

Report on an announced inspection of

HMP Elmley

19–23 March 2012

by HM Chief Inspector of Prisons

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Introduction

HMP Elmley, as one of three prisons on the Isle of Sheppey in Kent was, until recently, part of the Sheppey 'cluster' of prisons. Organised as one entity, each governor reported to a cluster chief executive and shared a number of common services. In 2011 the formal clustering structure was abandoned and Elmley is now managed along more traditional lines, with a governor reporting directly to the Kent and Sussex Deputy Director of Custody. Primarily a local prison with a small category C facility, the institution holds mainly adult but also some young adult prisoners. Since we last inspected, the addition of house block 6 has seen the capacity grow to over 1,200 places, though this means that the prison is now holding 300 more than its normal capacity.

Overall our findings at this announced inspection were positive. The prison was, first of all, a reasonably safe place. Prisoners indicated to us that they felt safer than when we last visited and than in similar establishments. Levels of violence were also lower than in comparable prisons and there was a good understanding, based on consultation, about prisoners' safety concerns. Prisoners identified overcrowded cells and poorly supervised walkways as the places in which they felt least safe.

Incidences of self-harm were lower than in many local prisons and those in crisis received good levels of care, in particular from active Listener peer supporters. However, not all night staff had the confidence to deal with emergency situations and not all carried anti-ligature knives.

There appeared to have been some good work done to reduce reliance on the use of force and it had, as a consequence, fallen significantly. Arrangements in segregation were mixed. The regime had improved but governance and several procedures were weak. The prison had very good interventions to address drug and alcohol issues and data suggested that illicit drug use was not excessive. Some target testing procedures, however, were lacking.

Despite being a relatively modern prison some environmental standards, particularly on the wings, were disappointing. Amenities such as showers were in a poor condition, cells were often poorly equipped and larger cells originally designed for two prisoners were holding three. It was frustrating that delays to prisoner mail deliveries – something we saw at the last inspection – had still not been resolved. Staff-prisoner relationships were reasonably good and the promotion of equality was generally satisfactory. Some good work was done by staff and prisoners to support vulnerable prisoners through the 'Trust Programme', a locally developed initiative. Health services were generally good, although prisoners expressed negative perceptions which needed to be understood.

The prison's main weakness was in the provision of activity. We judged that outcomes in this area were not sufficiently good, and some outcomes remained poor. We were confident that staff understood the challenges they faced and there appeared to be strategies and plans in place to build on recent improvements. The quality of some learning and skills provision was reasonable but there was insufficient activity for about 400 prisoners. It was therefore unacceptable that poor promotion of activity and low attendance left some places unfilled. There was some underemployment with, for example, far too many doing notional and low skilled cleaning jobs. Access to time out of cell and association was also limited. During the working day about a third of Elmley's prisoners were locked up doing nothing.

The prison had an up to date reducing reoffending strategy but it was not based on a considered analysis of need and prisoners had some negative perceptions regarding the help

they received with resettlement. Our own observations suggested reasonable offender management work for higher-risk prisoners and some useful coordination of resettlement work for shorter-term prisoners. The provision of services across the resettlement pathways was either good or very good, although the prison could have done more for prisoners' families, especially to improve their experience of visits.

Overall this should be seen as an encouraging report. Elmley is a large frontline establishment that deals with significant operational challenges and risk. Issues such as cleanliness and the environment required attention, and it was unacceptable that so many prisoners were under-occupied. However, we found a prison that continues to be well run, safe and respectful, with a good resettlement focus.

Nick Hardwick
HM Chief Inspector of Prisons

May 2012

Fact page

Task of the establishment

Category B local male prison accommodating adults and young adults, with one category C wing.

Prison status

Public sector

Region

Kent and Sussex

Number held

1,235

Certified normal accommodation

943

Operational capacity

1,252

Date of last full inspection

11-15 December 2006

Brief history

HMP Elmley is a purpose-built local prison serving the courts in the county of Kent. The establishment opened in 1992 and includes a category C unit, built in 1997, for up to 240 prisoners working towards resettlement and release. It is the largest of the three prisons forming the Sheppey group along with HMP Stanford Hill and HMP Swaleside. Until a significant restructuring in April 2011, it was part of the Sheppey cluster and headed by a single CEO. The establishment is now managed separately but still shares some functions with the other two establishments.

Short description of residential units

House block one: first night centre, induction, and vulnerable prisoners.

House block two: reintegration, general prisoners.

House block three: integrated drug treatment system (IDTS), substance misuse support.

House block four: foreign national prisoners.

House block five: category C progression.

House block six: generic prison wing.

Name of governor

Nigel Foote

Escort contractor

GeoAmey

Health service commissioner and providers

East Coast Kent Primary Care Trust (PCT)

Oxleas NHS Foundation Trust.

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Shelley Heim

Healthy prison summary

Introduction

HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

Safety prisoners, particularly the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

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

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

HP4 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

HP5 Escort vehicles often arrived late in the evening. The reception process was quick and induction effective. Most prisoners said they felt safe, and recorded violence had reduced. Prisoners at risk of suicide and self-harm were generally well cared for. There was good support for vulnerable adults. Security was proportionate. The number of adjudications was high but reducing, and the incentives scheme was effective. There had been good work to reduce the use of force. Governance of the segregation unit was inadequate and too many prisoners went there pending adjudication. Substance misuse was not excessive and interventions were good. Outcomes for prisoners against this healthy prison test were reasonably good.

HP6 Escort vehicles were clean and properly equipped. Regular breaks were provided and risk information travelled with prisoners. In our survey,¹ prisoners were generally positive about escort staff. However, despite better liaison between the prison and the escort contractor, there were many late arrivals. Reception provided a reasonable environment, although some redecoration was needed. The reception process was generally swift and interactions between staff and prisoners were polite, although not friendly. A cell sharing risk assessment was completed efficiently and all new arrivals were given good support by Insiders². The induction programme was comprehensive and well facilitated by a team of peer supporters.

HP7 The safer custody strategy was comprehensive and well embedded. More prisoners reported feeling safe than at the inspection in 2006 and than the comparator for local prisons. The level of assaults was also lower than average. There was a good flow of information to the violence reduction coordinator, who carried out detailed analysis of patterns and trends. Violence reduction representatives were a diverse and effective

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*.)

² Insiders are trained prisoners who provide peer support and information to newly arrived prisoners.

group, meeting all prisoners on induction. A recent safety survey had shown that walkways, the gym and three-man cells were the least safe areas. We were concerned that staffing was due to be reduced on walkways, where supervision was already limited and where there had been recent serious assaults. The Trust Programme, a local intervention to support vulnerable adults, was well established and appreciated by participants. It made good use of peer advisers to teach coping skills in prison.

- HP8 The number of self-harm incidents was lower than in many local prisons, and there was an active Listener group, which received excellent support from the Samaritans. The safer custody meeting was reasonably well attended. Not all staff carried ligature knives, and many night staff lacked confidence on how to intervene in a crisis. The frequency and quality of entries in assessment, care in custody and teamwork (ACCT) self-harm monitoring documents was good, but in many cases care plans and triggers were not specific enough. Constant supervision was well managed.
- HP9 A high level of security information was received and analysed swiftly. However, outcomes such as target searching and drug testing were not always carried out in time. Relevant security objectives were communicated to all staff, with evidence of follow-up actions. Closed visits were not always imposed appropriately, and many prisoners had such restrictions for the full three months. The random mandatory drug testing (MDT) positive rate averaged 5.3% over the previous six months, well under the target of 9.5%, but too many MDT sessions were cancelled. The level of target testing was low. Diverted medication was more of a concern than drugs brought into the prison.
- HP10 The incentives scheme was reasonably effective and staff were encouraged to use it appropriately. Some prisoners put on report were demoted pending the outcome of the adjudication, and reviews were sometimes irregular.
- HP11 The number of adjudications was high. Many related to prisoners refusing to locate in cells or on to wings, and this was being actively addressed by managers. In the previous six months, over 40% of prisoners in segregation were held pending adjudication and records did not always justify this, though most spent short periods on the unit. Some adjudication records did not show sufficient enquiry when prisoners raised issues around bullying and safety. Adjudications meetings provided generally good oversight.
- HP12 Staff had been actively encouraged to manage situations without using force, which had reduced by about a fifth since the previous year. Documentation was completed to a reasonable standard and gave assurance that force was used proportionately. Governance arrangements were good.
- HP13 Segregation unit cells had some graffiti and damaged windows, and cleanliness varied. The exercise yards were particularly dirty. Governance of the use of segregation was weak. Documentation gave little assurance that poor behaviour was challenged and that reviews were carried out appropriately. Prisoners normally spent short periods on the unit and could access some activities off the unit. There was some evidence of successful reintegration to house blocks, but this was not consistent.
- HP14 Under the integrated drug treatment system (IDTS), treatment was flexible, monitored and reviewed regularly. There was good joint working, and drug and alcohol

interventions were excellent, with around 150 prisoners completing programmes in the previous year. A range of self-help groups, peer support and regular service user meetings provided additional support.

Respect

- HP15 Some of the accommodation was worn and there was significant overcrowding. Staff-prisoner relationships were reasonably good. Strategic management of diversity was effective and incidents of discrimination were well investigated. Work to meet the specific needs of different groups varied, but provision for foreign nationals was particularly poor. Faith provision was good. Responses to complaints were polite but often did not answer the key issues. Health services were good overall, but many prisoners were negative about the access to and quality of health care. The food was of variable quality. Outcomes for prisoners against this healthy prison test were reasonably good.
- HP16 Overcrowding was a significant problem, and it was unacceptable that 142 cells held three men in a space meant for two. House blocks one to five were worn and needed renewal, and the fabric of house block five was particularly poor. Showers on most wings were shabby and unhygienic, with peeling paint and missing tiles. Most call bells were answered promptly, especially on the first night unit, but there had been some unacceptable delays of over half an hour. There were virtually no lockable cupboards in cells, and some furniture was damaged and inadequate. Triplicate application forms had been introduced to improve tracking but only about a third of off-wing applications were recorded as answered. Prisoners across the prison were unhappy with ongoing delays in mail, and this had not been effectively addressed.
- HP17 In our survey, about three-quarters of prisoners said they were treated with respect by staff and had a member of staff they could turn to with problems, an improvement on the previous inspection and better than the comparator. Active personal officer work was lacking, with long gaps between recorded contacts and no evidence in our sample of a focus on resettlement or on positively addressing poor behaviour.
- HP18 The strategic management of diversity and equality was generally good. Diversity and equality action team meetings were well attended and well led. Ethnic monitoring showed few areas out of range, but discrepancies were discussed and usually resulted in appropriate action. The recently revised equality and diversity policy was comprehensive. There was good peer support through diversity representatives, and the diversity senior officer was proactive and well known. Discrimination incidents were well investigated, and appropriate action taken in response to issues raised. There was regular consultation with prisoners, although it was not clear what changes were made as a result.
- HP19 More work was required to understand and address the negative experiences reported by the Traveller population. The particular needs of the substantial foreign national population were poorly met. The foreign national coordinator had no designated facility time. There were about 30 immigration detainees. There was a regular UK Border Agency surgery, but specialist independent immigration advice and support was urgently needed.

- HP20 Prisoners with disabilities were identified on reception and had a care plan where necessary. They reported negatively on a range of issues and many improvements had been made recently. There was now a good range of reasonable adaptations for prisoners with disabilities. Prisoners over retirement age could work if they wanted to and about half were in work. It was inappropriate that retired prisoners had to pay for their television. There was a lack of structured activity for older prisoners.
- HP21 The sexual orientation of new prisoners was monitored and a forum for gay prisoners was available. There was little evidence of homophobic bullying. A transgender prisoner was being well supported.
- HP22 There were adequate facilities for worship. The chaplaincy team was well known and provided good support for prisoners in times of crisis. Although many prisoners reported that their religious beliefs were not respected, black and minority ethnic prisoners, foreign nationals and Travellers, who made up most of the regular congregations, were much more positive. There was a variety of community faith groups, and a good range of religious study and discussion classes. Almost no staff had yet attended faith awareness training.
- HP23 There were a large number of complaints each month and little prisoner confidence in the system. Replies were generally polite, but few demonstrated face-to-face communication with the prisoner, and many failed to deal with the key issues raised. There was an emerging quality assurance system, but there was little feedback to staff or prisoners. Data collection and trend analysis were weak.
- HP24 There were no specialist legal services, and staff were confused about how to deal with legal services applications. Legal visits provision was good and visits could be booked by email. Video link facilities were well used.
- HP25 Many prisoners were negative about access to and quality of health care. However, we identified little evidence of serious concerns, and some useful consultation mechanisms. Long-term investigation was needed to understand prisoners' concerns. Health care management arrangements were robust and the health care centre provided a good range of facilities. Primary care services were satisfactory, with all prisoners receiving a comprehensive initial screening. GP clinics took place regularly and the high rate of non-attendance had reduced significantly. There was a good range of nurse and specialist led clinics, and attendance at outside hospital appointments was well managed. Access to physiotherapy was poor, but some counselling was available. Pharmacy and dental services were satisfactory overall, but there were long waiting times for the dentist. A large mental health in-reach team provided a good service, and all discipline staff were given mental health awareness training.
- HP26 Prisoners were very negative about the quality of the food, and prisoner consultation on catering and prison shop items was weak. Some of the food was poorly presented and the quality was variable. The menu was varied but it could be hard for prisoners to obtain sufficient fruit and vegetables. The kitchen was clean, but needed some redecoration and new equipment. Many prisoners were unhappy with the range of goods available from the shop, which inappropriately included self-catering items they could not use.

Purposeful activity

- HP27 Too many prisoners were locked up during the core day. Management of learning and skills had improved recently, but most new initiatives had yet to take effect. Teaching and learning were adequate, but too few prisoners were engaged in purposeful activity. Success rates on courses were improving. The library was a good facility but underused. PE provision was good and there was effective promotion of healthy living. Outcomes for prisoners against this healthy prison test were not sufficiently good.
- HP28 The majority of prisoners had limited time out of cell. Those not in activities could experience only three hours a day out of their cells during the core working week. Our morning and afternoon roll checks showed that well over a third of prisoners were locked in their cells. Prisoners did not have daily association, which meant they could not make telephone calls or have showers every day. Exercise on some wings took place during the working day, and employed prisoners did not get adequate time in the open air.
- HP29 Operational management of vocational training and education was adequate. Self-assessment had clearly identified weaknesses and there had been some progress to address them. The recently re-formed quality improvement group had introduced several new initiatives, but many had yet to make an affect. There were regular observations of teaching and learning, although good practices were not clearly identified and shared. Allocation processes were developing. There was poor promotion of courses, and it was unacceptable that even the limited workshop and vocational training places were not filled. The pay policy did little to encourage engagement in learning and skills, and an imminent new pay policy aimed to rectify this.
- HP30 There was an appropriate range of activities but only about 800 places for the population of more than 1,200. Vulnerable prisoners had access to a smaller range of purposeful activity. Too many prisoners were employed on wings as cleaners, painters and servery workers, which did not keep them fully occupied during the day. The range of education and vocational training courses was satisfactory, and courses were accredited at an appropriate level. Too few prisoners completed vocational training. Prisoners were appropriately identified for education at induction and approximately 400 were currently on education courses. The high need for literacy and numeracy courses was met. There was appropriate initial advice and guidance at induction. The laundry provided good skills development but, as with other industries and the kitchen, no qualifications were available.
- HP31 Teaching and learning were satisfactory, although different learning styles were not always sufficiently accommodated. Good skills were developed in some areas for the small number of prisoners attending. Individual learning plans were generally satisfactory. In-class support for prisoners from 'learning champions' was good. Very few prisoners were engaged with the Toe-by-Toe reading scheme, despite high need and trained mentors. Success rates were reasonably high on most courses and had shown steady improvement. In education, success rates on literacy and numeracy courses had improved significantly. Attendance and punctuality across the provision was poor. The library provided a good facility for those who could access it, but was greatly underused.

HP32 PE provision was well managed and had good facilities. Promotion of healthy living was good with effective use of well-trained orderlies. Access to PE was good and fairly allocated, with an appropriate range of recreational provision to meet needs. PE induction was generally robust but there was no feedback from health care about prisoners who were unfit to participate in exercise.

Resettlement

HP33 The strategic management of resettlement was developing, although the strategy was not based on a needs analysis. Offender management and planning were generally effective, and there was reasonable work to meet the resettlement needs of prisoners out-of-scope of formal offender management structures. Public protection arrangements were sound, and indeterminate-sentenced prisoners were managed appropriately. Provision on most resettlement pathways was reasonable, and very good on some. Delays to the starts of visits were unacceptable. Outcomes for prisoners against this healthy prison test were reasonably good.

HP34 There was an up-to-date reducing reoffending strategy but it was not based on an adequate needs analysis and it was not clear that resettlement provision was targeted on the specific needs of the population. In our survey, significantly fewer prisoners than the comparator said they had done something in the prison that would make them less likely to offend. Work was under way to encourage a more prison-wide focus on resettlement, and there was evidence of better communication between departments on resettlement issues, although personal officers were not engaged with sentence planning. Evaluation of post-release outcomes to assess the effectiveness of work in the prison was in its early stages. Impressively, release on temporary licence was used for prisoners on the category C unit to show their readiness for progression. A recategorisation board was in place, and reviews were up to date and generally timely.

HP35 Offender management was reasonably effective, and delivered by a committed and positive team. However, it focused only on in-scope prisoners and not enough communication was face to face. The offender assessment system (OASys) assessment backlog had reduced substantially but was still approximately 80. All prisoners had their immediate and basic resettlement needs assessed at induction and eight weeks before release by resettlement peer support workers, who received good training from St Giles Trust. There was some useful resettlement work with out-of-scope prisoners thereafter.

HP36 External offender managers undertook assessments of high-risk prisoners and those on indeterminate sentences for public protection (IPPs). Communication with offender managers was generally good. Some sentence plans lacked outcome-focused objectives, and others lacked sequencing. Some risk management plans were good, but others were not linked to sentence plans and made little reference to prison interventions to address risk, focusing on post-release work instead. Case files showed limited victim awareness work.

