



Report on an announced inspection of

HMP/YOI Chelmsford

16 – 20 May 2011

Report on an announced inspection of

HMP/YOI Chelmsford

16–20 May 2011

by HM Chief Inspector of Prisons

Crown copyright 2011

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

Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Arrival in custody	
<hr/>	
Courts, escorts and transfers	19
First days in custody	20
2 Environment and relationships	
<hr/>	
Residential units	23
Staff-prisoner relationships	24
Personal officers	25
3 Duty of care	
<hr/>	
Bullying and violence reduction	27
Self-harm and suicide	29
Applications and complaints	31
Legal rights	32
Faith and religious activity	33
Substance use	33
Young Adults	35
4 Diversity	
<hr/>	
Diversity	37
Race equality	38
Religion	39
Foreign nationals	40
Disability and older prisoners	41
Gender and sexual orientation	42
5 Health services	
<hr/>	
General	43
Clinical governance	44
Primary care	46
Pharmacy	47
Dentistry	49
Inpatient care	50
Secondary care	50
Mental health	50

6	Activities	
	Time out of cell	53
	Learning and skills and work activities	54
	Physical education and health promotion	59
7	Good order	
	Security and rules	61
	Discipline	62
	Incentives and earned privileges	66
8	Services	
	Catering	69
	Prison shop	70
9	Resettlement	
	Strategic management of resettlement	71
	Offender management and planning	72
	Resettlement pathways	76
10	Recommendations, housekeeping points and good practice	85
	Appendices	
	I Inspection team	94
	II Prison population profile	95
	III Summary of prisoner questionnaires and interviews	98

Introduction

Chelmsford is a local prison serving the courts of Essex and London, with a transient population of remanded and sentenced adult and young adult prisoners. In recent years, there has been extensive new building on the site but frequent recent inspections have been heavily critical of the prison, not least its inability to develop a progressive culture to suit its improving environment. It is therefore impressive that this announced inspection found that the prison and its approach had in many ways been transformed.

Chelmsford has to manage an enormous range of risks and needs, including some challenging young adults and the full panoply of substance abusers, the mentally ill and prolific offenders who populate most local prisons. It is therefore commendable that the prison was now an essentially safe place. Early days were well managed, with good use of prisoner peer supporters. Incidents of violence, particularly among young adults, remained high but had begun to reduce and violence reduction arrangements were excellent. For example, many staff had received specific training in recognising and reducing aggressive behaviour among young adults, which was an example of good practice that we rarely see.

Our previous concerns about the governance of use of force and the segregation unit had largely been addressed, although the unit's environment remained poor. Vulnerable prisoners and those at risk of self-harm were generally well cared for, although recording on self-harm prevention documentation required improvement. Security procedures were sound and levels of illicit drug use were relatively low. Detoxification and drug treatment had improved with the arrival of the integrated drug treatment system.

The environment varied from grim Victorian accommodation to light, bright newer wings, but levels of cleanliness were generally good across the prison. Staff-prisoner relationships were much improved, supported by excellent communication arrangements and good use of prisoners to represent and support particular groups. Diversity was well promoted and the chaplaincy had a central role in the life of the prison. Health care was generally reasonable, although medicines management required improvement.

Prisoners at Chelmsford received more time out of cell than at many comparable prisons. Activity places had increased – although more were needed – and arrangements to allocate prisoners appropriately and ensure attendance had improved. Learning and skills provision was well managed, with good education provision for the less able and some excellent opportunities to gain vocational qualifications, although there remained little for the more able learner and too few accredited activities. The library and PE were both very good.

Chelmsford had developed some innovative approaches to resettlement, with an excellent resettlement centre and some good support for prisoners to find employment, training or education on release, address substance misuse and maintain family ties. However, some aspects of the strategic management of resettlement required further development and custody planning for the many short term prisoners remained disjointed.

Over recent years, the Inspectorate has raised concerns about treatment and conditions at Chelmsford and about the prison's inability to shrug off a negative and outdated culture. As a result, we have returned frequently and repeatedly recommended improvements. It is therefore hugely reassuring to find a senior management and staff group that has – at last – risen to the challenge and fundamentally improved the prison. As in any busy local prison many challenges

remain, but Chelmsford is now an exemplar of the improvements that even a troubled prison can achieve with strong leadership, staff commitment and clear values.

Nick Hardwick
HM Chief Inspector of Prisons

July 2011

Fact page

Task of the establishment

Category B local male prison and young offender institution (YOI)

Prison status

Public

Region

East of England

Number held

695

Certified normal accommodation

554

Operational capacity

695

Date of last full inspection

3-7 August 2009

Brief history

HMP/YOI Chelmsford was built in the 1830s as a county jail. Two new residential units were opened in 1996 to relieve overcrowding and a third unit was opened in 2006. It serves courts in the local and joining counties (and London) taking men whose homes are mainly in Essex and London. It holds those who are sentenced, on remand or trial. The current population is split into approximately 70% adults and 30% young adults.

Short description of residential units

The older part of the establishment houses four wings spurring off of a central hub: A wing is the segregation unit, B and C wings accommodate a mixed population, the majority young prisoners, and D wing houses vulnerable prisoners. The newer part of the prison has a 12-bed, 24-hour health care unit, E wing is for the integrated drug treatment system unit, F wing is the induction unit and G wing houses enhanced and older prisoners.

Escort contractor

Serco

G4S

Health service commissioner and providers

East of England Strategic Health Authority

Mid-Essex Primary Care Trust

Broomfield Hospital Acute Trust

North Essex Partnership NHS Foundation (mental health)

Learning and skills providers

Milton Keynes College

Tribal Careers Information and Advice Service

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

Safety	prisoners, even the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

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

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

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

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

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- outcomes for prisoners are not sufficiently good against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

HP3 Procedures to manage prisoners' reception and first night at Chelmsford were thorough and we were confident that they all received a good quality induction. The

use of peer support during prisoners' early days was very good. Incidents of recorded violence remained high although they were reducing and many incidents were low level. The approach to reducing violence was comprehensive, creative and had an appropriate focus on work with young adults. The prison provided reasonable levels of care to those at risk of self-harm, although some improvement in the quality of self-harm monitoring procedures was needed. Vulnerable prisoners were properly cared for and felt safe. Governance of the use of force was good. Work with segregated prisoners was good and, despite the limitations of the environment, the segregation unit regime was reasonable. Relatively few prisoners appeared to be using illicit drugs, and integrated drug treatment system arrangements were safe and generally well managed. Outcomes for prisoners at Chelmsford were reasonably good against this healthy prison test.

- HP4 Prisoners were generally positive about their experience of escort journeys to the prison.¹ Our own observations were that escort vans were clean and escort staff were courteous and respectful. Prisoners did, however, often arrive late in the evening and some spent too long in court cells awaiting transport to the prison. Although busy, reception was a welcoming facility, and staff were respectful and hospitable. Most prisoners were offered a shower, although few accepted, and searching was carried with sensitivity. Procedures generally were carried out expeditiously. There was always a Listener in reception and a well laid out crisis suite was available. A member of the health care team saw all prisoners confidentially.
- HP5 New arrivals were placed on F wing. Insiders provided a meet-and-greet service and we were assured that all new arrivals received a first night one-to-one interview in private from motivated staff. An officer from the core first night team was rostered to night duties to allow a consistent approach to first night care, and handover arrangements were good. Vulnerable prisoners spent their first night on F wing but were moved the following day. Prisoners said they felt safe on their first night.
- HP6 Prisoners were positive about the induction, and our own observations concurred with this view. Contributions to the induction programme from prisoner peer supporters and trained prisoner specialist advisers were impressive. A good tracking system gave us assurance that most prisoners started their induction the day after they arrived. Induction exit surveys were a useful initiative. There was no evening association for new arrivals on F wing, which resulted in them spending a long time locked up. Movement from F wing on to the main prison could be protracted.

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

- HP7 Initiatives and procedures to reduce violence had improved considerably and were now based on meaningful analysis of the patterns of violence in the prison, as well as purposeful consultation with prisoners. There was a competent violence reduction team and governance through the violence reduction committee was effective. The monthly violence reduction meeting was well attended and properly focused on relevant issues with strong links to the rest of the prison, particularly the young adult residential units. Analysis was used to inform some innovative interventions to reduce violence. The use of prisoners as violence reduction representatives, particularly on the young adult units, was properly supported by staff. Antisocial behaviour interventions were managed consistently by wing officers supported well by the violence reduction team. We also observed good supervision on all wings, particularly on the young adult wings. Although the number of violent incidents remained too high, particularly among young adults, most were comparatively minor and there had been some reduction since our last inspection. Most prisoners at Chelmsford reported that they felt safe.
- HP8 Vulnerable prisoners told us that they felt safe on the dedicated facility, D wing. They had access to work and resettlement activities on and off the wing, as well as leisure activities, which they appreciated. Time out of cell was good. Vulnerable prisoners now attended religious services with the main population but expressed some concerns about their safety. There were age-specific assessments for the young adults resident on the wing. Staff engagement and consultation were impressive but there was no formal reintegration planning.
- HP9 A comprehensive and well-promoted strategy set out procedures to minimise the risk of suicide and self-harm. Protocols were managed directly by a full-time coordinator with good support from residential managers. There was a high priority to governance meetings, which had a good standard of relevant debate. There were also good links with the mental health in-reach team. The Listener scheme was well supported and properly promoted, with good prisoner access. Despite solid structures, the quality of assessment, care in custody and teamwork (ACCT) self-harm monitoring forms was inconsistent. Care mapping required improvement, attendance at case reviews was sometimes irregular and written entries on observation forms needed to show more staff knowledge about the individual circumstances and needs of their prisoners. There was evidence, including the management of a recent near-miss (suicide attempt), that prisoners in crisis were well cared for.
- HP10 The flow of information into the security department was good and the large number of security information reports received were processed efficiently and promptly by trained analysts. There were particularly effective links to the violence reduction strategy committee, and strong links with the police with a flow of relevant information on gang activity. Information received was used well to inform intelligence-based risk management systems and, on the whole, security procedures were proportionate.
- HP11 Given the size and nature of the prison the number of formal adjudications was not excessive, at about 90 a month. Hearings were conducted fairly and standardisation and quality assurance arrangements were meaningful. Prisoner consultation was also used effectively to help quality assure the adjudication process.
- HP12 The number of incidents necessitating the use of force was high at nearly 100 in 2011 so far, although this was a reduction compared with the same period in 2010 and when we last visited. There had been a significant increase in reported incidents that did not involve the full use of control and restraint (to nearly 70% of all incidents), and

an improved use of de-escalation. The introduction of properly managed cooling down rooms was an excellent initiative. The documentation was generally correct and written accounts from officers gave assurance that force was used as a last resort. Planned intervention was video recorded and there was effective governance through the violence reduction committee, senior management team and security committee meetings.

- HP13 Environmental conditions in the segregation unit were poor, although relationships between staff and prisoners were very good. Entries in casework files were better than we usually see, suggesting that levels of engagement were high and that staff cared about the personal circumstances of prisoners. Planning to return longer stay prisoners to normal location was well developed. Reviews for good order cases were held on time and well attended by staff who knew the prisoner. The average length of stay in segregation was reasonably short at about eight days.
- HP14 Vulnerable prisoners felt safe on the dedicated wing and had good work and leisure facilities, and impressive time out of cell and consultation arrangements, but there were no reintegration plans. They felt less safe in the chapel, although we were unable to substantiate this fear. Arrangements for vulnerable young adults were satisfactory.
- HP15 There were specialist staff, appropriate protocols and a designated unit to ensure safe clinical management of detoxification procedures. Treatment was flexible and based on individual need. One-third of the 105 integrated drug treatment system (IDTS) clients were on reducing prescriptions. Treatment reviews were regular and prisoners could access a wide range of support services. The random mandatory drug testing rate over the past 12 months was 6% against the target of 10% but only 15% of the 51 suspicion drug tests had been positive.

Respect

HP16 The quality of the environment was generally good despite the varied age of the wings. The prison was clean and cells were reasonably well equipped, although many toilets were inadequately screened. The quality of staff-prisoner relationships was excellent, and there had been significant work across the establishment to ensure effective and meaningful communication with prisoners. The prison's approach to identifying and meeting the specific needs of younger prisoners was impressive. There was good work to promote diversity across its various strands, with peer support and communication through a variety of forums at the heart of the establishment's approach. There was a supportive chaplaincy. More could be done to improve the quality of the food. Applications and complaints were well managed and the quality assurance of complaints was excellent. The provision of health care was good, with the exception of medicines management. Outcomes for prisoners at Chelmsford were good against this healthy prison test.

HP17 The outside environment was clean. Wings were clean, tidy and well maintained, even though four wings were very old. All cells had adequate furniture, including lockable cabinets, but some mattresses required replacing and toilet screening in most was inadequate. Prisoners could wear their own clothes, and prison clothing and access to laundries were satisfactory. Prisoners had good access to cell cleaning materials and the cells we saw were cleaned to a good standard. Prisoners could

shower daily although most shower areas were open and did not have privacy screens. Some blankets required replacing.

- HP18 The incentives and earned privileges (IEP) scheme operated consistently and fairly across the prison. There were reasonable differences between the incentive levels, and the regime for the few prisoners on basic regime included some association and access to evening telephone calls. There was evidence that the scheme was properly administered by residential managers, and prisoners could gain access to enhanced status quickly. The enhanced unit on G wing and enhanced landings on B and C wings were popular with prisoners and seen as effective incentives.
- HP19 In our survey, 79% of respondents said that staff treated them with respect, which was significantly better than the comparator and when we last visited. However, younger prisoners and those from a black and minority ethnic background felt less respected, although these findings still compared reasonably with the comparators. Our discussions with prisoners and our own observations were consistently positive. Staff appeared interested and engaged, and encounters we saw were courteous and respectful. Prisoners and staff appeared to be at ease in each other's company.
- HP20 There had been impressive improvements since the last inspection in the prison's approach to meet the needs of young adults. A distinct strategy and policy document had been put into place, based on a comprehensive needs analysis and further informed through prisoner consultation. Most young adults could now participate in purposeful activity. Relationships between staff and young adults had greatly improved, with high levels of engagement, and there was evidence that staff, particularly residential officers, had a much improved awareness of the needs and circumstances of young adults. We saw that staff encouraged young adults to participate in all aspects of the regime and actively promoted healthy relationships that focused on positive participation and an understanding of community citizenship.
- HP21 The personal officer scheme operated informally. Most prisoners knew who their personal officer was and said that they were helpful, and most staff we spoke to had a good understanding of their prisoners. However, personal officers were allocated by cell location, which, with a transient population, meant that changes were too frequent for meaningful or developed engagement. Wing case notes were mostly limited and perfunctory.
- HP22 Prisoners perceived the food portions to be small and the variety limited. Our own observations were that the menu lacked variety. The kitchen was ample for storing, preparing and cooking meals, and provisions and facilities for halal food were good. Wing serveries were clean and staff supervision at meal times was satisfactory. There were food comments books and twice yearly surveys, but their relevance was limited. Prisoners could dine out of cell each lunchtime and three evenings a week.
- HP23 Prison shop orders were processed weekly but there were arrangements for prisoners who arrived at weekends to place orders, as well as have top-ups for their reception packs. Consultation with prisoners was good and the satisfactory shop list was reviewed quarterly. Access to catalogue orders was limited.
- HP24 The equality policy covered each strand of diversity reasonably well, outlining key duties and indicating how the prison would meet needs. The diversity and race equality action team (DREAT) met monthly, was well attended and discussions were focused and relevant. All wings had well-supported prisoner diversity representatives

who attended DREAT meetings as well as their own monthly support meetings. There was a range of focus groups and forums for minority groups. Only just over a quarter of staff had completed diversity training.

- HP25 The black and minority ethnic population of Chelmsford was approximately 25%. The race equality officer had a high profile. Ethnic monitoring had consistently indicated some key areas of over-representation by black and minority ethnic prisoners, such as use of force, adjudications, segregation and basic regime, and there had been some recent work to explore these concerns, including some joint work with the chaplaincy regarding Muslim prisoners and closer monitoring of IEP decisions. The number of racist incident reports had declined recently, with some indications that this was as a result of more proactive work by prisoner representatives and the wider diversity team. The quality of investigations was generally good with robust quality assurance.
- HP26 There was an up-to-date and reasonably comprehensive foreign nationals policy. A comprehensive action plan, drawing on issues identified in monthly foreign national forums and an annual questionnaire, was managed by the foreign national coordinator. There were good systems to identify foreign national prisoners and ensure links to UK Border Agency. There was reasonable but sometimes variable use of professional interpreting services across the prison.
- HP27 The prison had identified only 16 prisoners with disabilities. Although there were systems to identify those requiring support, better links were needed with mental health services and education. Adaptations were generally appropriate but there were insufficient adapted cells. Work regarding sexual orientation remained underdeveloped although some information was available on wings.
- HP28 Procedures to manage simple applications offered some consistency and accountability but there was currently no quality assurance system or targets for responses. About 130 formal complaints a month were received. There were robust quality assurance systems, and the use of prisoner feedback to inform improvements was encouraging. One legal services officer was in post and, although there was no cover for absences, our survey indicated greater satisfaction with provision than at our last inspection.
- HP29 The chaplaincy offered a comprehensive range of support and the services of chaplains of different faiths. Access to services was good with up to 95 prisoners able to attend the multi-faith room. A reasonable range of faith-based activity was also available, including bereavement support, Alpha course and religious study groups.
- HP30 Health care provision was reasonable although there was significant reliance on agency staff in the primary health care team, which impeded the provision of a more developed service. Access to the available primary health services was timely, and GP appointments were made within two days of application following appropriate triage. Dental services were good, with reasonable waiting lists. Pharmacy services were problematic and key areas of medicines management required improvement, including the administration of controlled drugs. Inpatient care was good and clinical and discipline staff were commended by prisoners. There were no undue delays accessing secondary care, and mental health services were good with effective links to community services.

Purposeful activity

- HP31 Prisoners' time out of cell was reasonable compared with many similar prisons. Association was rarely cancelled but about fifth of the population were locked in cell during the working day. Learning and skills provision was well managed and the prison had increased the number of activity places although there was still not enough activity for all prisoners. Attendance at activity, as well as assessment and allocation arrangements, had improved. There was a good range of education provision for less able learners. The quality of vocational training was good and in some cases outstanding, but there was insufficient accreditation in some significant elements of the regime. Achievements of qualifications, when taken, were high. The library was a good resource and the quality of PE provision very good. Outcomes for prisoners against this healthy test were reasonably good.
- HP32 Time out of cell varied across the wings, although it was better than we often see for local prisons. We found 21% of prisoners locked in their cell during the working part of the day. The regime on G wing was impressive with all prisoners unlocked for most of the day. Arrangements on the vulnerable prisoner unit were similarly very reasonable. All prisoners had access to domestic time in the morning and unlock arrangements at meal times were good. Evening association was restricted to three evenings a week for all and lock up was early. Sessions were however, predictable, rarely cancelled and of reasonable duration. An hour's exercise a day was offered to prisoners not working and the yards were satisfactorily equipped. The open access to the exercise yard on G wing was impressive.
- HP33 Learning and skills provision was well managed with a clear strategy that focused on improving outcomes for prisoners. The prisoner allocation process was much improved with appropriate links to sentence planning and fair access to activities. Waiting lists for work or courses were generally well managed. The number of activity places had increased since the last inspection but there was still not enough for the size of the population. Achievement rates of qualifications in education and vocational training were high, and prisoners developed good practical and employability skills. Induction to learning and skills, including education, was thorough and well planned. Information advice support was good and available to prisoners throughout their sentence.
- HP34 Approximately 266 prisoners had jobs in the prison, most full time. Management of waiting lists for work places was good and there were only 15 prisoners in the waiting list. Most work areas offered either accredited qualifications or an in-house award for the recognition and recording of personal achievements. There were 76 vocational places. The quality of vocational training and learning was good and outstanding in some areas, such as bricks and the laundry. There was however, insufficient accreditation in important areas, such as the kitchen and recycling. Respect between staff and learners was particularly good.
- HP35 There was a wide range of education courses to meet the needs of low entry level learners, but not enough for the more able. There were 216 places available in education part time. Initial assessment of literacy, numeracy and language needs was thorough and good support was given to those requiring it. Accommodation and resources for education were insufficient. Attendance at education and vocational training courses had improved and was now good but there was some poor punctuality.

- HP36 The library provision had been significantly improved and the library supported a good range of initiatives, such as Toe-by-Toe and Storybook Dads. There was an adequate range of materials for foreign nationals, easy reads, talking books and satisfactory learning materials for vocational courses. However, book loss was high at 17%. Data to analyse library use were poor although our survey indicated that prisoner visits to the library were well below the comparator.
- HP37 The PE provision and accommodation had been further developed and remained very well managed. The range of PE courses was good with very high achievement rates. The proportion of prisoners who used the gym regularly had increased and all prisoners had adequate access to two sessions a week.

Resettlement

- HP38 The reducing reoffending strategy was supported by a resettlement policy with action plans for each pathway, although the current needs analysis was of insufficient quality. The resettlement centre was an excellent facility, but custody planning remained disjointed for short-term prisoners. The offender management unit was well developed and prisoner supervision and contact reasonable. Offender assessment system (OASys) assessments were up to date but the quality of some required improvement. The public protection policy was satisfactory, and indeterminate-sentenced prisoners were reasonably well supported. Work under the resettlement pathways, notably employment, training and education, drugs and maintaining contact with families, was generally good. Outcomes for prisoners against this healthy prison test were reasonably good.
- HP39 The prison had a two-year resettlement strategy supported by detailed policies and action plans for each pathway. Governance had been strengthened to provide adequate oversight. A needs analysis was in place but lacked sufficient quality, although there had been an attempt to explore issues specific to young adult prisoners. The resettlement centre was an excellent one-stop shop and a welcoming and positive environment for prisoners. Attendance at the centre had improved over the last year but a quarter of appointments were not kept. Resettlement representatives on each wing helped and supported other prisoners with their resettlement needs.
- HP40 Custody planning for shorter-term prisoners was disjointed and needed improvements. A project to improve the quality and integration of custody planning was almost complete. The offender management unit was well developed with a range of integrated functions. Probation officers were used appropriately to manage higher risk cases, although some had not undertaken lifer training and none of the uniformed offender supervisors had been able to access the national training. Prisoners in scope for offender management received regular structured and recorded contact with their offender supervisor but those out of scope got little structured contact, other than during the initial assessment and annual review. The backlog of OASys assessments had been cleared but some of those completed in the prison required significant improvement. Personal officer involvement in sentence planning was limited. Release on temporary licence (ROTL) was used appropriately in the small number of applicable cases. Many of the ROTLs awarded were for town visits supporting resettlement through contact with family.

- HP41 The public protection policy was clear but frequent changes to administrative staff and lack of cover had undermined implementation. Monitoring arrangements were adequate but it was unclear if new information suggesting an increase in risk of harm was communicated to offender managers immediately or resulted in a review of OASys.
- HP42 Indeterminate-sentenced prisoners had regular contact with offender supervisors. Life-sentenced prisoners were supported through access to regular family days and consultation forums, but those on indeterminate sentence for public protection (IPP) were not included. Some indeterminate-sentenced prisoners faced delays in transfer to a more suitable establishment.
- HP43 The Nacro housing information and advice service provided good support to prisoners. It had helped to find accommodation for some prisoners who would have been homeless on release and had good contact with a range of providers both locally and in London. However, a significant number of prisoners were released each month with no fixed accommodation.
- HP44 There was a range of well-taught courses to help prisoners before release. The prison worked productively with a range of external partners, such as the Ormiston Trust and employers, to engage prisoners in the prison and on release. A good proportion of prisoners released from Chelmsford went into full-time employment or education and/or training.
- HP45 Health discharge planning for prisoners was good. A joint project with Essex county council focusing on the needs of older people was a particularly interesting initiative. Most prisoners could be transferred to a secure mental health setting in a timely manner if this was required. Palliative care arrangements and links to community services were good.
- HP46 Money management and a financial literacy course were available but there was no provision for one-to-one debt advice. Jobcentre Plus provided benefits advice. Arrangements for prisoners to open bank accounts before release had recently been established.
- HP47 The drug strategy was well managed and coordinated, and both drug and alcohol policies contained detailed action plans. Prisoners spoke highly of the help and support they received. Interventions were extensive and included provision for young adults. Inside Out actively engaged with 166 clients, but its remit excluded ongoing work with primary alcohol users. The Inside Out team provided prison and community services that had led to greater integration and improved throughcare.
- HP48 There were good partnerships with the Ormiston Trust and the Chelmsford Prison Visitors' Centre charity, which ran the visitors' centre. The frequency of visits was appropriate but some visitors said it was very difficult to contact the telephone booking line and that sessions took too long to start. The main hall for social visits was adequate and staff managed visitors with respect throughout. The children's play area was well equipped and supervised. There was a good range of provision aimed at promoting prisoner contact with children and families with connections to community services, such as children's centres. Children's visits were available as were an accredited parenting course and support by community-based workers from the Ormiston Trust. A recent open day for community children and family services had received extremely positive feedback.

HP49 There had been no recent needs analysis for offending behaviour programmes. There was a good range of programmes tackling drug and alcohol use. The introduction of the Leap programme for young adults was a positive initiative that aimed to teach them how to handle conflict. The psychology staff delivered limited one-to-one motivational work with individual prisoners, and social skills modules were available through the education department.

Main concerns and recommendations

HP50 Concern: The prison's approach to reducing violence had improved significantly but the number of recorded incidents of violent and antisocial behaviour, particularly among young adults, remained too high

Recommendation: The establishment should sustain and develop its approach to reducing violence to ensure that the high number of violent incidents is reduced.

HP51 Concern: Prisoners at risk of self-harm were generally well cared for but the quality of monitoring documents was inconsistent, care mapping needed to improve and case reviews needed to be better attended.

Recommendation: The quality of written entries in assessment, care in custody and teamwork (ACCT) self-harm monitoring documents should be improved.

HP52 Concern: We had concerns about the overall management and governance of pharmacy services and medicines management. Prisoners complained about inconsistent pain management, and we also saw some poor practice that could lead to clinical error or security concerns.

Recommendation: There should be a full review of pharmacy services and appropriate changes to practice, governance and audit arrangements should be implemented as a priority.

HP53 Concern: There were still not enough activity places for the population.

Recommendation: The number of activity places should continue to be increased to ensure more prisoners have the opportunity for employment.

HP54 Concern: Custody planning for shorter-term prisoners was disjointed and needed improvements. A project to improve the quality and integration of custody planning had started but improvements needed to be delivered.

Recommendation: Custody planning should provide a comprehensive plan for every prisoner serving a short sentence, and all relevant staff should be aware of the sentence plan and contribute to its review.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners reported a positive escort experience with short journey times and courteous staff. However, some prisoners spent too long in court cells once they had been dealt with by the courts, and some arrived after 7pm on most days.
- 1.2 The main escort contractor for courts and transfers was Serco. Journey times were relatively quick. Prisoners told us that travel times were usually less than two hours.
- 1.3 Prisoners were disembarked from vehicles promptly on arrival at the prison. Restraints were not used during embarkation and disembarkation, which was proportionate to the risk. The escort staff we observed were courteous and respectful to prisoners at all times.
- 1.4 In our survey, 57% of respondents said the escort vans were clean, against the comparator of 49%, and our own observations were that vans were clean and all carried adequate emergency supplies.
- 1.5 The prison had introduced an information leaflet for distribution at the courts in its catchment area. This had a good level of initial information for prisoners about the prison, including what would happen in the first 24 hours. We observed that some courts had stopped giving out this leaflet, but the prison had responded by ensuring all escort staff had a supply on their vehicles for distribution to new prisoners. In our survey, 81% of respondents said that they knew where they were going when they left court or another prison.
- 1.6 We saw some prisoner records that showed that prisoners had been dealt with in court during the morning but were not taken to the prison till the early evening. The prisoner escort records (PERs) that we examined indicated that this was a regular occurrence. We also observed many escort vans that arrived at the prison after 7pm. Although we were assured that prisoners arriving at this time had all their immediate needs met, in some cases prisoners were not locked up before 11pm on their day of arrival.

