
2.1d	Was the attention paid to your health needs good/very good?	41%	20%
2.3	Were you treated well/very well by the escort staff?	74%	66%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	78%	76%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	22%	27%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	65%	46%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	74%	66%
3.2a	Did you have any problems when you first arrived?	74%	80%
3.3a	Were you seen by a member of healthcare staff in reception?	96%	99%
3.3b	When you were searched in reception, was this carried out in a respectful way?	87%	76%
3.4	Were you treated well/very well in reception?	74%	56%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	83%	78%
3.9	Did you feel safe on your first night here?	74%	67%
3.10	Have you been on an induction course?	92%	87%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	43%	24%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	37%	32%
4.3b	Are you normally able to have a shower every day?	69%	61%
4.3e	Is your cell call bell normally answered within five minutes?	31%	22%
4.4	Is the food in this prison good/very good?	32%	9%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	22%	6%
4.6a	Is it easy/very easy to get a complaints form?	73%	74%
4.6b	Is it easy/very easy to get an application form?	77%	80%
4.9	Have you made a complaint?	31%	46%
4.13	Are you on the enhanced (top) level of the IEP scheme?	22%	26%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	68%	39%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	62%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	17%	12%
4.16b	In the last six months have you spent a night in the segregation/ care and separation unit?	13%	13%
4.17a	Do you feel your religious beliefs are respected?	57%	50%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	68%	51%
4.18	Are you able to speak to a Listener at any time, if you want to?	74%	56%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	78%	68%
4.19b	Do most staff, in this prison, treat you with respect?	69%	61%
5.1	Have you ever felt unsafe in this prison?	35%	45%
5.2	Do you feel unsafe in this prison at the moment?	8%	23%
5.4	Have you been victimised by another prisoner?	22%	16%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	3%
5.5i	Victimised you because you have a disability?	0%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	0%
5.6	Have you been victimised by a member of staff?	31%	26%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	7%
5.7h	Victimised you because you have a disability?	13%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	6%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	28%	16%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	27%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	39%	21%
6.1a	Is it easy/very easy to see the doctor?	35%	16%
6.1b	Is it easy/ very easy to see the nurse?	48%	32%
6.2	Are you able to see a pharmacist?	75%	62%
6.5	Are you currently taking medication?	65%	40%
6.7	Do you feel you have any emotional well being/mental health issues?	61%	33%
7.1a	Are you currently working in the prison?	19%	41%
7.1b	Are you currently undertaking vocational or skills training?	15%	11%
7.1c	Are you currently in education (including basic skills)?	24%	29%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	9%	19%
7.3	Do you go to the library at least once a week?	32%	22%
7.4	On average, do you go to the gym at least twice a week?	24%	37%
7.5	On average, do you go outside for exercise three or more times a week?	64%	50%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	5%
7.7	On average, do you go on association more than five times each week?	59%	53%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	31%	16%
8.1	Do you have a personal officer?	48%	37%
8.9	Have you had any problems sending or receiving mail?	50%	65%
8.10	Have you had any problems getting access to the telephones?	31%	52%

Prisoner survey responses (Missing data has 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.

	Any percent highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		34	88	14	105	16	106
1.3	Are you sentenced?	53%	61%	29%	64%	44%	61%
1.7	Are you a foreign national?	24%	7%			25%	10%
1.8	Is English your first language?	79%	98%	46%	98%	73%	95%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			58%	25%	88%	19%
1.1	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	7%	14%	5%	13%	5%
1.11	Are you Muslim?	41%	2%	29%	12%		
1.12	Do you consider yourself to have a disability?	6%	24%	22%	19%	6%	21%
1.13	Is this your first time in prison?	41%	27%	43%	30%	37%	30%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	15%	27%	22%	24%	6%	26%
2.3	Were you treated well/very well by the escort staff?	59%	69%	50%	69%	50%	69%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	74%	77%	78%	76%	69%	77%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	30%	24%	22%	25%	19%	27%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	39%	54%	50%	51%	25%	54%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	67%	68%	78%	66%	63%	68%
3.2a	Did you have any problems when you first arrived?	82%	79%	71%	81%	94%	77%
3.3a	Were you seen by a member of healthcare staff in reception?	100%	98%	100%	99%	100%	98%
3.3b	When you were searched in reception, was this carried out in a respectful way?	65%	84%	78%	79%	69%	80%
3.4	Were you treated well/very well in reception?	47%	64%	50%	60%	31%	63%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	71%	81%	71%	79%	69%	79%
3.9	Did you feel safe on your first night here?	53%	72%	71%	66%	50%	69%
3.10	Have you been on an induction course?	83%	90%	86%	88%	88%	88%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	17%	31%	29%	26%	12%	29%