HP37 Public protection arrangements were satisfactory. There was a well-attended fortnightly multidisciplinary meeting, chaired by the head of the offender management unit, and including offender supervisors, probation and police liaison officers.

Relevant departments received notification of restrictions on prisoners, and a public protection officer met each relevant prisoner and explained the restrictions.

- HP38 A dedicated offender supervisor met all indeterminate-sentenced prisoners, who also had dedicated peer support workers and a newsletter. IPPs were considered for transfer after completion of their OASys in the same way as other prisoners. Offender supervisors completed parole reports for lifer prisoners on time.
- HP39 There was sufficient accommodation advice from trained resettlement services staff, who had significant links with both emergency and longer-term housing providers. In the previous six months, between 92% and 96% of prisoners had been released to accommodation for at least three months. Peer support workers delivered a finance management course for a few prisoners, but there was no specialist finance, benefit and debt advice.
- HP40 Well-qualified staff provided good careers advice and guidance. Recent initiatives to create further links with employers had been productive, and the prison has good links with Jobcentre Plus. There was a well-run employability skills course for prisoners close to release, and St Giles Trust provided a helpful employment skills related service to category C prisoners.
- HP41 Health care discharge planning was satisfactory, with good links with the community when required. There were good throughcare links with local drug intervention programmes and the community alcohol project, and community workers visited regularly to ensure post-release support.
- HP42 Useful family days were held regularly, and there was a good range of interventions to promote family ties. There were long queues at the visitors' centre, leading to a sometimes tense and noisy environment. Visitors experienced unacceptable delays in getting to the visits hall. It was inappropriate that some visitors were strip searched. The visits hall had an unsupervised play area but no play equipment.
- HP43 There were some accredited programmes and waiting lists were not excessive. Completion rates were generally good, but the dropout rate of about a third for the focus on resettlement programme for short-term prisoners was too high. There were no interventions for sex offenders or victim awareness courses delivered at the prison.

Main concerns and recommendations

- HP44 **Concern:** There were 142 cells that held three men in a space meant for two, with evidence that this affected both decency and safety.
- Recommendation: Three prisoners should not be located together in any cell designed for two.**
- HP45 **Concern:** There was only enough purposeful activity for two-thirds of the population, and too many prisoners were locked up and unoccupied during the core day. Despite this, available places were not filled.

Recommendation: There should be sufficient purposeful activity places for the whole population, and allocation processes should ensure that all jobs and vocational training places are fully used.

HP46 **Concern:** Few prisoners were able to obtain vocational qualifications, despite developing good work-related skills in workshops and jobs such as kitchen work.

Recommendation: The range of vocational qualifications on offer should be substantially increased.

Section 1: Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- 1.1 Most prisoners had relatively short journeys to the prison, but some had long waits in vehicles after arrival. Some prisoners were still arriving late in the evening. Prisoners were generally positive about treatment by escort staff. Cellular vehicles were clean and properly equipped, and prisoners' documentation was well managed.
- 1.2 Most prisoners had relatively short journeys to the prison, and escort staff provided adequate breaks on longer journeys. There were still too many late arrivals, despite recently improved communication between the escort contractor and reception staff. Some prisoners experienced a lengthy wait in an escort vehicle once it arrived. We observed vehicles queuing to unload prisoners between 6pm and 8pm. In our survey, 27% of respondents said they had spent more than two hours in a cellular vehicle.
- 1.3 We saw staff treating prisoners with consideration, and prisoners were not routinely handcuffed when they were brought into reception. Prisoners' property was carefully checked against their person escort record (PER). Escort staff alerted reception staff to information about self-harm, and reception staff asked the prisoners concerned how they were feeling and initiated procedures to open or review self-harm monitoring documents. Vehicles were clean and well equipped.
- 1.4 There was a comprehensive information leaflet about the prison for distribution to prisoners at local courts. Prisoners were given notice of planned transfers and were able to telephone family and legal advisers. Prisoners could apply to access their stored clothing for court appearances. Video link was used regularly for court hearings.

Recommendation

- 1.5 The prison and escort contractor should ensure that late arrivals are exceptional and that prisoners are disembarked from escort vehicles swiftly.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.6 Reception was adequate but needed redecoration. The area was busy and staff were business-like. First night procedures were good. New arrivals were well supported. The induction programme was comprehensive and well structured.
- 1.7 The reception area needed redecoration. It was open until 8.30pm and was busy, with an average of about 80 prisoner movements a day. The reception process was efficient and swift, and staff interactions with prisoners were business-like and polite, if not friendly. There were no specific risk assessments for newly arrived young adults.
- 1.8 The reception holding rooms were bleak. They were supervised by prisoner violence reduction representatives, who also handed out meals and were considerate to new arrivals. Hot drinks were no longer provided routinely in reception.
- 1.9 All prisoners had a full search in privacy. We were told by reception staff that only those suspected of concealing items were asked to squat during the search, although most prisoners we spoke with said they had been told to squat (see recommendation 1.49).
- 1.10 All new arrivals were taken to the first night unit after the reception health assessment, where they were welcomed by Insiders. The unit was also staffed by nurses, Listeners and diversity representatives, and a chaplain was available until 8pm. Night staff told us they did not specifically check on first night prisoners.
- 1.11 There was a comfortable room where prisoners could wait for their first night interview with staff and a subsequent interview with an Insider. Food was available for prisoners who had not had a meal in reception. There was a television and a small library, and attractively presented information about the prison. The atmosphere was purposeful, but relaxed and welcoming. Prisoners were given a smokers' pack or non-smokers' pack and telephone credits.
- 1.12 An induction officer completed first night interviews, including the cell sharing risk assessment (CSRA). We observed three such interviews, which were of mixed quality. Equality issues were not routinely mentioned, although we saw prejudiced views challenged appropriately. The compacts were not fully explained and prisoners were not allowed to keep a copy of what they had signed.
- 1.13 Prisoners also had private interviews with Insiders, who provided clear information in a friendly manner about the regime and entitlements, and checked that the prisoner understood. They completed a comprehensive induction portfolio record for the prisoner's file, and asked him about dependants and other concerns. Insiders referred concerns to the induction officer as necessary, and had produced their own basic induction leaflet for prisoners with limited literacy.
- 1.14 The comprehensive induction programme continued the morning after arrival, followed by further sessions each afternoon for a week with a good range of relevant departments and other peer supporters. There was no information in foreign languages in the induction area, although leaflets in 10 languages could be printed from the intranet. There was an additional induction session for foreign national prisoners each week.

Recommendation

- 1.15 **Induction staff should fully explain to new arrivals the content of documents they are asked to sign, and provide them with copies.**

Housekeeping point

- 1.16 All prisoners should be offered a hot drink in reception.

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). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.17 Prisoners felt safe, and there were fewer violent incidents than in many local prisons. The walkways were some of the least safe areas, but were due to have fewer staff on them. Violence reduction measures were thorough and based on a sound strategy, and information was well analysed. A diverse and well-motivated group of prisoner representatives had a positive impact on safety and the non-violent resolution of conflicts. The Trust Programme supported vulnerable prisoners in moving to mainstream location, but some felt insecure. The mixing of young adults with the adult population did not significantly affect either group's safety. Gypsy and Traveller prisoners were more likely to have experienced victimisation than others.
- 1.18 The proportion of prisoners in our survey who said they felt unsafe in Elmley was below the comparator and less than in 2006. The number of assaults on staff and prisoners was below the average for local prisons inspected in the last 12 months. There was a sound violence reduction strategy, which was applied thoroughly.
- 1.19 In our survey, prisoners' perceptions about victimisation by other prisoners were similar to the comparators, although 10%, against only 6%, said they had been hit, kicked or assaulted by other prisoners, and those who had been victimised were less likely to have reported it.
- 1.20 There had been a violence reduction survey in December 2011. The most frequent areas where prisoners said that they felt unsafe were multi-occupancy cells (27%), the gym (24%) and walkways (23%). There had recently been two significant assaults on walkways, which were inadequately supervised. There was very little camera cover and staff tended to group together rather than ensuring that high-risk areas were observed. We were told that there were plans to reduce the number of staff supervising movement periods.
- 1.21 There were violence reduction liaison officers on all wings, who supplied a good flow of information to the coordinator. There were monthly reports on the level of assaults and fights, including analysis by location, age and ethnicity, and trends were identified. Trends were downwards in almost every wing, except house block two. Camera cover was being extended to more wings, partly to reduce theft from cells, which many prisoners said was common.
- 1.22 Violence reduction prisoner representatives interviewed each new arrival and gave them advice, as well as a violent incident report form in case of need. These peer supporters were a diverse, effective and strongly motivated group with good teamwork, who frequently defused tense situations. They carried out exit surveys with departing prisoners. They were well represented at the safer custody meetings, which were also attended by an adequate range of departments, although the security department's attendance was irregular.

- 1.23 Staff and prisoners had developed the Trust Programme to support vulnerable prisoners in moving to mainstream location. Vulnerable prisoners were located on a spur with peer mentors and given a structured two-week programme on aspects of coping in prison. The programme had operated for a year and was proving effective. Each prisoner on the programme had care plans and detailed narrative records, and care was taken to ensure that the spur to which they were moved did not become a vulnerable prisoner unit.
- 1.24 Young adults were mixed with the adult population (although they did not share cells with them), and this approach did not significantly affect the safety of either group. In our survey, more Gypsy and Traveller respondents than others said they had been victimised by other prisoners, 32% against 22%. They were also more than twice as likely to say they had been victimised by staff and to have felt threatened or intimidated by them. However, we found no corroborating evidence for these poor experiences, although the perception required further investigation.

Recommendations

- 1.25 **All parts of the walkways should be supervised during prisoner movements.**
- 1.26 **The safer custody committee should investigate, through focus groups and other means, why Gypsy and Traveller prisoners feel less safe, and act on the findings.**

Good practice

- 1.27 *The Trust Programme, jointly led by staff and prisoner peer mentors, had been effective in helping potentially vulnerable prisoners move to and remain on mainstream units.*

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 1.28 The incidence of self-harm was not high, and the Listeners worked effectively with support from the Samaritans. Night staff were not sufficiently prepared to intervene in emergencies. There were good entries in self-harm monitoring documents, but care plans often did not clearly define the issues and objectives. Constant supervision was constructive, but care suites were unwelcoming. Prisoners at risk of self-harm were often in the segregation unit, but not solely because of that risk.
- 1.29 The number of incidents of self-harm was a third less than the average for local prisons inspected in the previous 12 months. This reflected good Listener work, which was very well supported by local Samaritans, with regular training courses and fortnightly debriefing. The 25 Listeners, who included foreign nationals, met regularly and were represented at safer custody meetings. A Listener met all new arrivals.

- 1.30 Night staff lacked confidence in how to respond to emergency situations. They told us that they would not enter a cell alone in any circumstances, and several (and some day staff) did not have a ligature knife. Some were unable to open the cell key pouches with which they were issued for use in an emergency.
- 1.31 Almost all assessment, care in custody and teamwork (ACCT) self-harm monitoring forms had plenty of detailed entries recording conversations and describing the prisoner's mood, but in care plans the identification of issues, goals and trigger points was often not sufficiently specific. One such form, open at the time of inspection, had gone missing for four days, and since no record of the risk had been put on the electronic record, no account had been taken of it during this period. Family members had occasionally been involved in the support of younger prisoners at risk of self-harm. Case reviews were timely and thorough, and on the whole reasonably multidisciplinary.
- 1.32 Prisoners needing constant supervision were supported well by nursing staff, and enabled to take part in regime activities where appropriate. Over 80% of staff had received ACCT training. There were three care suites, two of them ordinary cells that were bleak and barely furnished.
- 1.33 A significant number of prisoners were located in the segregation unit while on ACCT documents – three at the time of the inspection. The mental health in-reach team assessed all such prisoners as soon as possible, and no one was segregated for reasons of self-harm risk alone. Anti-ligature clothing was rarely used.

Recommendations

- 1.34 **All night staff should be trained in emergency procedures, and their competence regularly tested.**
- 1.35 **All staff should carry an anti-ligature knife.**
- 1.36 **The care suites should be furnished, equipped and decorated to a reasonable standard.**

Housekeeping point

- 1.37 Case managers should define issues, objectives and triggers clearly and specifically in care plans for prisoners at risk of self-harm.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

1.38 There was no policy for the safeguarding of adults at risk. Full-time carers were employed for relevant prisoners. There were no specific assessments for vulnerable young people transferred in.

1.39 The prison had no specific policy for safeguarding adults at risk, although aspects of vulnerability were covered in the Trust Programme (see paragraph 1.23) and in the reasonable provision for prisoners with disabilities. Full-time prisoner carers were employed to support prisoners not fully able to care for themselves because of age or disability. The prison sometimes accepted vulnerable young people leaving the children and young people's secure estate, but there were no specific risk assessments to ensure their safety.

Recommendations

1.40 **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

1.41 **There should be a multidisciplinary care plan for every young person transferred from the children and young people's estate, and for any young adult who is vulnerable.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

1.42 Security arrangements were proportionate. Security information was well analysed but not always acted on speedily. Mandatory drug testing arrangements were poor, with inadequate staffing and facilities, and the lack of testing affected other regime areas.

1.43 Security arrangements were generally proportionate for a category B prison and the regime was not unnecessarily restrictive. However, it was unnecessary that all prisoners were strip searched on reception and on entry to the segregation unit and 10% at the end of visits, regardless of any intelligence to support this.

1.44 Security information was well managed. There had been 1,200 security information reports (SIRs) submitted between January and March 2012. They had been analysed well, but not all targeted searches and suspicion drug testing had been completed within a reasonable time. Matters relating to bullying and prisoner safety were referred to the safer custody team when required.

1.45 The random mandatory drug testing (MDT) positive rate averaged 5.3% over the previous six months, well under the target of 9.5%, and finds pointed towards diverted medication and hooch as the main problems. However, while random testing targets were met, over 100 MDT sessions had been cancelled since January 2012. As a result, there had been only 37 suspicion tests since September 2011, and in March 2012, 83 risk assessment tests for licence release, closed visit reviews and work were outstanding. The MDT programme was

inadequately staffed and testing facilities were poor. Information sharing between the security department and health services was good, and clinical teams regularly reviewed prescribing regimes for pain management.

- 1.46 The security committee was well attended, although staff from the safer custody and violence reduction team did not always attend. The meeting was supported by a comprehensive intelligence report. Appropriate local security objectives were set and monitored, and available to all staff.
- 1.47 Some of the 12 prisoners on closed visits had been placed under restrictions for non-visits related activity. Prisoners were informed of their right to appeal and reviews were held every 28 days. However, the documentation we examined showed that most prisoners were on closed visits for at least three months before lifting the measures was considered, even where no further intelligence had come to light.

Recommendations

- 1.48 **Managers should ensure that security information is acted upon promptly, and that targeted searches and suspicion drug testing are undertaken within the required time. Testing facilities should be improved.**
- 1.49 **Prisoners should only be strip searched on the basis of intelligence or specific suspicion.**
- 1.50 **Closed visits should only be imposed on the basis of illicit activity related to visits. Reviews should consider all the information available, and restrictions should be lifted as soon as possible.**

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- 1.51 The incentives and earned privileges scheme had recently been relaunched and was understood by staff and prisoners. Reviews rarely took place on time, and some documentation was poorly completed. Prisoners on the basic regime were managed appropriately.
- 1.52 The incentives and earned privileges (IEP) scheme had recently been relaunched and staff and prisoners we spoke to understood the scheme and how it worked. Staff were encouraged to use the scheme to deal with minor infringements of prison rules. In our survey, black and minority ethnic and foreign national respondents were more negative about being treated fairly by the IEP scheme than white and British prisoners.
- 1.53 A prisoner could apply for enhanced status after three months good behaviour, although those who transferred in from other establishments could retain their previous level. The policy did not allow for staff to nominate prisoners for this level. All prisoners should have had a review every three months, but this rarely happened. There were few referrals to IEP in electronic

case notes, but there was evidence of some good interactions between staff and prisoners on the basic regime. Some prisoners were demoted to basic inappropriately pending the outcome of an adjudication.

- 1.54 Documentation for reviews showed that prisoners did not always attend reviews, and some was incomplete with no details of targets and the recommendation of the board.

Recommendations

- 1.55 **The incentives and earned privileges (IEP) policy should be fully implemented, reviews should take place as required, and documentation should be fully completed.**
- 1.56 **Prisoners should not be demoted to basic before the outcome of an adjudication.**

Housekeeping point

- 1.57 Prisoners should be able to attend all IEP reviews and encouraged to do so.

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.

- 1.58 Use of formal disciplinary procedures was high but had reduced. Records of hearings did not always show a full investigation where prisoners raised issues of bullying and safety. Quality assurance was in place and statistics analysed well. The use of force had reduced and governance was good. Use of special accommodation was low and appropriate. Few prisoners remained in segregation for long periods but too many were held there pending adjudication. Segregation cells and exercise yards were poor, as were governance and record keeping. The regime had improved and some prisoners had been successfully reintegrated.

Disciplinary procedures

- 1.59 Since January 2012, there had been 621 adjudications, which was high. The previous year's total was 2,835. Many related to prisoners refusing to locate in cells or on to wings, although managers had devised a protocol to address this. Adjudications were held in a suitable room. Prisoners were given sufficient time and information to prepare for their hearings, and could obtain legal advice when requested. Records were mostly of a reasonable standard but some did not demonstrate sufficient investigation where prisoners raised matters relating to bullying and safety. Punishments were broadly fair. The monthly adjudications meetings included adequate quality assurance procedures and analysis of statistics, as well as consideration of award tariffs.

Recommendation

- 1.60 **All disciplinary charges should be fully investigated, particularly where prisoners raise matters relating to bullying and safety.**

The use of force

- 1.61 Use of force seemed proportionate, and the recorded use had reduced by about a fifth on the previous year. There had been 51 incidents since January 2012 compared with 301 for the whole of 2011. Incidents had been de-escalated appropriately, and handcuffs were not routinely applied.
- 1.62 Documentation following use of force was generally completed to a reasonable standard. Quality assurance and governance arrangements were sound. The use of force committee met monthly, and comprehensive information was collected and analysed well.
- 1.63 Planned interventions were poorly recorded and not always clearly focused on key events. They could not therefore be effectively reviewed to learn lessons. A plan had been put in place to improve procedures. A baton had been drawn once in 2012, which appeared justified.
- 1.64 Use of special accommodation was low with 10 recorded uses in 2011 and two in 2012 to date. All uses appeared justified. There had been one use of the body belt, which also seemed appropriate given serious and prolonged attempts by the prisoner to hurt himself. The governor was present during the incident.