Recommendation

- 1.7 Prisoners should be escorted to the prison as soon as they have been dealt with by the courts, and escort vans should arrive at the prison before 7pm.

Good practice

- 1.8 *The leaflet about Chelmsford given to new prisoners before their arrival was a good way of easing their anxieties and providing basic first night information.*

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.

1.9 Even though reception was busy, it was welcoming, staff were hospitable and the process was speedy. There was a Listener and crisis suite and interview rooms allowed appropriate confidentiality. First night procedures were good and prisoners felt safe on the dedicated wing. Prisoner Insiders supported a team of dedicated first night staff. The induction process was good, the use of prisoner specialists impressive and the exit survey was a good initiative. However, prisoners spent long periods on the induction wing after the process was completed and had limited time out of cell.

Reception

- 1.10 The reception was busy with over 2,000 movements during the previous six months. It was well laid out and clean, with seven holding rooms and two holding cells. The holding rooms were free from graffiti and had a television, reading material and separate toilet area. The holding cells were not used. One holding room had privacy blinds that could be pulled down for further privacy from other prisoners.
- 1.11 Reception staff were respectful to prisoners and we observed one particularly good interaction where a member of staff greeted the new arrival with a handshake. All new arrivals were offered a shower in reception, although we did not see any take up the offer. They were given time to retrieve telephone numbers from their mobile telephones.
- 1.12 Prisoners transferring from other prisons were not searched in reception, which was proportionate, and those arriving from court were searched sensitively by the reception staff. In our survey, 81% of respondents said that their search in reception was carried out respectfully.
- 1.13 The reception aimed to get prisoners on to the wings as quickly as possible. We observed a slick process with new arrivals spending on average one hour there. In our survey, 71% of respondents, against the comparator of 57%, said that were treated well in reception by the staff, and we observed a respectful team of staff who had a good rapport with prisoners.
- 1.14 Reception staff completed a cell sharing risk assessment, and health care staff attended reception. They had two dedicated rooms that offered confidentiality. A Listener was always on duty in reception, and a well laid out crisis suite was available in the reception building for new arrivals in crisis.

Good practice

- 1.15 *A Listener crisis suite in reception allowed new arrivals in immediate crisis to see a Listener in a suitable room.*

First night

- 1.16 The prison took on average 380 new prisoners a month. There was a comprehensive and succinct first night/induction policy that staff understood. Governance arrangements for early days were good. The dedicated staffing group included a member of the core team carrying out night duties to ensure consistency in first night care. Handover arrangements were via a dedicated book and arrangements worked well.
- 1.17 All new arrivals resided on F wing. They were all given the opportunity to buy a reception pack as well as £2 telephone credit, of which £1 was provided free from the prison. Each new arrival was given toiletries as well as clean bedding.
- 1.18 New arrivals were taken to the well-stocked information room on F wing. Some of the information in this room had not been translated correctly and sometimes made little sense (see housekeeping point 4.31). One of the four Insiders gave a welcome talk as well as a short individual interview with each new arrival. Any issues raised here were passed on to the first night interview staff for further discussion.
- 1.19 All new arrivals had a one-to-one assessment interview in private with a first night officer, and we were assured that all prisoners received this interview. In our survey, 75% of respondents said that they felt safe on their first night, which was better than the comparator of 71%. All the prisoners we spoke said that F wing was safe.
- 1.20 Every cell on F wing was designated as a first night cell and they were cleaned before new occupancy. Prisoners undergoing a detoxification from substance misuse were moved to E wing immediately after they had received the first night interview. Vulnerable prisoners were moved to the dedicated wing as soon as practical, usually within 24 hours.
- 1.21 Due to some late arrivals (see paragraph 1.6) staff prioritised the first night interview and not all new arrivals got a shower on their day of arrival, but they did receive one the following morning. In our survey, only 23% of respondents said that they had the opportunity for a shower on the day of arrival.

Recommendation

- 1.22 **All new arrivals should have the opportunity for a shower on the day they arrive.**

Induction

- 1.23 In our survey, 94% of respondents indicated that they had been on an induction course, of whom 62% said that it was useful, which were both better than the comparators. A good induction tracking database gave assurance that induction for mainstream prisoners started the day after their arrival. New arrivals who were moved to E wing for detoxification only started their induction on day three to allow a period of stabilisation, which was proportionate.
- 1.24 The first morning of the two-day induction programme consisted of a video followed by one-to-one interviews with staff from relevant departments; this took place in the resettlement centre. This process included input from four specialist trained prisoners who carried out individual interviews on behalf of Nacro (the accommodation provider), Jobcentre Plus, Inside Out (the drugs and alcohol service provider) and the Ormiston children and families trust. These four prisoners were highly motivated and gave a good service, which included the signing of a

confidentiality agreement. However, they were paid only £4.50 a week to carry out these tasks. Prisoner inductees told us that they felt comfortable speaking with a fellow prisoner during the process.

- 1.25 On the afternoon of day one, inductees were given a multimedia presentation by one of the F wing Insiders, supported by staff, in a dedicated induction room on F wing. Both this room and the resettlement centre were suitable venues free from distraction. Following this presentation inductees were taken to the library. All inductees had an education assessment on the second day.
- 1.26 All prisoners on induction were given an individual induction pack with relevant information that was signed by each department once that section of the programme had been completed. A prisoner was only logged as having completed his induction once this book was fully signed. We were assured that prisoners received their full induction.
- 1.27 Although the induction programme was succinct and appropriate, prisoners on it spent too much time locked in their cell. There was no evening association on the wing, although association was available during the day at weekends. We observed that many prisoners who had completed their induction process spent a protracted time on F wing awaiting a move into the main prison. In some cases, they remained on the wing for two weeks after completing their induction.
- 1.28 Every prisoner was asked to complete an end of induction survey, with questions covering their experience in court, reception, first night and induction. The results were collated quarterly and analysed by the induction team and the senior management team. Although this initiative had been running for only six months, the prison had acted on the results and the survey data showed good progress in ensuring that the early days process was a better experience for prisoners.
- 1.29 Vulnerable prisoners who had moved to D wing were given a specific induction talk on the wing by trained D wing staff. Every Thursday afternoon the resettlement centre was open specifically for vulnerable new arrivals to see staff and prisoners from all departments. Vulnerable prisoners also completed an end of induction survey.

Recommendation

- 1.30 Prisoners should be moved on to the main wings without delay after they have completed their induction.

Housekeeping point

- 1.31 The induction specialist prisoner advisers should be paid more given the confidential and specific role they carry out for the prison.

Good practice

- 1.32 *The induction exit survey and analysis of the results ensured that the prison was continually aware of issues in the early days' process, and could and did act on the results to make the experience a better one for new arrivals.*

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The quality of the environment inside and out was good. Wings were calm. Consultation with prisoners was meaningful. Prisoners could wear their own clothes and access to prison clothing was satisfactory. Cells were clean and prisoners had good access to cleaning materials. Some toilet and shower screening was inadequate and some mattresses required replacing.

Accommodation and facilities

- 2.2 Accommodation was provided in four residential wings (A, B, C, D) in the older prison building and in three separate newer residential units (E, F, G) – see fact page for further details. The external environment of the prison was large, clean and well maintained. Communal areas were clean and well maintained, although the lack of natural light on A wing made it dark.
- 2.3 Most cells we saw were in good condition and very clean and tidy, although some on C wing had crumbling plaster – there was a cell painting and maintenance programme to alleviate this problem. Each cell was equipped with a kettle, television, suitable furniture and lockable cabinets.
- 2.4 A governor's order explained the offensive displays policy, which was generally adhered to. We observed quiet and calm wings, especially during the night time.
- 2.5 There were no restrictions on the amount of mail that prisoners could send or receive, and all mail was processed within 24 hours. However, prisoners complained that there were regular delays in receiving mail, and in our survey, 51% of respondents, against the comparator of 44%, said that they had problems receiving mail, although this was better than the 61% in 2007. There were an adequate number of telephones on each residential wing and access to them was satisfactory.
- 2.6 There were monthly consultation meetings and the minutes indicated a meaningful meeting where appropriate action was taken on issues raised. The meetings involved relevant staff and prisoners from all wings, except D wing which had its own meeting (see paragraph 3.15).

Clothing and possessions

- 2.7 All prisoners had the option of wearing their own clothes, and for those who chose to wear prison clothing the quality was satisfactory. In our survey, 57%, against the comparator of 49%, said that they were normally offered enough clean, suitable clothes for the week. Clothing was exchanged weekly and an adequate number of items were given to each prisoner. Visitors could bring in or exchange prisoners' clothes during weekday social visits following an application from the prisoner.

- 2.8 A to D wings shared a laundry facility while E, F and G wings had their own laundry rooms. Prisoners said that they could get their clothing washed weekly and that the system worked well with minimal loss of items.
- 2.9 Access to stored property was by application and prisoners could attend reception daily to retrieve their items. There was no backlog of applications during the inspection. The prison had previously identified that portable appliance testing was creating a backlog of electrical items and had trained a number of reception staff in the procedure, which was a proportionate response.

Hygiene

- 2.10 Communal toilets and showers were clean and well maintained. However, with the exception of G wing, none of the communal showers had adequate screening for privacy. Many cells had in-cell toilets that were inadequately screened
- 2.11 Prisoners had daily access to showers during unlock, and in our survey over three-quarters of respondents said they were able to shower daily.
- 2.12 In our survey, 71% of respondents told us that they could access cell cleaning materials weekly, and in practice they could use them daily during the morning domestic time and association periods.
- 2.13 Survey responses on receiving clean sheets each week were less favourable than the comparator. Although sheets were part of the weekly clothing exchange, blankets were only exchanged fortnightly and many blankets that we saw were old and worn. Many mattresses were also worn and required replacing.

Recommendations

- 2.14 All communal showers should be adequately screened.
- 2.15 All in-cell toilets should be adequately screened.
- 2.16 Old and worn blankets should be replaced.
- 2.17 There should be a replacement programme for old and worn mattresses.

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.

- 2.18 Prisoners indicated that staff treated them with respect and our own observations were consistently positive. Staff appeared interested and engaged, and their encounters with

prisoners were courteous and respectful. Prisoners and staff appeared to be at ease in each other's company.

- 2.19 In our survey, 79% of respondents said that staff treated them with respect, against the 68% comparator and the 62% finding when we last visited. When asked if there was a member of staff they could turn to if they had a problem, 80% of prisoners said there was, which was also better than the comparator and previous visit. There were also similar responses to questions about victimisation, threats or intimidation by staff.
- 2.20 Black and minority ethnic respondents indicated that they felt less respected by staff than white prisoners, at 68% against 83%, and only 58% of Muslim respondents, against 83% of non-Muslims, said they felt respected by staff. Additionally, only 68% of young adult respondents said they felt respected, against the adult response of 84%.
- 2.21 Our own observations were very favourable. We witnessed no delinquent or disrespectful behaviour by staff throughout our inspection. Staff invariably presented as helpful, interested and engaged. Most appeared interested in doing what they could for prisoners. Most prisoners spoke positively about the staff and we observed many purposeful and friendly encounters. It was also clear that the establishment and staff had made a real effort to understand young adults better and work more effectively with them. Our overriding impression was that staff and prisoners were confident and at ease in each other's company.

Personal officers

Expected outcomes:

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

- 2.22 Personal officers and prisoners knew each other and the personal officer scheme worked informally, but frequent cell changes, limited use of electronic case notes and underdeveloped links with offender management reduced the effectiveness of the scheme.
- 2.23 The prison had a succinct personal officer policy document. Allocation of personal officer was by cell location. The role of the prison meant there was a transient population on most wings, which made meaningful engagement more difficult for personal officers. In some cases, prisoners returned from court to the same wing but a different cell and, as a consequence, were allocated a new personal officer.
- 2.24 In our survey, almost two-thirds of respondents indicated that they had a personal officer and that they were helpful. Most prisoners we spoke to knew who their personal officer and back-up personal officer were, and each cell card clearly displayed the names of the personal officers. Some prisoners told us that their personal officer had observed when they were feeling down and made a point of talking to them to ensure that they were all right.
- 2.25 There was a local training package for staff and 70% of personal officers had been trained. Staff we spoke to had a good knowledge of their prisoners, and our own observations were that staff did speak to prisoners regularly. However, the electronic case history notes we saw were haphazard with most containing limited or no entries, and management checks were perfunctory. Personal officers had partial involvement with sentence planning, and formal links between offender supervisors and personal officers were underdeveloped.

Recommendations

- 2.26 Managers should ensure that personal officers make more frequent electronic case history notes that include a detailed synopsis of the prisoner, and that checks are more meaningful.
- 2.27 Links between personal officers and the offender management unit should be developed.

Housekeeping point

- 2.28 Frequent moves of cells should be avoided where possible to minimise changes of personal officer.

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 Arrangements to deal with violence had improved. There was an overarching violence reduction strategy based on analysis of the pattern of violence in the prison and informed by meaningful consultation with prisoners. The collection of data was consistent and the overarching structures to monitor the progress of the violence reduction strategy were very good. The use of prisoners as violence reduction representatives, particularly on the young adult units, was a good initiative. Although the number of violent incidents remained too high, particularly among young adults, most fights and assaults were low level and the number of serious assaults was low.
- 3.2 There had been a full review of the arrangements to reduce violence in the prison in early 2011. As a result, a new violence reduction policy document had been published that clearly set out the responsibilities of all staff and managers in reducing acts of violence in the prison. This included the identification of a disproportionate involvement of young adults in violent incidents.
- 3.3 The strategy was primarily based on analysis of the observed pattern of violence in the prison and further informed through consistent and ongoing consultation with prisoners. A prisoner survey in 2010 had asked prisoners about the extent and nature of bullying in the prison, how threats of violence were confronted and how their lives in the prison could be made safer. New arrivals were given a questionnaire that asked about their initial feelings and fears and whether they anticipated any particular problems, such as gang-related bullying. If they raised any issues, they were seen and interviewed by violence reduction staff to deal with any real or perceived problems.
- 3.4 The strategy document was comprehensive, specific to the identified needs of adult and young adult prisoners at Chelmsford and suitably supported by other local policies and procedures, such as use of force, segregation, the treatment of young adults and security reporting systems. The priority given to organisational arrangements to deal with bullying and the overall level of violence had improved considerably since the last inspection.
- 3.5 There was a full-time violence reduction team consisting of a manager, two full-time violence reduction coordinators and administrative support to monitor, review and supervise the day-to-day implementation of most aspects of violence reduction. The team was directly accountable to the violence reduction committee, led by the deputy governor. The team was based in the security department near to the intelligence management unit. This had fostered direct and strong links with the security department, and allowed unrestricted flow of relevant information, such as security information reports (SIRs) and information on suspected prison gang activity.

- 3.6 Systems for identifying bullying and potential incidents had improved and information-sharing arrangements between other prison departments, such as health care, the safer custody team and the residential units, were well developed. The less formal relationships, particularly with residential managers on the young adult wings, had also helped to identify instances of bullying that had not been reported through SIRs and anti-bullying reports. We observed good supervision on all wings, particularly on B and C where officers regularly patrolled landings and association areas during periods of prisoner unlock.
- 3.7 Residential staff regularly identified bullying and recorded concerns in wing observation books and individual electronic history files. There was also good use of prisoner anti-bullying representatives to support prisoners, particularly on the young adult units, and their roles were known and understood by prisoners. Governance arrangements through the violence reduction coordinators and residential managers were very good. The representatives met monthly for support meetings and often attended parts of the violence reduction committee meetings. Prisoner representatives told us that they were well supported by officers and that staff and prisoners valued their work.
- 3.8 A violence reduction committee met monthly to monitor the implementation of the policy and update the overall strategy as required. Attendance at meetings included representation from relevant areas in the prison, including residential staff, the psychology department, security and the race equality officer. Representation from senior managers was consistently high and attendance by staff from the young adult units was particularly good.
- 3.9 The violence reduction team had created a database of violent incidents that included their nature, location and the names of perpetrators, based on information from wing observation books, prisoners' formal complaints and security information reports. The system was well developed and information was properly analysed and presented to the safer custody committee to inform necessary changes to the overarching violence reduction strategy.
- 3.10 There was a two-stage system to identify and challenge incidents of antisocial behaviour and address persistent perpetrators. At the first suspicion of violent or bullying behaviour, prisoners were put on to stage one and their behaviour was monitored for a minimum of seven days by residential officers and then formally reviewed following an investigation by the residential manager. If the behaviour was proven or continued, the prisoner was placed on stage two, subject to the authorisation of a residential manager. This typically lasted for about three weeks. The prisoner was placed on the basic regime (see paragraph 7.44) and expected to complete a workbook that included exercises designed to deal with the consequences and impact of their behaviour and strategies to deal with anger. During this time, he was also expected to attend antisocial behaviour sessions delivered by the violence reduction team. At the end of the third week the prisoner was expected to return gradually to a normal regime while his behaviour was monitored under the conditions described for stage one.
- 3.11 Although the number of violent incidents remained high, there was some evidence that interventions introduced since the last inspection had had some success in reducing them. In the previous four months, there had been about 90 recorded fights and assaults, which was about a quarter less than in the preceding six month period and a consistent reduction of about 10 incidents compared with the same period before the last inspection. Although the number of young adults involved in violent incidents was proportionately high at about 68%, most fights and assaults were minor incidents that did not result in physical injury, and the number of serious assaults was low at only one so far in 2011 (see main recommendation HP50).

Vulnerable prisoners

- 3.12 There was a useful vulnerable prisoner strategy and governance arrangements were good. All vulnerable prisoners resided on D wing; although there were provisions for managing overspill vulnerable prisoners on A wing, this was rarely used.
- 3.13 All entrants to D wing had a risk assessment review before their arrival, and the six young adult residents had had a specific age-appropriate risk assessment that was reviewed regularly. Staff were aware of the different needs of young adults on the wing and gave them closer observation to ensure their continued safety.
- 3.14 Vulnerable prisoners appreciated the facilities on the wing. Work activities were available on and off the wing, as was education. A roll check indicated that 50% of the prisoners were off the wing during the core day. Attendance at the gym averaged 20 prisoners a session and they could attend two sessions a week. Time out of cell was impressive, with vulnerable prisoners only locked in cell during the lunchtime patrol state. They had visits alongside the main population, and prisoners we spoke to said that they did not feel unsafe during visits. Vulnerable prisoners consistently told us that D wing was safe and that staff interactions were good. However, some expressed concerns for their own personal safety during religious services, which they attended alongside mainstream prisoners (see also paragraph 3.44), but we found little evidence to substantiate this fear.
- 3.15 Vulnerable prisoners were consulted through a monthly meeting on the wing. We observed a good quality meeting, which was also indicated in previous minutes.
- 3.16 There was no reintegration planning on the vulnerable prisoner wing and the only way off was attendance at court or prison transfer.

Recommendation

- 3.17 There should be reintegration planning for all residents of the vulnerable prisoner unit.

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 A comprehensive strategy set out procedures to minimise the risk of self-harm. Protocols were well known to staff and prisoners. The multidisciplinary suicide prevention committee met monthly to monitor and ensure consistent implementation of the policy. There were good links with the mental health in-reach team. The Listeners' scheme was well supported, their role was properly advertised and prisoner had good access to them. Despite solid structures, the quality of self-harm monitoring forms was inconsistent. Care mapping required some further development, attendance at case reviews was sometimes irregular and written entries on

observation forms were sometimes cursory. The attitude of staff to prisoners at risk was particularly good throughout the prison and the level of care was generally high.

- 3.19 The recently reviewed suicide prevention policy document was comprehensive and had a particular focus on the needs of prisoners in a local prison. We found copies on all residential units and communal areas, and staff were aware of its content.
- 3.20 The strategic protocols described in the document were managed by a full-time coordinator supported by a safer custody manager, who was also the diversity manager, and a full-time administrative support worker. The team was jointly responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented, as well as a central point for advice and guidance for staff.
- 3.21 The suicide prevention committee, led by the deputy governor, monitored the overall implementation of the strategy at well-attended monthly meetings. Minutes showed that individual cases were discussed appropriately and that the specific needs of prisoners were met. The committee used a wide range of information, provided by an administrative support worker, to help identify trends and patterns of behaviour by location, type, timing and peripheral circumstances of individual incidents. This was used to develop the strategy and update the continuous improvement action plan
- 3.22 The Listeners' scheme was well established and prisoners had 24-hour access to them. The scheme was explained to new arrivals during their induction and also publicised around the prison. At the time of our inspection, there were 28 Listeners. Listeners and a Samaritans representative attended the safer custody meetings and gave a report of their work, including times and wings where the service had been provided. Listeners had been called out on 135 occasions in 2010. There was a free direct line number for prisoners to contact the Samaritans from personal identification number (PIN) telephones during the day.
- 3.23 There had been 317 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents opened in the first quarter of 2011. An average of about 80% had been opened during the initial stages of custody, either in reception, on the induction and first night centre or on the young adult wings. About 25% of the prisoners on ACCTs were treated in the health care centre. There were 30 open documents at the time of inspection.
- 3.24 There were effective formal arrangements for prisoners located in the health care centre through designated case managers. Support plans were on the whole very good, and attendance at reviews by staff who knew the personal circumstances of the prisoner was better than we usually see. Written entries in documents were detailed and gave assurance that staff reacted quickly to meet the needs of their prisoners.
- 3.25 On the residential wings, detailed support plans were usually prepared through consultation with the prisoner that identified specific needs and apportioned responsibilities to a nominated key worker. The progress of plans was reviewed at pre-determined times in agreement with their prisoner.
- 3.26 The quality of entries in ACCT documents was mixed. Although many demonstrated an appropriate depth of understanding of the individual circumstances and feelings of prisoners, and the mental health in-reach team was regularly involved in dealing with more complicated cases, some entries were cursory and did not demonstrate high levels of individualised care (see main recommendation HP51). Case reviews were regular and timely but care mapping did not always adequately address specific problems or circumstances. Attendance at reviews was inconsistent. Although the prisoner was always present and there was evidence that he

was involved in the process, attendance by a range of staff who knew the prisoner, such as personal officers, work or education staff, was erratic.

- 3.27 Although documentation on the residential units required some improvement, we observed staff who genuinely cared about prisoners and had an appropriate focus on their needs, particularly those at risk of self-harm. There were many examples where staff took time to talk to the more vulnerable prisoners about their problems and dealt with them kindly. We saw a particular example where the quick response of residential officers in dealing with a young adult prisoner who had attempted to hang himself resulted in saving his life.

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.

- 3.28 The application system had recently changed to include carbon copies of application forms but although this offered more reliability there was still no quality assurance scheme. The complaints system was generally well managed and included a robust quality assurance scheme, although the complaints were collected by the night orderly officer.

- 3.29 The prison had recently adopted a four-sheet carbon copy system for general applications, which offered prisoners some increased confidence in the system. The prisoner held one copy of the application while the others were forwarded to the appropriate department and logged on the wing as proof of submission. The system appeared to be working reasonably well. In our survey, 59% of respondents said that applications were dealt with fairly, compared with only 39% at the last inspection, and 46%, compared with 27%, said that they were dealt with promptly.

- 3.30 Although applications were logged on wings, there was no quality assurance scheme to ensure that responses were appropriate, and no target times by which responses had to be made.

- 3.31 The complaints system was generally well run. Around 130 complaints a month were received, which had been fairly consistent for the previous 18 months. All complaints were logged centrally and forwarded to the relevant individual or department for a response. Timescales for responses were monitored and recorded monthly, with most meeting the target of three days. In our survey, 32% of respondents felt the complaints procedure was fair, compared with only 20% at the last inspection. Complaints were collected daily by the night orderly officer rather than the complaints clerk which led some prisoners to raise concerns about confidentiality in making complaints, especially about staff.

- 3.32 We reviewed around 40 complaints that had been submitted in the previous 12 months. The quality of responses was generally good, answered the complaint and, where necessary, included evidence. However, we came across a few cases where responses indicated that further action would be taken but were then closed rather than remaining open to ensure that the identified action took place.

- 3.33 The prison had extremely robust quality assurance procedures whereby members of the senior management team monitored 10% of all complaints with written feedback. Where there were identified shortfalls, feedback was given to line managers to facilitate appropriate staff development. A random sample of prisoners was also contacted each month to obtain feedback about their experience of the complaints procedure.

Recommendation

- 3.34 The prison should introduce an agreed timescale for responses to applications and a quality assurance scheme.

Housekeeping points

- 3.35 Complaints should be collected from the wing by the complaints clerk.
- 3.36 Interim responses to complaints should be logged where further attention is required, and the complaints clerk should continue to monitor them.

Legal rights

Expected outcomes:

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

- 3.37 Legal service provision was limited to one full-time member of staff who was frequently cross-deployed to other roles. Despite this, prisoners were more satisfied with the provision than at our last inspection. Bail support was good.
- 3.38 There was one full-time legal services officer but there was no cover for his absence. This post was also frequently cross-deployed to cover absences elsewhere in the establishment. The officer gave priority to covering induction but outside this work there had only been 60 prisoner contacts in the previous three months.
- 3.39 In our survey, 40% of respondents said they found it easy to communicate with their solicitors, compared with only 27% at the last inspection, and 59%, compared with 49%, said that attending legal visits was easy. There were 12 legal visits rooms, which were available Monday to Thursday mornings and afternoons and Friday morning. It was easy to book a visit although demand meant that they usually had to be booked about a week in advance. There was an adequate number of booths but the holding areas were bare and institutionalised and prisoners could spend a long time waiting for the legal visit to start. The library had a good range of legal services books and articles available both as hard reference and electronic versions.
- 3.40 Bail information and support was managed by a dedicated team of probation staff, two full time and one part time. Information was available during induction and the team saw all newly remanded prisoners. Housing support was provided through Stonham housing. In the previous 12 months, there had been 251 applications (164 for accommodation and housing and 97 for support only), of which 57 (23%) had successfully obtained bail. In our survey, 24% of

respondents said they found it easy to obtain bail information, compared with only 12% at the last inspection

Recommendation

- 3.41 A legal services officer should be available every day.

Faith and religious activity

Expected outcomes:

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

- 3.42 Provision of faith services was good. Access to religious leaders was reasonably easy and there was a good range of religious and non-religious activity.
- 3.43 The large chaplaincy team had over 40 part-time staff and volunteers, although there were just two full-time chaplains, a Muslim and an Anglican. One of the chaplains saw all new arrivals within 24 hours, although our survey indicated that this was the case for only 28% of prisoners, against the comparator of 47%. Records showed that all prisoners were seen upon arrival, although not necessarily by a chaplain of their faith.
- 3.44 The chaplaincy played a significant role in the daily life of the establishment and provided a good range of support. Information about chaplaincy staff and activities was advertised on all wings. Corporate worship was provided on Fridays for Muslim prayers, Saturday for Catholics and Sunday for the Church of England/Free Church. Religious groups with less representation were allocated slots throughout the week. All chapel services had been open to both main location and vulnerable prisoners for the previous six months. Before this, vulnerable prisoners had their own services. The joint service was well managed, and although there had been some concerns expressed by a few prisoners on D wing, such anxieties appeared unfounded, supported by considerable efforts by both chaplaincy and uniform staff.
- 3.45 Weekly Bible and Islamic study groups were facilitated and a range of other support groups included the Alpha course and a weekly programme oriented to living with loss and bereavement.
- 3.46 The multi-faith room was well used and had recently been extended to accommodate up to 95 prisoners. CCTV cameras had also been installed to facilitate more discreet staff supervision.

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.

3.47 There were specialist staff, appropriate protocols and a designated unit to ensure safe clinical management of drug and/or alcohol dependent prisoners, but controlled drug administration was chaotic. Treatment was flexible and needs led, reviews took place regularly and prisoners received a good level and range of support services. Mandatory drug testing results and our survey findings pointed towards comparatively little drug availability.