Key to tables

	Any percent highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	26%	36%	29%	33%	25%	34%
4.3b	Are you normally able to have a shower every day?	59%	65%	58%	64%	63%	63%
4.3e	Is your cell call bell normally answered within five minutes?	18%	26%	29%	23%	20%	25%
4.4	Is the food in this prison good/very good?	3%	18%	14%	15%	0%	16%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	6%	10%	22%	7%	13%	9%
4.6a	Is it easy/very easy to get a complaints form?	72%	74%	46%	77%	63%	75%
4.6b	Is it easy/very easy to get an application form?	73%	81%	64%	82%	75%	80%
4.9	Have you made a complaint?	44%	41%	29%	45%	50%	41%
4.13	Are you on the enhanced (top) level of the IEP scheme?	27%	23%	29%	24%	31%	23%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	26%	52%	38%	46%	36%	46%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	57%	48%	46%	51%	58%	50%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	17%	11%	0%	15%	31%	10%
4.16b	In the last six months have you spent a night in the segregation/ care and separation unit?	15%	13%	0%	16%	19%	13%
4.17a	Do you feel your religious beliefs are respected?	47%	52%	58%	50%	50%	51%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	54%	54%	50%	55%	69%	51%
4.18	Are you able to speak to a Listener at any time, if you want to?	53%	63%	50%	61%	44%	62%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	71%	77%	71%	69%	70%
4.19b	Do most staff, in this prison, treat you with respect?	54%	64%	58%	63%	50%	64%
5.1	Have you ever felt unsafe in this prison?	47%	42%	64%	41%	56%	42%
5.2	Do you feel unsafe in this prison at the moment?	24%	18%	22%	19%	25%	19%
5.4	Have you been victimised by another prisoner?	21%	16%	14%	16%	19%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	1%	7%	2%	6%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	0%	0%	0%	0%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	0%	0%	1%	6%	0%
5.6	Have you been victimised by a member of staff?	41%	22%	29%	28%	56%	23%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	15%	5%	14%	7%	19%	6%

Key to tables

	Any percent highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.7h	Have you been victimised because you have a disability? (By staff)	0%	4%	0%	3%	6%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	17%	1%	7%	6%	31%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	16%	20%	16%	19%	27%	18%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	41%	19%	16%	26%	47%	21%
5.11	Is it easy/very easy to get illegal drugs in this prison?	13%	28%	16%	25%	27%	24%
6.1a	Is it easy/very easy to see the doctor?	21%	18%	24%	19%	33%	17%
6.1b	Is it easy/ very easy to see the nurse?	30%	36%	31%	35%	40%	33%
6.2	Are you able to see a pharmacist?	63%	65%	75%	62%	64%	64%
6.5	Are you currently taking medication?	21%	53%	46%	46%	47%	44%
6.7	Do you feel you have any emotional well being/mental health issues?	15%	47%	38%	38%	20%	41%
7.1a	Are you currently working in the prison?	29%	40%	25%	39%	40%	40%
7.1b	Are you currently undertaking vocational or skills training?	3%	14%	8%	12%	0%	13%
7.1c	Are you currently in education (including basic skills)?	39%	25%	59%	26%	33%	28%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	13%	18%	8%	17%	6%	18%
7.3	Do you go to the library at least once a week?	36%	20%	41%	22%	47%	21%
7.4	On average, do you go to the gym at least twice a week?	29%	36%	16%	35%	40%	33%
7.5	On average, do you go outside for exercise three or more times a week?	49%	55%	33%	55%	47%	54%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	4%	0%	5%	0%	5%
7.7	On average, do you go on association more than five times each week?	47%	56%	50%	54%	53%	54%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	19%	19%	19%	20%	18%
8.1	Do you have a personal officer?	35%	41%	41%	39%	33%	40%
8.9	Have you had any problems sending or receiving mail?	74%	58%	50%	64%	78%	60%
8.10	Have you had any problems getting access to the telephones?	63%	43%	62%	47%	60%	47%