Recommendation

- 1.65 **Planned use of force should be clearly filmed to include all key events, and recordings should be systematically reviewed for learning points.**

Segregation

- 1.66 Since August 2011, 221 prisoners had been held in segregation. Of these, 91 (41%) had been held before adjudication, which was too high. Few prisoners spent lengthy periods on the unit. At the time of our inspection, there were 14 residents on the unit – eight for good order or discipline (GOOD), four for cellular confinement and two awaiting adjudication. Too many prisoners on ACCT documents had been held in the unit. The prison had identified this as an issue and the number was gradually reducing.
- 1.67 Communal areas of the segregation unit were clean, but the unit was worn and many cells had graffiti, poor flooring and dirty and scaled toilets. The large exercise yards were stark and extremely dirty with food, litter, clothing and bird droppings. Special accommodation cells were dark and poorly lit.
- 1.68 The regime in the unit had improved and prisoners could attend off-unit activities, such as association, religious services, library and the gymnasium. Prisoners told us they had daily access to showers, telephones and exercise. Individual circumstances were not always adequately considered when assessing access to regime activities. One prisoner held for his

own protection was wrongly shown as being held under GOOD and did not have access to a television as specified in the policy document.

- 1.69 Governance of segregation was poor. Monthly meetings reviewed segregation, but minutes were incomplete and issues raised were not always followed up. Documentation gave little assurance that poor behaviour was challenged or that reviews were carried out. Authorisation for segregation was not recorded in all cases.
- 1.70 The relationships we observed between staff and prisoners were polite but limited. Behaviour targets were too often perfunctory, and some regimes were pre-printed. We saw evidence of some good work to reintegrate some prisoners to house blocks but this was not consistent for all prisoners. There was no formal reintegration policy. Care or reintegration plans for the few longer-term prisoners were underdeveloped.

Recommendations

- 1.71 **There should be sustained improvements in the fabric, décor and cleanliness of cells and exercise yards in the segregation unit.**
- 1.72 **Governance of segregation should give assurance that the segregation of prisoners is appropriate and their individual circumstances considered at all stages.**
- 1.73 **Reintegration planning and practice should be developed to return most prisoners to house blocks swiftly whenever possible.**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- 1.74 Drug and alcohol dependent prisoners received good support, treatment regimes were flexible, and care was well coordinated. Prisoners could access a very wide range of interventions, and self-help initiatives were well developed.
- 1.75 In the previous six months, 216 prisoners were prescribed opiate substitutes and 85 had undergone alcohol detoxification. The integrated drug treatment system (IDTS) was well established and a specialist clinical team provided a range of treatment regimes, which were flexible, closely monitored and reviewed regularly. There was a dedicated room to supervise prisoners prescribed buprenorphine, but facilities for methadone administration were cramped and controlled drugs were stored in an office, which was inappropriate, although they were in a locked cabinet.
- 1.76 The drug treatment unit (house block three) offered sufficient spaces and had a designated stabilisation spur, but residents working towards or who had achieved abstinence could be co-located with new arrivals. Currently, 43% of prisoners on opiate replacement therapy were reducing their dosage. Although they received a high level of input from clinical, CARAT and discipline staff, peer supporters and service users wanted a recovery wing for additional support. Both IDTS and mental health in-reach staff had experience in treating dual diagnosis clients and their care was well coordinated.

- 1.77 There was a designated head of drug treatment and a manager who led on the drug and alcohol strategy. A multi-agency strategy group met quarterly, and there was good joint work between service providers and prison departments. There had been a needs analysis covering all Kent prisons, but the cluster drug and alcohol policy document was out of date.
- 1.78 In our survey, 72% of respondents said they had received help with their drug problem and 57% with their alcohol problem, against the comparators of 48% each. Prisoners, including those with alcohol-only problems, could access CARAT one-to-one work and IDTS groups. The CARAT team was in contact with 414 clients, of whom 164 were in structured work. Programme provision was excellent and consisted of the short duration drug programme (SDP), P-ASRO (prisons addressing substance related offending) and the building skills for recovery programme. Prisoners could transfer to HMP Swaleside for an intensive six-week alcohol treatment course, due to run at Elmley because of demand. In 2011, 152 prisoners successfully completed drug or alcohol programmes. An impressive range of post-programme support included self-help groups, peer support and regular service user meetings.

Recommendations

- 1.79 **The facilities and the environment for methadone administration should be improved.**
- 1.80 **The prison should consider developing a recovery unit to offer additional support to prisoners wanting to become and remain drug free.**

Housekeeping point

- 1.81 The drug and alcohol policy document should be updated and contain an interim action plan.

Good practice

- 1.82 *Prisoners with drug and/or alcohol problems had access to an unusually wide range of interventions designed to address substance misuse, including accredited programmes, self-help groups, peer support and regular service user meetings.*

Section 2: Respect

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 The continued use of double cells to hold three prisoners was unacceptable. Most of the house blocks were in poor condition, and the shower rooms on four blocks urgently needed refurbishment. Some cells were marred by graffiti and offensive pictures, and very few had lockable cupboards. Cell sharing risks and theft from cells were not addressed sufficiently. Staff generally answered call bells promptly, but there had been too many delays. Delays in mail were still a major problem, despite some efforts to identify underlying issues.
- 2.2 There were 142 double cells converted for three prisoners, with unacceptably cramped conditions (see main recommendation HP44). In addition to beds, a three-person cell usually contained one chair, two small tables, two lockers and a wall cupboard, with a basin and an enclosed toilet. The general condition of five of the six house blocks was poor, especially the outside areas and the window grilles on house block five. There were almost no lockable cupboards in cells, apart from on house block five, and some cell furniture, especially on house block two, was in a state of disrepair.
- 2.3 Notice boards in several cells in the first night unit were marred by graffiti. Many cells displayed topless pictures, in contravention of the offensive displays policy, and some had more explicit images in the toilets.
- 2.4 Remand and convicted prisoners were often located in cells together. The cell sharing risk assessments initiated on the first night centre were reviewed at fixed times but not when prisoners changed to a different shared cell, unless there was obvious cause. Many prisoners saw cell sharing, especially by three men, as a key risk (see paragraph 1.20).
- 2.5 Prisoners in the category C accommodation on house block five could have privacy keys. A few prisoners on the other wings had such keys, but most cell doors were open during the day, and many prisoners complained that thefts from cells were common.
- 2.6 There were sufficient showers, but almost all those on house blocks one to four were in an unacceptably poor state of repair, in many cases with peeling paint, missing tiles and mould. They could not be cleaned properly. Some disused prisoner toilets on the wings were in an even more unhygienic state.
- 2.7 Cell call bells were generally answered promptly, especially on house block one, but there had also been many delays, sometimes of over half an hour.
- 2.8 The applications policy encouraged informal resolution of requests. Triplicate forms had been introduced to enable responses to be tracked. Responses were recorded as received for only a third of applications on all wings.

- 2.9 Many prisoners complained to us that mail was often late by a week or more, and that money had disappeared from their mail, although an independent audit had found no systematic problems with loss of money. The redeployment of mail processing staff to gate duties had contributed to the delays. There was adequate provision of telephones.
- 2.10 There was an industrial washing machine on each wing, and laundering facilities were adequate, except on house block five. Prisoners could wear their own clothes but the single machine was not sufficient to provide a weekly wash for each prisoner there.

Recommendations

- 2.11 **The showers on house blocks one to four should be refurbished urgently.**
- 2.12 **The persistent late delivery of prisoners' mail should be addressed and resolved.**
- 2.13 **Cell sharing risk should be reviewed whenever prisoners are located together.**

Housekeeping points

- 2.14 Cell furniture should be in sound condition, and should include a lockable locker.
- 2.15 Staff should enforce the offensive displays policy and ensure that any such displays and/or graffiti are removed.

Staff-prisoner relationships

Expected outcomes:

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

- 2.16 Prisoners said that staff generally treated them respectfully. We saw generally positive interactions. Prisoner consultation was regular but not always effective, with little evidence of progress on concerns raised. Personal officer work was underdeveloped and officers were not engaged with sentence planning.
- 2.17 In our survey, 75% of respondents said they were treated with respect by staff, significantly more than the comparator and in 2006, and 77% said they had a member of staff they could turn to with problems, better than the comparator and a substantial increase since 2006. The prison had addressed concerns over the quality of relationships on the newer unit six, which had many inexperienced staff, and there was little indication of ongoing problems there.
- 2.18 Prisoner consultation meetings were held regularly on the wings but less regularly for the prison as a whole. There was not always evidence of progress in the minutes of these meetings, and in one case, some identically worded items were recorded for four consecutive meetings.
- 2.19 Personal officer work was underdeveloped. Although most prisoners knew their personal officers, a significant number told us that they were unsure if they had one. In our sample of case notes, there were gaps of up to four months between recorded contacts. Most entries

were short and functional, although there were some good exceptions. There was no evidence of a focus on supporting prisoners to achieve outcomes for resettlement and reducing reoffending. Some case note entries showed poor behaviour by prisoners with no evidence of positive engagement by officers.

Recommendation

- 2.20 **Staff should actively engage with prisoners to help them achieve objectives for resettlement and reducing reoffending.**

Housekeeping point

- 2.21 Prisoner consultation meetings should evidence progress on concerns raised by prisoners.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.22 There was a comprehensive equality and diversity policy and its accompanying action plan was being implemented. The diversity and equality action team met regularly, was well led and had good attendance. There had been some good consultation with prisoners on diversity matters. There were few disparities in ethnic monitoring. The prison had acted on some concerns expressed by black and minority ethnic prisoners but there was insufficient focus on foreign national prisoners' needs. A transgender prisoner was well supported, and sexual orientation was monitored.

Strategic management

- 2.23 An active diversity and equality action team (DEAT) met regularly and was chaired by the governor, with regular attendance from the relevant departments. Minutes were comprehensive but did not always clearly describe actions to be followed up. Equality monitoring data were discussed but was limited to ethnicity. Most areas out of range in the SMART (systematic monitoring and analysing of race equality treatment) data were short-term and some effective action had been taken to address disparities. However, we found that segregation of black and minority ethnic prisoners had been regularly out of range with no specific action. There had been three equality impact assessments in the past year, with evidence of good consultation with prisoners. There were also regular prisoner consultation forums on diversity, which had resulted in some limited actions, such as the monitoring of sexual orientation and provision for prisoners with disabilities.
- 2.24 There was an effective and well-known team of prisoner diversity representatives led by the diversity senior officer. The latter was also the disability liaison officer and the violence

reduction coordinator. Despite his strong commitment, such a wide-ranging role meant insufficient time to cover each protected characteristic.

- 2.25 In the previous six months, 42 discrimination incident reporting forms (DIRFs) had been received. Records indicated that investigations were thorough, and replies to prisoners were courteous. A member of the local race equality council regularly scrutinised DIRFs, but she had questioned none of the findings and had not attended any recent DEAT meetings. There were no formal interventions to deal with the perpetrators of racist or homophobic abuse.
- 2.26 The prison had a revised equality and diversity policy. It encompassed all the relevant protected characteristics under the Equality Act 2010 and it contained clear statements of required outcomes. There was one action plan to cover all the protected characteristics, which was realistic and regularly reviewed. Only half the staff were trained on equality through 'challenge it, change it' training.

Recommendations

- 2.27 **The scope of SMART equality treatment monitoring should be extended to include other minority groups. Swift action should be taken in all cases to investigate and address disparities.**
- 2.28 **All staff should receive equality and diversity training.**

Housekeeping point

- 2.29 The minutes of the diversity and equality action team meetings should specify agreed actions so that they are clear to all staff and prisoners and to facilitate follow up.

Good practice

- 2.30 *The team of diversity representatives, their involvement in induction, and their interaction with Insiders, Listeners and violence reduction representatives was an excellent resource.*

Protected characteristics

- 2.31 Black and minority ethnic prisoners reported little racist abuse and few tensions. Nevertheless, in our survey black and minority ethnic respondents were more negative than white prisoners in some areas. For example, only 38% of black and minority ethnic respondents felt that the IEP scheme had treated them fairly compared with 52% of white prisoners. There was little monitoring of Gypsy and Traveller prisoners and this group was particularly negative about some safer custody experiences (see bullying and violence reduction section). The prison had held some cultural celebrations but their frequency had reduced due, we were told, to budgetary constraints.
- 2.32 Equality of access by religion, and to faith-based activity, was good. Prisoners spoke highly of the chaplaincy and there was no evidence of significant tensions in the prison along religious lines.
- 2.33 The needs of foreign national prisoners were not well met and they were unhappy about the lack of specialist support. In our survey, they reported feeling less safe and having less access

to the regime than British prisoners. At the time of the inspection, 30 foreign national prisoners were held beyond the end of their sentence under immigration powers, some for many years. There was a weekly UK Border Agency surgery but much-needed independent immigration advice was lacking. We were told this was as a result of funding problems. The foreign national coordinator recognised these issues and had done some work to improve matters, but had no designated facility time to better meet the needs of this group. There was a list of foreign language speakers in the prison to assist with interpretation, and a telephone interpreting service was used regularly. Foreign national prisoners not receiving social visits could have additional telephone credit, although new arrivals had to wait more than a month before they could apply for this.

- 2.34 There were 161 prisoners who had declared a disability on induction. The diversity senior officer interviewed them and, where necessary, drew up a care plan. Care plans were multidisciplinary, relevant, and subject to review. Many night staff were not aware of personal emergency and evacuation plans (PEEPs) and their purpose (see also paragraph 1.30 and recommendation 1.34). There were wheelchair accessible cells and accessible showers in two house blocks. Some of the adapted cells had water leaking from the shower into the living area and toilets that did not flush properly. There was a good range of aids and adaptations for prisoners with disabilities, and lifts and ramps had been installed. Prisoner carers were employed to assist prisoners who had limited mobility. This generally good provision was mostly recent, and many prisoners with disabilities reported negatively about their overall experiences in the prison. Some of those we spoke to were particularly dissatisfied about officers inability to find the keys to operate the lifts.
- 2.35 Prisoners over retirement age could work if they wanted to and 47% were in work at the time of the inspection. Those over 60 were unlocked during the working day. There was a lack of structured activity for that age group but no proposals to improve the situation. Retired prisoners had to pay 33p a week for their television.
- 2.36 New arrivals were asked about their sexual orientation, but there was no attempt to explain the purpose of monitoring or the use to which the information would be put. We were told that information was recorded on the computer database, which could have compromised confidentiality and exposed prisoners to prejudice and discrimination. There was little evidence of positive representations of gay lifestyles and no input from community groups. However, there seemed little evidence of homophobic abuse. A gay focus and support group had met occasionally during the past year and had been consulted about the monitoring of sexual orientation.
- 2.37 A transgender prisoner was well supported by prison staff, given information about external support organisations and involved in efforts to improve provision for future transgender prisoners.

Recommendations

- 2.38 **Consultation processes with black and minority ethnic and Gypsy and Traveller prisoners should be developed further to identify and resolve any inequality in treatment.**
- 2.39 **There should be regular celebration of significant cultural diversity events, such as black history month and LGBT (lesbian, gay, bisexual and transgender) history month.**

- 2.40 **The specific needs of foreign national prisoners should be met, with priority given to the provision of accredited independent immigration advice and specialist support for foreign nationals. Prison staff should have sufficient facility time to develop provision.**
- 2.41 **There should be regular and ongoing consultation with minority groups to assess needs, identify and resolve any inequality of treatment, and enable participation in the regime.**
- 2.42 **Older prisoners should have suitable out-of-cell activities, and retired prisoners should not have to pay for their televisions.**

Housekeeping points

- 2.43 Foreign national prisoners should be able to apply for additional telephone credit as soon as they arrive.
- 2.44 Monitoring of sexual orientation should be properly explained to prisoners, and such information should only be held on a separate prison database with access restricted to key staff.

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.

- 2.45 Faith provision was good. The chaplaincy team was well known, represented a wide spectrum of faiths, and was involved in many prison processes. There was good pastoral support for prisoners, particularly in times of crisis.
- 2.46 In our survey, significantly fewer prisoners than the comparator and at the last inspection felt that their religious beliefs were respected. However, black and minority ethnic prisoners, foreign nationals and Travellers, who made up the largest part of the regular congregations, were much more positive.
- 2.47 The chaplaincy facilitated a good range of regular and widely advertised services and study sessions, with provision for minority groups. The main chapel was used flexibly as a multi-faith area, with appropriate screening available. There were washing facilities for Muslim prisoners. Each faith could select two festivals a year to celebrate, with support from the catering team.
- 2.48 Many prisoners said they valued the support offered by the chaplaincy team. The coordinating chaplain was one of the establishment's family liaison officers, and led most bereavement-related work. Two chaplains were ACCT assessors and contributed to many reviews, including in the busy health care centre.
- 2.49 The Muslim chaplain worked hard to develop awareness of Islam among staff, briefed officers supervised Friday prayers and ran training sessions for cleaning officers in preparation for Ramadan. Only one member of staff had completed faith awareness training, but details of major religious festivals were included in staff briefing material.

- 2.50 Although chaplaincy contributions to sentence planning were not systematic, and plans to develop a 'community chaplaincy' were still in progress, the team contributed well to resettlement by hosting and supporting a range of interventions, such as Alcoholics Anonymous and Distant Dads.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

2.51 There were a high number of complaints but most received a timely response. There were concerns about the quality of replies, and there was no effective data analysis of complaints.

2.52 There were 322 complaints a month on average, which was comparatively high for a local prison, but most received a response (including interim replies) within five working days. In our survey, prisoners reported no difficulties making complaints, and the forms were readily available on the wings. However, our conversations with prisoners revealed little confidence in the complaints system, and in our survey there were negative responses on the fairness and timeliness of replies. The services provided by the Prisons and Probation Ombudsman were not promoted to prisoners or well known among staff.