Clinical management

- 3.48 Following health care screening, new arrivals with drug and/or alcohol dependency initially went to the first night centre on F wing and then to E wing, the designated drug treatment unit where a GP was available until 9pm to provide first night prescribing. Occasionally prisoners arrived too late to see a doctor, or because of delays in processing new arrivals, and spent their first night on F rather than E wing. In these cases, symptomatic relief was available for opiate users but alcohol detoxification treatment started immediately.
- 3.49 Prisoners received a comprehensive substance misuse assessment the following morning, when previous treatment regimes were confirmed. The clinical team consisted of an experienced nurse manager, six qualified nurses and three health care assistants. A group of GPs provided weekday and weekend cover, and their lead had completed the required specialist training.
- 3.50 Appropriate clinical management protocols had been developed and prescribing regimes were flexible and based on individual need. In May 2011, 80 prisoners were prescribed methadone and 25 buprenorphine, with one-third engaging in reduction regimes. An additional four prisoners were undergoing alcohol detoxification. After five days, treatment was reviewed and adjustments made, and a copy of the care plan was forwarded to the Inside Out service. All further reviews (after 28 days and 13 weeks) were conducted jointly with drug workers from the Inside Out team.
- 3.51 Prisoners consistently gave positive feedback about their treatment but complained about having to wait in long queues for their methadone and buprenorphine in the mornings. The administration of controlled drugs and other medicines seemed chaotic, and the area afforded prisoners little privacy (see paragraph 5.41 and main recommendation HP52).
- 3.52 The designated drug support wing contained two spurs, one of which was the stabilisation unit with observation hatches and 24-hour nurse cover. Overall the wing could hold 125 prisoners who benefited from a supportive regime and an impressive range of activities, which were co-delivered by Inside Out staff, nurses and PE officers (see section on drugs and alcohol). They could access the gym daily, 'tackling drugs through PE' and art classes were available four times a week, and a rolling programme included drug and alcohol awareness, triggers and relapse prevention sessions as well as yoga classes, first aid training, quizzes, and service user groups; auricular acupuncture classes were due to start shortly.
- 3.53 A weekly 'holistic health' session catered for prisoners' generic health care needs. As one prisoner put it: 'This prison has been a great help to me in admitting my drug and alcohol addiction and helping me through this.'
- 3.54 Prisoners with complex needs were discussed at daily multidisciplinary meetings, and both clinical substance misuse and mental health in-reach nurses had experience and/or training in the treatment of dual diagnosis. A good level of joint work and a collaborative approach were evident, underpinned by a detailed dual diagnosis policy. Prisoners could also be referred to a

counselling service and to primary mental health groups helping with relaxation and stress management.

- 3.55 There were good throughcare arrangements to ensure treatment continuity. In case of unexpected releases, prescriptions for opiate substitutes could be issued, and prisoners who were abstinent could be prescribed the opiate blocker naltrexone before release. Close links with community drug and alcohol services had been developed, but the prison had difficulties in transferring prisoners prescribed opiate substitutes on to other establishments.

Recommendation

- 3.56 The establishment should ensure that new arrivals requiring stabilisation or detoxification are consistently prioritised and admitted to the drug support unit without delay.

Drug testing

- 3.57 The random mandatory drug testing (MDT) positive rate for the 12 months to the end of March 2011 averaged 6% against a target of 10%. The establishment undertook a relatively low level of suspicion testing, with 51 tests in the previous six months resulting in a 15% positive rate, but during the same period 325 risk assessment tests of prisoners in trusted jobs were completed (5% of tests were positive). A frequent testing programme was also in place.
- 3.58 Two designated MDT officers were available daily. Requests for testing were usually met within the required timeframe with only two exceptions since January 2011. The testing suite was spacious but needed refurbishment; this was already planned for.
- 3.59 Finds and test results pointed to cannabis as the main drug of use. In our survey, only 15% of respondents said it was easy to get illegal drugs in the establishment against the 31% comparator.
- 3.60 Supply and demand reduction initiatives were well integrated. Prisoners who tested positive under MDT were referred to the Inside Out team. Security staff attended drug strategy meetings together with the controlled drugs officer from the local police. The head of drug and alcohol services was represented at the 'availabilities' meeting in the community.

Young adults

- 3.61 There had been impressive improvements in the prison's approach to meeting the needs of young adults. A distinct strategy and policy document had been put into place based on a comprehensive needs analysis, and further informed through prisoner consultation. Relationships between staff and young adults had greatly improved. Levels of engagement were high and there was evidence that staff, particularly residential officers, had a much improved awareness of the needs and circumstances of young adults. Staff encouraged young adults to participate in all aspects of the prison regime, and were active in promoting healthy relationships that focused on positive participation and an understanding of community citizenship.

- 3.62 As at the last inspection, young adults (prisoners between 18 and 21) represented about 30% of the prisoner population. The majority (about 75%) were located on B and C wings in the older part of the prison.
- 3.63 There had been concerns that the specific needs of this age group were being overlooked in what was, in its policies and protocols, predominantly an adult environment. At the time of our last inspection, 40% of young adults were unemployed, they were involved in 65% of all fights and assaults, and accounted for more than half the formal adjudications. Because of this, there had been a full review of the needs of young adults early in 2010 that informed a policy document to help the prison deal with their needs and behaviour. It was published later that year. The policy clearly set out the principles and managerial arrangements for young adults.
- 3.64 Most young adults could participate in purposeful activity, unemployment was low and the level of disruption and violence we had found in all areas at the last inspection, although still high, had begun to reduce. Although young adults accounted for more than half of the violent incidents in the prison, most were of a minor nature and many were at a low level, such as threats and abusive language.
- 3.65 Staff responses to erratic behaviour were less reactive than we saw at the last inspection, and there were many examples where residential officers dealt with angry prisoners in a calm and caring way to good effect.
- 3.66 Relationships between staff and young adults had greatly improved. Levels of engagement were high and there was evidence that staff, particularly residential officers, had a much-improved awareness of the needs and circumstances of young adults. We saw that staff encouraged young adults to participate in all aspects of the prison regime and were active in promoting healthy relationships that focused on positive participation and an understanding of community citizenship. Young adults acted as Listeners, violence reduction representatives and race equality representatives. There were regular consultation meetings between young adult prisoners and staff, and the minutes showed that their views were given credibility and their contributions were meaningful.
- 3.67 The introduction of managing conflict courses through Leap Confronting Conflict appeared to be helping provide staff and prisoners with an understanding of the consequences of conflict. The course focused on the importance of everyday relationships and how to identify and deal with areas of potential conflict. At the time of inspection, more than 100 prisoners and 50 staff had completed the course (see paragraph 9.92), which reflected a creative approach both to addressing aggressive behaviour among young adults and helped staff work more effectively with this group.

Section 4: Diversity

Expected outcomes:

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

- 4.1 Diversity had a reasonably high profile across the establishment and most prisoners knew of the diversity team. There was an extensive range of support forums, and comprehensive training and support for prisoner representatives. However, monitoring of the impact of the regime remained largely limited to black and minority ethnic prisoners. The number of staff who had completed diversity training was low.
- 4.2 The prison had an up-to-date equality policy, dated April 2011 to April 2012, which covered each strand of diversity, outlining key objectives and legal responsibilities. The policy was reasonably comprehensive. There were separate policies on work with older prisoners and foreign nationals.
- 4.3 The diversity and race equality action team (DREAT) met monthly, was chaired by the deputy governor and was consistently well attended. Minutes from meetings were comprehensive and included identified actions by responsible managers, which were consistently reviewed and updated at subsequent meetings. Wider actions were identified by the diversity and race equality action plan (DREAP).
- 4.4 Chelmsford's diversity team consisted of a diversity manager, who also had responsibility for safer custody, a full-time race equality officer, who also covered disability, a part-time foreign nationals officer and administrative support. Prisoners we spoke to knew the members of the diversity team, who appeared to have a high profile across the establishment. There were generally good links with other departments across the prison, with joint work with the head of residence on older prisoners and with the chaplaincy on faith.
- 4.5 Each wing had identified prisoner diversity representatives. Although the majority of their work related to race and foreign nationals, wider aspects of diversity were also covered. The prison was attempting to recruit prisoner representatives who specialised in other strands, including age, disability and sexual orientation. This was not always possible, however, especially given the generally high turnover of prisoners at Chelmsford. Prisoner representatives attended DREAT meetings and also had their own meeting/forums monthly. Some training was incorporated into these meetings and had recently included an adapted version of the 'challenge it change it' diversity course. The representatives we spoke to felt well supported by the diversity team.
- 4.6 The prison facilitated a range of support/focus meetings for minority groups. These included meetings for prisoners with disabilities, Gypsies and Travellers, black and minority ethnic prisoners and older prisoners. There was a recently re-established black and minority ethnic prisoner forum and the prison had recently started a Muslim forum, run in conjunction with the coordinating chaplain.
- 4.7 The monitoring of the regime's impact on minority prisoner groups was largely limited to black and minority ethnic prisoners. Some work had started on religion and foreign nationals but this was still limited, and there was some basic monitoring of older prisoners, but it was not clear if

any of these groups had been differentially affected by aspects of the regime, such as access to enhanced status, use of force etc.

- 4.8 Although the diversity 'challenge it change' training had been undertaken with some staff, only 27% of staff across the establishment had so far completed it.
- 4.9 The prison had recently celebrated diversity week with a wide range of activities, and religious and cultural festivals were advertised across the prison and celebrated.

Recommendations

- 4.10 There should be monitoring of all minority groups to establish whether the prison's regime impacts differentially on some prisoners.
- 4.11 All staff should undertake 'challenge it change it' training.

Race equality

- 4.12 Support for black and minority ethnic prisoners was appropriate. Although our survey indicated more negative views of the prison than white prisoners, the prison had made considerable efforts to explore these views further. Ethnic monitoring had identified several areas that were consistently out of range but there had been some recent work to analyse these further. The number of racist incident forms submitted was low and, although they were well managed, it was unclear whether the low number indicated a lack of confidence in the complaints system.
- 4.13 The black and minority ethnic population at Chelmsford was officially 39% although the non-white population was around 25%. In our survey, black and minority ethnic respondents indicated more negative views than white prisoners in several key areas. For instance, only 73% said that there was a member of staff they could turn to for help, against 82% of white respondents, and only 68%, compared with 83%, said that most staff treated them with respect. The prison had made considerable effort to understand some of the different perceptions of this group. A black and minority ethnic prisoner forum was held monthly and information on SMART (systematic monitoring and analysis of race equality treatment) monitoring was shared with diversity representatives at their monthly meeting. In our prisoner groups, black and minority ethnic prisoners said that they generally felt treated the same as white prisoners.
- 4.14 SMART monitoring indicated several areas that were consistently out of range for black and minority ethnic prisoners; concerns that were also reflected in our survey. Black and minority ethnic prisoners were consistently over-represented in the use of force, adjudications and use of cellular confinement. They were also less likely to be on enhanced status and more likely to be on basic. Although these patterns appeared to have been consistent in the previous 12 months, it was only in the last six months that they had been explored and analysed in any great detail. Further analysis indicated that much of the over-or under-representation was caused by Muslim prisoners (mostly young adults) fighting among themselves and reflected gang associations in the community. As a result of this, Muslim prisoner forums had begun, and there was an initiative, in conjunction with the chaplaincy, to explore such gang associations further.

Managing racist incidents

- 4.15 Racist incident report forms (RIRFs) were freely available on all wings. The number submitted had fallen over the previous 12 months from an average of around six or seven a month to just four. It was not clear why this was the case. There were some indications that the higher profile of diversity representatives and the diversity staff might have reduced the perceived need to make complaints but this was not clear. In black and minority ethnic prisoner groups, this was the one area that raised some concerns and in which there was limited confidence. SMART data had also identified black and minority ethnic prisoners as below the anticipated range for the submission of complaints, although in our survey there was no significant difference between black and minority ethnic and white respondents in confidence about complaints.
- 4.16 Quality assurance mechanisms for RIRFs were robust with each form analysed by the deputy governor. External independent scrutiny was also in place. We evaluated 25 RIRFs submitted within the last 12 months. Their quality was generally good with appropriate investigations and sanctions where necessary.
- 4.17 A log was maintained, and shared with security, of any prisoner demonstrating racist views or who had been convicted of a racially motivated offence.

Recommendation

- 4.18 **The low number of complaints submitted by black and minority ethnic prisoners should be explored further to ensure that this does not indicate a lack of confidence in the system.**

Religion

- 4.19 Access to religious activity and chaplain services were reasonable. Although Muslim prisoners were more negative about their experiences than non-Muslims, the prison had started to explore some of these perceptions further.
- 4.20 One of the two full-time chaplains attended the monthly DREAT meeting and monitoring figures indicated that there was sufficient access to religious support for all religious denominations in the establishment. In our survey, 60% of respondents said they could speak to a religious leader of their faith in private, against the 55% comparator.
- 4.21 There were 107 prisoners registered as Muslim – 16% of the total population. Around 60% of all Muslim prisoners were young adults. In our survey, Muslim respondents were significantly more negative about their experiences than non-Muslims in many areas. Only 58%, compared with 83%, said most staff treated them with respect, and 32%, compared with 14%, said that they felt unsafe at the moment. This latter response appeared to reinforce findings by the diversity team that a disproportionate number of fights and assaults were the result of conflict between Muslim young adults. The prison was hoping to use the Muslim support group/forum to explore further some of this conflict. The Muslim coordinating chaplain was fully supportive of this approach.

Foreign nationals

- 4.22 Provision for foreign national prisoners was reasonable. The prison had good links with UK Border Agency and there were monthly forums for all foreign national prisoners. However, translated information in the prison was unreliable and inconsistently used. Access to free airmail letters and telephone calls was good and appropriately monitored by the foreign national coordinator.
- 4.23 The foreign national policy was up to date and contained a range of information, as well as key objectives. Although there was no specific foreign national committee, issues relating to meeting the needs of foreign national prisoners were included in the monthly DREAT meeting. There were two foreign national forums each month, one covering prisoners on E, F and G wings and one for A, B and C wings. Both were available for any foreign national prisoner to attend. Issues arising from these forums were incorporated into the foreign national action plan, which was reviewed and updated monthly. Questionnaires were also distributed to all foreign nationals twice a year to identify any particular concerns, although the number completed was low.
- 4.24 The part-time foreign national coordinator reviewed all new arrivals and liaised closely with UK Border Agency (UKBA) to ensure they were seen, where necessary, by UKBA representative who attended the prison fortnightly. There were good links with HMP Bullwood Hall where immigration staff were based. Although there was no independent immigration advice available to prisoners, the prison had a service level agreement with a firm of local solicitors to offer information and guidance, and all foreign national prisoners automatically had the contact number added to their PIN telephone lists.
- 4.25 The prison had made reasonable attempts to obtain a range of information for prisoners in languages other than English, both about custody in general as well as Chelmsford in particular. Many of these documents were on F wing, the induction unit, but some documents were missing and their availability was not reliable. Some of the translations were also poor and did not make sense. The use of translated information was also unreliable. One Chinese prisoner had been given a booklet of useful phrases in both Chinese and English that he could point to when speaking to staff, and vice versa, but other prisoners did not have these. Some flash cards with pictures and translations were also available but were not widely used.
- 4.26 The prison had a list of multilingual prisoners and staff who could offer informal translation. Professional telephone interpreting services were also used regularly (67 times in the previous six months), although three-way or conference telephones were not available. We were assured that in formal settings, such as adjudications or ACCT reviews, interpreters were brought in where necessary.
- 4.27 Free airmail letters were available to foreign national prisoners weekly along with free telephone calls to their own country in lieu of visits. The foreign national coordinator monitored both aspects to ensure that these facilities were available. The library had a good range of books in foreign languages.
- 4.28 Despite this level of provision, some foreign national prisoners expressed a fear that their immigration status might be negatively affected or they might be moved from the prison if they complained or raised a concern. Although there was no evidence to substantiate these fears, staff needed to be proactive to ensure that prisoners raised any concerns and that their needs were met.

Recommendations

- 4.29 Flashcards and phrasebooks should be available to all prisoners with poor English and to staff working with them.
- 4.30 Conference call telephones should be available to facilitate the use of interpreting services.

Housekeeping point

- 4.31 Translated information for prisoners should be checked to ensure that it makes sense and is useful to prisoners.

Disability and older prisoners

4.32 Although all new arrivals had an opportunity to declare a disability, the number of prisoners identified as disabled was surprisingly low. The diversity team had few formal links with mental health services or education, both of which worked with prisoners with non-physical disabilities. Support for prisoners with disabilities was generally reasonable but there were too few adapted cells. There were relatively few older prisoners at Chelmsford but the prison had an appropriate strategy for their management and provided separate support forums. Although retired prisoners were not locked in cells during the core working day and did not have to pay for their televisions, retirement pay was disproportionately low.

- 4.33 In our survey, 18% of respondents indicated that they had a disability, which suggested that over 100 prisoners at Chelmsford would regard themselves as disabled, yet only 16 prisoners were actually identified. All new arrivals were offered the opportunity to declare a disability at induction, or any later point, if they so wished. The disability liaison officer interviewed each prisoner declaring a disability individually and analysed any specific needs that they had. A database was maintained that outlined a range of details on each prisoner, including a contact log.
- 4.34 Movement around the prison for the few prisoners with a physical disability was reasonable and ramps had been installed to facilitate access. The prison had a carers' policy, although only one prisoner needed a carer at the time of our inspection. Personal emergency and evacuation plans (PEEPs) were in place, appropriately constructed and known about by wing staff.
- 4.35 Although there were grab rails and other minor adaptations on wings, in particular in shower areas, there were only two adapted cells across the establishment, both on G wing. We were told that a bid had been submitted to create at least one adapted cell on each wing.
- 4.36 In our survey, respondents with disabilities indicated that they felt less safe and less well respected by prison staff than those without disabilities. This group also believed they were victimised more widely by both staff and prisoners. However, these views were not shared by the prisoners with physical disabilities with whom we spoke during the inspection. Forums for prisoners with disabilities had also not identified these issues. However, our survey also indicated that prisoners with disabilities were less likely to attend education, undertake skills training or be employed, and 59%, against only 24% respondents without disabilities, said that they had emotional well-being or mental health issues. Although the level of support for

prisoners with mental health issues was reasonable (see section on mental health) and the education department identified prisoners with learning difficulties/disabilities (see paragraph 6.15), there were few formal links between either of these departments and the diversity team to ensure prisoners with disabilities, other than physical ones, were included in the work of the disability liaison officer.

- 4.37 The prison had only a small older prisoner population. At the time of our inspection, there were 39 prisoners over 50 and four over 70. Nevertheless, a reasonably comprehensive strategy outlined the support available and how staff would support this group. Two older prison forums had been set up, one on G wing and one on D wing – the latter for vulnerable prisoners. Older prisoners told us that they felt supported and that staff on these two wings in particular were helpful. There were specific gym sessions for older prisoners every week.
- 4.38 Older prisoners who were retired were unlocked during the core working day and also did not have to pay for their television. However, retirement pay was low at only £3.20 a week.

Recommendations

- 4.39 All wings should have at least one cell adapted for prisoners with physical disabilities.
- 4.40 There should be close liaison between the disability liaison officer and education and mental health services to offer integrated support for all prisoners with a perceived disability.
- 4.41 Retirement pay should be set at the average wage for prisoners across the establishment.

Gender and sexual orientation

- 4.42 Provision for this group of prisoners remained underdeveloped although there was some information on wings and the prison had draft policies.
- 4.43 There was relatively little in place regarding this pathway. The prison had draft policies for the management of transgender prisoners as well as one covering the management and support of gay and bisexual prisoners; these had yet to be ratified by the DREAT and governor.
- 4.44 Despite this, there were posters on most wings reinforcing the prison's stance regarding anti-homophobic attitudes and behaviour. Freephone numbers were also advertised for access to community support groups.

Recommendation

- 4.45 The prison should develop a strategy that seeks to engage with gay and bisexual prisoners more fully, identifies their specific needs and ensures effective support is provided.

Section 5: Health services

Expected outcomes:

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

5.1 Overall primary care services were reasonably good and the range of health services was adequate. The over-reliance on agency staff impeded developments. We noted improvements since the 2007 inspection, although pharmacy services and medicines management remained inadequate and required prompt attention. Dental services provided a good level of care with reasonable waiting lists. Mental health services were good with effective links to community services. Relationships between discipline staff, clinical staff and prisoners had notably improved.

General

- 5.2 Health services were commissioned by Mid- Essex Primary Care Trust (PCT) with 24-hour primary care services provided by the prison and mental health in-reach services by North Essex Partnership NHS Foundation Trust. Medical services were provided by Cimmaron UK, a GP locum agency, and out-of-hours medical services by East of England Ambulance Service NHS Trust. Prisoners told us that they did not experience delays in obtaining appointments, and our survey results indicated an overall improvement since the previous inspection. We were informed that a tendering process for alternative primary health care services had commenced.
- 5.3 A comprehensive health needs assessment had been completed in September 2009, although there had been no assessment of the needs of foreign nationals and black and minority ethnic prisoners. Monitoring of the progress against the health needs assessment recommendations was limited and would benefit from review. There was no prison health improvement action plan, although there was evidence that the 2010 prison health indicators were reviewed and reported to the prison partnership board. There were no systems to monitor the equity of access to services.
- 5.4 The prison partnership board met quarterly and was chaired by the governor. Attendance was good and included representation from relevant trusts. In the minutes we reviewed there were no reports from the clinical governance or medicines management committee. It was unclear how the links between strategic and operational priorities were monitored (see clinical governance and pharmacy sections below).
- 5.5 Health services were well managed by an acting head of health care who was a member of the senior management team. The management structure worked very well and we observed good working relationships between the clinical and discipline team, as well as with staff across the prison. We observed prisoners being treated respectfully.
- 5.6 The health care centre was a modern self-contained building with two floors. There was easy access to the facilities, including a lift to the first floor. Facilities were good and included a range of consultation rooms, a dental suite with a separate decontamination room, a day centre, an inpatient unit and a pharmacy. Treatment rooms for the administration of medicines

were available on some wings, and the nursing team contributed to the delivery of the integrated drug treatment system (IDTS) provided on E wing. The condition of treatment rooms on the wings varied depending on whether they were in the newer or older units. All areas for the treatment and care of patients were clean, spacious and well decorated. There was an effective system of nursing triage across all wings.

- 5.7 The waiting rooms in the health care centre were large and bright. Prisoners arrived during free flow times and were subsequently escorted back to their wings or work areas. The reception had two rooms for health care screening. Both rooms had access to SystmOne. The larger room, used solely by health care staff, was adequately equipped for initial health care screening and administration of medicines. The smaller room could be used by other staff, which occasionally delayed health care assessments. It was also not secured on a separate health care suite key. It was cramped, contained insufficient equipment or health promotion information, and was untidy at the time of the inspection.

Recommendations

- 5.8 The health needs assessment should be reviewed and should include the needs of foreign national and black and minority ethnic prisoners.
- 5.9 The prison partnership board should monitor the quality and governance of health care provision.

Housekeeping point

- 5.10 Health care rooms in reception should only be used by health care staff and should be secured with a health care suite key.

Clinical governance

- 5.11 There was an adequate range of policies and procedures, although there was no system to record that staff had read and understood the policies. During the inspection we did not see records of a recent infection control audit or clinical audit. There were terms of reference for the clinical governance meetings, which were about to be held monthly. The minutes we reviewed indicated that no strategic partners attended and we were concerned about the lack of priority given to this area. There was, however, a clear schedule of business. We observed no mechanism where the meetings could clearly inform the partnership board of operational concerns. Overall clinical governance issues seemed sporadic and required attention.
- 5.12 The health care leadership consisted of an acting head of health care, an IDTS clinical lead and a principal officer with the lead for inpatients, clinics and security. They were supported by a team of registered nurses, associate practitioners, health care support workers and discipline officers. Until recently, there had been a vacancy freeze, which had resulted in reliance on agency staff to cover posts. This seemed to have contributed to the delay in providing a full range of services. However, regular agency staff were used so the team of registered nurses and health care assistants were qualified appropriately to deliver a good level of care. A recruitment campaign had commenced. There were opportunities for staff to have clinical supervision and there was access to continuing professional development. In our survey, 64% of respondents rated the overall quality of nursing services as good, against the comparator of 58% and the response of 54% at the previous inspection.

- 5.13 Emergency resuscitation equipment and automated external defibrillators (AEDs) were available in the health care centre and on each wing. Not all equipment was easy to access due to some untidy offices. We were informed that all emergency equipment was made available before nurses arrived on the scene. During the inspection we attended an emergency response situation and observed that the equipment had not been collected. However, we did observe a calm and coordinated response to a near miss (suicide attempt), for which staff are to be commended.
- 5.14 All emergency bags were sealed and checked daily, although there were no records to support this. Used equipment was replaced by health care staff. All nursing staff were in date for intermediate life support training including the use of AEDs. There were plans to provide emergency training for a total of 55 prison staff and 73% of this target had been achieved.
- 5.15 SystmOne, the electronic record-keeping system, had recently been implemented and was used reasonably well for the management of clinical records, although it was not being used to its full potential. Appointments for most services were recorded on SystmOne. Paper clinical records received from other prisons were stored appropriately to comply with the Data Protection Act and Caldicott guidelines on use and confidentiality of personal health information. National Institute for Health and Clinical Excellence (NICE) guidelines and national service frameworks were followed and generally used to inform practice.
- 5.16 Prisoners had access to a prisoner consultation forum, which was regularly attended by health care staff. Complaints were managed through the prison system. There had been 93 complaints related to health care in the previous six months. Those that we scrutinised had not always been dealt with adequately. Responses tended to be brief and did not always address the concerns raised by the prisoner. During the inspection we heard a number of verbal complaints that confirmed this, and some prisoners told us they were still waiting for a resolution to their written complaint. The NHS patient advice and liaison service (PALS) was not used or advertised adequately.
- 5.17 Staff were aware of action to be taken for the management of communicable diseases. We observed effective working with the Health Protection Agency where a patient had been diagnosed with tuberculosis.

Recommendations

- 5.18 **The clinical governance group should develop a programme of clinical audit that monitors and reports on the delivery of treatment and care to prisoners, and this should be regularly reported to the prison partnership board.**
- 5.19 **Prisoner complaints should be responded to fully and action taken within an identified time frame to resolve their concerns.**

Housekeeping points

- 5.20 There should be easy and prompt access to all medical equipment during an emergency.
- 5.21 There should be records of checks to emergency equipment.

Primary care

- 5.22 New arrivals had an initial health screen in reception using a standard screening tool on SystmOne. The electronic mental health triage screen was often used during this assessment. There was always a mental health nurse and a general nurse available while new arrivals were being admitted. However, in our survey, only 84% of black minority and ethnic respondents said that they saw a member of health care staff in reception, compared with 94% of white respondents, as did 88% of Muslim respondents compared with 96% of non-Muslims. These figures merited further analysis. There was a secondary health screen by health care support workers, who had reasonably sufficient skills to complete this role. Senior staff were considering how to develop this role.
- 5.23 In our survey, only 60% of respondents under 21, against 76% of those over 21, said they had access to a health care professional in their first 24 hours at the prison. Fewer under-21s also reported easy access to a nurse (44% compared with 56%), doctor (13% compared with 36%) or pharmacist (45% compared with 74%).
- 5.24 Sexual health advice was available through a genitourinary medicine service twice a week. This was supported by an associate practitioner (a band four nurse) who was responsible for chlamydia screening. Condoms were available on request. During the inspection there was no service for hepatitis B immunisation, although there had previously been a named nurse lead. There was a long wait for appointments to see the consultant.
- 5.25 Instead of nurse-led clinics, a key worker system was used. Some of these roles had been delegated recently but they were not well advertised and there was limited prisoner take up. The range of primary care nursing services was not equivalent to that found in the community.
- 5.26 Prisoners had no access to a podiatrist or to physiotherapy, although there was good support in the gym for people with injuries. Smoking cessation was limited and tended to be on a one-to-one basis, although gym staff were trained as smoking cessation advisers. There was access to occupational therapy when required. The optician attended twice a month and the waiting list was short. There was access to some nurse triage algorithms on SystmOne. A triage algorithm was used to support the effective nurse triage system. A lead nurse had been identified to complete a full range of triage algorithms. The health care department had effective working relationships with the segregation unit. A nurse attended the unit daily and liaised closely with the GP, who visited three times a week.
- 5.27 The GP service was available on weekdays from 8.30am until 9.30pm with two sessions for emergencies over the weekend. A GP was usually available when new receptions arrived and saw patients when required for substitute prescribing. All prisoners received secondary screening the following day and had the opportunity to see the GP. In our survey, 50% of respondents rated the quality of GP services as good against the comparator of 45%.
- 5.28 There were plans to address the high use of medication, particularly opiate medication, for pain management. However, this had led to some inconsistency in treatment and care of prisoners. There was no clear referral pathway to specialist services, physiotherapy or alternative therapies. Prisoners also complained to us that their analgesic medication was prescribed then stopped by different doctors, and that overall their pain was not managed effectively.

- 5.29 Prisoners were given information about accessing health care facilities, which was available in a range of languages. There were limited health promotion posters displayed, with none in the waiting areas in the health care centre. Health promotion leaflets were not easily available and there were no planned events to coordinate with national campaign days.

Recommendations

- 5.30 All new arrivals should have access to a health care professional in reception and within 72 hours, or sooner where clinically indicated.
- 5.31 There should be a full range of advertised nursing services for prisoners to access.
- 5.32 There should be a clear strategic plan and a clear care pathway to improve pain management for prisoners. A step-wise approach to pain management, such as the World Health Organisation analgesic ladder, should be modified for the prison environment and used to reduce opiate use.

Housekeeping point

- 5.33 Health care information and health promotion leaflets and posters should be widely available across the prison, including in foreign languages and clear formats for prisoners with literacy difficulties, and health promotion events, including dental health, should be held to reflect national campaigns.

Pharmacy

- 5.34 Pharmacy services were provided in house by a team consisting of a pharmacist and six technicians. There was cover from 6am until 5.30pm. Prisoners could consult a technician at treatment times, but they were not routinely able to consult a pharmacist and there were no pharmacist-led clinics. The technician pharmacy manager was currently on long-term sick leave and all other pharmacy staff were employed by the Medacs agency. Some, but not all, the technicians were registered with their professional body.
- 5.35 Overall pharmacy services were problematic and there was limited evidence of change since the inspection in 2007. Governance arrangements were inadequate, although a medicines management committee had reconvened and met quarterly. It was attended by the relevant stakeholders and there were clear terms of reference. We were informed that these meetings were to be held monthly to improve the current systems for the provision of medication. There was a lack of clear procedures and written policies for staff to adhere to. Those we saw were limited and did not reflect current practice. There were no out of hours or special sick policies. Reference books in the pharmacy were up to date although those in treatment areas were not. The in-possession policy had not been implemented and there was no in-possession risk assessment procedure. There was no system to collect quality aggregated prescribing data to inform effective medicines management, clinical governance or demonstrate value for money. There was no prescribing formulary specific to the establishment, although the Mid-Essex NHS formulary was used as a guide. There did not appear to be evidence-based prescribing, with a considerable amount of opiate-based painkillers and drugs liable to abuse being prescribed and supplied as daily in possession (see main recommendation HP52).

- 5.36 Heat sensitive products were generally stored in appropriate conditions, although some records were sporadic. Methadone dispensing equipment was regularly cleaned and calibrated, although it was unclear if there was a system to record this.
- 5.37 Medication was provided from the out of hours cupboard in the main treatment room in the health care centre. Records were kept of these supplies, although the pharmacist did not routinely audit them. Medication was mostly packed into daily doses rather than retained in the original pack. The pharmacy was not accessible to nursing staff outside the opening times and there were rare occasions when medication had to be obtained externally.
- 5.38 Medicines were labelled appropriately and stock regularly dated checked. Stock medication was not routinely held in the treatment rooms. The majority of medication was supplied as daily in possession in Henley bags, which created an unnecessarily large workload for dispensing and administration. There was minimal supervised administration of medicines. The decision about whether medication should be held in possession was made by the prescriber. It was not always clear on the administration charts whether medication should be given daily in possession or as a supervised dose.
- 5.39 The main administration of medicines for E, F and G wings was at 8am and for A, B, C and D at 11am, which was late for a morning dose. Queues were not well organised and patient confidentiality was not always considered. Patients receiving Subutex waited in close proximity to other patients. All patients were asked to show their photo identity cards or were vouched for by a discipline officer. Technicians handed out all in-possession medication and assisted nursing staff with supervised administration during these times. We observed poor checking and administration practices which could lead to medication errors. On one occasion, several items of in-possession medication were supplied to a discipline officer to hand out to prisoners unable to attend the treatment time. Supervised administration, 'see to take', required a nurse to attend to the prisoner in his cell; during the inspection one patient complained that he had not received his supervised anti-psychotic medication the previous evening. A move towards monthly in possession would eradicate many of the current problems and enable a greater opportunity for medicines to be supplied in a timely, safe and effective manner.
- 5.40 Patient information leaflets were not generally provided with dispensed medication.
- 5.41 Patient group directions were underused and not available in clinical areas. Basic analgesia was readily available to buy for a small charge and there were some medicines on the prison shop list. Packs of 16 paracetamol and 24 ibuprofen tablets could be supplied by nursing staff or pharmacy technicians, although prisoners complained that staff generally did not supply pain-relieving medication. Other basic remedies could be administered by nursing staff but were not readily accessible, as they were stored in the main pharmacy rather than the treatment rooms. Special sick supplies were recorded manually and transferred on to SystemOne, although not all relevant staff had password access to the system and so could not monitor supplies easily. Medicine charts were mostly completed correctly, although there were some gaps. Follow-up of patients failing to attend appeared to be erratic, and we saw several charts where prisoners prescribed antidepressants were not followed up after several days of failing to attend.
- 5.42 Pharmaceutical waste was managed effectively. Controlled drugs cabinet keys were kept in the pharmacy and available to all pharmacy staff, although there was no audit trail of who had accessed the cabinets. The controlled drugs cabinet was untidy, and there was a large amount of expired and returned stock that required destruction.

Recommendations

- 5.43 A pharmacist should be provided for counselling sessions, pharmacist-led clinics, clinical audit and medication review.
- 5.44 The medicines management committee should formally review and adopt all procedures and policies, including the out of hours and special sick policy, and all staff should read, sign and implement the agreed procedures.
- 5.45 The in-possession policy, associated in-possession risk assessment and patient compliance compact should be implemented to ensure medicines are supplied in a timely, safe and effective manner.
- 5.46 There should be audits of medication liable to abuse to ensure appropriate evidence-based prescribing.
- 5.47 There should be a wider range of patient group directions to enable the nursing/pharmacy staff to supply more potent medicines, where appropriate. There should be a copy of the original signed patient group directions in the pharmacy and this should be read and signed by all relevant staff.
- 5.48 There should be full and complete records of administration of medicines, which should only be undertaken by trained health care staff. Records should include all occasions where the patient refused medication or failed to attend. Issues relating to medicines compliance should be followed up where appropriate.

Housekeeping points

- 5.49 Old pharmacy reference books should be discarded and only the most recent up-to-date copy should be kept.
- 5.50 Patient confidentiality should be protected during medicine administration times.
- 5.51 Medicines supplied as special sick should be recorded and regularly monitored as part of the special sick policy.

Dentistry

- 5.52 A team of dentists, dental nurses and a hygienist provided five dental sessions a week. The service was on site all day Tuesday and Wednesday and on Friday morning. The waiting list was regularly reviewed and waiting times were reasonable. Dentistry was fully integrated into the health care system and there was a good level of communication with the health care team. In our survey, 15% of respondents said it was easy to see the dentist, against the comparator of 10% and the response of only 3% at the previous inspection.
- 5.53 The dental surgery was in the health care centre. The equipment was well maintained and worked satisfactorily. Cross-infection controls were satisfactory and a large room in a separate area was used to clean and decontaminate the equipment. Emergency oxygen and resuscitation equipment were available.

- 5.54 Dental checks and treatment to at least the range available in the NHS were provided, and the dentist gave one-to-one oral health information. There was no health promotion event planned, although they had been held in the past. The paper application form to see the dentist was being amended to include a priority system to support improved triage arrangements. This form and a dental health booklet were being developed by a prisoner who worked in the IT workshop.

Good practice

- 5.55 *A prisoner worker was developing an amended dental application form and dental health booklet.*

Inpatient care

- 5.56 There was a 12-bed inpatient unit on the first floor of the health care centre. All rooms were single cells and there were two cells available for constant watch. No beds were on the prison's certified normal accommodation, and all prisoners were admitted according to their health care needs. The unit was clean, rooms were being decorated and cells were well equipped for the management of patients.
- 5.57 There was good support for inpatients from a regular and experienced team of discipline officers. Nursing staff were allocated on a shift basis and one nurse was based on inpatients at night. There was an identified principal officer and senior nurse for inpatients. Three prison orderlies were employed in the unit and maintained a high standard of cleaning. At the time of our inspection, there were 11 prisoners on the unit, one of whom was on an ACCT. The care of all patients was recorded using SystemOne.

Secondary care

- 5.58 The prison provided two escort opportunities a day for external hospital appointments. There were no undue delays or cancellations as a result of lack of escort staff. No monitoring data was visible on SystemOne.

Housekeeping point

- 5.59 Secondary care data should be recorded electronically to enable more detailed and effective monitoring.

Mental health

- 5.60 Mental health in-reach services were based in the large day centre. There was a team leader, two mental health nurses, one nursing vacancy and an administrator. The model of care, reflecting the assertive outreach model, emphasised assessment and support for prisoners with long-term and enduring mental health needs. The team had expertise in forensic nursing and dual diagnosis, and there were good links with the learning disabilities adviser employed by North Essex Partnership NHS Foundation Trust. Easy-read leaflets were beginning to be used. There were a good range of organisational policies and procedures, including a dual diagnosis care pathway liaison and referral protocol.

- 5.61 There was a primary mental health nurse lead and two primary care mental health nurses who had been seconded from South Essex Partnership NHS Foundation Trust. There were also eight clinical sessions, shared between a consultant and specialist registrar, for prisoners being supported by the primary mental health team and in-reach team. Medical cover was available Friday mornings for emergency appointments. Access to psychological services was through the education department, which worked separately from the health care teams. There were daily multidisciplinary meetings that discussed current cases and new referrals. There were good links with community teams. Counselling services were provided by Atrium who were also located in the day centre.
- 5.62 There was good caseload monitoring. Seventy-six prisoners were receiving ongoing support from the primary mental health care team. The in-reach team had a caseload of 35 prisoners, who were all managed through the care plan approach (CPA). Prisoners were complimentary about the quality of mental health care. The in-reach team had just commenced an annual audit to survey the patients' experience and inform practice.
- 5.63 There were plans for North Essex Partnership NHS Foundation Trust to provide monthly mental health awareness training for prison staff. The transfer of patients to secure mental health units was reported to be timely, although there were often problems transferring patients to mental health services in London. At the time of our inspection, there were no prisoners awaiting transfer to secure mental health facilities.

Section 6: Activities

Time out of cell

Expected outcomes:

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

- 6.1 Time out of cell varied across the wings and there were limitations for many. The prison mitigated this, however, by providing domestic time in the morning and reasonable unlock arrangements at meal times. For prisoners fully engaged with the regime, unlock time was reasonable. Association was limited at weekends and ended quite early during the week, but it was predictable, of reasonable duration and rarely cancelled. Exercise was provided for an hour every day but only for prisoners not working. The unlock regime on G wing was excellent.
- 6.2 There were published core day routines for the prison's seven wings. Each varied slightly and there was some scope for staff discretion in their implementation, although this did not appear to disadvantage prisoners. All wings ensured a general unlock and domestic 45 minutes each morning, allowing access to basic amenities such as showers. Similarly, there was a 45-minute general unlock at lunchtime at the end of activity and during the serving of the meal. Both these measures were appreciated and helped mitigate the limitations of the unlock routine.
- 6.3 The prison offered no evening association on Mondays and Fridays or at weekends, and the regime was controlled and limited on Friday afternoons. Evening association was offered to all, Tuesday to Thursday, from the conclusion of activity at about 4.30pm until 6.45pm. Practice varied from wing to wing but there was no staff evening meal break and lock-up of prisoners was only for a brief roll check, if at all. Most prisoners could expect to be out of their cells for at least 90 minutes, although the conclusion of the day was quite early at 6.45pm. The exception was the induction unit, F wing, where, apart from for the key workers, there was no evening association. Association was also available morning or afternoon at weekends. In our survey, just 15% of respondents confirmed that they went on association more than five times a week, significantly worse than the comparator of 48% and the response of 53% when we last visited, but the evidence suggested association was very rarely cancelled.
- 6.4 The core day indicated that a prisoner fully engaged in the regime could achieve more than nine hours a day out of cell Tuesday to Thursday, although this reduced by at least an hour and three quarters on Mondays and Fridays and more at weekends. Prisoners employed part time could achieve between six and seven hours a day out of cell during the core part of the week, and even unemployed prisoners could expect to be unlocked for at least three, potentially four, hours. On D wing, the vulnerable prisoner unit and, impressively, on G wing prisoners were unlocked for most of the day. A random roll check during the working part of the day found about 21% of prisoners locked in their cell across the prison. This was a high proportion but better than we often see in a local prison.
- 6.5 Exercise was provided for an hour on all wings during the day and at reasonable times, although those who worked were unable to participate. On G wing, the exercise yard was open all day and free flow on and off the yard was permitted. Most yards were of a reasonable size and all had seating. Prisoners on G wing had even been permitted to manage a small garden.

Learning and skills and work activities

Expected outcomes:

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

6.6 Although much improved since the last inspection, there was still insufficient purposeful activity. Data on the number of full-time-equivalent places were confusing and unclear, but our estimate suggested about 642, which fell short of the occupational capacity. The management of learning and skills was good. A well-informed strategy focused on improving outcomes for all prisoners, and the prison had implemented many improvements. Allocations were now fair and well managed. Many areas of the prison worked well together to support and further develop learning and skills. There were robust processes to quality assure the provision although there needed to be more development of teaching. Data were not fully used to measure the participation and achievements of different groups of learners. Induction and initial assessment of literacy, numeracy and language support needs were satisfactory. There was a reasonable range of work opportunities. Education provision was good for prisoners with a low entry level but did not meet the needs of the more able prisoners. Achievement of qualifications was high on most programmes and prisoners developed good practical and employability skills. Target setting in education learning plans was insufficiently specific but there was a focus on recognising and recording achievement in the vocational areas. There were some missed opportunities to offer accreditation. Tutors facilitated learning very well in education and training was good in the vocational areas and, in some cases, outstanding. Learners benefited from good support. Attendance in education, work and vocational training was good. The library had been extended and refurbished and now offered a bright and conducive reading environment, but stock loss was very high.

Leadership and management

- 6.7 The management of learning and skills was good. There had been changes in management since the last inspection and the provision was now well led. Regular communication with all learning and skills providers, as well as consultation with the prisoners, had brought many opportunities to review and develop the provision. There was very good joint working across the different areas of the prison and all the information and learning providers.
- 6.8 The strategy for learning and skills was particularly well informed by local and national priorities and, more importantly, by the needs of the prison population. The prison had already correctly identified the need to offer a wider range of activities to the younger prisoners and it had successfully introduced the Leap leadership programme to over 31 prisoners in the last year. Other programmes were being trialled and appropriately reviewed before being launched to the wider population. The strategy focused well on improving the employability outcomes for every prisoner regardless of their length of stay in the prison. Data on the number of full-time-equivalent places were confusing and unclear, but our estimate suggested about 642. Although this was still insufficient for the whole population, spaces had increased since the last inspection.

- 6.9 The prison had developed outstanding external links to support prisoners' resettlement needs. It had built very productive relationships over time with many high-profile and committed local and national employers that had delivered employment to many prisoners. They also contributed to the learning and skills strategy particularly well with clear recommendations and suggestions that increased the employability chances of prisoners.
- 6.10 The learning and skills provision had prioritised the safety needs of its diverse population and arrangements to safeguard learners, particularly young adults, were good. There were comprehensive safeguarding policies, and both prison and external staff had received the appropriate training for their work with vulnerable adults specifically in the learning and skills context. Equality and diversity were promoted satisfactorily. The prison gathered a wide range of data, although it did not yet sufficiently analyse them to ensure equality of access to activities, such as the library, and to identify variations on the progress and achievement of different groups of learners.
- 6.11 The prison had demonstrated a good focus on improving the learning and skills provision since the last inspection. Attendance in classrooms had been drastically improved by ensuring everyone involved in learning and skills focused on monitoring the number of prisoners attending activities every day. The senior team had supported the initiative by reviewing attendance at its daily operational meetings. The process of over-allocating prisoners to learning activities had been discontinued, and the prison had implemented a better system of allocations that was informed by the sharing of prisoner information. The process was fair and waiting lists across the prison were short. Prisoner pay, although low, was equitable, and did not disadvantage prisoners from participating in education or vocational training.
- 6.12 Many of the quality improvement mechanisms had been relaunched since the last inspection and the learning and skills department now used a comprehensive diary of quality monitoring activities. The quality improvement group had been reintroduced and formed by different sections of the prison with resettlement as a common goal. The self-assessment and action planning systems were well embedded and supported by all relevant areas that contributed to learning and skills activities. Sufficiently critical, the self-assessment report highlighted the appropriate areas for improvement. There was still a need, however, to increase the formalised sharing of best practice in teaching and training. During the inspection, we observed very good practice in the promotion of diversity in one vocational training area that had not been extended to other areas. The system for observing teaching and learning was also underdeveloped. There was a lack of consistency in the process used across the different learning and skills partners, which meant that the emphasis on measuring the quality of learning varied greatly. There was insufficient opportunity for the management of the learning and skills provision to moderate and review the quality of teaching and training delivered by some partners in the prison.

Housekeeping points

- 6.13 The prison should gather and analyse data to ensure greater consistency in the participation and achievement of different groups of learners.
- 6.14 The prison should further develop the sharing of best practice and the teaching and learning observation system to continue improving the quality of the learning and skills provision.

Induction

- 6.15 The induction process was good overall. The extensive induction programme ensured new arrivals received ample information on the learning, work and skills opportunities available. During their induction, prisoners completed literacy and numeracy initial assessments administered by the education department to determine whether they could go into work and/or education. All prisoners had to complete a paper-based assessment because computer-based assessments were not available. The initial assessment did not identify prisoners who had literacy or numeracy levels higher than level 1. They also completed a dyslexia screening questionnaire which, if it revealed dyslexic tendencies, was followed up by a more in-depth assessment. Prisoners were interviewed individually by a member of staff from Tribal who discussed their employment goals, advised on the work available in the prison and suggested what would help prepare them for release. An initial action plan was compiled and this contributed to their sentence plans. Most prisoners were quickly allocated to education or work and there were good efforts to ensure their allocations matched their requirements.

Work

- 6.16 Although there were insufficient activity places for all prisoners, the proportion of places had improved since the last inspection. Approximately 266 prisoners had jobs in the prison, most of which were full time. Allocation to work and other activities had improved and committed prison staff now worked jointly to coordinate the process well. Appropriate risk assessments and results from initial literacy and numeracy screening informed allocation effectively. Management of waiting lists for activity places was appropriate and there were only 15 prisoners on the waiting list.
- 6.17 The prison provided a reasonable range of work opportunities in areas such as the kitchen, gardens, waste recycling, wing cleaning, orderlies and painting. In most of these areas, prisoners were actively engaged in work activities and attendance was good. Some of the work, such as catering and waste management, developed particularly good employment skills such as timekeeping and effective team working. This improved prisoners' chances of gaining work when they left the prison. The recording and recognition of these skills was good, and prisoners made highly effective use of the in-house certificates gained to support court appearances and applications for work.

Recommendation

- 6.18 The prison should make sure that there is sufficient provision for learners whose ability is at level 2 and above.

Vocational training

- 6.19 The range of vocational training was satisfactory. Vocational training was available in barbering, Prisons Information and Communication Technology Academy (PICTA), laundry, industrial cleaning, bricklaying, painting and decorating, and plumbing. Qualifications were offered in most areas from level 1 to level 3. However, there were missed opportunities for prisoners to gain vocational qualifications in the kitchen and in waste recycling.

- 6.20 There were 76 prisoners in accredited employment-related training – 64 full time and 12 part time. Achievement was high with around 85% of those completing their programme gaining a qualification. Prisoners developed good practical and employment skills and enjoyed their learning. For example, learners in bricklaying demonstrated good knowledge and skills in different styles of laying bricks, which was thoroughly explored using photographs of bricklaying across the world and through discussion. In laundry and industrial cleaning, learners showed good skills and understanding of using chemicals and dealing with contaminated waste. Learners in barbering had good opportunities to learn a broad range of skills, including colouring and highlights. Learners in PICTA gained very good skills in information and communication technology, printing and cabling. Prisoners who had developed specific skills before arriving at the prison were used well, such as in the writing, publication and printing of a well-presented prisoner magazine produced quarterly. In bricklaying and laundry, tutors made excellent use of high quality learning materials in their teaching and coaching.
- 6.21 Training, coaching and learning were good overall, and in some cases, such as bricks and laundry, outstanding. Tutors were highly experienced in their trade or profession and there was good respect between staff and prisoners. There was very effective use of individual learning plans, and short-term target setting was mostly good. In the majority of cases, neatly presented learners' portfolios or work files made good use made of photographic evidence. Learners progressed well and some had gained employment or progressed on to other courses upon release. Tracking of learner progress was thorough and displayed clearly on boards in most areas for prisoners to see. Resources in vocational training areas were satisfactory. There was good use of peer mentors to support learners in vocational training. They were experienced practitioners and well briefed on their roles and responsibilities, although they had not received mentor training.

Recommendation

- 6.22 The prison should further increase the range of accredited vocational training.

Education

- 6.23 Education classes were available on five mornings and four afternoons a week. Approximately 40% of prisoners attended classes. During the inspection week, 80% of the education places available were occupied. The waiting list for education was very low. With the exception of the two-week business enterprise course, all classes were part time and there were 216 places available. There were no evening or weekend classes. Achievement rates on externally accredited qualifications were high at approximately 89% for the last year. Learners enjoyed their learning and produced work of a satisfactory standard that met the requirements of the awarding bodies. Attendance had improved since the last inspection and was now good, although during the inspection there was some poor punctuality and late arrival in classes.
- 6.24 Teaching and learning were good overall. In the better sessions, work was individualised and matched closely to learners' identified needs. Tutors skilfully facilitated learning through activities that were varied and stimulating, and learners were fully engaged in their learning. In the weaker sessions, there was too much emphasis on class teaching rather than meeting the identified needs of individual learners. In these sessions, the pace of learning was slow and learners were not sufficiently challenged. Learners who enrolled on literacy or numeracy courses received an adequate diagnostic assessment to highlight their strengths and areas for development.

- 6.25 Most learning targets were not sufficiently measurable, achievable, realistic and time-bound to differentiate and guide individual learning. Tutors recorded learners' progress satisfactorily, and learners were encouraged to add their own comments about what they had learned in each session. Some teaching and learning resources were insufficient. Learners had insufficient access to computers and multimedia learning resources, and photocopied handouts were overused. The classrooms in the older building were shabby. The first-floor rooms did not have sufficient natural light and were inaccessible to learners with limited mobility. Some rooms were too small for the number of learners who used them.
- 6.26 The range of educational courses was satisfactory overall. Courses were based on the majority of learners' identified needs and on employer-notified skills shortages. Many learners had low levels of literacy and numeracy and they had very good opportunities to improve their oral and written communication and develop their numeracy skills. The educational provision available to vulnerable prisoners was restricted and delivered on their residential wing. Provision for learners beyond level 2 was insufficient (see main recommendation HP53).

Recommendations

- 6.27 **The prison should improve the target setting in education individual learning plans to ensure it is sufficiently specific, measurable and realistic.**
- 6.28 **The prison should provide a varied and relevant range of learning and teaching resources, including computer-based resources, to promote individualised learning.**

Library

- 6.29 The library was provided by Essex Library Services. Situated in the old education block, it had been extended and refurbished and now provided a bright and conducive environment for reading and information seeking. The library was open during two evenings but was closed at the weekends. Most wings also had a small library holding a variety of old book stock. Prisoners in the segregation unit had access to a mobile library service once a week.
- 6.30 A full-time experienced librarian managed the library with the support of two part-time staff and three orderlies. Stock loss was very high at 17%. The promotion of library services to prisoners during their induction was adequate. Stock included a limited collection of easy read, large print, audio books and graphic novels. The selection of foreign language books reflected the prison population appropriately. English-language newspapers and magazines were available and some foreign newspapers had been donated by embassies.
- 6.31 The number of visits to the library had doubled since the last inspection. However, it was difficult to assess the exact number of prisoners who visited and the identification of any group of prisoners who did not as there was no adequate computerised system to analyse library usage. Our survey indicated that only 28% of prisoners went to the library twice a week against the 37% comparator.
- 6.32 The library actively promoted the further development of literacy and numeracy skills very well, with an adequate range of materials, and there were literary events such as writing competitions. The library supported the very successful Toe-by-Toe literacy mentoring and Storybook Dads schemes and had demonstrated an innovative approach to the wider promotion of reading by hosting a series of family reading days.

- 6.33 The library had a good range of legal books, including immigration, Prison Service Orders and Instructions. Although there were no word-processing facilities, there was an online legal reference system on the four computers available to prisoners.

Recommendations

- 6.34 The prison should rectify the high book stock losses in the library.
- 6.35 The library should use adequate computerised systems to identify its users and analyse its use by different groups of prisoners.

Physical education and health promotion

Expected outcomes:

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

- 6.36 Physical education provision was very good and facilities had been improved. Success rates on externally accredited courses were very high.
- 6.37 New arrivals received a comprehensive introduction to physical education and health promotion, but some of the printed induction resources were too complex for prisoners with low levels of literacy. Prisoners' suitability for strenuous physical activity was assessed before they were allowed in the gym. Good individualised programmes were designed for prisoners who needed specific provision, such as remedial exercise, weight reduction and help with psychological problems. Links with health care were good.
- 6.38 In our survey, 46% of respondents said they attended the gym at least twice a week, which was higher than the response of 35% in 2007. The gym was open seven days a week, with early morning and evening sessions to enable employed prisoners to attend. Two sessions a week were provided for mainstream prisoners, vulnerable prisoners and prisoners over 50. However, the demand for the gym sometimes exceeded the number of places available and not all those who wished to attend could do so. There was no data to show which prisoners accessed the facilities and which did not.
- 6.39 The large sports hall had four badminton courts, a basketball court and a volleyball court and was also used for aerobics and circuit training. The outdoor Astroturf pitch and equipment were particularly good and regularly used by mainstream prisoners. There was no provision for vulnerable prisoners to have any outdoor activities or weekend exercise. The large weights/fitness studio had a wide range of apparatus, including cardiovascular machines and weights/resistance equipment. The open-plan layout of the studio facilitated officer supervision. Staffing levels were satisfactory, with one senior officer responsible for managing the provision, seven officers and one trainee officer. Officer and prisoner relationships were good.
- 6.40 Changing facilities were good. The number of showers had been increased and the toilet facilities had also been improved. Most showers had decency doors to enable privacy. All

prisoners were given a clean gym kit for every session they attended. Records of accidents and injuries were systematically maintained and closely monitored.

- 6.41 Partnerships with the Rugby Football Union, Chelsea Football Club, Springfield Football Club, and Fitness First provided very good opportunities for coaching, training days and player training events.
- 6.42 Prisoners had very good opportunities to prepare for, and acquire, a range of nationally accredited awards through a series of two-week training courses. The awards included coaching, refereeing and weight training qualifications. Success rates on externally accredited courses were very high. There was also good provision for internal accreditation of the coaching and fitness skills prisoners gained through formally recognising and recording their progress and achievement (RARPA).

Recommendations

- 6.43 The prison should ensure that all prisoners, including vulnerable prisoners, have their full entitlement to at least two gym sessions a week.
- 6.44 Data on access to the gym should be available so that prisoners who do not attend can be followed up and their reasons for non-attendance ascertained.
- 6.45 Vulnerable prisoners should be able to have outdoor physical education activity every week.

Section 7: Good order

Security and rules

Expected outcomes:

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

7.1 The flow of information into the security department was good and the large number of information reports was processed efficiently and promptly by trained analysts. The security committee was properly constructed, with appropriate internal and external representation. Meetings were well attended and given a high profile and there were effective links to the violence reduction strategy committee. There were also strong links to the police with a flow of relevant information on gang activity. There was good use of information to inform intelligence-based risk management systems and, on the whole, security procedures were proportionate.