2.53 In our sample of responses to complaints, most were typed and generally polite, but many were disrespectful because there was often little or no face-to-face communication with complainants and a frequent failure to resolve all the issues raised. Some interim replies were not followed up.

2.54 There was little management oversight of complaints. A quality assurance system was emerging but not currently driving improvement activity. Data collection and trend analysis were weak, and there was no regular complaints monitoring at senior management meetings.

Recommendation

2.55 **The prison should establish monitoring systems to identify trends relating to complaints upheld and refused, protected characteristics, location, prisoner type, quality of responses and outstanding final replies, backed up with quality assurance processes.**

Housekeeping point

2.56 The services of the Prisons and Probation Ombudsman should be promoted to prisoners and staff.

Legal rights

Expected outcomes:

Prisoners are fully aware of and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

2.57 There was no specialist legal services provision or officers. Legal visits facilities were good.

2.58 The prison no longer had any legal services officers, and staff were confused about how to process legal services applications. Officers were keen to support prisoners but were hampered by insufficient knowledge of local arrangements.

2.59 The consultation rooms in legal visits were clean and legal advisers could book private appointments of between one and three hours by email, without excessive notice. There was a well-presented video link suite with two 'courts' and several consultation rooms, which were also used by the offender management team.

Recommendation

2.60 **The prison should assess the legal services needed and clarify how this provision will be made available.**

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

2.61 Health care provision was good but there was a large shortage of staff, filled by agency nurses, and prisoner perception of health care was poor. Access to services, apart from dental and physiotherapy, was good. Primary health services were satisfactory with a good range of care, including a well-managed inpatient unit. Waiting lists were generally short but there had been a high rate of non-attendance, which had reduced significantly. Pharmacy services were satisfactory and the quality of dental care was good. Prisoners with mental health problems had access to a large mental health care team offering a broad range of therapeutic treatment, but there were no professional counselling services.

Governance arrangements

2.62 Health services were commissioned by East Coast Kent Primary Care Trust (PCT) with primary care provided by the Prison Service and mental health care by Oxleas NHS Foundation Trust. A new primary care provider had been selected to deliver services and this had disrupted some staff. There were good relationships between the commissioners, the governor and the head of health care and evidence of some robust management

arrangements. Our survey indicated that prisoners were not satisfied with their access to the range of health services or the quality of care provided. Our evidence indicated that this could be improved with better promotion of the services.

- 2.63 The health care centre provided a good range of facilities, with rooms for treatment and consultations, some offices and waiting rooms, and a large inpatient facility. The waiting room was adequate but had little information for patients. There were also treatment rooms on two of the house blocks for nurse treatment and consultations.
- 2.64 A health needs assessment had been completed in October 2011 and provided a detailed review of the services, with recommendations that were being actioned in conjunction with the commissioners. The bimonthly partnership board was chaired by the PCT and the prison was represented by the governor and head of health care. The head of health care was also the health care lead for the Sheppey cluster of prisons.
- 2.65 The clinical governance meeting was chaired by the head of professional development for the Sheppey prisons and was well represented by the commissioners, and less so by the prison. There was evidence of good relations between the partnership board and the prison senior management team. The health care team was poorly staffed with almost half the posts vacant and filled by a large number of regular agency staff. The head of health care provided effective management of the team and delivery of care while ensuring that the service continued to develop. The head was supported by another senior nurse with the role of professional development in addition to leading clinical governance. The training of health care staff was well managed and supported by the PCT and strategic health authority. One-to-one clinical supervision was available to all clinical staff.
- 2.66 Health care was provided for prisoners 24 hours a day throughout the week and there was a good range of services, most delivered by the health care team with few visiting professionals. Four general practitioner clinics were provided every weekday, and one each weekend day for the first night centre. A local practice provided a large number of GPs who had all worked at the prison for over two years. Prisoners had access to the same out-of-hours service as the local community. HMP Rochester provided pharmacy services. Dental services were provided by one dentist from a local practice contracted to deliver three sessions a week, two of which were on Sunday. The practice provided holiday cover when required.
- 2.67 Emergency resuscitation equipment was available on both floors of the health care centre and on house blocks one and three. It included automated emergency defibrillators and there was a record of daily checks. Clinical records were managed electronically using SystemOne, the electronic clinical information system, to very good effect. All paper records were stored and archived appropriately following the necessary confidentiality regulations. Access to professional guidelines was available to staff throughout the health care centre.
- 2.68 Each house block had a health care representative who attended a dedicated health care forum, and we identified evidence of some changes resulting from issues raised by the group. Complaints about health care averaged about 20 a month and most were dealt with quickly. Some that we saw had short and unhelpful responses. The monitoring and categorisation of health care complaints was well organised.
- 2.69 The head of professional development chaired the health promotion action group and there was an active programme, including the recognition and management of patients with lifelong conditions. Health promotion information was available on noticeboards and leaflet displays in the house blocks, and the gym ran regular health and well-being days. There was a smoking cessation service but access was limited because of the number of smokers. Policies for the

control of communicable diseases were adhered to, and prisoners had access to some robust screening and vaccination programmes.

Recommendations

- 2.70 **Permanent health care staff should be recruited to meet prisoners' needs.**
- 2.71 **Prisoners should be given more information about the quality and range of health services available, and the reasons for prisoner dissatisfaction with health care should be further explored and investigated.**

Housekeeping points

- 2.72 Information about health services and health promotion should be available in the health care centre waiting room.
- 2.73 Smoking cessation services should be reviewed to increase availability.

Delivery of care (physical health)

- 2.74 All new arrivals had a comprehensive initial health care screen by a mental health nurse, and were seen by a GP the following day for secondary screening on the first night centre. They were given information about the health care services, some of which was available in a range of languages.
- 2.75 Prisoners had good access to a GP and waiting lists were very short. They were seen first by a trained triage nurse and then allocated to an appropriate clinic as required. Attendance at clinics had been poor, but recent changes to informing patients of appointments had improved the attendance rate significantly. Patients were seen at a good range of nurse-led and specialist clinics, but there was a long waiting list for the physiotherapist. Prisoners on the segregation unit were seen at least once a day by a nurse and at least three times a week by a GP. A telemedicine service was developing and used for patients with skin conditions. Outside hospital appointments were well managed.
- 2.76 The inpatient unit could accommodate 29 patients in 23 single cells and two three-bed wards. All cells were on the certified normal accommodation but admission was based on the clinical needs of patients. The unit was generally very busy with an equal mix of inpatients with physical or mental illness, and was almost full at the time of our inspection. The unit was clean and cells were appropriately equipped for the care of patients. Inpatients had access to an exercise yard and association area but there was no opportunity to dine out of their cells. The unit was staffed by mental health nurses, health care assistants and health care officers, who collectively provided a good level of care and support for inpatients. Electronic records were maintained and we observed a high standard of care planning. Work was due to start on a new daycare facility funded by the PCT.

Recommendation

- 2.77 **Access to physiotherapy services should be improved.**

Pharmacy

- 2.78 The pharmacist from HMP Rochester visited the prison twice a month, with an additional visit to look at controlled drugs, but patients did not have access to a pharmacist clinic. The pharmacy had recently reviewed standard operating procedures.
- 2.79 Most patients received in-possession medication daily, weekly or monthly following appropriate risk assessment. Medicines were administered from the main pharmacy room through a hatch into the main waiting room, which did not provide patient confidentiality. Other treatment rooms also had hatches for medicines administration. There was a small range of medicines in the first night centre for new arrivals.
- 2.80 We found loose strips of tablets in most treatment rooms. In the treatment room on house block one, we found a plastic pot with three clonazepam (anxiety treatment) tablets, which was not labelled and did not have a patient name; this and other finds indicated secondary dispensing. There were several out-of-date medicines in the sexual health and pain clinic treatment room. The methadone dispensing machine in IDTS had been cleaned and calibrated regularly, and records were kept. Heat-sensitive products were held correctly, but there was a general lack of fridge temperature range recording. Some pharmacy reference books were out of date.
- 2.81 The pharmacy technician checked stock levels. The pharmacist said that controlled drugs were sometimes supplied against requisitions that did not contain a prescriber's signature. We saw several administration charts for supervised medicines with gaps where it was not clear if the patient had attended or not.
- 2.82 There was an out-of-hours policy, updated in February 2012. A special sick policy was available, and had been reviewed in February 2012, and there were patient group directions. A medicines and therapeutics meeting, chaired by the pharmacist from HMP Rochester, was held quarterly, with varying attendance.

Recommendations

- 2.83 **Patient confidentiality should be maintained when medicines are administered or supplied.**
- 2.84 **Medicines should be labelled in accordance with labelling requirements, loose tablets and tablet foils should not be present in stock, and secondary dispensing should stop immediately.**
- 2.85 **There should be full and complete records of administration of medicines, including all occasions where the patient refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate.**

Housekeeping points

- 2.86 Heat-sensitive items should be stored and recorded correctly.
- 2.87 Old pharmacy reference books should be discarded and only the most recent copy kept.
- 2.88 Requisitions for controlled drugs should have a prescriber's signature before a supply is made.

Dentistry

- 2.89 The dental suite had recently been refurbished and provided a very clean and well equipped room with all records of maintenance available and in date. We were not able to observe any treatment during the inspection. Prisoners told us that their main concern was the waiting time to see a dentist, which could be up to eight weeks with 253 on the list during the inspection. Applications to see the dentist were prioritised, and when patients failed to attend the list was trawled for a replacement to ensure that treatment time was not wasted. Resuscitation equipment, including oxygen, was available. Dental records were completed on both paper and on SystmOne. Paper records were stored in filing cabinets that could not be locked.

Recommendations

- 2.90 **Patients should be able to see a dentist for routine treatment within a timescale equivalent to that in the NHS.**
- 2.91 **Dental records should be stored in accordance with the Caldicott guidelines on the use and confidentiality of personal health information and the Data Protection Act.**

Delivery of care (mental health)

- 2.92 There were three registered mental health nurses (RMNs) and three psychology grade staff, one of whom worked part-time, and a full-time psychiatrist. The senior psychotherapist provided some counselling for sentenced prisoners but there was no other professional counselling provision. The staff carried individual average workloads of 13 to 15 prisoners. They also carried out a large number of assessments for remand prisoners, most of whom spent only a short time at the prison. Referrals came from prison staff, other bodies, such as community health services or the courts, and prisoners themselves. Prison staff could refer prisoners with potential mental health problems informally through a mental health communications book that was on each house block, which the mental health team checked regularly. Transfers to secure mental health units took place with minimal delay.
- 2.93 Patients were managed within multidisciplinary teams and case meetings, with much involvement from them. There was effective data collection to monitor the service and its quality, which showed that practitioners generally met needs.
- 2.94 The trust provided mental health awareness training to prison officers. Between 160 and 200 officers were trained annually, with 42 trained in the last quarter of 2011. Feedback indicated that about 85% of participants found it useful.

Recommendation

- 2.95 **Prisoners should have access to dedicated counselling 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.

- 2.96 Prisoner perceptions of the food were very negative, and the catering team was not actively engaged in addressing their concerns.
- 2.97 The menu was varied and broadly met the needs of the diverse population, but some meals were poorly presented (particularly in reception) and quality was inconsistent. A hot meal was provided daily, but the menus were not clear enough for prisoners to be sure of ordering five portions of fruit and vegetables a day with their meals. However, breakfast was served six days a week, with a breakfast pack provided for Saturdays.
- 2.98 The kitchen was clean, but showed signs of age and needed redecoration, and its size and limited facilities constrained menu planning. Some equipment was out of order and awaiting replacement. Some trolleys were dirty, and the responsibility for this was unclear. Most serveries were clean, although the floor on house block five B spur was a health and safety hazard.
- 2.99 There were few formal complaints about food, but in our survey prisoners were negative, and they raised concerns with us about both its quality and quantity. Prisoner surveys had been conducted, but there had been few responses. Some consultative meetings had been held, but these were not well established and did not follow up previous concerns. Food comments books on the wings were not always available, and wing staff were confused about how they should be managed. Feedback from comments was sent directly to the prisoner but not shared with other prisoners or staff. Wing consultative meetings did not always discuss catering concerns or present feedback from the catering team.

Recommendation

- 2.100 **The catering team should engage more actively with prisoners and staff to improve the quality and presentation of food.**

Housekeeping points

- 2.101 Menus should clearly state the fruit and vegetables available with each meal.
- 2.102 The servery floor on house block five B spur should be repaired.

Purchases

Expected outcomes:

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

- 2.103 The shop arrangements worked efficiently but most prisoners were not happy with the range of goods sold, especially those aimed at self-catering, which was not available at Elmley. New arrivals were generally restricted to standard shop packs.
- 2.104 The prison shop arrangements were reasonably safe and effective, but in our survey only 42% of respondents said that the shop sold a wide enough range of goods, compared with the comparator 46% and the response of 49% in 2006. There were reasonable opportunities for

consultation about the range, but there was a single shop list for the three prisons in the Sheppey group, which included some self-catering items that were not applicable for Elmley prisoners. Many prisoners had concerns about rising shop prices and planned pay reductions, and several felt that they did not receive adequate notice of price increases.

- 2.105 New arrivals could only access a basic initial pack of goods and could wait for up to a week to make their first shop order. There was a satisfactory range of catalogue items.

Recommendation

- 2.106 **New arrivals should be able to make purchases from the prison shop.**

Housekeeping point

- 2.107 All items on the Elmley prison shop list should be suitable for Elmley prisoners.

Section 3: Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock, and the prison offers a timetable of regular and varied activities.⁴

- 3.1 Time out of cell for most prisoners was limited. The experience of individual prisoners varied across the prison, with as little as three hours a day out of cell for those not fully employed. We found over a third of prisoners locked in their cells. Association was limited to three evenings a week, and exercise periods on some wings clashed with regime activities.
- 3.2 The published core day indicated that a fully employed prisoner could achieve about nine hours a day out of cell on Monday to Thursday and about seven hours on Fridays, Saturday and Sunday. In practice, however, time out of cell was much less for a significant number who did not work or attend education. We estimated that unemployed prisoners could get only about three hours a day if they attended daily exercise and association, as they were locked in their cells during the core day.
- 3.3 During morning and afternoon roll checks, we found that well over a third of prisoners were locked in their cells. All prisoners received only three evening periods of association a week, restricting their access to telephones and showers. Exercise on some wings was scheduled to take place when prisoners were at work, and some employed prisoners did not get adequate time in the open air.

Recommendations

- 3.4 **Unemployed prisoners or those not required at work should have access to out of cell activities during the core day.**
- 3.5 **All prisoners should be able to have association every evening and one hour's daily access to time in the open air.**

Learning and skills and work activities

Expected outcomes:

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

- 3.6 Management of learning and skills and work had only recently improved and was satisfactory. Self-assessment had accurately identified many of the strengths and weaknesses. Although

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

there were many useful new initiatives, few had yet to take effect. There had been successful action on most of the areas for improvement identified previously, but too many prisoners were locked up during the core day and most jobs on the house blocks did not fully occupy prisoners. Allocation processes had improved, although were slow in getting prisoners into work or vocational training. Teaching and learning were satisfactory but too few prisoners were engaged in purposeful activity. Success rates on courses were improving and some were high. Attendance and punctuality were poor. The library was pleasant but prisoners had limited access and the provision was underused.

3.7 Ofsted made the following assessments about the learning and skills and work provision:

Achievements of prisoners engaged in learning and skills and work:	Satisfactory
Quality of learning and skills and work provision:	Satisfactory
Leadership and management of learning and skills and work:	Satisfactory

Management of learning and skills and work

- 3.8 Leadership and management of learning and skills and work were satisfactory. Capacity to improve was also satisfactory and most key areas identified for improvement at previous inspections had improved. The quality improvement group, which had recently been re-formed, had introduced several new initiatives, although many had yet to affect the provision. Self-assessment had clearly identified many of the key strengths and areas for improvement, and data were used well to support judgements. Although the self-assessment report covered most of the provision, some aspects had been missed.
- 3.9 Quality assurance arrangements, although adequate, had failed to improve the quality of teaching and learning. There were regular lesson observations and most were clearly recorded, but there was insufficient focus on individual learning needs. There was little sharing of good practice identified in learning.
- 3.10 There had been reasonable use of staff views to evaluate and improve the provision, although there was insufficient use of the views of learners. The quality improvement plan accurately identified most key areas of improvement, but many actions to make positive changes had been slow. Arrangements for assessments and verification were satisfactory, and external verification reports were positive.
- 3.11 Promotion of safeguarding of learners, and equality and diversity were satisfactory. Learning and skills staff were able to recognise and deal appropriately with safeguarding problems when they arose, and had received appropriate training. All staff were given equal opportunities and diversity training, and they had an appropriate awareness of issues and concerns. There was good mutual respect between learners and staff.

Recommendation

- 3.12 **There should be a clearer focus on learning in lesson observations, and more sharing of good practice with all teaching staff.**

Housekeeping point

- 3.13 There should be better use of learners' views to inform self-assessment and quality improvement.

Provision of activities

- 3.14 Prisoner induction to education was generally satisfactory, although the promotion of vocational training courses was weak. All learners were given an initial assessment of their literacy and numeracy needs, unless this had been undertaken before. Sentence plans were used appropriately to inform action planning with learners. Individual learning plans (ILPs) were variable. Some were clear and detailed, while others had few appropriate targets.
- 3.15 There were insufficient purposeful activity places for all prisoners, at about 800 for the population of more than 1,200. The allocation to work process, although recently improved with the formation of a weekly labour allocations board, was slow in moving prisoners into jobs or vocational training. Many work and vocational training places were underused (see main recommendation HP45).
- 3.16 Education courses focused on improving learners' literacy and numeracy skills, although courses in art, information technology and business studies were available. All prisoners at Elmley for long enough were encouraged to gain level 1 in literacy and numeracy if they were below this standard on arrival. The pay policy did little to encourage engagement in learning and skills, although a new policy aimed to rectify this.
- 3.17 Vocational courses were available in basic car repairs, industrial cleaning, bricklaying, horticulture and barbering, and a course in carpentry was planned. Most training was accredited to level 1, which worked well for the many prisoners with short-or medium-term sentences. However, there was insufficient activity for prisoners at Elmley for longer sentences. Only around 79 prisoners were engaged in accredited vocational training. Prisoners who left early gained accreditation for any units completed. No qualifications, apart for food hygiene, were offered to prisoners working in the kitchen. Vulnerable prisoners had limited access to work, other than the laundry or wing jobs. The well-equipped laundry, which provided good training opportunities, did not offer prisoners the chance to gain useful qualifications (see main recommendation HP46).