Security

- 7.2 The important elements of dynamic security were in place. Relationships between staff and prisoners were positive, and supervision on residential units during association was very good (see section on staff-prisoner relationships).
- 7.3 The security committee was properly structured and meetings were well attended by relevant managers and staff representatives. The monthly meetings were chaired by a senior manager, usually the head of security and operations or the deputy director. The level of support for the meeting reflected the prison's priority to security information and intelligence. The standing agenda was comprehensive and included an analysis of the security information reports (SIRs). Monthly security objectives were agreed through the appropriate consideration of intelligence. Reports from other areas of the prison, such as residential areas, and the use of force coordinator were also discussed.
- 7.4 There were good links with the local police, particularly on operations to deal with gang-related issues and violent crime within the prison. Three police intelligence officers had been appointed to collate intelligence on violence reduction and gang-related issues. They provided information about incoming prisoners to help inform and develop strategies.
- 7.5 Systems to track gang activity in the prison had recently been put into place. A matrix to monitor all known gang members was used to track their involvement in incidents of bullying, violence and other related issues.
- 7.6 The security department received an average of about 500 SIRs a month. They were processed and categorised by full-time security collators and a security analyst. Intelligence was effectively communicated to other areas of the prison, particularly violence reduction (see paragraph 3.5) and the residential areas, to allow them to make informed decisions about prisoners or take necessary action. Links with other departments were also well developed. Information received by the security department through SIRs was communicated quickly, usually through email, and responses were timely.

- 7.7 We reviewed a random selection of SIRs and found that they had been submitted by staff from a wide range of departments and the information reported was not purely observational. They had all been processed appropriately and without undue delay.
- 7.8 There were effective risk assessment and management systems, which included the use of information about the prisoner's recent custodial behaviour as well as historic data to inform assessments. A register was maintained to identify all risks associated with education areas and workshops, the type of prisoner who could safely attend and the measures needed to manage identified risks.
- 7.9 The prison's mature and active attitude to implementing risk management enabled proportionate responses to security issues. For example: prisoners were no longer required to wear identification bibs during visits in favour of biometric and other identification systems; prisoners arriving from other prisons were strip searched only in extraordinary circumstances, according to the risk they presented; and closed visits were not necessarily imposed following a single piece of security information. We saw no evidence that the prison was risk averse in allocating activity spaces to prisoners and, overall, security procedures did not hinder prisoners' ability to access a full regime.
- 7.10 The prison operated a modified free flow system to allow supervised prisoner movement at the beginning and end of planned regime activities. Prisoner movement was effectively controlled by officers at strategic points along the route to work and education classes. Supervision was unobtrusive and allowed prisoners to walk freely within limited areas.

Rules

- 7.11 Prison Service and local rules were published and displayed on notice boards on all residential units. Rules were explained to new arrivals during their induction, and they were required to sign compacts that acknowledged their receipt and understanding.

Discipline

Expected outcomes:

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

- 7.12 Disciplinary proceedings were conducted fairly, charges were fully explained and prisoners given enough time to prepare their case, and punishments were appropriate and consistent. Standardisation meetings were well attended by adjudicating governors, and prisoner consultation was used effectively to help quality assure the adjudication process. Although the use of force was high, there was an overall reduction compared with the last inspection. There had also been a significant increase in reported incidents that did not involve the full use of control and restraint and an improved use of de-escalation. Written accounts from officers gave assurance that force was used as a last resort. Planned intervention was video recorded and governance arrangements were better than we usually see. Living conditions in the segregation unit were generally poor, but relationships between staff and prisoners were very good. Staff had a high level of engagement with prisoners on the unit and cared about them. Planning to return longer stay prisoners to normal location was well developed.

Disciplinary procedures

- 7.13 Given the size and nature of the prison the number of formal adjudications was not excessive, at about 90 a month.
- 7.14 The adjudication room, in the segregation unit, was adequately set out and a copy of prison rules, a pen and writing paper were made available to the prisoner as a matter of routine.
- 7.15 The records of adjudications we examined showed that hearings were generally conducted fairly and charges were investigated fully. Punishments were fair, and there were examples where adjudicating governors had dismissed cases due to a lack of evidence or anomalies in process.
- 7.16 Before adjudication, prisoners were given written information that explained the process and what to expect from the experience. On issuing the notice of reports, staff further explained the process and checked the prisoner's understanding.
- 7.17 There was evidence that governors took time to ensure that the prisoner fully understood each stage of the process before moving on, and all were offered the opportunity to seek legal advice. Prisoners were given the opportunity to challenge the evidence, put across their version of events and call witnesses in their defence.
- 7.18 After adjudication, we saw examples where young adults were interviewed by residential staff on B and C wings and in the segregation unit to ensure that they understood the proceedings that had taken place. The appeals process was explained to all prisoners directly after the formal hearing by the adjudicating governor and again by residential officers on leaving the adjudication room.
- 7.19 Monthly statistics on the number and nature of adjudications were presented to the senior management team and the violence reduction committee. Results of proven offences were noted, categorised and communicated to managers to identify trends in order to deal with particular problems as they arose. A recent survey had asked prisoners about their experience of the process, whether or not they were treated fairly and any impact on their life in prison. Information had been analysed and this was being used to improve the system. There was evidence that issues about formal adjudications were discussed at prisoner consultation meetings.
- 7.20 Adjudication standardisation meetings took place quarterly and were usually chaired by the governor and well attended by adjudicating governors. The minutes indicated good discussion of appropriate issues, including prisoner feedback. Punishment tariffs had been published and were used consistently at formal hearings.
- 7.21 There was no evidence that unofficial or collective punishments were used either individually or systematically.

Good practice

- 7.22 *Prisoners were surveyed about their experience of formal adjudications and this information was used to improve the process.*

The use of force

- 7.23 The number of incidents of use of force was high, with 126 occasions in the first four months of 2011. However, this was an overall monthly reduction compared with the same period in 2010 and a proportionate overall reduction of about 15% compared with the last inspection. About 70% of all incidents did not involve the use of full control and restraint, which was a significant increase and showed improved use of de-escalation techniques since the last inspection. Two rooms in the segregation unit had been designated as de-escalation (cooling down) rooms where prisoners, accompanied by officers, could be calmed before they were located in a cell. Most prisoners (about 80%) were returned to their own cell following an incident involving the use of force. There was an appropriate protocol in place to ensure governance and we were assured that this was an interesting and well managed initiative.
- 7.24 Since the last inspection, rigorous monitoring arrangements had been put in place with strong links to violence reduction, the security committee and the senior management team. Incidents were discussed at the monthly security committee and violence reduction committee meetings and at residential staff meetings. The deputy governor checked at least 10% of all associated use of force documentation. Information, including the nature of the incident, its location, the ethnicity and age of the prisoner, was collated each month and presented for analysis to identify and deal with any emerging patterns and trends. The high rate of incidents among young adults had been noted, particularly those to do with fights, assaults and non-compliance. There was evidence that this information was used to inform the overarching violence reduction strategy (see paragraph 3.9).
- 7.25 Spontaneous and planned intervention was well organised, properly carried out and documentation generally completed correctly. Proper authority was recorded, senior staff appropriately supervised all incidents and intervention was often video recorded by managers, who usually carried small portable video recorders while on duty.
- 7.26 There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult and violent behaviour. The documentation we examined showed that force was only justified when it was reasonable in the circumstances and was proportionate to the incident.
- 7.27 There were strict protocols to govern the use of special accommodation, including levels of observation. Only a governor grade could authorise its use, following an immediate risk assessment. Special accommodation had been used seven times in 2010 and twice in 2011 to date, all for short periods to deal with extreme behaviour. The average time that prisoners spent there was about 45 minutes.

Recommendation

- 7.28 **The prison should develop an effective strategy to reduce the number of use of force incidents.**

Good practice

- 7.29 *Two rooms in the segregation unit were designated as de-escalation (cooling down) rooms where prisoners, accompanied by officers, could be calmed before they were located in a cell.*

Segregation unit

- 7.30 The segregation unit was on A wing, with 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 a normal prison wing. Key workers and cleaners were located on the third landing; most were on the enhanced level of the incentives and earned privileges scheme. The unit also had prisoner showers, a staff office, adjudication room and a servery.
- 7.31 Living conditions on the unit were poor. Although recently painted, areas of communal corridors were engrained with dirt, despite attempts to keep them clean, flooring was damaged and there was a lack of natural light that made the atmosphere dark and gloomy.
- 7.32 Given the nature of the population, the use of segregation was not excessive. In the previous six months, 112 prisoners had been segregated – a reduction of about 15 on the same period in 2010. About 75% of these were as punishment following adjudication. Only 25 prisoners had been segregated under prison rule 45 (good order or discipline). The average length for segregation was about eight days, although a few residents had been segregated for up to four weeks.
- 7.33 Governance and management arrangements of segregation were very good. The unit was administered day to day by one of two nominated senior officers supported by trained officers who all reported to the head of residence. A specific strategy document had been published setting out the management arrangements and expected working practices of the unit, and there was a staff selection policy with published criteria. The basic daily regime included showers, exercise, access to telephones and some in-cell education if requested.
- 7.34 Prisoner safety had a high priority, and staff interviewed all newly arriving prisoners in private to identify any immediate needs. Prisoners arriving on to the unit were searched thoroughly and respectfully. They were rarely strip searched and only following an assessment of risk, authorised by the senior officer in charge.
- 7.35 Relationships between staff and prisoners were very good. Officers dealt with difficult individuals respectfully, using high levels of care, and were clearly comfortable when dealing with prisoners. Staff entries in unit files showed high levels of engagement and in-depth knowledge of the personal circumstances of prisoners. There was extensive use of preferred names and titles, and all residents we spoke to said that staff were kind and helpful.
- 7.36 Reviews of longer stay prisoners were timely and well attended and planning to return them to normal location was well developed. Individual prisoner management plans had been drawn up for all longer stay prisoners, and there was evidence that staff supported individual prisoners and dealt with some of the issues that had caused their segregation.

Recommendation

- 7.37 Living conditions in the segregation unit should be improved.

Incentives and earned privileges

Expected outcomes:

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

- 7.38 The incentives and earned privileges scheme operated consistently across the prison. There was a reasonable difference between the levels, and the regime for the few prisoners on basic included some association and evening telephone calls. The scheme was properly administered by residential managers, and prisoners could gain access to the enhanced level quickly. The enhanced unit on G wing and landings on B and C wings were popular with prisoners and seen as effective incentives. Prisoners were usually promoted or demoted on the basis of patterns of behaviour, and reviews were conducted fairly.
- 7.39 The incentives and earned privileges (IEP) policy document had been reviewed and published in April 2011. It described in simple language how the system worked, how prisoners could progress through the levels and the standards of expected behaviour. All prisoners had signed compacts. The document described the usual three incentive levels (basic, standard and enhanced). New arrivals were placed on standard level unless they had earned enhanced status at a previous establishment. Copies of the document were available to prisoners during their induction and on all units. New prisoners on standard level were assessed within 28 days of applying for progression to enhanced level.
- 7.40 G wing was designated as an enhanced unit. Accommodation there was of a very high standard. Prisoner cells were better equipped than those on other wings and prisoners were unlocked throughout the core day. Not all enhanced prisoners were located on the wing and location there was not mandatory for enhanced prisoners. There were also enhanced landings on B and C wings, predominately for young adult prisoners. Enhanced prisoners here had better access to time out of cell and there was a well-equipped association room with a large flat screen television.
- 7.41 There was evidence that the scheme encouraged good behaviour and compliance with prison rules. In our survey, 54% of respondents said that they had been treated fairly by the scheme, against the comparator of 49%, and 50%, against 44%, said that the different levels encouraged them to change their behaviour.
- 7.42 Entries in IEP documentation were generally good, particularly from officers dealing with young adults, but there was little evidence that the scheme was meaningfully connected to the sentence planning process.
- 7.43 At the time of inspection, over 40% of prisoners were on the enhanced level and about 58% on standard. All the three prisoners on basic were young adults on B wing.
- 7.44 Prisoners on basic received a case review every seven days. The basic regime provided some support to prisoners and they had full access to purposeful activity and weekly visits, some association and access to the telephone during the evening.
- 7.45 Demotion within the scheme was normally the result of a pattern of behaviour, although a single serious incident could trigger an IEP review. Prisoners could be issued with behaviour

warnings for a range of reasons, including failure to adhere to wing rules, attend work or adhere to sentence planning targets, proven adjudications or generally poor behaviour that failed to meet the criteria for their regime level. Behaviour warnings remained active for 28 days.

Recommendation

- 7.46 The incentives and earned privileges scheme should be linked to sentence management processes.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Prisoners were negative about the food and our own observations were that the menu was limited. The kitchen was suitable for purpose and the facilities for halal food were good. Prisoners working in the kitchen could gain no formal qualifications other than those mandatory for food safety.
- 8.2 The kitchen was well maintained, clean and suitable for all aspects of catering. There were separate storage, preparation and cooking areas for halal food. Wing serveries were also well maintained and clean.
- 8.3 Twenty-eight kitchen workers were employed on a shift basis with approximately 15 to 20 working in the kitchen at a time. All were trained to food safety level 1 and could gain achievement to level 2 but no formal qualifications, such as national vocational qualifications (NVQs), were available.
- 8.4 Prisoners told us that meal portions were small and the menu too repetitive. We observed that portion controls supervised by staff were of an adequate size. The menu we saw lacked creativity and similar meals were often repeated. Menu choices had to be made two days in advance, due to the transient population, which was proportionate. There were options to meet cultural diversity as well as healthy foods.
- 8.5 Consultation with prisoners was satisfactory. The kitchen manager or deputy attended the residential consultation monthly meetings and a kitchen worker attended the serveries at meal times. Food comments books were in place but they were not used frequently by prisoners. The kitchen manager checked the comments regularly. The prison had carried out a survey twice a year but the return rate was poor at 14%, and no specific issues had been raised for further action.
- 8.6 Breakfast packs were served the morning on which they were eaten and a cold lunch was offered every day. The evening meal was hot. Prisoners had the option to dine out each lunchtime and three evenings a week, which they appreciated.

Recommendations

- 8.7 Formal qualifications should be introduced for kitchen workers.
- 8.8 The menu should be reviewed in consultation with prisoners.

Prison shop

Expected outcomes:

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

- 8.9 There was a satisfactory prison shop list, which was reviewed quarterly, and consultation arrangements with prisoners were good. Shop orders were processed weekly but prisoners who arrived at weekends could have access to the shop, as well as reception packs. There was limited access to catalogues.
- 8.10 The prison operated the national DHL shop service. The shop list comprised about 350 items, which appeared to meet the needs of most prisoners, and was reviewed quarterly. In our survey, 44% of all respondents said that the shop sold a wide enough range of goods to meet their needs, which was a significant improvement on the 9% response when we last visited. However, responses from black and minority ethnic and Muslim prisoners were less positive – at only 32% of black and minority ethnic respondents, against 49% of white, and 25% of Muslim, against 47% of non-Muslim respondents. Shop staff regularly attended the prisoner consultative committee and minutes indicated that feedback was recorded. Prisoners' main concern was the deterioration in the quality of fruit before it was issued.
- 8.11 Shop order sheets were issued to prisoners every Sunday morning and collected on Mondays. Orders were bagged at HMP Wayland, checked by a small team of staff when they arrived in the prison on Thursdays and were usually issued to prisoners by wing staff on Fridays. The shop staff also followed up all prisoners who arrived over the weekend on Mondays to ensure that they did not miss out on the shop order process that week. Reception packs were also issued to all new arrivals, and the shop team also took care to ensure that those who had missed the weekly shop order were allowed to top up basic items, such as tobacco or toiletries, later in the week.
- 8.12 Prisoners had limited access to catalogue orders. Only one catalogue was available and only about 30 items were permitted for purchase.

Recommendation

- 8.13 Prisoners should have access to a greater range of catalogue purchases.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 A need analysis completed in 2010 was not robust enough and did not include the specific needs of foreign nationals and black and minority ethnic prisoners. The two-year reducing reoffending strategy was supported by detailed policies and action plans across the seven resettlement pathways. However, a policy to address domestic violence had not been developed. Governance arrangements were adequate. The resettlement centre was an excellent resource but attendance needed further improvement. Reviews were held eight and two weeks before release to support referrals and contacts with agencies in the community.
- 9.2 A needs analysis had been completed in 2010. Although it included the needs of older and young adult prisoners, it did not analyse the needs of other groups, such as foreign national or black and minority ethnic prisoners. It was based on information from a prisoner survey but did not use offender assessment system (OASys) data. A new needs analysis based on a more robust methodology was planned for later in 2011.
- 9.3 The regional reducing reoffending and the commissioning strategy had been used to develop a two-year strategy for Chelmsford. The overarching strategy was broken down into more detailed policies covering each resettlement pathways, with action plans that identified lead managers and timescales. However, there was no written strategy, policy or action plan for managing domestic violence issues.
- 9.4 Governance arrangements provided adequate oversight of delivery. The reducing reoffending committee met every two months, chaired by the deputy governor. It provided a forum for senior managers in charge of each function to discuss progress and highlight barriers. However, notes of the meetings showed that some actions were carried over two or three times but still not resolved. The resettlement manager convened additional monthly meetings with the resettlement agencies to review the performance targets, and there was a further multidisciplinary pathway meeting.
- 9.5 The resettlement centre provided an excellent resource. It was a positive environment that enabled prisoners to have easy access to a range of agencies and support services, including Nacro, housing information and advice service (HIAS), Tribal and Jobcentre Plus. Despite attempts to improve attendance, a quarter of all appointments were not kept. Vulnerable prisoners could access the centre once a week, but attendance remained low, as noted by the reducing reoffending committee. An induction process was well embedded in the resettlement centre, as was the development of learner plans for education, training and employment needs. Peer mentors provided a range of information during induction, and there were resettlement representatives on each of the wings to support and signpost prisoners to the relevant resettlement agencies. Resettlement reviews were held eight weeks before release and discharge boards were held two weeks before release. The reviews were multidisciplinary, including Nacro, Jobcentre Plus, Inside Out and Tribal. They ran once a week in the resettlement centre and aimed to review all resettlement needs to decide what route to take or

check out remaining issues. A quarterly resettlement survey was used to match services to needs of prisoners and identify gaps or problems.

- 9.6 The profile of the resettlement centre had been raised through a number of activities. It had an open door policy, and all new staff visited the centre as part of their induction. Resettlement staff also attended meetings on the wings, and there was an information booklet to describe the range of services on offer. An open day for the children and families pathway was held shortly before the inspection and received excellent feedback. Further open days were planned to continue raising the profile of available services and community agencies.

Recommendation

- 9.7 There should be a more robust needs analysis to identify the range and type of provision required, including that for black and minority ethnic and foreign national prisoners.

Housekeeping point

- 9.8 Attendance at appointments in the resettlement centre should be improved.

Offender management and planning

Expected outcomes:

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

- 9.9 The offender management unit was effective. Offender supervisors maintained regular contact with prisoners and OASys assessments were up to date, but not all had undertaken the national training. Sentence plans were not always shared with the full range of workers. Custody planning for prisoners serving less than 12 months was limited and disjointed. More resources had been allocated to categorisation but there was still a small backlog of reviews. Too many risk of serious harm analyses were of an insufficient quality. Implementation of the public protection policy was hindered by frequent staff changes, a lack of cover and limited access to national training. Indeterminate-sentenced prisoners had regular and meaningful contact with offender supervisors, and preparation of parole dossiers was up to date.

Sentence planning and offender management

- 9.10 The offender management unit (OMU) was well developed and, despite some significant reductions in resources, it continued to provide an effective service. The unit incorporated a range of services, including observation, classification and allocation (OCA) and the management of indeterminate-sentenced prisoners. Uniformed staff worked alongside seconded probation staff to provide offender supervision to those within phase two and three of the offender management model. Seconded probation officers managed prisoners who were higher risk of harm to others. However, none of the uniformed offender supervisors had undertaken the national training in the role, and two of the four probation officers had not received training in the management of life-sentenced prisoners.

- 9.11 Tribal staff developed basic learning plans for prisoners following their initial assessment of employment, education and training needs. The learner plans we examined were limited and did not always cover the full range of services an individual prisoner needed to reduce his likelihood of reoffending. There was a custody passport system intended to record information about services provided to each prisoner. However, it was not used widely enough and there was no quality assurance to oversee its completion. Few residential staff knew about the custody passport scheme or used it in their personal officer work. As a result, planning for short-term prisoners was limited and disjointed. In our survey, fewer respondents than in 2007, 38% against 47%, said they had a sentence plan, and only 45%, against 58%, said there were plans for them to achieve their targets in another prison. A new system to provide one plan for each prisoner was due to be introduced in June 2011 (see main recommendation HP54).
- 9.12 Attendance by OMU staff at prolific or priority offender (PPO) meetings had improved and relationships with external partners, such as police, probation and youth offending teams, were positive.
- 9.13 There were 191 prisoners who were managed under phase two or three of the offender management model. In these cases, OASys assessments were completed by the community-based offender manager, supported by regular contact by an offender supervisor based in the prison. In other cases – prisoners serving more than 12 months but not at high risk of harm to others – OMU staff completed the OASys.
- 9.14 Offender supervisors were selected appropriately and had a good understanding of their role and responsibilities. Caseloads were manageable, but the lack of administrative staff meant that offender supervisors took on additional tasks, reducing their time for core duties. Staff said that the number of prisoners arriving at Chelmsford without an OASys assessment had increased and this affected their workloads.
- 9.15 The backlog of OASys assessments evident at our last inspection had been cleared. A spreadsheet was used to monitor completion to ensure targets were met. The assessment was completed on time for all the nine in-scope cases we inspected. Two-thirds of these were of a sufficient quality. The assessment in two of the four out-of-scope cases we reviewed was of an insufficient quality.
- 9.16 Quality assurance of OASys was undertaken on 10% of completed assessments. However, the new head of reducing reoffending had not been able to take on this task due to lack of access to the training.
- 9.17 Initial contact between the offender supervisor and the prisoner took place within a few days of reception. Offender supervisors saw those in scope for offender management monthly but prisoners out of scope were not routinely seen beyond the OASys assessment and annual review. In these latter cases, new risk management information did not result in a review of OASys outside the minimum annual review. For in-scope cases, the case file assessments provided evidence that offender supervisors took an active approach in managing cases and communicating with offender managers in the community.
- 9.18 External offender managers had adequate involvement in sentence planning boards, with two-thirds attending, contributing by video or sending a written report. Personal officer involvement was less well developed, with half not sending a written report or attending the board. Personal officer comments about prisoners on P-Nomis were limited to mainly behavioural issues rather than progress against sentence plan objectives. Involvement of families at key stages of the sentence was not well developed.

- 9.19 Two-thirds of sentence plans were appropriate, but only half were shared with other workers involved in the case. Two-thirds of the OMU cases we assessed had sentence plans that included objectives to address the likelihood of reoffending and were outcome focused. However, there was limited evidence of a structured assessment of diversity issues.
- 9.20 In our survey, more sentenced respondents than the comparator, 38% against 26%, said they had been helped to address their offending behaviour while at Chelmsford, and more felt they had been helped to prepare for release.
- 9.21 Home detention curfews (HDC) and release on temporary licence (ROTL) were used appropriately when prisoners met specific criteria. Many of the ROTLs awarded were for town visits supporting resettlement through contact with family. A few HDCs were granted late due to delays in receiving the risk assessment report from the probation trust. Of 437 HDC forms issued over the previous six months, 173 were not returned. Of the 264 returned, 15 were granted. Many prisoners were transferred during the application process, although the prison forwarded the relevant paperwork to the next establishment. It was difficult to see from the data how many were rejected and for what reasons. In the previous six months, there had been 40 ROTL applications with 12 granted and eight still being processed at the time of the inspection. Of the remaining 20, it was difficult to tell from the data how many had been refused rather than transferred out of the prison.

Recommendations

- 9.22 **Involvement of personal officers in sentence planning boards should be improved further.**
- 9.23 **Offender assessment system (OASys) assessments should be of a sufficient quality and reviewed following new information that suggests a change in the level or type of risk of harm to others.**
- 9.24 **Prisoners' diversity needs should be fully assessed and planned for in their sentence plans.**

Housekeeping points

- 9.25 All offender management unit staff should receive training to undertake their specific roles.
- 9.26 Monitoring of home detention curfew and release on temporary licence applications should clearly record those rejected and the reason.

Categorisation

- 9.27 One full-time member of staff completed initial categorisation and reviews. An additional member of staff had been allocated to the role part time to ensure the workload was manageable. Processes were sound but workloads had led to a slight backlog of reviews, with 10 late at the time of our inspection. While this was an improvement on the situation three months previously, it meant that some prisoners were not recategorised and could face a longer wait in Chelmsford. One case was over a month late.
- 9.28 The adult prisoners held at the time of our inspection included 19 category B, 138 category C and 14 category D. Eleven adult prisoners were waiting to move to an open prison. Waiting

times were not generally a problem, although two prisoners had been waiting more than two months. Young adults included three prisoners waiting for a move to open conditions. Such transfers were proving hard to secure due to the pressure on places nationally.

- 9.29 The OCA clerk received the new arrivals list and identified those requiring initial categorisation. He had adequate access to the Police National Computer to review each prisoner's previous convictions. An operational governor signed off the completed paperwork for initial reviews. Prisoners and personal officers were asked to provide information to support recategorisation, and prisoners had a face-to-face interview with a governor. Following initial categorisation or review, a letter was sent to inform the prisoner of the outcome. Prisoners had the right of appeal against the decision through the complaints process. Recategorisation of foreign national prisoners to category D status was hindered by the lack of response form UKBA to requests for information.

Recommendations

- 9.30 Recategorisation reviews should be completed on time.
- 9.31 The prison should work with UK Border Agency to ensure that it supplies information to inform recategorisation of foreign national prisoners.

Public protection

- 9.32 Prisoners' risk of harm was generally clearly indicated in their OASys assessment. A risk of serious harm screening had been completed for each of the 13 cases we inspected, and was accurate in 85%. The classification was correct in 83%. A full analysis was completed in almost all cases but was of insufficient quality in over a third. Many lacked a sufficient analysis of the factors that contributed to the risks, failed to draw upon all available sources of information or take account of relevant previous or current behaviour. In one case, new and significant information about the prisoner's behaviour had not triggered a review. Risk of harm issues had been communicated to all staff involved in only 62% of cases. A risk management plan was completed in all the cases we inspected, but it was comprehensive in only 38%.
- 9.33 The public protection policy was thorough but its implementation was hindered due to frequent changes to the post of clerk, a lack of training for that role and a lack of cover for the absence of the public protection manager. Prisoners posing public protection concerns were identified on reception. If safeguarding children concerns were identified, the public protection manager interviewed the prisoner to ascertain if he would apply to have contact with children. If an application was submitted, there was a thorough assessment, including consultation with social care services. Prisoners were allocated to an appropriate level of monitoring and restrictions based on the assessment. Weekly risk management meetings discussed and reviewed cases. The meetings were recorded but it was not always clear if the minutes were sent to the offender manager in the community or if new information indicating a change in the risk of harm was passed on quickly enough.
- 9.34 OMU staff contributed to multi-agency public protection arrangements (MAPPAs) meetings in person or submitted a written report. At the time of the inspection, only one out of four violent and sexual offenders register (VISOR) administrators was in post due to the lack of access to NOMS training.

Recommendations

- 9.35 The quality of risk of harm analyses and risk management plans should be improved.
- 9.36 Adequate resources should be allocated to the role of public protection clerk and absence cover provided for the manager.
- 9.37 New information about a prisoner's public protection concerns should be immediately communicated to the community-based offender manager.
- 9.38 Access to NOMS violent and sexual offenders register (VISOR) training should be improved.

Indeterminate-sentenced prisoners

- 9.39 There were 23 indeterminate-sentenced prisoners at the time of our inspection – 10 sentenced to life and 13 serving indeterminate sentences for public protection (IPP). Staff told us that it was sometimes difficult to arrange a move to another establishment as some prisons limited the number of indeterminate-sentenced prisoners they would take. There were no potential life-sentenced prisoners at the time of our inspection. We were told that the lifer manager would meet prisoners facing a life sentence to explain the implications of the potential sentence. They would also, with permission, contact family members to address concerns and give them information. An offender supervisor interviewed prisoners sentenced to an indeterminate sentence within seven days to check their understanding of the sentence, give them more information about the parole process, and identify support required. The majority of wing staff had not received training in managing life-sentenced prisoners.
- 9.40 The regime for indeterminate-sentenced prisoners was largely the same as that for other prisoners. Life-sentenced prisoners had some additional support through family days and a consultation forum, but these were not available to IPP prisoners. Family days for life-sentenced prisoners were held in the sports hall and provided a range of activities supervised by the Ormiston Trust. Offender supervisors also attended to provide updates on the prisoner's progress. Contact between the offender supervisor and an indeterminate-sentenced prisoner was monthly and generally well structured and meaningful. Preparation of parole reports was up to date.

Recommendation

- 9.41 Prisoners serving indeterminate sentences for public protection should have the same access as life-sentenced prisoners to family days and a consultation forum.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.42 Nacro provided the housing service and prisoners' needs were reviewed before their release, but despite these efforts about 10% were released with no address. The prison had developed outstanding links with external employers and many prisoners had obtained employment or continued their education on release. There was good health discharge planning, including a new initiative to provide social care support for older prisoners. Financial advice arrangements were in flux but there was a new scheme to help prisoners open bank accounts before release.

Accommodation

- 9.43 A housing committee met bimonthly to discuss progress and multiagency working. There had been little needs analysis to inform the action plan and policy. Nacro held the contract to deliver accommodation services in the establishment through the housing information and advice service (HIAS). A prison orderly assessed prisoners' housing needs during their induction and made appropriate referrals. Accommodation needs were further explored at the resettlement review and discharge boards at eight and two weeks before release, but some prisoners said they wanted the help to commence earlier. The prison consistently met its target of 85% of prisoners released to settled accommodation. However, despite the efforts of the housing advisers, about 10% of prisoners were released without an address.
- 9.44 A four-session tenancy awareness course was available to help prisoners develop the knowledge and skills to maintain rented accommodation. The content of the course could be tailored to meet the specific needs of each group. The housing advisers provided other help to maintain tenancies or close down benefits. Inside Out also offered advice to prisoners and bail accommodation and support services staff assessed suitability for bail accommodation. Most prisoners were released into Essex but a growing number were released to London boroughs. The HIAS workers had developed an impressive range of contacts in and outside London, particularly those working with young adults or other minority groups.

Recommendation

- 9.45 The number of prisoners released without an address should be further reduced.

Education, training and employment

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

- 9.46 The prison had outstanding links with local and national employers and a wide range of charitable organisations. Regular employer and agency engagement events at the prison informed the resettlement strategy, gaining additional funding for courses, work opportunities for ex-prisoners and work trials for current prisoners. ROTL was well used to give prisoners the opportunity to gain useful work experience and for employers to see how well they could work.
- 9.47 Some vocational training tutors had strong links with employers who had offered jobs to ex-prisoners. Around a third of discharged prisoners in 2010 gained full-time employment, and approximately 14% went into full-time education or training. Many prisoners were actively engaged in work where there was good recognition of improvements to their social, personal and employability skills. Prisoners who completed vocational training courses were well prepared for work outside.

- 9.48 Prisoners benefitted from a wide range of useful information and guidance from highly committed Jobcentre Plus staff, Tribal (careers information and advice support), other external agencies and employers. A team of dedicated and enthusiastic prison officers also provided help and guidance to prisoners on employment, training and education opportunities. They used regular feedback from prisoners particularly well to improve the provision. Prisoners who were about to be released had good opportunities to complete a range of courses to help them resettle, including a course supporting them in gaining the driving theory test.

Mental and physical health

- 9.49 Discharge planning was good with early identification of prisoners due to be released and links with the community when required. The lead nurse for older people had links with Essex County Council. There was a new multiagency initiative to provide social care support for older prisoners before discharge. Although fairly new, we considered it was effective in promoting continuity of care.
- 9.50 In-possession medication was supplied for discharge or release to court, although these were often only daily doses. Where sufficient notice was received, a seven-day supply was dispensed. Methadone was routinely given where appropriate before discharge and arrangements made for its continuation on release. Prisoners received a discharge letter for their GP outlining their care and treatment while in the prison. The care programme approach (CPA) was used for patients with enduring mental health needs and a CPA record audit was in place. Palliative care was supported with the cooperation of local services and had been used for some prisoners over the past few years.

Recommendation

- 9.51 **A sufficient supply of medication should be available for prisoners on release from prison or to court.**

Finance, benefit and debt

- 9.52 There was a monthly meeting to oversee the finance, benefit and debt pathway in which all the agencies involved discussed progress and barriers. The Citizens Advice provision had ended a couple of months before our inspection. A replacement budgeting and money management course had been commissioned through Milton Keynes College and was due to start in June 2011, but a replacement one-to-one advice scheme had been more difficult to replace. Jobcentre Plus provided advice on the closure of benefits or opening benefits on release, and a new system for identifying those needing help had been introduced.
- 9.53 A recently introduced scheme, through Unlock, enabled prisoners to open a bank account on release providing they had done a one-day financial literacy course. It was too early to assess its success. In our survey, more respondents than the comparator knew who to contact in the prison about opening a bank account, and fewer than the comparator and in 2007 said they would have a problem opening an account on release.

Recommendation

- 9.54 **Prisoners should have access to one-to-one advice about finance, benefit and debt.**

Drugs and alcohol

- 9.55 The drug and alcohol strategy was well managed and coordinated, and policy documents contained detailed action plans. The range of interventions for prisoners was impressive and included structured one-to-one work, short group work modules, designated gym sessions, self-help groups and accredited drug and alcohol programmes. Inside Out had replaced CARAT services, but the team's remit excluded ongoing work with primary alcohol users. There was appropriate provision to meet the needs of young adults.
- 9.56 A designated head of drug and alcohol services chaired monthly drug strategy meetings, which were attended by relevant departments and included representation from the local drug and alcohol action team (DAAT). An overall drug strategy set out key objectives and was supplemented by a detailed drug service policy, which contained an annual action plan and performance measures for both supply and demand reduction initiatives. Drug service managers met monthly to review the drug strategy delivery plan. The establishment had also developed a comprehensive alcohol strategy and testing policy
- 9.57 There had been a detailed integrated drug treatment system (IDTS) needs analysis to inform the drug strategy action plan, but this focused on prisoners requiring clinical management only and was therefore not comprehensive.
- 9.58 Prisoners spoke highly of the support available to them. In our survey, 84% of those who received help with a drug or alcohol problem said they had found the intervention useful, against the comparator of 77%. However, we were also told that 'not enough is done for people with alcohol problems'.
- 9.59 Counselling, assessment, referral, advice and throughcare (CARAT) services had been replaced by Inside Out, part of the Westminster drug project, a year previously. This service was commissioned by the local DAAT to provide both prison-based interventions and community drug intervention programmes (DIPs) under the 'systems change' pilot. The prison team consisted of a manager and eight full-time-equivalent drug workers, as well as two drug strategy officers. The team had good supervision arrangements and access to further training.
- 9.60 The Inside Out team was based on E wing (the drug treatment unit), had a high profile, were well integrated into the prison and represented at all the relevant multi-agency meetings. The service was easily accessible to prisoners with daily drop-in sessions on E wing, but there were currently no weekend or evening sessions. A recovery mentor, who had been trained by the team and debriefed each day, provided daily induction input.
- 9.61 Most referrals came through the substance misuse nurses and were seen within three days. In May 2011, 166 clients actively engaged with the service, including 57 young adults. A further 42 files had been suspended. One-to-one sessions were structured over five weeks and aided by a 'my recovery journey' workbook. Prisoners could also participate in a rolling programme of group work and activities (see paragraph 3.53) with three groups a week. One member of the Inside Out team specialised in offering services to young adults, which included a cannabis awareness group and a service user forum.
- 9.62 Care plans were of good quality and shared with substance misuse nurses and offender managers. IDTS and Inside Out managers met weekly and the care of clients with complex needs was well coordinated with the mental health teams.

- 9.63 Prisoners with alcohol-only problems could access a brief alcohol awareness session, an in-cell work pack and attend Alcoholics Anonymous self-help groups, which met regularly both on E wing and on a rotating basis on the other wings. However, Inside Out's remit excluded ongoing work with primary alcohol users, and this was clearly a gap in service provision.
- 9.64 There was a good level of service user involvement and topic-based groups were held monthly. Two recovery mentors offered peer support, Narcotics Anonymous groups met weekly, and prisoners could take part in the 'lock and learn' project where they met with groups of young people known to the local youth offending team.
- 9.65 Prisoners requiring structured intervention could undertake the short duration drug programme (SDP), which was well established and well run. In the previous 12 months, 120 had started and 85 had completed SDP against a target of 120 starts and 78 completions. A treatment manager, two civilians and an officer delivered the programme with input from gym and IDTS staff.
- 9.66 There were three offending behaviour programmes – P-ASRO (prisons addressing substance related offending), alcohol-related violence and a 'building skills for recovery' pilot. During the past 12 months, the target of 68 prisoners starting and 44 completing these programmes was met. All courses were open to young adults.
- 9.67 The programme team that delivered all three courses consisted of a treatment manager, a deputy, one officer and one civilian facilitator; a drug worker post had been vacant for a year. The team was very experienced and had consistently achieved high audit scores. It was based in the day care centre and worked closely with other departments, such as the Inside Out team, OMU, primary and mental health services.
- 9.68 The alcohol-related violence course was aimed at hazardous drinkers between 18 and 30 who had committed alcohol-related crimes of violence. Referrals to this 10-week programme came from the OMU and there were two courses a year, with a target of 20 starts and 13 completions.
- 9.69 The P-ASRO programme was still due to run twice more in 2011, but in February 2011 the prison had also started piloting the new building skills for recovery programme, which would eventually replace P-ASRO. This was a 16-session rolling programme (a further seven sessions were due to be added) with wider acceptance criteria than P-ASRO, and it included prisoners whose only problem was alcohol and those on remand. Prisoners released to Essex could continue the programme in the community since the Essex Probation Service was also running a pilot.
- 9.70 Prisoners undertaking these programmes could access an additional gym session, a peer support group was built in, and family members were encouraged to attend case reviews as well as graduation events. The programme team contributed to sentence planning, parole, recategorisation and HDC boards and referred back to Inside Out for post-programme support.
- 9.71 There were excellent throughcare links with local DIP teams, also delivered by Inside Out. Designated prison link workers attended pre-release planning meetings and continued working with clients post-release. Volunteers from SOVA (supporting others through volunteer action) were available to meet prisoners at the gate and provide post-release mentoring.
- 9.72 Most compact based drug testing took the form of incentive-based testing. There were separate compacts for IEP and voluntary drug testing, and the target of 200 compacts and 200 tests per month was met. Testing was conducted by a designated drug strategy officer and

there were three separate testing suites. The prison planned to open a drug-free voluntary testing unit to support prisoners in remaining abstinent.

Recommendations

- 9.73 There should be a comprehensive needs analysis of the prison's population to inform the drug and alcohol strategy and future service provision.
- 9.74 The remit of the Inside Out team should include ongoing work with prisoners whose primary problem is alcohol.
- 9.75 The Inside Out service should be accessible during the evening and/or weekend.

Good practice

- 9.76 *Prisoners could access several drug and alcohol programmes to meet their needs, including the short duration drug programme, alcohol-related violence, P-ASRO and the pilot building skills for recovery programme.*
- 9.77 *The prison had developed excellent throughcare links with local community service providers.*

Children and families of offenders

- 9.78 Visits booking systems worked well but there were no evening sessions. The visitors' centre was bright and well decorated but the children's play area was limited. Visitors said they were treated respectfully but some felt it took too long to go through the security procedures. Prisoners no longer had to wear bibs during visits. The Ormiston Trust provided a range of support within and beyond the prison. A children and families open day had been positively received.
- 9.79 In our survey, fewer respondents than the comparator, 40% against 44%, said they were told about their entitlement to visits on their day of arrival at Chelmsford, but this was far better than the response of 34% in 2007. Only 16% of respondents said they had a visit within a week of their arrival, against the comparator of 35% and 21% in 2007.
- 9.80 Visits could be booked by telephone, email or at the visitors' centre. Visitors said it took a long time to get through by telephone but when we tried the number was answered immediately. Two lines were in operation to improve the speed of answering calls.
- 9.81 Social visits took place each afternoon, Monday to Thursday, and in a morning and afternoon session at weekends. There were no evening visits. The number of visit slots adequately catered for the number of prisoners. Prisoners could be transferred to Chelmsford to access the accumulated visits scheme.
- 9.82 Chelmsford Prison Visitors' Centre charity ran the visitors' centre. It was clean and bright but had few information leaflets and the information screen was not on at the time of our visit. The centre had lockers for visitors, adequate toilets and baby changing facilities and sold refreshments. The children's play area was very limited. Staff in the centre were on hand to support and advise visitors and we saw some good examples of this. Ormiston Trust staff also

had an office in the centre so that visitors could seek their help and advice. Visitors we spoke to were very positive about staff in the visitors' centre and those supervising the visits hall.

- 9.83 In our survey, more respondents than in 2007, 53% against 41%, and the comparator of 48% said visitors were treated well. However, some visitors complained that it took too long to get through the security procedures. Some expected to get a full two-hour visit when, in fact, visits were much less than this because of security procedures and some visits did not start until 30 minutes into the two-hour slot.
- 9.84 Visitors could arrive up to 3pm and still be allowed in. Closed visits were only applied if based on intelligence and not at the first indication by the drug dog. Searching by the drug dog was thorough and respectfully conducted. Closed visits booths provided little privacy. Installation of CCTV had promoted better surveillance by staff.
- 9.85 The visits hall was large and clean. Furniture was fixed to the floor. Prisoners no longer had to wear bibs. Visitors could buy refreshments and snacks. Staff in the hall were responsive to individual requests and were able to move individuals where applicable. Seating of vulnerable prisoners or those presenting child safeguarding concerns was considered and handled appropriately. The play area was supervised.
- 9.86 The Ormiston Trust provided children's visits once a month for up to 15 or 20 prisoners a session. There was no limit on the number of children visiting and prisoners were free to move around the hall with their children. The Ormiston Trust also ran a parenting course leading to a National Open College Network (NOCN) award. There had been 39 starts and 32 completions in 2010. The trust also had good connections with community workers in children's centres to provide support and advice to families of prisoners, and were able to supervise last contact visits before adoption.
- 9.87 Projects provided under the children and families pathway included story time learning events, Storybook Dads and the introduction of 'email a prisoner'. A children and families open day had taken place shortly before the inspection and received excellent feedback. It was the first time it was run and it involved 24 prisoners alongside a range of agencies, including the YMCA and local children's centres. There was no general relationship counselling course offered in the prison although there were links to community-based provision.
- 9.88 In our survey, 41% of respondents said they were asked during their first 24 hours if they needed help in maintaining contact with family, which was below the comparator of 51%. But 37%, compared with only 25% in 2007, said they had been helped to maintain contact with family and friends.

Housekeeping point

- 9.89 Published materials should make clear that visits might not be for a full two hours.

Attitudes, thinking and behaviour

- 9.90 There was a good range of programmes to address drug misuse and an innovative approach to working with young adults, but there had been no recent needs analysis to inform the provision of offending behaviour work.

- 9.91 Although there had been no recent needs analysis to inform the strategy, there was a good range of programmes to address drug misuse (see paragraph 9.66). The thinking skills programme no longer ran and resources had been reallocated across the region. There was no structured intervention for tackling domestic violence or to support victims.
- 9.92 An innovative approach to working with young adult prisoners had been developed. The Leap Leadership programme provided a three-day course that aimed to develop participants' understanding of and ability to manage interpersonal conflict. Results of psychometric tests showed some promising results in addition to a reduction in the frequency of adjudication for those who took part.
- 9.93 Staff delivering the alcohol-related violence programme and building skills for recovery pilot programme were actively involved in preparing prisoners for the work, supporting them during the programme through individual sessions and identifying post-programme work. For some programmes, participants had been followed up at the 12-week stage to check on their progress. Staff had excellent links with staff in the OMU but less well developed links with personal officers. However, there had been some staff awareness sessions.
- 9.94 The psychologist team undertook assessments for programmes offered in other establishments to facilitate a transfer, and planned access to more training places for psychologists would expand this resource.

Recommendation

- 9.95 There should be a robust needs analysis to inform the provision of offending behaviour work.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

-
- 10.1 The establishment should sustain and develop its approach to reducing violence to ensure that the high number of violent incidents is reduced. (HP50)
 - 10.2 The quality of written entries in assessment, care in custody and teamwork (ACCT) self-harm monitoring documents should be improved. (HP51)
 - 10.3 There should be a full review of pharmacy services and appropriate changes to practice, governance and audit arrangements should be implemented as a priority. (HP52)
 - 10.4 The number of activity places should continue to be increased to ensure more prisoners have the opportunity for employment. (HP53)
 - 10.5 Custody planning should provide a comprehensive plan for every prisoner serving a short sentence, and all relevant staff should be aware of the sentence plan and contribute to its review. (HP54)

Recommendation

To NOMS

-
- 10.6 Access to NOMS violent and sexual offenders register (VISOR) training should be improved. (9.38)

Recommendation

To Prison Escort and Custody Services

-
- 10.7 Prisoners should be escorted to the prison as soon as they have been dealt with by the courts, and escort vans should arrive at the prison before 7pm. (1.7)

Recommendations

To the governor

First days in custody: first night

-
- 10.8 All new arrivals should have the opportunity for a shower on the day they arrive. (1.22)

First days in custody: induction

-
- 10.9 Prisoners should be moved on to the main wings without delay after they have completed their induction. (1.30)

Residential units: hygiene

- 10.10 All communal showers should be adequately screened. (2.14)
- 10.11 All in-cell toilets should be adequately screened. (2.15)
- 10.12 Old and worn blankets should be replaced. (2.16)
- 10.13 There should be a replacement programme for old and worn mattresses. (2.17)

Personal officers

- 10.14 Managers should ensure that personal officers make more frequent electronic case history notes that include a detailed synopsis of the prisoner, and that checks are more meaningful. (2.26)
- 10.15 Links between personal officers and the offender management unit should be developed. (2.27)

Vulnerable prisoners

- 10.16 There should be reintegration planning for all residents of the vulnerable prisoner unit. (3.17)

Applications and complaints

- 10.17 The prison should introduce an agreed timescale for responses to applications and a quality assurance scheme. (3.34)

Legal rights

- 10.18 A legal services officer should be available every day. (3.41)

Substance use: clinical management

- 10.19 The establishment should ensure that new arrivals requiring stabilisation or detoxification are consistently prioritised and admitted to the drug support unit without delay. (3.56)

Diversity

- 10.20 There should be monitoring of all minority groups to establish whether the prison's regime impacts differentially on some prisoners. (4.10)
- 10.21 All staff should undertake 'challenge it change it' training. (4.11)

Diversity: race equality

- 10.22 The low number of complaints submitted by black and minority ethnic prisoners should be explored further to ensure that this does not indicate a lack of confidence in the system. (4.18)

Diversity: foreign nationals

- 10.23 Flashcards and phrasebooks should be available to all prisoners with poor English and to staff working with them. (4.29)
- 10.24 Conference call telephones should be available to facilitate the use of interpreting services. (4.30)

Diversity: disability and older prisoners

- 10.25 All wings should have at least one cell adapted for prisoners with physical disabilities. (4.39)
- 10.26 There should be close liaison between the disability liaison officer and education and mental health services to offer integrated support for all prisoners with a perceived disability. (4.40)
- 10.27 Retirement pay should be set at the average wage for prisoners across the establishment. (4.41)

Diversity: gender and sexual orientation

- 10.28 The prison should develop a strategy that seeks to engage with gay and bisexual prisoners more fully, identifies their specific needs and ensures effective support is provided. (4.45)

Health services: general

- 10.29 The health needs assessment should be reviewed and should include the needs of foreign national and black and minority ethnic prisoners. (5.8)
- 10.30 The prison partnership board should monitor the quality and governance of health care provision. (5.9)

Health services: clinical governance

- 10.31 The clinical governance group should develop a programme of clinical audit that monitors and reports on the delivery of treatment and care to prisoners, and this should be regularly reported to the prison partnership board. (5.18)
- 10.32 Prisoner complaints should be responded to fully and action taken within an identified time frame to resolve their concerns. (5.19)

Health services: primary care

- 10.33 All new arrivals should have access to a health care professional in reception and within 72 hours, or sooner where clinically indicated. (5.30)
- 10.34 There should be a full range of advertised nursing services for prisoners to access. (5.31)
- 10.35 There should be a clear strategic plan and a clear care pathway to improve pain management for prisoners. A step-wise approach to pain management, such as the World Health

Organisation analgesic ladder, should be modified for the prison environment and used to reduce opiate use. (5.32)

Health services: pharmacy

- 10.36 A pharmacist should be provided for counselling sessions, pharmacist-led clinics, clinical audit and medication review. (5.43)
- 10.37 The medicines management committee should formally review and adopt all procedures and policies, including the out of hours and special sick policy, and all staff should read, sign and implement the agreed procedures. (5.44)
- 10.38 The in-possession policy, associated in-possession risk assessment and patient compliance compact should be implemented to ensure medicines are supplied in a timely, safe and effective manner. (5.45)
- 10.39 There should be audits of medication liable to abuse to ensure appropriate evidence-based prescribing. (5.46)
- 10.40 There should be a wider range of patient group directions to enable the nursing/pharmacy staff to supply more potent medicines, where appropriate. There should be a copy of the original signed patient group directions in the pharmacy and this should be read and signed by all relevant staff. (5.47)
- 10.41 There should be full and complete records of administration of medicines, which should only be undertaken by trained health care staff. Records should include all occasions where the patient refused medication or failed to attend. Issues relating to medicines compliance should be followed up where appropriate. (5.48)

Learning and skills and work activities: work

- 10.42 The prison should make sure that there is sufficient provision for learners whose ability is at level 2 and above. (6.18)

Learning and skills and work activities: vocational training

- 10.43 The prison should further increase the range of accredited vocational training. (6.22)

Learning and skills and work activities: education

- 10.44 The prison should improve the target setting in education individual learning plans to ensure it is sufficiently specific, measurable and realistic. (6.27)
- 10.45 The prison should provide a varied and relevant range of learning and teaching resources, including computer-based resources, to promote individualised learning. (6.28)

Learning and skills and work activities: library

- 10.46 The prison should rectify the high book stock losses in the library. (6.34)

- 10.47 The library should use adequate computerised systems to identify its users and analyse its use by different groups of prisoners. (6.35)

Physical education and health promotion

- 10.48 The prison should ensure that all prisoners, including vulnerable prisoners, have their full entitlement to at least two gym sessions a week. (6.43)
- 10.49 Data on access to the gym should be available so that prisoners who do not attend can be followed up and their reasons for non-attendance ascertained. (6.44)
- 10.50 Vulnerable prisoners should be able to have outdoor physical education activity every week. (6.45)

Discipline: the use of force

- 10.51 The prison should develop an effective strategy to reduce the number of use of force incidents. (7.28)

Discipline: segregation unit

- 10.52 Living conditions in the segregation unit should be improved. (7.37)

Incentives and earned privileges

- 10.53 The incentives and earned privileges scheme should be linked to sentence management processes. (7.46)

Catering

- 10.54 Formal qualifications should be introduced for kitchen workers. (8.7)
- 10.55 The menu should be reviewed in consultation with prisoners. (8.8)

Prison shop

- 10.56 Prisoners should have access to a greater range of catalogue purchases. (8.13)

Strategic management of resettlement

- 10.57 There should be a more robust needs analysis to identify the range and type of provision required, including that for black and minority ethnic and foreign national prisoners. (9.7)

Offender management and planning: sentence planning and offender management

- 10.58 Involvement of personal officers in sentence planning boards should be improved further. (9.22)

- 10.59 Offender assessment system (OASys) assessments should be of a sufficient quality and reviewed following new information that suggests a change in the level or type of risk of harm to others. (9.23)
- 10.60 Prisoners' diversity needs should be fully assessed and planned for in their sentence plans. (9.24)

Offender management and planning: categorisation

- 10.61 Recategorisation reviews should be completed on time. (9.30)
- 10.62 The prison should work with UK Border Agency to ensure that it supplies information to inform recategorisation of foreign national prisoners. (9.31)

Offender management and planning: public protection

- 10.63 The quality of risk of harm analyses and risk management plans should be improved. (9.35)
- 10.64 Adequate resources should be allocated to the role of public protection clerk and absence cover provided for the manager. (9.36)
- 10.65 New information about a prisoner's public protection concerns should be immediately communicated to the community-based offender manager. (9.37)

Offender management and planning: indeterminate-sentenced prisoners

- 10.66 Prisoners serving indeterminate sentences for public protection should have the same access as life-sentenced prisoners to family days and a consultation forum. (9.41)

Resettlement pathways: accommodation

- 10.67 The number of prisoners released without an address should be further reduced. (9.45)

Resettlement pathways: mental and physical health

- 10.68 A sufficient supply of medication should be available for prisoners on release from prison or to court. (9.51)

Resettlement pathways: finance, benefit and debt

- 10.69 Prisoners should have access to one-to-one advice about finance, benefit and debt. (9.54)

Resettlement pathways: drugs and alcohol

- 10.70 There should be a comprehensive needs analysis of the prison's population to inform the drug and alcohol strategy and future service provision. (9.73)
- 10.71 The remit of the Inside Out team should include ongoing work with prisoners whose primary problem is alcohol. (9.74)

10.72 The Inside Out service should be accessible during the evening and/or weekend. (9.75)

Resettlement pathways: attitudes, thinking and behaviour

10.73 There should be a robust needs analysis to inform the provision of offending behaviour work. (9.95)

Housekeeping points

First days in custody: induction

10.74 The induction specialist prisoner advisers should be paid more given the confidential and specific role they carry out for the prison. (1.31)

Personal officers

10.75 Frequent moves of cells should be avoided where possible to minimise changes of personal officer. (2.28)

Applications and complaints

10.76 Complaints should be collected from the wing by the complaints clerk. (3.35)

10.77 Interim responses to complaints should be logged where further attention is required, and the complaints clerk should continue to monitor them. (3.36)

Diversity: foreign nationals

10.78 Translated information for prisoners should be checked to ensure that it makes sense and is useful to prisoners. (4.31)

Health services: general

10.79 Health care rooms in reception should only be used by health care staff and should be secured with a health care suite key. (5.10)

Health services: clinical governance

10.80 There should be easy and prompt access to all medical equipment during an emergency. (5.20)

10.81 There should be records of checks to emergency equipment. (5.21)

Health services: primary care

- 10.82 Health care information and health promotion leaflets and posters should be widely available across the prison, including in foreign languages and clear formats for prisoners with literacy difficulties, and health promotion events, including dental health, should be held to reflect national campaigns. (5.33)

Health services: pharmacy

- 10.83 Old pharmacy reference books should be discarded and only the most recent up-to-date copy should be kept. (5.49)
- 10.84 Patient confidentiality should be protected during medicine administration times. (5.50)
- 10.85 Medicines supplied as special sick should be recorded and regularly monitored as part of the special sick policy. (5.51)

Health services: secondary care

- 10.86 Secondary care data should be recorded electronically to enable more detailed and effective monitoring. (5.59)

Learning and skills and work activities: leadership and management

- 10.87 The prison should gather and analyse data to ensure greater consistency in the participation and achievement of different groups of learners. (6.13)
- 10.88 The prison should further develop the sharing of best practice and the teaching and learning observation system to continue improving the quality of the learning and skills provision. (6.14)

Strategic management of resettlement

- 10.89 Attendance at appointments in the resettlement centre should be improved. (9.8)

Offender management and planning: sentence planning and offender management

- 10.90 All offender management unit staff should receive training to undertake their specific roles. (9.25)
- 10.91 Monitoring of home detention curfew and release on temporary licence applications should clearly record those rejected and the reason. (9.26)

Resettlement pathways: children and families of offenders

- 10.92 Published materials should make clear that visits might not be for a full two hours. (9.89)