Recommendation

- 3.18 **There should be better promotion of learning and skills, particularly vocational training, during the prisoner's induction.**

Quality of provision

- 3.19 The quality of provision was satisfactory. Teaching staff were knowledgeable and experienced. Prisoners on courses developed good skills, with particularly high quality work in bricklaying, information technology and art. Approximately 430 prisoners were on education courses, most of which were part time. Teaching and learning on education and vocational courses were mainly satisfactory, with some good learning observed, although there were not enough different learning styles. Support for learners was appropriate, and there was particularly good

in-class support from 'learning champions'. Assessments were appropriately planned. Resources for learning were satisfactory, and vocational learning workshops were adequately equipped.

- 3.20 Jobs were available in a reasonable range of areas, such as waste recycling, general maintenance, headphone refurbishment and teabag packing. Some of these jobs were mundane and required little skill. Employability skills, such as working with others, were not fully recognised or effectively recorded. A recently introduced recording system was too complicated for prisoners and officers to use to best effect. Too many prisoners, over 150, were employed as house block workers and cleaners. Most of these jobs did not provide sufficient work to occupy prisoners fully during the core working day. Very few prisoners were engaged with the Toe-by-Toe reading scheme, despite a high need and a good number of trained mentors. The prison had recognised most of these issues and had taken appropriate steps to improve, although these had yet to make an impact.

Recommendations

- 3.21 **There should be better identification, recording and recognition of employability skills in work areas to assist prisoners gain future employment.**
- 3.22 **The prison should provide better quality work for prisoners.**
- 3.23 **The prison should continue to engage more prisoners with the Toe-by-Toe reading mentoring scheme.**

Education and vocational achievements

- 3.24 Success rates on vocational training and education courses had improved over the last year, and were at least satisfactory on most courses. In particular, success rates on literacy and numeracy courses had improved significantly from 2009/10, and were now high at around 80%. However, attendance and punctuality across the provision were poor. Success rates were lower for learners with a recognised disability than for those without a disability, and this had not been fully recognised or addressed.

Recommendations

- 3.25 **Attendance and punctuality across the learning and skills provision should be improved.**
- 3.26 **The prison should continue to improve the success rates for all learners, particularly those with a recognised disability.**

Library

- 3.27 The library was pleasant, managed well and had sufficient opening hours, although it was not open at weekends. However, very few prisoners used the provision. Opportunities to use the library were poor because of a lack of prison officers to escort prisoners, although house blocks one and two managed this more effectively. Learners on education courses near to the library were also unable to gain access.

- 3.28 The range of books was adequate to meet prisoners' needs, and books requested through Kent County library service were available with weekly deliveries. There was a good range of foreign language books and a wide selection of easy read material. Daily newspapers and magazines were not available through the library, although there were weekly Polish and Turkish newspapers and a monthly Polish magazine. Prison Service Orders were readily available to prisoners.

Recommendation

- 3.29 All prisoners should be able to go to the library regularly, including at weekends.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.30 Physical education facilities were good, well maintained and well used. Healthy living and personal fitness were effectively promoted. The PE timetable was well planned and managed. All prisoners had sufficient access to PE and waiting lists were short. A range of structured programmes provided vocational training for some prisoners.
- 3.31 Physical education (PE) and recreational activities were well managed and promoted. There was a large sports hall, two modular and weight training suites, cardiovascular suite and a well-used outdoor all-weather sports pitch, which were well maintained and provided good facilities for recreational and structured PE sessions. Three classrooms were used effectively for a range of vocational training, including gymnasium instructors, health care trainers, first aid at work and a range of diet, nutrition and healthy lifestyle courses for a maximum of 12 prisoners, although no vocational training was available above level 1.
- 3.32 All prisoners received a good general introduction to the gymnasium during their first week in the prison, including clear information on the range of courses and programmes and attendance expectations. Healthy living and the importance of exercise were well promoted at induction. Prisoners trained as health care trainers were involved in all inductions, provided good health and well-being support, and promoted the benefits of activity to prisoners who would not normally take part. Prisoners identified with health issues were referred to health care for a medical assessment. However, the health care department did not notify PE staff about prisoners identified as unsuitable to participate in physical activities.
- 3.33 Prisoners engaged safely in a range of physical education, fitness and recreational activities at least twice a week. Allocation was fair and approximately 66% of prisoners accessed PE regularly. Recreational sessions included weight and cardiovascular training, as well as a good range of other racquet, ball sports and circuit training. Structured training programmes developed their skills and enhanced their understanding of physical education. Appropriate clothing and towels were available in the gymnasium for all prisoners.

Recommendation

- 3.34 **The prison should develop and introduce vocational PE programmes above level 1.**

Housekeeping point

- 3.35 The health care department should regularly inform PE staff about prisoners identified as unsuitable to participate in strenuous activities.

Section 4: Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 The strategic management of resettlement was developing reasonably well, but the resettlement strategy was not based on an up-to-date needs analysis. Communication between departments on resettlement issues had improved. Efforts were being made to evaluate post-release outcomes, but these were recent. Release on temporary licence was used appropriately for category C prisoners. Prisoners had poor awareness of the help available for a range of key resettlement areas.
- 4.2 Resettlement services, apart from the offender management unit (OMU), were managed centrally as part of the Sheppey prison group. The head of resettlement was based in the nearby HMP Stanford Hill. However, there was a resettlement policy specific to Elmley and a rehabilitation strategy had been recently updated. The policy set out the pathway services available, although there was no detailed information on the physical and mental health services provided. A basic action plan had recently been developed. There was no up-to-date needs analysis, as the previous one had been completed in 2010, and it was not possible to judge if the services available met the needs of the population. In our survey, fewer prisoners than the comparator (39% against 47%) said they had done something in the prison that would make them less likely to offend in the future.
- 4.3 A new meeting structure had been developed to improve coordination of resettlement services, including a heads of function meetings and regular structured meetings to support pathway provision. These fed into a quarterly reducing reoffending delivery group for Elmley. There had been efforts to improve communication between departments, for example by increased information sharing with the OMU, which was important given that it was outside the central structure. Some evaluation of post-release outcomes, specifically reoffending rates and employment status, had been started five months previously, but this positive initiative was still in its infancy and yet to produce significant data.
- 4.4 Release on temporary licence (ROTL) was used well to support resettlement for category C prisoners, who also saw it as a chance to show their readiness for progression to the open estate. This was impressive for a local prison. In the previous six months, 37 applications for ROTL had been approved for participation in the Bedgebury Project, which undertook work with the Forestry Commission and enabled prisoners to undertake unpaid charitable work. A few resettlement day release and overnight release applications had also been approved.
- 4.5 In our survey, prisoners reported negatively and below the comparators when asked if they were aware of the help available for a range of key resettlement areas, notably finance and benefits, education and drugs and alcohol. We could not determine why this was the case, but noted that the improvements to coordination and communication between departments were still very recent.

Recommendation

- 4.6 **There should be an overarching resettlement policy incorporating all pathways, which is based on an up-to-date needs analysis.**

Good practice

- 4.7 *Release on temporary licence (ROTL) was used to help show that category C prisoners were ready for progression to the open estate.*

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

- 4.8 Offender management was reasonably effective overall. The OMU focused mainly on providing a service to in-scope prisoners, but out-of-scope prisoners received some support. Not all OASys assessments had been completed but the backlog had reduced significantly. Some sentence plans lacked outcome-focused objectives and sequencing. Some risk management plans made little reference to sentence plans and prison interventions to address risk. Public protection arrangements were robust but risk of harm was not assessed in all relevant cases. Categorisation reviews were up to date. Indeterminate-sentenced prisoners received a reasonable level of support.
- 4.9 Offender management was reasonably effective and delivered by a committed but small team of 5.5 offender supervisors. The team focused mainly on in-scope prisoners. All in-scope cases had been allocated to an offender supervisor, and just over half of the 20 cases in our sample were allocated in the required timescales.
- 4.10 The OASys (offender assessment system) backlog had recently reduced significantly, but was still approximately 80. Sixteen of our case sample had a current OASys assessment and sentence plan and 14 had a sufficient OASys likelihood of reoffending assessment. However, four had no assessment in place and some had unclear or insufficient information recorded on it. Most cases had been allocated promptly to an offender manager. In just over half of the sample, there was evidence that the first contact had taken place in the required timescales and that the prisoner had been meaningfully engaged in his sentence planning.
- 4.11 External offender managers assessed high-risk prisoners and those on indeterminate sentence for public protection (IPP), but not always in a timely manner. Some case file assessments provided evidence that offender supervisors were proactive in managing cases, but there was less evidence of ongoing communication with offender managers in the community.
- 4.12 Three-quarters of the 16 sentence plans were informed by relevant assessments and had been shared with relevant staff. Not all were outcome focused or logically sequenced, but three-quarters included objectives to address the likelihood of reoffending and manage the risk of harm. Some risk management plans were good, but others were not linked to sentence

plans and made little reference to prison interventions to address risk, focusing on post-release work instead. Relevant staff and prisoners attended sentence planning board meetings, and contributions from offender managers were generally good. There were no formal minutes and no electronic summaries for other staff to see.

- 4.13 Personal officers used electronic case notes to record their contact with prisoners, but mainly focused on behavioural issues. There were no records in the OMU of prisoners' educational, vocational or other learning plans, and there was very limited evidence that sentence plans included objectives related to education, training, employment and basic skills.
- 4.14 The OMU participated in a weekly multidisciplinary wing surgery, which facilitated easy access for prisoners and enabled them to address queries without the need for an appointment. These surgeries were appreciated by prisoners we spoke to and helped out-of-scope prisoners to receive useful assistance.

Recommendations

- 4.15 **All prisoners, and in particular in-scope cases, should have a current OASys (offender assessment system) assessment.**
- 4.16 **Sentence plans should include objectives related to education, training, employment and basic skills.**
- 4.17 **Risk management plans should be linked to sentence plans and identify prison interventions to reduce risk.**

Housekeeping point

- 4.18 A summary of sentence planning board meetings should be accessible to all relevant staff.

Public protection

- 4.19 Public protection was based on a sound policy and was delivered centrally for all three Sheppey prisons by a separate team. A designated officer had a one-to-one meeting with all relevant prisoners to explain the restrictions imposed. The head of OMU chaired the fortnightly public protection board, attended by offender supervisors, probation and police. Offender supervisors or a senior probation officer attended multi-agency public protection arrangements (MAPPA) meetings.
- 4.20 At the time of inspection there were 183 prisoners subject to public protection measures, including 79 who were a risk to children, 21 a visits-only risk to children and 83 harassment cases. Although all cases in our sample required a full risk of serious harm analysis, this had been omitted in a few. Risk of harm issues were communicated to all staff involved, and potential or actual changes in risk of harm factors were anticipated, identified swiftly and acted on appropriately in most relevant cases.

Recommendation

- 4.21 **There should be a full risk of serious harm analysis for all prisoners who require one.**

Categorisation

- 4.22 Initial categorisation was undertaken by the observation, classification and allocation (OCA) department. Reviews were discussed at a categorisation board, chaired by a senior officer and attended by relevant staff. An internal audit had found that 97% of OCA assessments were within the required time, and there were no outstanding reviews at the time of inspection.

Indeterminate sentence prisoners

- 4.23 There was a dedicated offender supervisor for the 79 indeterminate-sentenced prisoners (37 lifers and 42 IPPs) who met all of them. There were also dedicated indeterminate-sentenced prisoner peer support workers on each house block, who met bimonthly with the offender supervisor. A dedicated newsletter was produced for them. Indeterminate sentence prisoners we spoke with were reasonably positive about the support they received. They were considered for transfer after completion of their OASys, in the same way as other prisoners, taking into account their offending behaviour requirements, maintenance of family ties and distance from home, and they were asked to identify three prisons for transfer. Offender supervisors completed parole reports for lifer prisoners, and all were completed on time.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are met prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.24 Pathway provision was generally good, and the resettlement team included trained peer advisers. Prisoners were given good careers advice and there was effective use of Jobcentre Plus to identify employment opportunities, but there was no specialist finance advice. Health care undertook good discharge planning, and link workers facilitated post-release support for substance misusers. Family days were well attended, but there were unacceptable delays in getting into visits. Some offending behaviour programmes were offered, but a number of prisoners were awaiting transfer to access sex offender treatment and victim awareness interventions at other prisons.

- 4.25 The resettlement services department was well staffed and included six peer advisers, two of whom were trained to NVQ level 3 in information, advice and guidance by the St Giles Trust. The peer advisers assessed all prisoners' immediate and basic resettlement needs at induction and eight weeks before release. We saw useful resettlement work following initial assessment, including for out-of-scope prisoners.

Accommodation

- 4.26 The prison recognised that accommodation provision was critical in effective resettlement, and there was sufficient advice from resettlement services staff, whose training allowed them to provide a good level of information on housing-related issues. Staff had developed a wide range of links with emergency and longer-term housing providers. In the previous six months,

between 92% and 96% of prisoners had been released with accommodation to go to for at least three months.

Education, training and employment

- 4.27 Prisoners had appropriate access to a well-planned and delivered employability programme, and St Giles Trust provided a helpful employment skills service to prisoners on house block five. Prisoners were given good careers advice and guidance from well-qualified resettlement and Tribal staff, the careers, information and advice service provider. They received good support to develop their CVs and improve interview skills and techniques. Links to employers were not sufficiently well developed but this had been improving, and a recent jobs fair had successfully engaged some additional employers. There was effective use of Jobcentre Plus for advice and guidance and to identify employment opportunities.

Housekeeping point

- 4.28 The prison should develop stronger links with local and national employers.

Health care

- 4.29 Health care discharge planning was good with staff planning one week in advance of a prisoner's release. When required, prisoners were given up to seven days' supply of prescribed medication on release, as well as any outstanding appointments and a letter for their GP. They were also given information on future access to health care in the community. The care programme approach was used for prisoners with enduring mental health problems. Palliative care and an end-of-life pathway had been developed and used successfully with the cooperation of local support services.

Drugs and alcohol

- 4.30 There was a range of joint working protocols and practices between health, clinical IDTS, CARAT, programme teams and prison departments to ensure good care coordination. Clinical IDTS and CARAT teams were co-located, contributed to each other's case files and caseworked jointly. Care plans were shared with the OMU. Civilian staff and officers provided drug and alcohol services, including programmes jointly, which worked well. A designated link worker from the local drug intervention programme (DIP) came into the prison to facilitate treatment continuation and post-release support, and a worker from the community alcohol project was able to offer assessments pre-release and ensure follow-up support.

Finance, benefit and debt

- 4.31 The recently implemented 'make a fresh start' programme, a DVD-based course delivered by peer support workers, had been attended by 17 prisoners. It covered basic finance management, including budgeting and setting up a bank account, for which prisoners were given a citizenship card. However, there was no specialist finance, benefit and debt advice, although there were plans to add a free Nacro advice line to prisoners' PIN (personal identification number) telephone accounts.

Recommendation

- 4.32 **Specialist assistance with debt management or reduction should be available to prisoners from their arrival.**

Children, families and contact with the outside world

- 4.33 There was a range of well-publicised initiatives promoting maintenance of family ties, including Storybook Dads, Time for Families and Distant Dads. Four themed family days were held annually, with eligibility not dependent on IEP status, and had been well attended.
- 4.34 Visits took place every afternoon except Monday, and a detailed visitor handbook was available from the visitors' centre. Bookings could be made by telephone, email and in person at the visits hall. Records showed that almost all prisoners received a reception visit within a week of arrival, and we saw copies of approved applications to exchange visiting orders for additional weekly letters.
- 4.35 Long queues developed in the visitors' centre two hours before visits started, leading to a sometimes tense and noisy environment. An allocated children's play area had very little play equipment. The centre felt institutional, although a children's charity had been approached for advice on how it could be improved.
- 4.36 There were unacceptable delays in getting into visits on time. Although visits were due to start at 2pm, we saw some visitors arrive at the visitors' centre at 1.30pm who did not get into the visits hall until 2.50pm due to the queues and security procedures. This was a common subject of complaint from prisoners and could have helped to explain why in our survey prisoners were negative about the support they received to maintain contact with family and friends. All visitors had a rub-down search, but policy allowed for strip searching in specific circumstances when it would have been more appropriate to call the police. Staff told us of at least one visitor who had been searched in this way.
- 4.37 The large visits hall had recently been decorated and was clean. Staffing levels were proportionate. There was an unsupervised play area with a TV (which was not on) but no play equipment. As a result many young children were running around unoccupied. Vulnerable prisoners entered and left the hall separately to the main population, and staff had a list of prisoners who were a risk to children. Some prisoners were placed on closed visits for non-visits related activity (see paragraph 1.47 and recommendation 1.50).

Recommendations

- 4.38 **The visitors' centre and visits hall should be properly equipped to meet the diverse needs of visitors, including children.**
- 4.39 **Visitors should be escorted from the visitors' centre to the visits hall quickly and without undue delays so that all visits start on time.**
- 4.40 **Visitors should never be strip searched.**

Attitudes, thinking and behaviour

- 4.41 The thinking skills programme (TSP), controlling anger and learning to manage it (CALM) and focus on resettlement (FOR) programmes were delivered, and eight, three and four courses respectively had run in the previous 12 months. P-ASRO was also delivered (see paragraph 1.78). Offender supervisors were invited to attend the end-of-course reviews. Completion rates for TSP and CALM were good, at 94% and 100% respectively, but the dropout rate of approximately a third on the FOR programme, which was particularly useful for short sentence prisoners, was too high. Waiting lists for each course were not long.
- 4.42 In almost three-quarters of the case files inspected, planned interventions included the delivery of an accredited programme. Half of these prisoners had been able to access appropriate programmes at Elmley, but some required programmes not available, such as the sex offender programme, and were waiting to be transferred elsewhere. There was no victim awareness programme and evidence of victim work in case files was limited, although some prisoners had been able to access the Sycamore Tree restorative justice initiative at HMP Swaleside.

Recommendation

- 4.43 **Prisoners should have timely access to offending behaviour programmes and other interventions in line with their identified needs.**

Section 5: 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

-
- 5.1 Three prisoners should not be located together in any cell designed for two. (HP44)
 - 5.2 There should be sufficient purposeful activity places for the whole population, and allocation processes should ensure that all jobs and vocational training places are fully used. (HP45)
 - 5.3 The range of vocational qualifications on offer should be substantially increased. (HP46)

Recommendation

To Prison Escort and Custody Service and the governor

-
- 5.4 The prison and escort contractor should ensure that late arrivals are exceptional and that prisoners are disembarked from escort vehicles swiftly. (1.5)

Recommendations

To the governor

Early days in custody

-
- 5.5 Induction staff should fully explain to new arrivals the content of documents they are asked to sign, and provide them with copies. (1.15)

Bullying and violence reduction

-
- 5.6 All parts of the walkways should be supervised during prisoner movements. (1.25)
 - 5.7 The safer custody committee should investigate, through focus groups and other means, why Gypsy and Traveller prisoners feel less safe, and act on the findings. (1.26)

Self-harm and suicide prevention

-
- 5.8 All night staff should be trained in emergency procedures, and their competence regularly tested. (1.34)
 - 5.9 All staff should carry an anti-ligature knife. (1.35)
 - 5.10 The care suites should be furnished, equipped and decorated to a reasonable standard. (1.36)

Safeguarding (protection of adults at risk)

- 5.11 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.40)
- 5.12 There should be a multidisciplinary care plan for every young person transferred from the children and young people's estate, and for any young adult who is vulnerable. (1.41)

Security

- 5.13 Managers should ensure that security information is acted upon promptly, and that targeted searches and suspicion drug testing are undertaken within the required time. Testing facilities should be improved. (1.48)
- 5.14 Prisoners should only be strip searched on the basis of intelligence or specific suspicion. (1.49)
- 5.15 Closed visits should only be imposed on the basis of illicit activity related to visits. Reviews should consider all the information available, and restrictions should be lifted as soon as possible. (1.50)

Incentives and earned privileges

- 5.16 The incentives and earned privileges (IEP) policy should be fully implemented, reviews should take place as required, and documentation should be fully completed. (1.55)
- 5.17 Prisoners should not be demoted to basic before the outcome of an adjudication. (1.56)

Disciplinary procedures

- 5.18 All disciplinary charges should be fully investigated, particularly where prisoners raise matters relating to bullying and safety. (1.60)

The use of force

- 5.19 Planned use of force should be clearly filmed to include all key events, and recordings should be systematically reviewed for learning points. (1.65)

Segregation

- 5.20 There should be sustained improvements in the fabric, décor and cleanliness of cells and exercise yards in the segregation unit. (1.71)
- 5.21 Governance of segregation should give assurance that the segregation of prisoners is appropriate and their individual circumstances considered at all stages. (1.72)
- 5.22 Reintegration planning and practice should be developed to return most prisoners to house blocks swiftly whenever possible. (1.73)

Substance misuse

- 5.23 The facilities and the environment for methadone administration should be improved. (1.79)
- 5.24 The prison should consider developing a recovery unit to offer additional support to prisoners wanting to become and remain drug free. (1.80)

Residential units

- 5.25 The showers on house blocks one to four should be refurbished urgently. (2.11)
- 5.26 The persistent late delivery of prisoners' mail should be addressed and resolved. (2.12)
- 5.27 Cell sharing risk should be reviewed whenever prisoners are located together. (2.13)

Staff-prisoner relationships

- 5.28 Staff should actively engage with prisoners to help them achieve objectives for resettlement and reducing reoffending. (2.20)

Equality and diversity

- 5.29 The scope of SMART equality treatment monitoring should be extended to include other minority groups. Swift action should be taken in all cases to investigate and address disparities. (2.27)
- 5.30 All staff should receive equality and diversity training. (2.28)
- 5.31 Consultation processes with black and minority ethnic and Gypsy and Traveller prisoners should be developed further to identify and resolve any inequality in treatment. (2.38)
- 5.32 There should be regular celebration of significant cultural diversity events, such as black history month and LGBT (lesbian, gay, bisexual and transgender) history month. (2.39)
- 5.33 The specific needs of foreign national prisoners should be met, with priority given to the provision of accredited independent immigration advice and specialist support for foreign nationals. Prison staff should have sufficient facility time to develop provision. (2.40)
- 5.34 There should be regular and ongoing consultation with minority groups to assess needs, identify and resolve any inequality of treatment, and enable participation in the regime. (2.41)
- 5.35 Older prisoners should have suitable out-of-cell activities, and retired prisoners should not have to pay for their televisions. (2.42)

Complaints

- 5.36 The prison should establish monitoring systems to identify trends relating to complaints upheld and refused, protected characteristics, location, prisoner type, quality of responses and outstanding final replies, backed up with quality assurance processes. (2.55)

Legal rights

- 5.37 The prison should assess the legal services needed and clarify how this provision will be made available. (2.60)

Health services

- 5.38 Permanent health care staff should be recruited to meet prisoners' needs. (2.70)
- 5.39 Prisoners should be given more information about the quality and range of health services available, and the reasons for prisoner dissatisfaction with health care should be further explored and investigated. (2.71)
- 5.40 Access to physiotherapy services should be improved. (2.77)
- 5.41 Patient confidentiality should be maintained when medicines are administered or supplied. (2.83)
- 5.42 Medicines should be labelled in accordance with labelling requirements, loose tablets and tablet foils should not be present in stock, and secondary dispensing should stop immediately. (2.84)
- 5.43 There should be full and complete records of administration of medicines, including all occasions where the patient refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (2.85)
- 5.44 Patients should be able to see a dentist for routine treatment within a timescale equivalent to that in the NHS. (2.90)
- 5.45 Dental records should be stored in accordance with the Caldicott guidelines on the use and confidentiality of personal health information and the Data Protection Act. (2.91)
- 5.46 Prisoners should have access to dedicated counselling services. (2.95)

Catering

- 5.47 The catering team should engage more actively with prisoners and staff to improve the quality and presentation of food. (2.100)

Purchases

- 5.48 New arrivals should be able to make purchases from the prison shop. (2.106)

Time out of cell

- 5.49 Unemployed prisoners or those not required at work should have access to out of cell activities during the core day. (3.4)
- 5.50 All prisoners should be able to have association every evening and one hour's daily access to time in the open air. (3.5)

Learning and skills and work activities

- 5.51 There should be a clearer focus on learning in lesson observations, and more sharing of good practice with all teaching staff. (3.12)
- 5.52 There should be better promotion of learning and skills, particularly vocational training, during the prisoner's induction. (3.18)
- 5.53 There should be better identification, recording and recognition of employability skills in work areas to assist prisoners gain future employment. (3.21)
- 5.54 The prison should provide better quality work for prisoners. (3.22)
- 5.55 The prison should continue to engage more prisoners with the Toe-by-Toe reading mentoring scheme. (3.23)
- 5.56 Attendance and punctuality across the learning and skills provision should be improved. (3.25)
- 5.57 The prison should continue to improve the success rates for all learners, particularly those with a recognised disability. (3.26)
- 5.58 All prisoners should be able to go to the library regularly, including at weekends. (3.29)

Physical education and healthy living

- 5.59 The prison should develop and introduce vocational PE programmes above level 1. (3.34)

Strategic management of resettlement

- 5.60 There should be an overarching resettlement policy incorporating all pathways, which is based on an up-to-date needs analysis. (4.6)

Offender management and planning

- 5.61 All prisoners, and in particular in-scope cases, should have a current OASys (offender assessment system) assessment. (4.15)
- 5.62 Sentence plans should include objectives related to education, training, employment and basic skills. (4.16)
- 5.63 Risk management plans should be linked to sentence plans and identify prison interventions to reduce risk. (4.17)
- 5.64 There should be a full risk of serious harm analysis for all prisoners who require one. (4.21)

Reintegration planning

- 5.65 Specialist assistance with debt management or reduction should be available to prisoners from their arrival. (4.32)

- 5.66 The visitors' centre and visits hall should be properly equipped to meet the diverse needs of visitors, including children. (4.38)
- 5.67 Visitors should be escorted from the visitors' centre to the visits hall quickly and without undue delays so that all visits start on time. (4.39)
- 5.68 Visitors should never be strip searched. (4.40)
- 5.69 Prisoners should have timely access to offending behaviour programmes and other interventions in line with their identified needs. (4.43)

Housekeeping points

Early days in custody

- 5.70 All prisoners should be offered a hot drink in reception. (1.16)

Self-harm and suicide prevention

- 5.71 Case managers should define issues, objectives and triggers clearly and specifically in care plans for prisoners at risk of self-harm. (1.37)

Incentives and earned privileges

- 5.72 Prisoners should be able to attend all IEP reviews and encouraged to do so. (1.57)

Substance misuse

- 5.73 The drug and alcohol policy document should be updated and contain an interim action plan. (1.81)

Residential units

- 5.74 Cell furniture should be in sound condition, and should include a lockable locker. (2.14)
- 5.75 Staff should enforce the offensive displays policy and ensure that any such displays and/or graffiti are removed. (2.15)

Staff-prisoner relationships

- 5.76 Prisoner consultation meetings should evidence progress on concerns raised by prisoners. (2.21)

Equality and diversity

- 5.77 The minutes of the diversity and equality action team meetings should specify agreed actions so that they are clear to all staff and prisoners and to facilitate follow up. (2.29)

- 5.78 Foreign national prisoners should be able to apply for additional telephone credit as soon as they arrive. (2.43)
- 5.79 Monitoring of sexual orientation should be properly explained to prisoners, and such information should only be held on a separate prison database with access restricted to key staff. (2.44)

Complaints

- 5.80 The services of the Prisons and Probation Ombudsman should be promoted to prisoners and staff. (2.56)

Health services

- 5.81 Information about health services and health promotion should be available in the health care centre waiting room. (2.72)
- 5.82 Smoking cessation services should be reviewed to increase availability. (2.73)
- 5.83 Heat-sensitive items should be stored and recorded correctly. (2.86)
- 5.84 Old pharmacy reference books should be discarded and only the most recent copy kept. (2.87)
- 5.85 Requisitions for controlled drugs should have a prescriber's signature before a supply is made. (2.88)

Catering

- 5.86 Menus should clearly state the fruit and vegetables available with each meal. (2.101)
- 5.87 The servery floor on house block five B spur should be repaired. (2.102)

Purchases

- 5.88 All items on the Elmley prison shop list should be suitable for Elmley prisoners. (2.107)

Learning and skills and work activities

- 5.89 There should be better use of learners' views to inform self-assessment and quality improvement. (3.13)

Physical education and healthy living

- 5.90 The health care department should regularly inform PE staff about prisoners identified as unsuitable to participate in strenuous activities. (3.35)

Offender management and planning

- 5.91 A summary of sentence planning board meetings should be accessible to all relevant staff. (4.18)

Reintegration planning

- 5.92 The prison should develop stronger links with local and national employers. (4.28)

Examples of good practice

- 5.93 The Trust Programme, jointly led by staff and prisoner peer mentors, had been effective in helping potentially vulnerable prisoners move to and remain on mainstream units. (1.27)
- 5.94 Prisoners with drug and/or alcohol problems had access to an unusually wide range of interventions designed to address substance misuse, including accredited programmes, self-help groups, peer support and regular service user meetings. (1.82)
- 5.95 The team of diversity representatives, their involvement in induction, and their interaction with Insiders, Listeners and violence reduction representatives was an excellent resource. (2.30)
- 5.96 Release on temporary licence (ROTL) was used to help show that category C prisoners were ready for progression to the open estate. (4.7)

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Karen Dillon	Inspector
Peter Dunn	Inspector
Jeanette Hall	Inspector
Martin Kettle	Inspector
Amy Summerfield	Researcher
Olayinka Macauley	Researcher
Jessica Broughton	Research trainee
Specialist inspectors	
Sigrid Engelen	Substance use inspector
Mick Bowen	Health services inspector
Simon Denton	Pharmacist
Huw Jenkins	Care Quality Commission inspector
Richard Beaumont	Ofsted inspector
Neil Edwards	Ofsted inspector
Martin Hughes	Ofsted inspector
Keith Humphreys	Offender management inspector
Lolo Madoc-Jones	Offender management inspector
Eileen O'Sullivan	Offender management 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	27	789	65.5
Recall	5	96	8.1
Convicted unsentenced	17	55	5.8
Detainee	4	26	2.4
Other	37	200	19.0
Total	90	1,155	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	62	281	27.6
Less than 6 months	3	79	6.6
6 months to less than 12 months	3	61	5.1
12 months to less than 2 years	5	167	13.8
2 years to less than 4 years	11	228	18.4
4 years to less than 10 years	6	225	18.6
10 years and over (not life)	0	45	3.6
Life	0	37	3.2
IPP	0	42	3.6
Total	90	1,155	100

Age	Number of prisoners	%
Under 21 years	90	7.2
21 years to 29 years	445	35.7
30 years to 39 years	347	27.9
40 years to 49 years	225	18.1
50 years to 59 years	99	8.0
60 years to 69 years	32	2.6
70 plus years: <i>oldest=84</i>	7	0.6
Total	1,245	100

Nationality	18–20 yr olds	21 and over	%
British	68	960	82.6
Foreign nationals	16	172	15.1
Not stated	6	23	2.3
Total	90	1,155	100

Security category	18–20 yr olds	21 and over	%
YOI closed	31	9	3.2
YOI open	1	0	0.1
Cat B	0	90	7.2
Cat C	0	596	47.9
Cat D	0	64	5.1
Uncategorised sentenced	0	2	0.2
Unclassified	57	362	33.7
Unsentenced	1	32	2.7
Total	90	1,155	100

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
Gypsy or Irish Traveller	0	25	2.0
Irish	0	13	1.0
British	58	819	70.4

Other	5	118	9.9
<i>Mixed</i>			
White and black Caribbean	2	14	1.3
White and black African	0	2	0.2
White and Asian	0	1	0.1
Other	1	8	0.7
<i>Asian or Asian British</i>			
Indian	0	15	1.2
Pakistani	0	8	0.6
Bangladeshi	0	2	0.2
Other Asian	2	23	2.0
<i>Black or black British</i>			
Caribbean	4	32	2.9
African	12	29	3.3
Other black	4	1	0.7
Other ethnic group	0	6	0.5
Not stated	2	17	1.4
Total	90	1,155	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.1
Church of England	13	311	26.0
Roman Catholic	14	192	16.5
Other Christian denominations	14	95	8.8
Muslim	7	74	6.5
Hindu	1	13	1.1
Sikh	0	10	0.8
Buddhist	0	17	1.4
Jewish	0	7	0.6
Other	0	7	0.6
No religion	35	398	34.8
Not stated	6	30	2.9
Total	90	1,155	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	14	1.1	145	11.6
1 month to 3 months	3	0.2	203	16.3
3 months to 6 months	4	0.3	209	16.8
6 months to 1 year	5	0.4	187	15.0
1 year to 2 years	2	0.2	108	8.7
2 year to 4 years	0	0	21	1.7
4 years or more	0	0	1	0.1
Total	28	2.2	874	70.2

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	23	6.7	112	32.7
1 month to 3 months	22	6.4	203	16.3
3 months to 6 months	12	3.5	40	11.7
6 months to 1 year	5	1.5	33	9.6
1 year to 2 years	0	0	6	1.7
2 year to 4 years	0	0	2	0.6
4 years or more	0	0	1	0.3
Total	62	5	281	22.6

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 February 2012 the prisoner population at HMP Elmley was 1,240. The sample size was 230. Overall, this represented 19% 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. Seventeen respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. Two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 194 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 84%. In addition to the 17 respondents who refused to complete a questionnaire, 16 questionnaires were not returned and three 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 2012 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2007.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP Elmley in 2006.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2012 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 2012 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2012 survey between those from a Traveller/Gypsy background and those who were not.

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

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

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question 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>	16 (8%)	
	<i>21 - 29</i>	65 (34%)	
	<i>30 - 39</i>	54 (28%)	
	<i>40 - 49</i>	33 (17%)	
	<i>50 - 59</i>	22 (11%)	
	<i>60 - 69</i>	3 (2%)	
	<i>70 and over</i>	0 (0%)	
Q1.3	Are you sentenced?		
	<i>Yes</i>	116 (60%)	
	<i>Yes - on recall</i>	21 (11%)	
	<i>No - awaiting trial</i>	29 (15%)	
	<i>No - awaiting sentence</i>	25 (13%)	
	<i>No - awaiting deportation</i>	3 (2%)	
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>	57 (30%)	
	<i>Less than 6 months</i>	13 (7%)	
	<i>6 months to less than 1 year</i>	16 (8%)	
	<i>1 year to less than 2 years</i>	18 (9%)	
	<i>2 years to less than 4 years</i>	32 (17%)	
	<i>4 years to less than 10 years</i>	38 (20%)	
	<i>10 years or more</i>	5 (3%)	
	<i>IPP (indeterminate sentence for public protection)</i>	6 (3%)	
	<i>Life</i>	6 (3%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	29 (15%)	
	<i>No</i>	165 (85%)	
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	183 (99%)	
	<i>No</i>	1 (1%)	
Q1.7	Do you understand written English?		
	<i>Yes</i>	183 (98%)	
	<i>No</i>	3 (2%)	
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/Scottish/ Northern Irish)</i>	130 (69%)	<i>Asian or Asian British - Chinese</i> .. 0 (0%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> 1 (1%)
	<i>White - other</i>	19 (10%)	<i>Mixed race - white and black Caribbean</i>
	<i>Black or black British - Caribbean</i>	5 (3%)	<i>Mixed race - white and black African</i>
	<i>Black or black British - African</i>	11 (6%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 3 (2%)

<i>Asian or Asian British - Indian</i>	5 (3%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	3 (2%)	<i>Other ethnic group</i>	1 (1%)
<i>Asian or Asian British - Bangladeshi</i>	1 (1%)		

Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes	23 (12%)
No	163 (88%)

Q1.10 What is your religion?