Examples of good practice

- 10.93 The leaflet about Chelmsford given to new prisoners before their arrival was a good way of easing their anxieties and providing basic first night information. (1.8)
- 10.94 A Listener crisis suite in reception allowed new arrivals in immediate crisis to see a Listener in a suitable room. (1.15)
- 10.95 The induction exit survey and analysis of the results ensured that the prison was continually aware of issues in the early days' process, and could and did act on the results to make the experience a better one for new arrivals. (1.32)
- 10.96 A prisoner worker was developing an amended dental application form and dental health booklet. (5.55)
- 10.97 Prisoners were surveyed about their experience of formal adjudications and this information was used to improve the process. (7.22)
- 10.98 Two rooms in the segregation unit were designated as de-escalation (cooling down) rooms where prisoners, accompanied by officers, could be calmed before they were located in a cell. (7.29)
- 10.99 Prisoners could access several drug and alcohol programmes to meet their needs, including the short duration drug programme, alcohol-related violence, P-ASRO and the pilot building skills for recovery programme. (9.76)
- 10.100 The prison had developed excellent throughcare links with local community service providers. (9.77)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Sandra Fieldhouse	Inspector
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Gordon Riach	Inspector
Catherine Nicholls	Researcher
Amy Summerfield	Researcher
Joseph Simmonds	Research trainee

Specialist inspectors

Helen Carter	Health services inspector
Sigrid Engelen	Substance use inspector
Sharon Monks	Pharmacist
Neil Edwards	Ofsted inspector
Maria Navarro	Ofsted inspector
Paddy Doyle	Probation inspector
Eileen O'Sullivan	Probation 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	59	248	45.2
Recall	9	28	5.4
Convicted unsentenced	49	46	14
Remand	85	145	33.9
Detainees	1	8	1.3
Other	0	1	0.1
Total	203	476	100

Sentence	18-20 yr olds	21 and over	%
Unsentenced	136	204	50.1
Less than 6 months	18	59	11.3
6 months to less than 12 months	11	26	5.4
12 months to less than 2 years	15	41	8.2
2 years to less than 4 years	12	36	7.1
4 years to less than 10 years	4	26	4.4
10 years and over (not life)	5	58	9.3
ISPP	1	7	1.2
Life	1	19	2.9
Total	203	476	100

Age	Number of prisoners	%
Under 21 years	203	29.9
21 years to 29 years	185	27.2
30 years to 39 years	147	21.6
40 years to 49 years	105	15.5
50 years to 59 years	29	4.3
60 years to 69 years	6	0.9
70 plus years	4	0.6
Total	679	100

Nationality	18-20 yr olds	21 and over	%
British	158	381	79.4
Foreign nationals	38	78	17.1
Not stated	7	17	3.5
Total	203	476	100

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	136	204	50
Uncategorised sentenced	25	99	18.3
Cat B	0	19	2.8
Cat C	0	138	20.3
Cat D	0	14	2.1
Other	42	2	6.5
Total	203	476	100

Ethnicity	18-20 yr olds	21 and over	%
<i>White</i>			
British	80	328	60.1
Irish	2	7	1.3
Other white	13	47	8.8
<i>Mixed</i>			
White and black Caribbean	11	6	2.5
White and black African	3	0	0.4
White and Asian	2	1	0.4
Other mixed	4	2	0.9
<i>Asian or Asian British</i>			
Indian	2	4	0.9
Pakistani	2	2	0.6
Bangladeshi	11	3	2.1
Other Asian	11	5	2.4
<i>Black or black British</i>			
Caribbean	14	12	3.8
African	18	26	6.5
Other black	18	9	4.0
<i>Chinese or other ethnic group</i>			
Chinese	0	1	0.1
Other ethnic group	1	2	0.4
Not stated	11	21	4.7
Total	203	476	100

Religion	18-20 yr olds	21 and over	%
Baptist	1	0	0.1
Church of England	26	143	24.9
Roman Catholic	22	102	13.8
Other Christian denominations	41	62	15.2
Muslim	65	42	15.8
Sikh	1	0	0.1
Hindu	0	1	0.1
Buddhist	1	2	0.4
Other	0	1	0.1
No religion	45	105	22.1
Not stated	1	18	2.8
Total	203	476	100

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	28	4.1	80	11.8
1 month to 3 months	26	3.8	69	10.2
3 months to 6 months	8	1.2	55	8.1
6 months to 1 year	3	0.4	47	6.9
1 year to 2 years	2	0.3	19	2.8
2 years to 4 years	0	0	2	0.3
Total	67	9.9	272	40.1

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	54	8	79	11.6
1 month to 3 months	44	6.5	74	10.9
3 months to 6 months	31	4.6	38	5.6
6 months to 1 year	7	1	8	1.2
1 year to 2 years	0	0	2	0.3
2 years to 4 years	0	0	3	0.4
Total	136	20	204	30

Main offence	18-20 yr olds	21 and over	%
Violence against the person	53	118	26.3
Sexual offences	10	37	7.2
Burglary	31	67	15.1
Robbery	35	33	10.4
Theft and handling	25	57	12.6
Fraud and forgery	2	24	4
Drugs offences	34	70	16
Other offences	9	43	8
Civil offences	0	1	0.2
Offence not recorded/holding warrant	1	0	0.2
Total	200	450	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

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 20 April 2011, the prisoner population at HMP/YOI Chelmsford was 682. The sample size was 195. Overall, this represented 29% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-Nomis 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. One respondent was interviewed.

Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- 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, 164 respondents completed and returned their questionnaires. This represented 24% of the prison population. The response rate was 84%. In addition to the one respondent who refused to complete a questionnaire, 20 questionnaires were not returned and 10 were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have 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 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP/YOI Chelmsford in 2009.
- A comparison within the 2011 survey between the responses of white prisoners and those from black and minority ethnic groups.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those aged 21 and under and those over 21.

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 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 as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

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

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

Survey results

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	49 (30%)
	<i>21 - 29</i>	43 (26%)
	<i>30 - 39</i>	37 (23%)
	<i>40 - 49</i>	24 (15%)
	<i>50 - 59</i>	8 (5%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	2 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	90 (55%)
	<i>Yes - on recall</i>	9 (5%)
	<i>No - awaiting trial</i>	41 (25%)
	<i>No - awaiting sentence</i>	23 (14%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	65 (41%)
	<i>Less than 6 months</i>	24 (15%)
	<i>6 months to less than 1 year</i>	9 (6%)
	<i>1 year to less than 2 years</i>	17 (11%)
	<i>2 years to less than 4 years</i>	22 (14%)
	<i>4 years to less than 10 years</i>	13 (8%)
	<i>10 years or more</i>	4 (3%)
	<i>IPP (indeterminate sentence for public protection)</i>	4 (3%)
	<i>Life</i>	0 (0%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	65 (42%)
	<i>6 months or less</i>	51 (33%)
	<i>More than 6 months</i>	37 (24%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	41 (25%)
	<i>1 to less than 3 months</i>	43 (27%)
	<i>3 to less than 6 months</i>	41 (25%)
	<i>6 to less than 12 months</i>	22 (14%)
	<i>12 months to less than 2 years</i>	5 (3%)
	<i>2 to less than 4 years</i>	7 (4%)
	<i>4 years or more</i>	2 (1%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	19 (12%)

No..... 140 (88%)

Q1.8 Is English your first language?

Yes..... 139 (87%)
 No..... 21 (13%)

Q1.9 What is your ethnic origin?

White - British.....	103 (64%)	Asian or Asian British - Bangladeshi.....	11 (7%)
White - Irish.....	6 (4%)	Asian or Asian British - other.....	0 (0%)
White - other.....	9 (6%)	Mixed race - white and black Caribbean.....	4 (2%)
Black or black British - Caribbean.....	7 (4%)	Mixed race - white and black African.....	1 (1%)
Black or black British - African..	12 (7%)	Mixed race - white and Asian	2 (1%)
Black or black British - other.....	2 (1%)	Mixed race - other.....	1 (1%)
Asian or Asian British - Indian..	1 (1%)	Chinese.....	0 (0%)
Asian or Asian British - Pakistani.....	2 (1%)	Other ethnic group.....	1 (1%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes..... 6 (4%)
 No..... 155 (96%)

Q1.11 What is your religion?

None.....	38 (23%)	Hindu.....	0 (0%)
Church of England.....	55 (34%)	Jewish.....	0 (0%)
Catholic.....	33 (20%)	Muslim.....	25 (15%)
Protestant.....	0 (0%)	Sikh.....	1 (1%)
Other Christian denomination..	9 (6%)	Other.....	2 (1%)
Buddhist.....	0 (0%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight..... 157 (97%)
 Homosexual/gay..... 1 (1%)
 Bisexual..... 3 (2%)
 Other..... 1 (1%)

Q1.13 Do you consider yourself to have a disability?

Yes..... 29 (18%)
 No..... 132 (82%)

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

0	1	2 to 5	More than 5
49 (30%)	25 (15%)	50 (31%)	38 (23%)

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

1	2 to 5	More than 5
104 (70%)	37 (25%)	8 (5%)

Q1.16	Do you have any children under the age of 18?	
	Yes	78 (48%)
	No	85 (52%)

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?	13 (8%)	80 (49%)	24 (15%)	26 (16%)	11 (7%)	4 (2%)	4 (2%)
	Your personal safety during the journey?	16 (10%)	91 (59%)	16 (10%)	12 (8%)	11 (7%)	4 (3%)	4 (3%)
	The comfort of the van?	6 (4%)	17 (11%)	15 (9%)	46 (29%)	73 (45%)	0 (0%)	4 (2%)
	The attention paid to your health needs?	11 (7%)	38 (25%)	39 (25%)	20 (13%)	28 (18%)	5 (3%)	13 (8%)
	The frequency of toilet breaks?	8 (5%)	22 (14%)	28 (18%)	23 (15%)	45 (28%)	7 (4%)	25 (16%)

Q2.2	How long did you spend in the van?					
		<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
		62 (39%)	71 (45%)	16 (10%)	4 (3%)	5 (3%)

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>
		28 (18%)	77 (49%)	34 (22%)	14 (9%)	2 (1%)	2 (1%)

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?	129 (81%)	29 (18%)	2 (1%)
	Before you arrived here did you receive any written information about what would happen to you?	22 (14%)	131 (83%)	5 (3%)
	When you first arrived here did your property arrive at the same time as you?	132 (86%)	15 (10%)	6 (4%)

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)		
	<i>Didn't ask about any of these.....</i>	35 (23%)	<i>Money worries.....</i> 27 (18%)
	<i>Loss of property.....</i>	21 (14%)	<i>Feeling depressed or suicidal.</i> 86 (57%)
	<i>Housing problems.....</i>	39 (26%)	<i>Health problems.....</i> 85 (56%)
	<i>Contacting employers</i>	25 (17%)	<i>Needing protection from other prisoners</i> 30 (20%)

Contacting family.....	62 (41%)	Accessing phone numbers.....	68 (45%)
Ensuring dependants were being looked after	21 (14%)	Other.....	6 (4%)

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

Didn't have any problems	39 (28%)	Money worries.....	31 (23%)
Loss of property.....	15 (11%)	Feeling depressed or suicidal.	35 (26%)
Housing problems.....	36 (26%)	Health problems.....	34 (25%)
Contacting employers	13 (9%)	Needing protection from other prisoners	12 (9%)
Contacting family.....	44 (32%)	Accessing phone numbers.....	42 (31%)
Ensuring dependants were looked after	7 (5%)	Other.....	2 (1%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	154 (94%)	8 (5%)	1 (1%)
When you were searched, was this carried out in a respectful way?	126 (81%)	24 (15%)	6 (4%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
24 (15%)	91 (56%)	26 (16%)	14 (9%)	8 (5%)	0 (0%)

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

Information about what was going to happen to you	66 (43%)
Information about what support was available for people feeling depressed or suicidal	70 (45%)
Information about how to make routine requests	52 (34%)
Information about your entitlement to visits.....	62 (40%)
Information about health services	79 (51%)
Information about the chaplaincy	62 (40%)
Not offered anything	47 (31%)

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

A smokers/non-smokers pack.....	151 (94%)
The opportunity to have a shower.....	36 (23%)
The opportunity to make a free telephone call.....	66 (41%)
Something to eat.....	131 (82%)
Did not receive anything	1 (1%)

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

Chaplain or religious leader	43 (28%)
Someone from health services	109 (72%)
A Listener/Samaritans.....	38 (25%)

	Did not meet any of these people.....	30 (20%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes	15 (10%)
	No.....	142 (90%)
Q3.9	Did you feel safe on your first night here?	
	Yes	119 (75%)
	No.....	28 (18%)
	Don't remember.....	12 (8%)
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course.....	10 (6%)
	Within the first week	116 (73%)
	More than a week	28 (18%)
	Don't remember.....	5 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course.....	10 (6%)
	Yes	91 (58%)
	No.....	41 (26%)
	Don't remember.....	14 (9%)

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?	13 (8%)	49 (31%)	23 (15%)	41 (26%)	17 (11%)	13 (8%)
	Attend legal visits?	21 (14%)	67 (45%)	18 (12%)	19 (13%)	7 (5%)	18 (12%)
	Obtain bail information?	7 (5%)	28 (19%)	34 (24%)	23 (16%)	21 (15%)	31 (22%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters						23 (15%)
	Yes						51 (32%)
	No.....						83 (53%)
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
					<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Are you normally offered enough clean, suitable clothes for the week?				90 (57%)	51 (32%)	4 (3%)
							12 (8%)

Are you normally able to have a shower every day?	122 (76%)	36 (23%)	2 (1%)	0 (0%)
Do you normally receive clean sheets every week?	121 (78%)	26 (17%)	5 (3%)	3 (2%)
Do you normally get cell cleaning materials every week?	110 (71%)	34 (22%)	8 (5%)	3 (2%)
Is your cell call bell normally answered within five minutes?	69 (45%)	58 (38%)	21 (14%)	6 (4%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	94 (63%)	53 (35%)	3 (2%)	0 (0%)
Can you normally get your stored property if you need to?	39 (25%)	76 (49%)	31 (20%)	10 (6%)

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>
5 (3%)	35 (22%)	39 (25%)	42 (27%)	37 (23%)

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 (8%)
Yes	70 (44%)
No.....	75 (47%)

Q4.6 Is it easy or difficult to get:

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form?	67 (43%)	58 (37%)	11 (7%)	9 (6%)	3 (2%)	7 (5%)
An application form?	78 (50%)	61 (39%)	8 (5%)	3 (2%)	2 (1%)	4 (3%)

Q4.7 Have you made an application?

Yes	129 (82%)
No.....	28 (18%)

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?	28 (18%)	73 (48%)	51 (34%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	28 (19%)	56 (38%)	65 (44%)

Q4.9 Have you made a complaint?

Yes	54 (34%)
No.....	104 (66%)

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?	104 (67%)	16 (10%)	35 (23%)
Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	104 (66%)	20 (13%)	33 (21%)
Were you given information about how to make an appeal?	52 (37%)	36 (26%)	53 (38%)

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	104 (67%)
Yes	16 (10%)
No.....	35 (23%)

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>
67 (44%)	5 (3%)	19 (12%)	29 (19%)	20 (13%)	13 (8%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	20 (13%)
<i>Enhanced</i>	77 (49%)
<i>Standard</i>	50 (32%)
<i>Basic</i>	6 (4%)
<i>Don't know</i>	5 (3%)

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	20 (14%)
Yes	79 (54%)
No	33 (22%)
<i>Don't know</i>	15 (10%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

Don't know what the IEP scheme is	20 (13%)
Yes	75 (50%)
No.....	35 (23%)
<i>Don't know</i>	21 (14%)

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)?	14 (9%)	142 (91%)
In the last six months have you spent a night in the segregation/care and separation unit?	14 (9%)	137 (91%)

Q4.17	Please answer the following questions about your religious beliefs	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	89 (57%)	25 (16%)	41 (26%)
	Are you able to speak to a religious leader of your faith in private if you want to?	88 (60%)	14 (10%)	45 (31%)
Q4.18	Can you speak to a Listener at any time if you want to?	Yes 115 (74%)	No 15 (10%)	<i>Don't know</i> 26 (17%)
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?	123 (80%)	31 (20%)	
	Do most staff treat you with respect?	117 (79%)	31 (21%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?	Yes 63 (40%)	No 95 (60%)																				
Q5.2	Do you feel unsafe in this prison at the moment?	Yes 26 (17%)	No 131 (83%)																				
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i>..... 95 (65%)</td> <td><i>At mealtimes</i>..... 10 (7%)</td> </tr> <tr> <td><i>Everywhere</i>..... 17 (12%)</td> <td><i>At health services</i>..... 10 (7%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 9 (6%)</td> <td><i>Visits area</i>..... 14 (10%)</td> </tr> <tr> <td><i>Association areas</i>..... 11 (8%)</td> <td><i>In wing showers</i>..... 18 (12%)</td> </tr> <tr> <td><i>Reception area</i>..... 7 (5%)</td> <td><i>In gym showers</i>..... 12 (8%)</td> </tr> <tr> <td><i>At the gym</i>..... 8 (5%)</td> <td><i>In corridors/stairwells</i>..... 12 (8%)</td> </tr> <tr> <td><i>In an exercise yard</i>..... 20 (14%)</td> <td><i>On your landing/wing</i>..... 13 (9%)</td> </tr> <tr> <td><i>At work</i>..... 8 (5%)</td> <td><i>In your cell</i>..... 11 (8%)</td> </tr> <tr> <td><i>During movement</i>..... 27 (18%)</td> <td><i>At religious services</i>..... 8 (5%)</td> </tr> <tr> <td><i>At education</i>..... 9 (6%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> 95 (65%)	<i>At mealtimes</i> 10 (7%)	<i>Everywhere</i> 17 (12%)	<i>At health services</i> 10 (7%)	<i>Segregation unit</i> 9 (6%)	<i>Visits area</i> 14 (10%)	<i>Association areas</i> 11 (8%)	<i>In wing showers</i> 18 (12%)	<i>Reception area</i> 7 (5%)	<i>In gym showers</i> 12 (8%)	<i>At the gym</i> 8 (5%)	<i>In corridors/stairwells</i> 12 (8%)	<i>In an exercise yard</i> 20 (14%)	<i>On your landing/wing</i> 13 (9%)	<i>At work</i> 8 (5%)	<i>In your cell</i> 11 (8%)	<i>During movement</i> 27 (18%)	<i>At religious services</i> 8 (5%)	<i>At education</i> 9 (6%)	
<i>Never felt unsafe</i> 95 (65%)	<i>At mealtimes</i> 10 (7%)																						
<i>Everywhere</i> 17 (12%)	<i>At health services</i> 10 (7%)																						
<i>Segregation unit</i> 9 (6%)	<i>Visits area</i> 14 (10%)																						
<i>Association areas</i> 11 (8%)	<i>In wing showers</i> 18 (12%)																						
<i>Reception area</i> 7 (5%)	<i>In gym showers</i> 12 (8%)																						
<i>At the gym</i> 8 (5%)	<i>In corridors/stairwells</i> 12 (8%)																						
<i>In an exercise yard</i> 20 (14%)	<i>On your landing/wing</i> 13 (9%)																						
<i>At work</i> 8 (5%)	<i>In your cell</i> 11 (8%)																						
<i>During movement</i> 27 (18%)	<i>At religious services</i> 8 (5%)																						
<i>At education</i> 9 (6%)																							
Q5.4	Have you been victimised by another prisoner or group of prisoners here?	Yes 29 (18%)	No 128 (82%) If No, go to question 5.6																				
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends).....</i></td> <td>12 (8%)</td> <td><i>Because of your sexuality.....</i></td> <td>0 (0%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends).....</i>	12 (8%)	<i>Because of your sexuality.....</i>	0 (0%)																
<i>Insulting remarks (about you or your family or friends).....</i>	12 (8%)	<i>Because of your sexuality.....</i>	0 (0%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	9 (6%)	<i>Because you have a disability</i>	3 (2%)
<i>Sexual abuse.....</i>	2 (1%)	<i>Because of your religion/religious beliefs.....</i>	3 (2%)
<i>Because of your race or ethnic origin.....</i>	4 (3%)	<i>Because of your age.....</i>	2 (1%)
<i>Because of drugs.....</i>	7 (5%)	<i>Being from a different part of the country than others.....</i>	5 (3%)
<i>Having your canteen/property taken.....</i>	11 (7%)	<i>Because of your offence/crime.....</i>	4 (3%)
<i>Because you were new here...</i>	6 (4%)	<i>Because of gang related issues.....</i>	9 (6%)

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

Yes.....	31 (20%)	If No, go to question 5.8
No.....	126 (80%)	

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

Q5.7

<i>Insulting remarks (about you or your family or friends).....</i>	13 (8%)	<i>Because you have a disability</i>	8 (5%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	11 (7%)	<i>Because of your religion/religious beliefs.....</i>	4 (3%)
<i>Sexual abuse.....</i>	2 (1%)	<i>Because of your age.....</i>	4 (3%)
<i>Because of your race or ethnic origin.....</i>	3 (12%)	<i>Being from a different part of the country than others.....</i>	5 (3%)
<i>Because of drugs.....</i>	4 (2%)	<i>Because of your offence/crime.....</i>	6 (4%)
<i>Because you were new here...</i>	11 (7%)	<i>Because of gang related issues.....</i>	5 (3%)
<i>Because of your sexuality.....</i>	1 (1%)		

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

Not been victimised	109 (73%)
Yes.....	12 (8%)
No.....	28 (19%)

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

Yes.....	28 (18%)
No.....	124 (82%)

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

Yes.....	28 (18%)
No.....	124 (82%)

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 (7%)	13 (9%)	8 (5%)	10 (7%)	16 (11%)	94 (62%)

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	17 (11%)	10 (7%)	35 (23%)	19 (12%)	47 (31%)	25 (16%)
The nurse	15 (10%)	15 (10%)	61 (41%)	13 (9%)	29 (20%)	15 (10%)
The dentist	32 (21%)	8 (5%)	14 (9%)	15 (10%)	39 (26%)	43 (28%)
The optician	47 (32%)	8 (5%)	17 (11%)	17 (11%)	28 (19%)	32 (21%)

Q6.2 Are you able to see a pharmacist?

Yes	91 (65%)
No	49 (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	30 (20%)	17 (11%)	44 (29%)	17 (11%)	24 (16%)	21 (14%)
The nurse	29 (19%)	25 (17%)	52 (35%)	17 (11%)	15 (10%)	12 (8%)
The dentist	66 (45%)	9 (6%)	20 (14%)	13 (9%)	18 (12%)	21 (14%)
The optician	74 (51%)	5 (3%)	23 (16%)	14 (10%)	11 (8%)	17 (12%)

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>
23 (15%)	17 (11%)	39 (26%)	27 (18%)	21 (14%)	25 (16%)

Q6.5 Are you currently taking medication?

Yes	70 (45%)
No	85 (55%)

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>	85 (55%)
Yes	46 (30%)
No	24 (15%)

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

Yes	47 (31%)
No	106 (69%)

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

<i>Do not have any issues/not receiving any help</i>	121 (82%)
<i>Doctor</i>	15 (10%)
<i>Nurse</i>	9 (6%)
<i>Psychiatrist</i>	12 (8%)
<i>Mental health in-reach team</i>	17 (11%)
<i>Counsellor</i>	10 (7%)
<i>Other</i>	2 (1%)

Q6.9	Did you have a problem with either of the following when you came into this prison?				
			Yes	No	
	Drugs		59 (39%)	92 (61%)	
	Alcohol		40 (30%)	95 (70%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?				
	Yes			7 (5%)	
	No			147 (95%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?				
	Yes			57 (37%)	
	No			16 (10%)	
	<i>Did not/do not have a drug or alcohol problem</i>			82 (53%)	
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, whilst in this prison?				
	Yes			49 (32%)	
	No			23 (15%)	
	<i>Did not/do not have a drug or alcohol problem</i>			82 (53%)	
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?				
	Yes			42 (27%)	
	No			8 (5%)	
	<i>Did not have a problem/have not received help</i>			105 (68%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?				
			Yes	No	Don't know
	Drugs		19 (13%)	102 (68%)	29 (19%)
	Alcohol		12 (9%)	101 (72%)	27 (19%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?				
	Yes			31 (21%)	
	No			27 (19%)	
	N/A.....			87 (60%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	66 (44%)
	Vocational or skills training.....	22 (15%)
	Education (including basic skills).....	29 (19%)
	Offending behaviour programmes.....	15 (10%)
	<i>Not involved in any of these</i>	47 (31%)

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	26 (20%)	44 (34%)	37 (29%)	21 (16%)
Vocational or skills training	28 (27%)	39 (37%)	25 (24%)	13 (12%)
Education (including basic skills)	23 (22%)	40 (38%)	28 (27%)	13 (13%)
Offending behaviour programmes	31 (31%)	32 (32%)	26 (26%)	11 (11%)

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

Don't want to go	25 (17%)
<i>Never</i>	42 (28%)
<i>Less than once a week</i>	27 (18%)
<i>About once a week</i>	36 (24%)
<i>More than once a week</i>	6 (4%)
<i>Don't know</i>	14 (9%)

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
23 (15%)	34 (23%)	10 (7%)	31 (21%)	32 (21%)	7 (5%)	14 (9%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
12 (8%)	13 (9%)	51 (34%)	29 (19%)	33 (22%)	11 (7%)

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

<i>Less than 2 hours</i>	32 (21%)
<i>2 to less than 4 hours</i>	30 (20%)
<i>4 to less than 6 hours</i>	26 (17%)
<i>6 to less than 8 hours</i>	22 (15%)
<i>8 to less than 10 hours</i>	9 (6%)
<i>10 hours or more</i>	9 (6%)
<i>Don't know</i>	22 (15%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
0 (0%)	5 (3%)	21 (14%)	88 (59%)	22 (15%)	14 (9%)

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

Do not go on association	6 (4%)
<i>Never</i>	17 (11%)
<i>Rarely</i>	38 (26%)
<i>Some of the time</i>	55 (37%)
<i>Most of the time</i>	21 (14%)
<i>All of the time</i>	11 (7%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>	57	(38%)			
	<i>In the first week</i>	42	(28%)			
	<i>More than a week</i>	30	(20%)			
	<i>Don't remember</i>	21	(14%)			
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>	28	(19%)			
	<i>Helpful</i>	30	(21%)			
	<i>Neither</i>	20	(14%)			
	<i>Not very helpful</i>	6	(4%)			
	<i>Not at all helpful</i>	5	(3%)			
57 (39%)						
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>	65	(43%)			
	<i>Yes</i>	32	(21%)			
	<i>No</i>	53	(35%)			
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>	118	(77%)			
	<i>Very involved</i>	9	(6%)			
	<i>Involved</i>	10	(7%)			
	<i>Neither</i>	5	(3%)			
	<i>Not very involved</i>	5	(3%)			
	<i>Not at all involved</i>	6	(4%)			
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>	118	(78%)			
	<i>Yes</i>	21	(14%)			
	<i>No</i>	13	(9%)			
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>	118	(78%)			
	<i>Yes</i>	15	(10%)			
	<i>No</i>	18	(12%)			
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>	65	(43%)			
	<i>Yes</i>	33	(22%)			
	<i>No</i>	54	(36%)			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>	30	(21%)			
	<i>No</i>	116	(79%)			
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>	76	(51%)			

No..... 57 (38%)
 Don't know..... 16 (11%)

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

Yes 37 (25%)
 No..... 110 (73%)
 Don't know..... 3 (2%)

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

Not been here a week yet 12 (8%)
 Yes 24 (16%)
 No..... 105 (70%)
 Don't remember..... 8 (5%)

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

Not been in a week	0	1 to 2	3 to 4	5 or more
12 (8%)	78 (54%)	52 (36%)	2 (1%)	1 (1%)

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

Not had any visits 41 (28%)
 Very well..... 20 (14%)
 Well 37 (25%)
 Neither 16 (11%)
 Badly 9 (6%)
 Very badly 7 (5%)
 Don't know..... 18 (12%)

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

Yes 55 (37%)
 No..... 92 (63%)