<i>None</i>	51 (27%)	<i>Hindu</i>	1 (1%)
<i>Church of England</i>	64 (34%)	<i>Jewish</i>	2 (1%)
<i>Catholic</i>	38 (20%)	<i>Muslim</i>	16 (8%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	4 (2%)
<i>Other Christian denomination</i>	5 (3%)	<i>Other</i>	3 (2%)
<i>Buddhist</i>	4 (2%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	182 (97%)
<i>Homosexual/gay</i>	4 (2%)
<i>Bisexual</i>	2 (1%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

Yes	43 (23%)
No	144 (77%)

Q1.13 Are you a veteran (ex-armed services)?

Yes	7 (4%)
No	173 (96%)

Q1.14 Is this your first time in prison?

Yes	71 (38%)
No	118 (62%)

Q1.15 Do you have children under the age of 18?

Yes	102 (54%)
No	87 (46%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

<i>Less than 2 hours</i>	129 (68%)
<i>2 hours or longer</i>	51 (27%)
<i>Don't remember</i>	10 (5%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	129 (69%)
Yes	23 (12%)
No	32 (17%)
<i>Don't remember</i>	2 (1%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	129 (69%)
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Yes	2 (1%)
No	53 (28%)
Don't remember	2 (1%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes	129 (69%)
	No	48 (26%)
	Don't remember	11 (6%)

Q2.5	On your most recent journey here, did you feel safe?	
	Yes	140 (74%)
	No	44 (23%)
	Don't remember	5 (3%)

Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	51 (27%)
	Well	87 (46%)
	Neither	37 (19%)
	Badly	7 (4%)
	Very badly	6 (3%)
	Don't remember	2 (1%)

Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	129 (69%)
	Yes, I received written information	9 (5%)
	No, I was not told anything	45 (24%)
	Don't remember	6 (3%)

Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	144 (76%)
	No	36 (19%)
	Don't remember	9 (5%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	110 (59%)
	2 hours or longer	63 (34%)
	Don't remember	12 (6%)

Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	129 (69%)
	No	46 (25%)
	Don't remember	12 (6%)

Q3.3	Overall, how were you treated in reception?	
	Very well	31 (17%)
	Well	83 (44%)
	Neither	43 (23%)
	Badly	17 (9%)
	Very badly	12 (6%)
	Don't remember	1 (1%)

Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	32 (17%)	<i>Physical health</i>
	<i>Housing problems</i>	31 (17%)	<i>Mental health</i>
	<i>Contacting employers</i>	6 (3%)	<i>Needing protection from other prisoners</i>
	<i>Contacting family</i>	52 (28%)	<i>Getting phone numbers</i>
	<i>Childcare</i>	4 (2%)	<i>Other</i>
	<i>Money worries</i>	38 (20%)	Did not have any problems
	<i>Feeling depressed or suicidal</i>	33 (18%)	54 (29%)
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>	48 (26%)	
	<i>No</i>	83 (45%)	
	Did not have any problems	54 (29%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>	151 (79%)	
	<i>A shower</i>	57 (30%)	
	<i>A free telephone call</i>	39 (21%)	
	<i>Something to eat</i>	139 (73%)	
	<i>PIN phone credit</i>	121 (64%)	
	<i>Toiletries/ basic items</i>	114 (60%)	
	Did not receive anything	9 (5%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>	110 (60%)	
	<i>Someone from health services</i>	135 (73%)	
	<i>A Listener/Samaritans</i>	82 (45%)	
	<i>Prison shop/ canteen</i>	28 (15%)	
	Did not have access to any of these	29 (16%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>	87 (48%)	
	<i>What support was available for people feeling depressed or suicidal</i>	88 (48%)	
	<i>How to make routine requests (applications)</i>	68 (37%)	
	<i>Your entitlement to visits</i>	77 (42%)	
	<i>Health services</i>	97 (53%)	
	<i>Chaplaincy</i>	91 (50%)	
	Not offered any information	40 (22%)	
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>	138 (73%)	
	<i>No</i>	44 (23%)	
	<i>Don't remember</i>	7 (4%)	
Q3.10	How soon after you arrived here did you go on an induction course?		
	Have not been on an induction course	29 (15%)	
	<i>Within the first week</i>	136 (72%)	
	<i>More than a week</i>	15 (8%)	
	<i>Don't remember</i>	9 (5%)	

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course..... 29 (16%)
 Yes 86 (47%)
 No 59 (32%)
 Don't remember 9 (5%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?
Did not receive an assessment..... 58 (32%)
 Within the first week 77 (43%)
 More than a week 29 (16%)
 Don't remember 17 (9%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor / legal representative?</i>	22 (12%)	47 (25%)	20 (11%)	43 (23%)	38 (21%)	15 (8%)
<i>Attend legal visits?</i>	29 (17%)	67 (39%)	22 (13%)	11 (6%)	16 (9%)	26 (15%)
<i>Get bail information?</i>	5 (3%)	16 (10%)	24 (15%)	38 (23%)	34 (21%)	47 (29%)

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 16 (9%)
 Yes 86 (46%)
 No 84 (45%)

Q4.3 Can you get legal books in the library?
 Yes 67 (37%)
 No 29 (16%)
 Don't know 84 (47%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	119 (66%)	53 (29%)	8 (4%)
<i>Are you normally able to have a shower every day?</i>	145 (78%)	38 (21%)	2 (1%)
<i>Do you normally receive clean sheets every week?</i>	160 (88%)	20 (11%)	1 (1%)
<i>Do you normally get cell cleaning materials every week?</i>	139 (77%)	39 (22%)	3 (2%)
<i>Is your cell call bell normally answered within five minutes?</i>	38 (21%)	128 (70%)	17 (9%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	107 (59%)	73 (40%)	2 (1%)
<i>If you need to, can you normally get your stored property?</i>	35 (19%)	92 (50%)	56 (31%)

Q4.5 What is the food like here?
 Very good 1 (1%)
 Good 27 (14%)
 Neither 50 (26%)
 Bad 60 (31%)
 Very bad 54 (28%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/don't know</i>	11 (6%)
	Yes	78 (42%)
	No	97 (52%)
Q4.7	Can you speak to a Listener at any time if you want to?	
	Yes	117 (61%)
	No	14 (7%)
	<i>Don't know</i>	61 (32%)
Q4.8	Are your religious beliefs respected?	
	Yes	84 (45%)
	No	30 (16%)
	<i>Don't know/N/A</i>	74 (39%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	96 (51%)
	No	10 (5%)
	<i>Don't know/N/A</i>	84 (44%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	52 (28%)
	Very easy	39 (21%)
	Easy	44 (24%)
	Neither	12 (6%)
	Difficult	8 (4%)
	Very difficult	6 (3%)
	<i>Don't know</i>	25 (13%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes	144 (77%)		
	No	39 (21%)		
	<i>Don't know</i>	5 (3%)		
Q5.2	Please answer the following questions about applications:			
	<i>(If you have not made an application please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are <i>applications</i> dealt with fairly?	21 (12%)	91 (51%)	66 (37%)
	Are <i>applications</i> dealt with quickly (within seven days)?	21 (13%)	47 (28%)	100 (60%)
Q5.3	Is it easy to make a complaint?			
	Yes	101 (55%)		
	No	37 (20%)		
	<i>Don't know</i>	46 (25%)		
Q5.4	Please answer the following questions about complaints:			
	<i>(If you have not made a complaint please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are <i>complaints</i> dealt with fairly?	95 (51%)	23 (12%)	67 (36%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	95 (54%)	19 (11%)	62 (35%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?
 Yes 35 (20%)
 No 136 (80%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?
Don't know who they are 79 (43%)
 Very easy 9 (5%)
 Easy 21 (11%)
 Neither 33 (18%)
 Difficult 25 (14%)
 Very difficult 16 (9%)

Section 6: Incentive and earned privileges scheme

Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)
Don't know what the IEP scheme is 31 (16%)
 Yes 94 (50%)
 No 42 (22%)
 Don't know 22 (12%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)
Don't know what the IEP scheme is 31 (17%)
 Yes 74 (41%)
 No 59 (33%)
 Don't know 17 (9%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?
 Yes 21 (11%)
 No 165 (89%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?
I have not been to segregation in the last 6 months 145 (78%)
 Very well 6 (3%)
 Well 6 (3%)
 Neither 5 (3%)
 Badly 10 (5%)
 Very badly 13 (7%)

Section 7: Relationships with staff

Q7.1 Do most staff treat you with respect?
 Yes 138 (75%)
 No 46 (25%)

Q7.2 Is there a member of staff you can turn to for help if you have a problem?
 Yes 139 (77%)
 No 42 (23%)

Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	49 (27%)
	No	132 (73%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	10 (5%)
	<i>Never</i>	41 (22%)
	<i>Rarely</i>	51 (27%)
	<i>Some of the time</i>	40 (21%)
	<i>Most of the time</i>	29 (15%)
	<i>All of the time</i>	18 (10%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	94 (50%)
	<i>In the first week</i>	22 (12%)
	<i>More than a week</i>	56 (30%)
	<i>Don't remember</i>	15 (8%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/I have not met him/her</i>	94 (52%)
	<i>Very helpful</i>	27 (15%)
	<i>Helpful</i>	24 (13%)
	<i>Neither</i>	16 (9%)
	<i>Not very helpful</i>	11 (6%)
	<i>Not at all helpful</i>	9 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	74 (39%)
	No	114 (61%)
Q8.2	Do you feel unsafe now?	
	Yes	25 (14%)
	No	159 (86%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	114 (63%)
	<i>Everywhere</i>	11 (6%)
	<i>Segregation unit</i>	9 (5%)
	<i>Association areas</i>	26 (14%)
	<i>Reception area</i>	11 (6%)
	<i>At the gym</i>	18 (10%)
	<i>In an exercise yard</i>	14 (8%)
	<i>At work</i>	6 (3%)
	<i>During movement</i>	28 (16%)
	<i>At education</i>	4 (2%)
	<i>At mealtimes</i>	6 (3%)
	<i>At health services</i>	11 (6%)
	<i>Visits area</i>	6 (3%)
	<i>In wing showers</i>	16 (9%)
	<i>In gym showers</i>	8 (4%)
	<i>In corridors/stairwells</i>	22 (12%)
	<i>On your landing/wing</i>	19 (11%)
	<i>In your cell</i>	13 (7%)
	<i>At religious services</i>	4 (2%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	44 (23%)
	No	144 (77%)

Q8.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	16 (9%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	18 (10%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	25 (13%)
	<i>Having your canteen/property taken</i>	11 (6%)
	<i>Medication</i>	8 (4%)
	<i>Debt</i>	4 (2%)
	<i>Drugs</i>	3 (2%)
	<i>Your race or ethnic origin</i>	4 (2%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	5 (3%)
	<i>You are from a traveller community</i>	4 (2%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	0 (0%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	10 (5%)
	<i>Your offence/ crime</i>	9 (5%)
	<i>Gang related issues</i>	4 (2%)
Q8.6	Have you been victimised by staff here?	
	Yes	58 (31%)
	No.....	128 (69%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	22 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (8%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	27 (15%)
	<i>Medication</i>	13 (7%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	9 (5%)
	<i>Your religion/religious beliefs</i>	3 (2%)
	<i>Your nationality</i>	7 (4%)
	<i>You are from a different part of the country than others</i>	8 (4%)
	<i>You are from a traveller community</i>	8 (4%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	2 (1%)
	<i>You were new here</i>	6 (3%)
	<i>Your offence/ crime</i>	10 (5%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	111 (65%)
	Yes	17 (10%)
	No.....	43 (25%)

Section 9: Health services

Q9.1	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	25 (13%)	6 (3%)	30 (16%)	17 (9%)	50 (26%)	61 (32%)
	The nurse	26 (14%)	11 (6%)	54 (30%)	18 (10%)	39 (21%)	34 (19%)
	The dentist	36 (20%)	4 (2%)	8 (4%)	8 (4%)	36 (20%)	89 (49%)
Q9.2	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	43 (23%)	12 (6%)	30 (16%)	23 (12%)	39 (21%)	38 (21%)
	The nurse	30 (17%)	13 (7%)	48 (27%)	30 (17%)	29 (16%)	30 (17%)
	The dentist	70 (40%)	8 (5%)	17 (10%)	15 (8%)	21 (12%)	46 (26%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						27 (15%)
	<i>Very good</i>						8 (4%)
	<i>Good</i>						30 (16%)
	<i>Neither</i>						34 (18%)
	<i>Bad</i>						45 (24%)
	<i>Very bad</i>						41 (22%)
Q9.4	Are you currently taking medication?						
	Yes						85 (45%)
	No						103 (55%)
Q9.5	If you are taking medication, are you allowed to keep some/all of it in your own cell?						
	<i>Not taking medication</i>						103 (55%)
	<i>Yes, all my meds</i>						41 (22%)
	<i>Yes, some of my meds</i>						20 (11%)
	<i>No</i>						22 (12%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						67 (35%)
	No						122 (65%)
Q9.7	Are you being helped/ supported by anyone in this prison? (E.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)						
	<i>Do not have any emotional or mental health problems</i>						122 (65%)
	Yes						25 (13%)
	No						41 (22%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	45 (24%)
	No	143 (76%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	40 (21%)
	No	147 (79%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	32 (17%)

<i>Easy</i>	23 (12%)
<i>Neither</i>	13 (7%)
<i>Difficult</i>	6 (3%)
<i>Very difficult</i>	8 (4%)
<i>Don't know</i>	106 (56%)

Q10.4 Is it easy or difficult to get alcohol in this prison?

<i>Very easy</i>	15 (8%)
<i>Easy</i>	14 (8%)
<i>Neither</i>	17 (9%)
<i>Difficult</i>	13 (7%)
<i>Very difficult</i>	17 (9%)
<i>Don't know</i>	106 (58%)

Q10.5 Have you developed a problem with illegal drugs since you have been in this prison?

<i>Yes</i>	11 (6%)
<i>No</i>	176 (94%)

Q10.6 Have you developed a problem with diverted medication since you have been in this prison?

<i>Yes</i>	12 (7%)
<i>No</i>	172 (93%)

Q10.7 Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?

<i>Did not / do not have a drug problem</i>	136 (75%)
<i>Yes</i>	33 (18%)
<i>No</i>	13 (7%)

Q10.8 Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, whilst in this prison?

<i>Did not / do not have an alcohol problem</i>	147 (79%)
<i>Yes</i>	23 (12%)
<i>No</i>	17 (9%)

Q10.9 Was the support or help you received, while in this prison, helpful?

<i>Did not have a problem/ did not receive help</i>	143 (77%)
<i>Yes</i>	29 (16%)
<i>No</i>	14 (8%)

Section 11: Activities

Q11.1 How easy or difficult is it to get into the following activities, in this prison?

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	17 (10%)	8 (4%)	36 (20%)	26 (15%)	55 (31%)	36 (20%)
Vocational or skills training	48 (28%)	5 (3%)	35 (20%)	20 (12%)	37 (22%)	26 (15%)
Education (including basic skills)	36 (20%)	16 (9%)	52 (29%)	22 (12%)	31 (18%)	20 (11%)
Offending behaviour programmes	65 (39%)	5 (3%)	18 (11%)	30 (18%)	24 (14%)	26 (15%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				57 (31%)
	Prison job				84 (46%)
	Vocational or skills training				6 (3%)
	Education (including basic skills).....				46 (25%)
	Offending behaviour programmes.....				8 (4%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		Not been involved	Yes	No	Don't know
	Prison job	48 (29%)	42 (26%)	59 (36%)	14 (9%)
	Vocational or skills training	68 (52%)	27 (21%)	17 (13%)	18 (14%)
	Education (including basic skills)	60 (41%)	47 (32%)	22 (15%)	19 (13%)
	Offending behaviour programmes	67 (52%)	25 (20%)	22 (17%)	14 (11%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				29 (16%)
	<i>Never</i>				65 (35%)
	<i>Less than once a week</i>				55 (30%)
	<i>About once a week</i>				29 (16%)
	<i>More than once a week</i>				8 (4%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				68 (39%)
	<i>Yes</i>				57 (32%)
	<i>No</i>				51 (29%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				42 (23%)
	<i>0</i>				39 (21%)
	<i>1 to 2</i>				46 (25%)
	<i>3 to 5</i>				51 (27%)
	<i>More than 5</i>				8 (4%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				43 (23%)
	<i>0</i>				42 (22%)
	<i>1 to 2</i>				59 (32%)
	<i>3 to 5</i>				26 (14%)
	<i>More than 5</i>				17 (9%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				6 (3%)
	<i>0</i>				3 (2%)
	<i>1 to 2</i>				30 (16%)
	<i>3 to 5</i>				93 (51%)
	<i>More than 5</i>				52 (28%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)				
	<i>Less than 2 hours</i>				35 (19%)
	<i>2 to less than 4 hours</i>				52 (29%)
	<i>4 to less than 6 hours</i>				32 (18%)
	<i>6 to less than 8 hours</i>				22 (12%)

8 to less than 10 hours.....	14 (8%)
10 hours or more.....	13 (7%)
Don't know	13 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	53 (29%)
	No	131 (71%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	110 (60%)
	No	74 (40%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	72 (39%)
	No	113 (61%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	26 (14%)
	<i>Very easy</i>	10 (5%)
	<i>Easy</i>	34 (19%)
	<i>Neither</i>	25 (14%)
	<i>Difficult</i>	47 (26%)
	<i>Very difficult</i>	36 (20%)
	<i>Don't know</i>	4 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	57 (31%)
	Yes	71 (38%)
	No	57 (31%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	Not sentenced/NA	114 (62%)
	<i>No contact</i>	28 (15%)
	<i>Letter</i>	19 (10%)
	<i>Phone</i>	12 (6%)
	<i>Visit</i>	28 (15%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	40 (23%)
	No	135 (77%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	57 (31%)
	Yes	47 (26%)
	No	80 (43%)