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

Don't know who to contact .. 75 (56%)	<i>Help with your finances in preparation for release</i> 23 (17%)
<i>Maintaining good relationships</i> 27 (20%)	<i>Claiming benefits on release</i> .. 41 (31%)
<i>Avoiding bad relationships</i> 19 (14%)	<i>Arranging a place at college/continuing education on release</i> 25 (19%)
<i>Finding a job on release</i> 39 (29%)	<i>Continuity of health services on release</i> 25 (19%)
<i>Finding accommodation on release</i> 39 (29%)	<i>Opening a bank account</i> 27 (20%)

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

<i>No problems</i>	49 (34%)	<i>Help with your finances in preparation for release</i>	41 (28%)
<i>Maintaining good relationships</i>	24 (17%)	<i>Claiming benefits on release</i> ..	46 (32%)
<i>Avoiding bad relationships</i>	32 (22%)	<i>Arranging a place at college/continuing education on release</i>	27 (19%)
<i>Finding a job on release</i>	74 (51%)	<i>Continuity of health services on release</i>	24 (17%)
<i>Finding accommodation on release</i>	58 (40%)	<i>Opening a bank account</i>	30 (21%)

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>	65 (42%)
<i>Yes</i>	46 (30%)
<i>No</i>	42 (27%)

Thank you for completing this survey

Main comparator and comparator to last time



Prisoner survey responses HMP/YOI Chelmsford 2011

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

Key to tables

		HMP/YOI Chelmsford 2011	Local comparator	HMP/YOI Chelmsford 2011	HMP/YOI Chelmsford 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage 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		164	5012	164	124
SECTION 1: General information					
2	Are you under 21 years of age?	30%	5%	30%	38%
3a	Are you sentenced?	60%	66%	60%	59%
3b	Are you on recall?	5%	11%	5%	15%
4a	Is your sentence less than 12 months?	21%	18%	21%	24%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	4%	3%	3%
5	Do you have six months or less to serve?	33%	33%	33%	28%
6	Have you been in this prison less than a month?	26%	20%	26%	28%
7	Are you a foreign national?	12%	14%	12%	12%
8	Is English your first language?	87%	88%	87%	92%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	27%	26%	27%	28%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	5%	4%	6%
11	Are you Muslim?	15%	11%	15%	13%
12	Are you homosexual/gay or bisexual?	3%	3%	3%	3%
13	Do you consider yourself to have a disability?	18%	19%	18%	19%
14	Is this your first time in prison?	30%	28%	30%	31%
15	Have you been in more than five prisons this time?	5%	9%	5%	13%
16	Do you have any children under the age of 18?	48%	55%	48%	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?	57%	49%	57%	51%
1b	Was your personal safety during the journey good/very good?	69%	60%	69%	54%
1c	Was the comfort of the van good/very good?	14%	13%	14%	8%
1d	Was the attention paid to your health needs good/very good?	32%	29%	32%	24%
1e	Was the frequency of toilet breaks good/very good?	19%	16%	19%	14%
2	Did you spend more than four hours in the van?	3%	3%	3%	5%
3	Were you treated well/very well by the escort staff?	67%	65%	67%	66%
4a	Did you know where you were going when you left court or when transferred from another prison?	81%	73%	81%	75%
4b	Before you arrived here did you receive any written information about what would happen to you?	14%	15%	14%	16%
4c	When you first arrived here did your property arrive at the same time as you?	86%	81%	86%	80%

Key to tables

Main comparator and comparator to last time

	Any percentage highlighted in green is significantly better	HMP/YOI Chelmsford 2011	Local comparator	HMP/YOI Chelmsford 2011	HMP/YOI Chelmsford 2009
	Any percentage highlighted in blue is significantly worse				
	Any percentage 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					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	14%	13%	14%	6%
1c	Housing problems?	26%	30%	26%	25%
1d	Problems contacting employers?	17%	13%	17%	11%
1e	Problems contacting family?	41%	51%	41%	26%
1f	Problems ensuring dependants were looked after?	14%	15%	14%	10%
1g	Money problems?	18%	17%	18%	16%
1h	Problems of feeling depressed/suicidal?	57%	53%	57%	49%
1i	Health problems?	56%	62%	56%	66%
1j	Problems in needing protection from other prisoners?	20%	21%	20%	13%
1k	Problems accessing phone numbers?	45%	41%	45%	37%
2	When you first arrived:				
2a	Did you have any problems?	72%	76%	72%	80%
2b	Did you have any problems with loss of property?	11%	14%	11%	15%
2c	Did you have any housing problems?	26%	25%	26%	20%
2d	Did you have any problems contacting employers?	10%	7%	10%	8%
2e	Did you have any problems contacting family?	32%	34%	32%	44%
2f	Did you have any problems ensuring dependants were being looked after?	5%	8%	5%	7%
2g	Did you have any money worries?	23%	23%	23%	24%
2h	Did you have any problems with feeling depressed or suicidal?	26%	21%	26%	22%
2i	Did you have any health problems?	25%	30%	25%	24%
2j	Did you have any problems with needing protection from other prisoners?	9%	9%	9%	10%
2k	Did you have problems accessing phone numbers?	31%	32%	31%	27%
3a	Were you seen by a member of health services in reception?	95%	88%	95%	99%
3b	When you were searched in reception, was this carried out in a respectful way?	81%	72%	81%	77%
4	Were you treated well/very well in reception?	71%	57%	71%	59%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	43%	46%	43%	32%
5b	Support was available for people feeling depressed or suicidal?	46%	46%	46%	39%
5c	How to make routine requests?	34%	37%	34%	21%
5d	Your entitlement to visits?	40%	44%	40%	34%
5e	Health services?	51%	50%	51%	38%
5f	The chaplaincy?	40%	47%	40%	34%
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	94%	85%	94%	86%
6b	The opportunity to have a shower?	23%	35%	23%	12%
6c	The opportunity to make a free telephone call?	41%	58%	41%	19%
6d	Something to eat?	82%	80%	82%	71%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	28%	47%	28%	28%
7b	Someone from health services?	72%	74%	72%	78%

Key to tables

Main comparator and comparator to last time

Any percentage highlighted in green is significantly better		HMP/YOI Chelmsford 2011	Local comparator	HMP/YOI Chelmsford 2011	HMP/YOI Chelmsford 2009
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
7c	A Listener/Samaritans?	25%	23%	25%	18%
8	Did you have access to the prison shop/canteen within the first 24 hours?	10%	15%	10%	3%
9	Did you feel safe on your first night here?	75%	71%	75%	67%
10	Have you been on an induction course?	94%	76%	94%	88%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	62%	58%	62%	60%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	40%	41%	40%	27%
1b	Attend legal visits?	59%	59%	59%	49%
1c	Obtain bail information?	24%	25%	24%	12%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	40%	33%	33%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	57%	49%	57%	33%
3b	Are you normally able to have a shower every day?	76%	79%	76%	64%
3c	Do you normally receive clean sheets every week?	78%	82%	78%	43%
3d	Do you normally get cell cleaning materials every week?	71%	63%	71%	53%
3e	Is your cell call bell normally answered within five minutes?	45%	36%	45%	25%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	63%	64%	63%	55%
3g	Can you normally get your stored property if you need to?	25%	25%	25%	18%
4	Is the food in this prison good/very good?	25%	25%	25%	14%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	45%	44%	9%
6a	Is it easy/very easy to get a complaints form?	81%	78%	81%	74%
6b	Is it easy/very easy to get an application form?	89%	85%	89%	79%
7	Have you made an application?	82%	85%	82%	81%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	59%	55%	59%	39%
8b	Do you feel applications are dealt with promptly (within seven days)?	46%	47%	46%	27%
9	Have you made a complaint?	34%	42%	34%	41%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	32%	30%	32%	20%
10b	Do you feel complaints are dealt with promptly (within seven days)?	38%	33%	38%	30%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	32%	26%	32%	27%
10c	Were you given information about how to make an appeal?	26%	21%	26%	26%
12	Is it easy/very easy to see the Independent Monitoring Board?	16%	23%	16%	12%
13	Are you on the enhanced (top) level of the IEP scheme?	49%	26%	49%	24%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	49%	54%	46%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	44%	50%	50%
16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	7%	9%	13%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	11%	9%	13%
13a	Do you feel your religious beliefs are respected?	57%	54%	57%	51%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	55%	60%	54%

Main comparator and comparator to last time

Key to tables

		HMP/YOI Chelmsford 2011	Local comparator	HMP/YOI Chelmsford 2011	HMP/YOI Chelmsford 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
14	Are you able to speak to a Listener at any time if you want to?	74%	58%	74%	60%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	80%	69%	80%	70%
15b	Do most staff in this prison treat you with respect?	79%	68%	79%	62%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	40%	41%	40%	43%
2	Do you feel unsafe in this prison at the moment?	17%	19%	17%	20%
4	Have you been victimised by another prisoner?	19%	22%	19%	17%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	8%	11%	8%	9%
5b	Hit, kicked or assaulted you?	6%	7%	6%	3%
5c	Sexually abused you?	1%	1%	1%	0%
5d	Victimised you because of your race or ethnic origin?	3%	4%	3%	3%
5e	Victimised you because of drugs?	4%	4%	4%	2%
5f	Taken your canteen/property?	7%	5%	7%	4%
5g	Victimised you because you were new here?	4%	6%	4%	4%
5h	Victimised you because of your sexuality?	0%	1%	0%	0%
5i	Victimised you because you have a disability?	2%	3%	2%	0%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	1%
5k	Victimised you because of your age?	1%	2%	1%	3%
5l	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
5m	Victimised you because of your offence/crime?	3%	5%	3%	3%
5n	Victimised you because of gang related issues?	6%	4%	6%	6%
6	Have you been victimised by a member of staff?	20%	27%	20%	27%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	8%	12%	8%	13%
7b	Hit, kicked or assaulted you?	7%	5%	7%	5%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	2%	5%	2%	7%
7e	Victimised you because of drugs?	3%	5%	3%	1%
7f	Victimised you because you were new here?	7%	6%	7%	5%
7g	Victimised you because of your sexuality?	1%	1%	1%	0%
7h	Victimised you because you have a disability?	5%	3%	5%	3%
7i	Victimised you because of your religion/religious beliefs?	3%	3%	3%	6%
7j	Victimised you because of your age?	3%	2%	3%	5%
7k	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
7l	Victimised you because of your offence/crime?	4%	5%	4%	4%
7m	Victimised you because of gang related issues?	3%	2%	3%	4%
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	30%	34%	30%	23%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	18%	25%	18%	19%
10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	24%	18%	24%

Main comparator and comparator to last time

Key to tables

		HMP/YOI Chelmsford 2011	Local comparator	HMP/YOI Chelmsford 2011	HMP/YOI Chelmsford 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
11	Is it easy/very easy to get illegal drugs in this prison?	15%	31%	15%	24%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	29%	26%	29%	19%
1b	Is it easy/very easy to see the nurse?	51%	50%	51%	34%
1c	Is it easy/very easy to see the dentist?	15%	10%	15%	3%
1d	Is it easy/very easy to see the optician?	17%	12%	17%	7%
2	Are you able to see a pharmacist?	65%	43%	65%	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?	50%	45%	50%	43%
3b	The nurse?	64%	58%	64%	54%
3c	The dentist?	36%	31%	36%	41%
3d	The optician?	40%	34%	40%	32%
4	The overall quality of health services?	43%	40%	43%	39%
5	Are you currently taking medication?	45%	49%	45%	44%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	66%	56%	66%	69%
7	Do you feel you have any emotional well-being/mental health issues?	31%	34%	31%	38%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	36%	40%	36%	44%
8b	A doctor?	36%	33%	36%	28%
8c	A nurse?	21%	18%	21%	23%
8d	A psychiatrist?	29%	19%	29%	15%
8e	The mental health in-reach team?	41%	27%	41%	18%
8f	A counsellor?	24%	12%	24%	8%
9a	Did you have a drug problem when you came into this prison?	39%	35%	39%	41%
9b	Did you have an alcohol problem when you came into this prison?	30%	25%	30%	29%
10a	Have you developed a drug problem since you have been in this prison?	5%	9%	5%	7%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	78%	81%	78%	81%
12	Have you received any help or intervention while in this prison?	68%	67%	69%	73%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	84%	77%	84%	81%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	32%	32%	32%	33%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	28%	26%	28%	30%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	54%	59%	54%	60%

Main comparator and comparator to last time

Key to tables

		HMP/YOI Chelmsford 2011	Local comparator	HMP/YOI Chelmsford 2011	HMP/YOI Chelmsford 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage 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?	44%	42%	44%	37%
1b	Vocational or skills training?	15%	10%	15%	11%
1c	Education (including basic skills)?	19%	25%	19%	29%
1d	Offending behaviour programmes?	10%	7%	10%	16%
2ai	Have you had a job while in this prison?	80%	66%	80%	65%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	43%	41%	43%	37%
2bi	Have you been involved in vocational or skills training while in this prison?	73%	51%	73%	58%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	51%	51%	51%	41%
2ci	Have you been involved in education while in this prison?	78%	62%	78%	66%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	49%	59%	49%	54%
2di	Have you been involved in offending behaviour programmes while in this prison?	69%	48%	69%	56%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	46%	48%	46%	57%
3	Do you go to the library at least once a week?	28%	37%	28%	25%
4	On average, do you go to the gym at least twice a week?	46%	43%	46%	35%
5	On average, do you go outside for exercise three or more times a week?	42%	37%	42%	53%
6	On average, do you spend ten or more hours out of your cell on a week day?	6%	9%	6%	4%
7	On average, do you go on association more than five times each week?	15%	48%	15%	53%
8	Do staff normally speak to you most of the time/all of the time during association?	22%	17%	22%	19%
SECTION 8: Resettlement					
1	Do you have a personal officer?	62%	45%	62%	39%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	65%	61%	65%	64%
For those who are sentenced:					
3	Do you have a sentence plan?	38%	41%	38%	47%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	54%	59%	54%	63%
5	Can you achieve some/all of your sentence plan targets in this prison?	62%	62%	62%	58%
6	Are there plans for you to achieve some/all your targets in another prison?	45%	45%	45%	58%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	38%	26%	38%	31%
8	Do you feel that any member of staff has helped you to prepare for release?	21%	14%	21%	15%
9	Have you had any problems with sending or receiving mail?	51%	44%	51%	61%
10	Have you had any problems getting access to the telephones?	25%	32%	25%	48%
11	Did you have a visit in the first week that you were here?	16%	35%	16%	21%
12	Did you receive one or more visits in the last week?	38%	41%	38%	41%
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	53%	48%	53%	41%

Main comparator and comparator to last time

Key to tables

		HMP/YOI Chelmsford 2011	Local comparator	HMP/YOI Chelmsford 2011	HMP/YOI Chelmsford 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
14	Have you been helped to maintain contact with family/friends while in this prison?	37%	35%	37%	25%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	20%	13%	20%	13%
15c	Avoiding bad relationships?	14%	10%	14%	7%
15d	Finding a job on release?	29%	27%	29%	25%
15e	Finding accommodation on release?	29%	30%	29%	31%
15f	With money/finances on release?	17%	18%	17%	14%
15g	Claiming benefits on release?	31%	32%	31%	31%
15h	Arranging a place at college/continuing education on release?	19%	17%	19%	22%
15i	Accessing health services on release?	19%	21%	19%	16%
15j	Opening a bank account on release?	20%	17%	20%	15%
16	Do you think you will have a problem with any of the following on release from prison:				
16b	Maintaining good relationships?	17%	14%	17%	14%
16c	Avoiding bad relationships?	22%	14%	22%	10%
16d	Finding a job?	51%	49%	51%	51%
16e	Finding accommodation?	40%	41%	40%	45%
16f	Money/finances?	28%	35%	28%	31%
16g	Claiming benefits?	32%	33%	32%	37%
16h	Arranging a place at college/continuing education?	19%	21%	19%	21%
16i	Accessing health services?	17%	19%	17%	11%
16j	Opening a bank account?	21%	30%	21%	29%
	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?	52%	47%	52%	48%

Diversity analysis



Key question responses (ethnicity, nationality and religion) HMP/YOI Chelmsford 2011

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage 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		44	118	19	140	25	138
1.3	Are you sentenced?	53%	64%	42%	63%	48%	62%
1.7	Are you a foreign national?	18%	9%			21%	10%
1.8	Is English your first language?	73%	94%	27%	96%	60%	92%
1.9	Are you from a minority ethnic group (Including all those who did not tick white British, white Irish or white other categories)?			44%	25%	89%	16%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%	6%	4%	0%	4%
1.11	Are you Muslim?	50%	3%	27%	14%		
1.12	Do you consider yourself to have a disability?	7%	22%	0%	20%	8%	20%
1.13	Is this your first time in prison?	37%	27%	47%	27%	52%	27%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	27%	34%	41%	29%	40%	31%
2.3	Were you treated well/very well by the escort staff?	64%	68%	61%	67%	63%	67%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	77%	84%	79%	81%	71%	82%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	45%	40%	56%	40%	48%	40%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	45%	62%	50%	59%	52%	58%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	45%	60%	72%	56%	52%	57%
3.2a	Did you have any problems when you first arrived?	70%	72%	54%	74%	63%	73%
3.3a	Were you seen by a member of health care staff in reception?	84%	98%	95%	94%	88%	96%
3.3b	When you were searched in reception, was this carried out in a respectful way?	70%	85%	90%	79%	63%	84%
3.4	Were you treated well/very well in reception?	63%	73%	90%	69%	58%	73%
3.7b	Did you have access to someone from health care within the first 24 hours?	61%	75%	76%	72%	59%	74%
3.9	Did you feel safe on your first night here?	74%	76%	73%	75%	63%	77%
3.10	Have you been on an induction course?	95%	93%	95%	94%	100%	93%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	35%	53%	38%	37%	40%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage 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?	56%	57%	67%	57%	46%	60%
4.3b	Are you normally able to have a shower every day?	71%	78%	73%	77%	67%	79%
4.3e	Is your cell call bell normally answered within five minutes?	40%	46%	67%	42%	35%	46%
4.4	Is the food in this prison good/very good?	21%	26%	42%	24%	17%	27%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	32%	49%	42%	45%	25%	47%
4.6a	Is it easy/very easy to get a complaints form?	81%	80%	77%	81%	75%	82%
4.6b	Is it easy/very easy to get an application form?	86%	90%	90%	90%	83%	90%
4.9	Have you made a complaint?	34%	35%	27%	35%	29%	35%
4.13	Are you on the enhanced (top) level of the IEP scheme?	39%	52%	32%	51%	37%	51%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	60%	22%	59%	23%	59%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	50%	33%	53%	54%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	20%	5%	5%	10%	8%	9%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	22%	5%	11%	9%	13%	9%
4.17a	Do you feel your religious beliefs are respected?	63%	55%	63%	58%	58%	57%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	64%	58%	73%	59%	61%	59%
4.18	Are you able to speak to a Listener at any time if you want to?	61%	78%	73%	74%	54%	77%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	82%	79%	80%	71%	81%
4.19b	Do most staff in this prison treat you with respect?	68%	83%	76%	80%	58%	83%
5.1	Have you ever felt unsafe in this prison?	39%	41%	37%	41%	46%	39%
5.2	Do you feel unsafe in this prison at the moment?	22%	15%	10%	18%	33%	14%
5.4	Have you been victimised by another prisoner?	19%	18%	22%	17%	25%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	1%	0%	3%	12%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	3%	0%	2%	0%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	1%	0%	2%	8%	1%
5.6	Have you been victimised by a member of staff?	17%	21%	5%	22%	21%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	1%	0%	2%	12%	0%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage 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%	7%	0%	6%	0%	6%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	1%	5%	2%	12%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	20%	18%	17%	18%	30%	16%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	19%	16%	17%	22%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	5%	19%	6%	17%	0%	18%
6.1a	Is it easy/very easy to see the doctor?	26%	30%	33%	29%	26%	29%
6.1b	Is it easy/ very easy to see the nurse?	58%	49%	47%	53%	44%	52%
6.2	Are you able to see a pharmacist?	54%	68%	63%	64%	29%	71%
6.5	Are you currently taking medication?	28%	51%	50%	44%	22%	49%
6.7	Do you feel you have any emotional well-being/mental health issues?	18%	35%	5%	34%	24%	31%
7.1a	Are you currently working in the prison?	35%	47%	39%	45%	22%	48%
7.1b	Are you currently undertaking vocational or skills training?	15%	14%	28%	13%	13%	15%
7.1c	Are you currently in education (including basic skills)?	28%	16%	50%	16%	30%	17%
7.1d	Are you currently taking part in an offending behaviour programme?	10%	9%	5%	11%	0%	12%
7.3	Do you go to the library at least once a week?	33%	26%	33%	27%	18%	30%
7.4	On average, do you go to the gym at least twice a week?	50%	46%	33%	48%	30%	49%
7.5	On average, do you go outside for exercise three or more times a week?	43%	42%	35%	42%	44%	41%
7.6	On average, do you spend ten or more hours out of your cell on a week day? (This includes hours at education, at work etc.)	10%	5%	0%	7%	4%	6%
7.7	On average, do you go on association more than five times each week?	15%	15%	5%	16%	13%	15%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	21%	22%	18%	23%	24%	21%
8.1	Do you have a personal officer?	46%	68%	50%	64%	36%	66%
8.9	Have you had any problems sending or receiving mail?	49%	52%	35%	53%	50%	52%
8.10	Have you had any problems getting access to the telephones?	26%	25%	30%	24%	35%	23%

Diversity analysis - disability



Key questions (disability analysis) HMP/YOI Chelmsford 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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		29	132
1.3	Are you sentenced?	62%	60%
1.7	Are you a foreign national?	0%	14%
1.8	Is English your first language?	100%	85%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	10%	30%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	3%
1.11	Are you Muslim?	7%	16%
1.14	Is this your first time in prison?	24%	31%
2.1d	Was the attention paid to your health needs good/very good?	25%	32%
2.3	Were you treated well/very well by the escort staff?	63%	67%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	79%	82%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	37%	41%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	67%	55%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	67%	53%
3.2a	Did you have any problems when you first arrived?	89%	68%
3.3a	Were you seen by a member of health care staff in reception?	97%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	81%	81%
3.4	Were you treated well/very well in reception?	62%	72%
3.7b	Did you have access to someone from health care within the first 24 hours?	68%	72%
3.9	Did you feel safe on your first night here?	59%	78%
3.10	Have you been on an induction course?	93%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	41%

Diversity analysis - disability

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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?	59%	57%
4.3b	Are you normally able to have a shower every day?	79%	75%
4.3e	Is your cell call bell normally answered within five minutes?	43%	45%
4.4	Is the food in this prison good/very good?	28%	24%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	41%
4.6a	Is it easy/very easy to get a complaints form?	75%	82%
4.6b	Is it easy/very easy to get an application form?	79%	91%
4.9	Have you made a complaint?	45%	32%
4.13	Are you on the enhanced (top) level of the IEP scheme?	52%	48%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	59%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	32%	54%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	10%	9%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	10%
4.17a	Do you feel your religious beliefs are respected?	69%	54%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	60%
4.18	Are you able to speak to a Listener at any time if you want to?	74%	74%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	82%
4.19b	Do most staff in this prison treat you with respect?	69%	81%
5.1	Have you ever felt unsafe in this prison?	45%	39%
5.2	Do you feel unsafe in this prison at the moment?	28%	14%
5.4	Have you been victimised by another prisoner?	24%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	2%
5.5i	Victimised you because you have a disability?	10%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	1%
5.6	Have you been victimised by a member of staff?	35%	17%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	2%
5.7h	Victimised you because you have a disability?	21%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	2%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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?	32%	15%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	16%
5.11	Is it easy/very easy to get illegal drugs in this prison?	28%	12%
6.1a	Is it easy/very easy to see the doctor?	28%	29%
6.1b	Is it easy/ very easy to see the nurse?	50%	51%
6.2	Are you able to see a pharmacist?	63%	65%
6.5	Are you currently taking medication?	73%	39%
6.7	Do you feel you have any emotional well being/mental health issues?	59%	24%
7.1a	Are you currently working in the prison?	26%	48%
7.1b	Are you currently undertaking vocational or skills training?	7%	16%
7.1c	Are you currently in education (including basic skills)?	11%	21%
7.1d	Are you currently taking part in an offending behaviour programme?	4%	11%
7.3	Do you go to the library at least once a week?	28%	27%
7.4	On average, do you go to the gym at least twice a week?	18%	53%
7.5	On average, do you go outside for exercise three or more times a week?	36%	43%
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.)	3%	7%
7.7	On average, do you go on association more than five times each week?	15%	15%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	15%	23%
8.1	Do you have a personal officer?	57%	64%
8.9	Have you had any problems sending or receiving mail?	64%	48%
8.10	Have you had any problems getting access to the telephones?	36%	22%



Diversity analysis - age
Key question responses (age - under 21) HMP/YOI Chelmsford 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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		49	114
1.3	Are you sentenced?	49%	65%
1.7	Are you a foreign national?	13%	12%
1.8	Is English your first language?	84%	88%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	47%	19%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	2%
1.11	Are you Muslim?	27%	11%
1.13	Do you consider yourself to have a disability?	11%	22%
1.14	Is this your first time in prison?	33%	29%
2.1d	Was the attention paid to your health needs good/very good?	30%	32%
2.3	Were you treated well/very well by the escort staff?	59%	70%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	70%	85%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	42%	41%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	40%	65%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	49%	60%
3.2a	Did you have any problems when you first arrived?	83%	67%
3.3a	Were you seen by a member of health care staff in reception?	94%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	63%	89%

Diversity analysis - age

Key to tables

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	55%	78%
3.7b	Did you have access to someone from health care within the first 24 hours?	60%	76%
3.9	Did you feel safe on your first night here?	70%	77%
3.10	Have you been on an induction course?	96%	93%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	44%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	55%	58%
4.3b	Are you normally able to have a shower every day?	76%	76%
4.3e	Is your cell call bell normally answered within five minutes?	45%	45%
4.4	Is the food in this prison good/very good?	15%	30%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	47%
4.6a	Is it easy/very easy to get a complaints form?	79%	81%
4.6b	Is it easy/very easy to get an application form?	88%	90%
4.9	Have you made a complaint?	40%	32%
4.13	Are you on the enhanced (top) level of the IEP scheme?	38%	54%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	59%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	49%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	23%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	24%	3%
4.17a	Do you feel your religious beliefs are respected?	52%	60%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	59%

Diversity analysis - age

Key to tables

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	61%	80%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	84%
4.15b	Do most staff in this prison treat you with respect?	68%	84%
5.1	Have you ever felt unsafe in this prison?	46%	38%
5.2	Do you feel unsafe in this prison at the moment?	19%	16%
5.4	Have you been victimised by another prisoner?	17%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	2%
5.5i	Victimised you because you have a disability?	0%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	0%	2%
5.6	Have you been victimised by a member of staff?	31%	15%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	1%
5.7h	Victimised you because you have a disability?	4%	6%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	1%
5.7j	Have you been victimised because of your age? (By staff)	4%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	22%	17%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	26%	15%
5.11	Is it easy/very easy to get illegal drugs in this prison?	19%	13%
6.1a	Is it easy/very easy to see the doctor?	13%	36%
6.1b	Is it easy/ very easy to see the nurse?	44%	56%

Diversity analysis - age

Key to tables

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.2	Are you able to see a pharmacist?	45%	74%
6.5	Are you currently taking medication?	26%	53%
6.7	Do you feel you have any emotional well-being/mental health issues?	33%	30%
7.1a	Are you currently working in the prison?	33%	50%
7.1b	Are you currently undertaking vocational or skills training?	11%	17%
7.1c	Are you currently in education (including basic skills)?	22%	19%
7.1d	Are you currently taking part in an offending behaviour programme?	9%	11%
7.3	Do you go to the library at least once a week?	24%	30%
7.4	On average, do you go to the gym at least twice a week?	64%	39%
7.5	On average, do you go outside for exercise three or more times a week?	63%	31%
7.6	On average, do you spend ten or more hours out of your cell on a week day? (This includes hours at education, at work etc.)	6%	6%
7.7	On average, do you go on association more than five times each week?	17%	14%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	23%
8.1	Do you have a personal officer?	53%	67%
8.9	Have you had any problems sending or receiving mail?	63%	45%
8.10	Have you had any problems getting access to the telephones?	31%	22%