Q13.5	How involved were you in the development of your sentence plan?		
	<i>Do not have a sentence plan/not sentenced</i>	137	(73%)
	<i>Very involved</i>	6	(3%)
	<i>Involved</i>	18	(10%)
	<i>Neither</i>	6	(3%)
	<i>Not very involved</i>	9	(5%)
	<i>Not at all involved</i>	12	(6%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)		
	<i>Do not have a sentence plan/not sentenced</i>	137	(74%)
	<i>Nobody</i>	25	(14%)
	<i>Offender supervisor</i>	10	(5%)
	<i>Offender manager</i>	13	(7%)
	<i>Named/ personal officer</i>	10	(5%)
	<i>Staff from other departments</i>	11	(6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?		
	<i>Do not have a sentence plan/not sentenced</i>	137	(73%)
	<i>Yes</i>	27	(14%)
	<i>No</i>	14	(7%)
	<i>Don't know</i>	10	(5%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?		
	<i>Do not have a sentence plan/not sentenced</i>	137	(72%)
	<i>Yes</i>	11	(6%)
	<i>No</i>	28	(15%)
	<i>Don't know</i>	13	(7%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?		
	<i>Do not have a sentence plan/not sentenced</i>	137	(73%)
	<i>Yes</i>	14	(7%)
	<i>No</i>	25	(13%)
	<i>Don't know</i>	12	(6%)
Q13.10	Do you have a needs based custody plan?		
	<i>Yes</i>	11	(6%)
	<i>No</i>	87	(49%)
	<i>Don't know</i>	80	(45%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?		
	<i>Yes</i>	19	(11%)
	<i>No</i>	155	(89%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)		
		<i>Do not need help</i>	Yes
			No
	Employment	40 (25%)	31 (19%)
	Accommodation	44 (28%)	44 (28%)
	Benefits	38 (24%)	41 (26%)
	Finances	41 (26%)	24 (15%)
	Education	49 (31%)	24 (15%)
	Drugs and alcohol	55 (35%)	41 (26%)
			92 (56%)
			71 (45%)
			77 (49%)
			90 (58%)
			85 (54%)
			59 (38%)

Q13.13 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>	57 (32%)
Yes	48 (27%)
No	75 (42%)

Main comparator and comparator to last time



Prisoner survey responses HMP Elmley 2012

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 Elmley 2012	Local prisons comparator	HMP Elmley 2012	HMP Elmley 2006
	Any percentage highlighted in green is significantly better				
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		194	5411	194	107
SECTION 1: General information					
1.2	Are you under 21 years of age?	8%	6%	8%	10%
1.3	Are you sentenced?	71%	67%	71%	68%
1.3	Are you on recall?	11%	10%	11%	14%
1.4	Is your sentence less than 12 months?	15%	19%	15%	10%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%	3%	0%
1.5	Are you a foreign national?	15%	12%	15%	17%
1.6	Do you understand spoken English?	100%	99%	100%	
1.7	Do you understand written English?	98%	98%	98%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	20%	26%	20%	25%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	12%	5%	12%	
1.1	Are you Muslim?	9%	11%	9%	8%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	5%
1.12	Do you consider yourself to have a disability?	23%	19%	23%	15%
1.13	Are you a veteran (ex-armed services)?	4%	8%	4%	
1.14	Is this your first time in prison?	38%	28%	38%	41%
1.15	Do you have any children under the age of 18?	54%	54%	54%	53%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	27%	18%	27%	26%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	40%	38%	40%	
2.3	Were you offered a toilet break?	4%	6%	4%	
2.4	Was the van clean?	69%	70%	69%	
2.5	Did you feel safe?	74%	81%	74%	
2.6	Were you treated well/very well by the escort staff?	73%	65%	73%	69%
2.7	Before you arrived here were you told that you were coming here?	69%	69%	69%	
2.7	Before you arrived here did you receive any written information about coming here?	5%	4%	5%	
2.8	When you first arrived here did your property arrive at the same time as you?	76%	82%	76%	78%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	60%	63%	60%	
3.2	When you were searched in reception, was this carried out in a respectful way?	69%	74%	69%	68%
3.3	Were you treated well/very well in reception?	61%	58%	61%	60%
	When you first arrived:				
3.4	Did you have any problems?	71%	75%	71%	85%
3.4	Did you have any problems with loss of property?	17%	14%	17%	13%
3.4	Did you have any housing problems?	17%	25%	17%	20%
3.4	Did you have any problems contacting employers?	3%	8%	3%	3%
3.4	Did you have any problems contacting family?	28%	34%	28%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	8%	2%	5%
3.4	Did you have any money worries?	20%	23%	20%	26%
3.4	Did you have any problems with feeling depressed or suicidal?	18%	22%	18%	25%
3.4	Did you have any physical health problems?	14%	18%	14%	
3.4	Did you have any mental health problems?	16%	19%	16%	
3.4	Did you have any problems with needing protection from other prisoners?	7%	9%	7%	8%
3.4	Did you have problems accessing phone numbers?	29%	31%	29%	
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	37%	43%	37%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	80%	86%	80%	81%
3.6	A shower?	30%	33%	30%	30%
3.6	A free telephone call?	21%	58%	21%	31%
3.6	Something to eat?	73%	80%	73%	77%
3.6	PIN phone credit?	64%	52%	64%	
3.6	Toiletries/ basic items?	60%	63%	60%	

Key to tables

Main comparator and comparator to last time

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Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued				
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	60%	51%	60%	
3.7 Someone from health services?	73%	74%	73%	
3.7 A Listener/Samaritans?	45%	39%	45%	
3.7 Prison shop/ canteen?	15%	15%	15%	13%
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	48%	47%	48%	25%
3.8 Support was available for people feeling depressed or suicidal?	48%	48%	48%	22%
3.8 How to make routine requests?	37%	39%	37%	21%
3.8 Your entitlement to visits?	42%	45%	42%	24%
3.8 Health services?	53%	51%	53%	
3.8 The chaplaincy?	50%	48%	50%	
3.9 Did you feel safe on your first night here?	73%	72%	73%	66%
3.10 Have you been on an induction course?	85%	77%	85%	76%
For those who have been on an induction course:				
3.11 Did the course cover everything you needed to know about the prison?	56%	58%	56%	63%
3.12 Did you receive an education (skills for life) assessment?	68%	75%	68%	
SECTION 4: Legal rights and respectful custody				
In terms of your legal rights, is it easy/very easy to:				
4.1 Communicate with your solicitor or legal representative?	37%	41%	37%	43%
4.1 Attend legal visits?	56%	58%	56%	66%
4.1 Get bail information?	13%	24%	13%	23%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	40%	46%	51%
4.3 Can you get legal books in the library?	37%	32%	37%	
For the wing/unit you are currently on:				
4.4 Are you normally offered enough clean, suitable clothes for the week?	66%	52%	66%	51%
4.4 Are you normally able to have a shower every day?	78%	80%	78%	93%
4.4 Do you normally receive clean sheets every week?	88%	82%	88%	90%
4.4 Do you normally get cell cleaning materials every week?	77%	62%	77%	79%
4.4 Is your cell call bell normally answered within five minutes?	21%	38%	21%	20%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	59%	64%	59%	64%
4.4 Can you normally get your stored property, if you need to?	19%	27%	19%	32%
4.5 Is the food in this prison good/very good?	15%	24%	15%	19%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	46%	42%	49%
4.7 Are you able to speak to a Listener at any time if you want to?	61%	58%	61%	67%
4.8 Are your religious beliefs are respected?	45%	55%	45%	52%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	51%	56%	51%	54%
4.10 Is it easy/very easy to attend religious services?	45%	44%	45%	

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	77%	81%	77%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	58%	57%	58%	45%
5.2	Do you feel applications are dealt with quickly (within seven days)?	32%	47%	32%	37%
5.3	Is it easy to make a complaint?	55%	58%	55%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	26%	30%	26%	23%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	23%	34%	23%	29%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	15%	21%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	16%	22%	16%	22%
SECTION 6: Incentive and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	49%	50%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	44%	41%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	7%	11%	11%
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff?	30%	52%	30%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	75%	71%	75%	68%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	72%	77%	56%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	27%	42%	27%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	25%	18%	25%	13%
7.5	Do you have a personal officer?	50%	46%	50%	40%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	59%	64%	59%	55%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	39%	41%	39%	39%
8.2	Do you feel unsafe now?	14%	17%	14%	17%
8.4	Have you been victimised by other prisoners here?	23%	21%	23%	28%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	9%	10%	9%	22%
8.5	Hit, kicked or assaulted you?	10%	6%	10%	7%
8.5	Sexually abused you?	0%	1%	0%	2%
8.5	Threatened or intimidated you?	13%	14%	13%	
8.5	Taken your canteen/property?	6%	5%	6%	5%
8.5	Victimised you because of medication?	4%	5%	4%	
8.5	Victimised you because of debt?	2%	4%	2%	
8.5	Victimised you because of drugs?	2%	4%	2%	2%
8.5	Victimised you because of your race or ethnic origin?	2%	4%	2%	5%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%	1%	1%
8.5	Victimised you because of your nationality?	2%	2%	2%	
8.5	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
8.5	Victimised you because you are from a traveller community?	2%	0%	2%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	0%	2%	0%	
8.5	Victimised you because you have a disability?	2%	3%	2%	2%
8.5	Victimised you because you were new here?	5%	6%	5%	7%
8.5	Victimised you because of your offence/crime?	5%	5%	5%	
8.5	Victimised you because of gang related issues?	2%	4%	2%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	31%	26%	31%	21%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	12%	12%	12%	15%
8.7	Hit, kicked or assaulted you?	8%	5%	8%	4%
8.7	Sexually abused you?	0%	1%	0%	1%
8.7	Threatened or intimidated you?	15%	10%	15%	
8.7	Victimised you because of medication?	7%	6%	7%	
8.7	Victimised you because of debt?	1%	1%	1%	
8.7	Victimised you because of drugs?	4%	5%	4%	4%
8.7	Victimised you because of your race or ethnic origin?	5%	5%	5%	4%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	2%
8.7	Victimised you because of your nationality?	4%	2%	4%	
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	3%
8.7	Victimised you because you are from a traveller community?	4%	1%	4%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	2%	2%	2%	
8.7	Victimised you because you have a disability?	1%	2%	1%	2%
8.7	Victimised you because you were new here?	3%	6%	3%	4%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	
8.7	Victimised you because of gang related issues?	2%	2%	2%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	28%	34%	28%	31%

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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 9: Health services				
9.1 Is it easy/very easy to see the doctor?	19%	27%	19%	
9.1 Is it easy/very easy to see the nurse?	36%	52%	36%	
9.1 Is it easy/very easy to see the dentist?	7%	10%	7%	
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:				
9.2 The doctor?	30%	44%	30%	27%
9.2 The nurse?	41%	58%	41%	43%
9.2 The dentist?	23%	31%	23%	46%
9.3 The overall quality of health services?	24%	40%	24%	32%
9.4 Are you currently taking medication?	45%	51%	45%	32%
For those currently taking medication:				
9.5 Are you allowed to keep possession of some or all of your medication in your own cell?	73%	67%	73%	
9.6 Do you have any emotional well being or mental health problems?	35%	34%	35%	
For those who have problems:				
9.7 Are you being helped or supported by anyone in this prison?	38%	46%	38%	
SECTION 10: Drugs and alcohol				
10.1 Did you have a problem with drugs when you came into this prison?	24%	36%	24%	20%
10.2 Did you have a problem with alcohol when you came into this prison?	21%	26%	21%	12%
10.3 Is it easy/very easy to get illegal drugs in this prison?	29%	29%	29%	39%
10.4 Is it easy/very easy to get alcohol in this prison?	16%	11%	16%	
10.5 Have you developed a problem with drugs since you have been in this prison?	6%	9%	6%	
10.6 Have you developed a problem with diverted medication since you have been in this prison?	7%	10%	7%	
For those with drug or alcohol problems:				
10.7 Have you received any support or help with your drug problem while in this prison?	72%	48%	72%	
10.8 Have you received any support or help with your alcohol problem while in this prison?	57%	48%	57%	
For those who have received help or support with their drug or alcohol problem:				
10.9 Was the support helpful?	68%	78%	68%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Elmley 2012	Local prisons comparator	HMP Elmley 2012	HMP Elmley 2006
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 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	25%	38%	25%	
11.1 Vocational or skills training?	23%	30%	23%	
11.1 Education (including basic skills)?	38%	47%	38%	
11.1 Offending behaviour programmes?	14%	22%	14%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	46%	44%	46%	
11.2 Vocational or skills training?	3%	10%	3%	
11.2 Education (including basic skills)?	25%	27%	25%	
11.2 Offending behaviour programmes?	4%	7%	4%	
11.3 Have you had a job while in this prison?	71%	68%	71%	81%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	37%	42%	37%	45%
11.3 Have you been involved in vocational or skills training while in this prison?	48%	54%	48%	56%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	44%	50%	44%	51%
11.3 Have you been involved in education while in this prison?	60%	65%	60%	62%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	53%	59%	53%	59%
11.3 Have you been involved in offending behaviour programmes while in this prison?	48%	51%	48%	55%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	41%	48%	41%	62%
11.4 Do you go to the library at least once a week?	20%	37%	20%	28%
11.5 Does the library have a wide enough range of materials to meet your needs?	32%	27%	32%	
11.6 Do you go to the gym three or more times a week?	32%	30%	32%	41%
11.7 Do you go outside for exercise three or more times a week?	23%	38%	23%	33%
11.8 Do you go on association more than five times each week?	28%	50%	28%	45%
11.9 Do you spend ten or more hours out of your cell on a weekday?	7%	9%	7%	8%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	29%	35%	29%	
12.2 Have you had any problems with sending or receiving mail?	60%	46%	60%	52%
12.3 Have you had any problems getting access to the telephones?	40%	33%	39%	31%
12.4 Is it easy/ very easy for your friends and family to get here?	24%	35%	24%	

Main comparator and comparator to last time

Key to tables

		HMP Eimley 2012	Local prisons comparator	HMP Eimley 2012	HMP Eimley 2006
	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 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	56%	54%	56%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	39%	45%	39%	
13.2	Contact by letter?	27%	21%	27%	
13.2	Contact by phone?	17%	12%	17%	
13.2	Contact by visit?	39%	37%	39%	
13.3	Do you have a named offender supervisor in this prison?	23%	25%	23%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	37%	40%	37%	46%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	47%	57%	47%	59%
Who is working with you to achieve your sentence plan targets:					
13.6	nobody?	52%	54%	52%	
13.6	Offender supervisor?	21%	27%	21%	
13.6	Offender manager?	27%	24%	27%	
13.6	Named/personal officer?	21%	15%	21%	
13.6	Staff from other departments?	23%	18%	23%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	53%	63%	53%	65%
13.8	Are there plans for you to achieve any of your targets in another prison?	21%		21%	
13.9	Are there plans for you to achieve any of your targets in the community?	27%		27%	
13.10	Do you have a needs based custody plan?	6%	4%	6%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	15%	11%	
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	25%	29%	25%	
13.12	Accommodation?	38%	41%	38%	
13.12	Benefits?	35%	44%	35%	
13.12	Finances?	21%	29%	21%	
13.12	Education?	22%	37%	22%	
13.12	Drugs and alcohol?	41%	51%	41%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	39%	47%	39%	59%

Diversity analysis



Key question responses (ethnicity, nationality) HMP Elmley 2012

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
	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		37	152	29	165
1.3	Are you sentenced?	62%	72%	59%	73%
1.5	Are you a foreign national?	38%	10%		
1.6	Do you understand spoken English?	97%	100%	96%	100%
1.7	Do you understand written English?	94%	99%	91%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			48%	14%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	13%	7%	13%
1.1	Are you Muslim?	35%	2%	28%	5%
1.12	Do you consider yourself to have a disability?	11%	26%	17%	24%
1.13	Are you a veteran (ex-armed services)?	6%	4%	9%	3%
1.14	Is this your first time in prison?	57%	32%	72%	31%
2.6	Were you treated well/very well by the escort staff?	56%	77%	79%	72%
2.7	Before you arrived here were you told that you were coming here?	57%	73%	52%	72%
3.2	When you were searched in reception, was this carried out in a respectful way?	53%	72%	64%	70%
3.3	Were you treated well/very well in reception?	41%	66%	61%	61%
3.4	Did you have any problems when you first arrived?	86%	68%	78%	70%
3.7	Did you have access to someone from health care when you first arrived here?	74%	74%	67%	75%
3.9	Did you feel safe on your first night here?	63%	75%	58%	75%
3.10	Have you been on an induction course?	89%	84%	85%	85%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	35%	34%	38%

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
	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				
4.4	Are you normally offered enough clean, suitable clothes for the week?	67%	66%	78%	64%
4.4	Are you normally able to have a shower every day?	91%	76%	81%	78%
4.4	Is your cell call bell normally answered within five minutes?	12%	23%	31%	19%
4.5	Is the food in this prison good/very good?	14%	15%	18%	14%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	36%	43%	44%	42%
4.7	Are you able to speak to a Listener at any time if you want to?	51%	63%	46%	64%
4.8	Do you feel your religious beliefs are respected?	53%	44%	61%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	50%	56%	50%
5.1	Is it easy to make an application?	72%	78%	89%	75%
5.3	Is it easy to make a complaint?	57%	55%	63%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	52%	41%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	41%	42%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	18%	10%	19%	10%
7.1	Do most staff, in this prison, treat you with respect?	73%	76%	85%	73%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	76%	77%	88%	75%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	17%	28%	30%	24%
7.4	Do you have a personal officer?	48%	50%	54%	49%
8.1	Have you ever felt unsafe here?	51%	37%	48%	38%
8.2	Do you feel unsafe now?	9%	15%	11%	14%
8.3	Have you been victimised by other prisoners?	20%	24%	19%	24%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	9%	15%	4%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%	4%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	0%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	1%	4%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	1%	0%	2%

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
	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				
8.6	Have you been victimised by a member of staff?	30%	32%	19%	33%
8.7	Have you ever felt threatened or intimidated by staff here?	12%	15%	0%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	3%	4%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	1%	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	9%	3%	8%	3%
8.7	Have you been victimised because you have a disability? (By staff)	3%	1%	0%	1%
9.1	Is it easy/very easy to see the doctor?	17%	19%	26%	18%
9.1	Is it easy/ very easy to see the nurse?	28%	37%	27%	37%
9.4	Are you currently taking medication?	30%	47%	40%	46%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	37%	35%	31%	36%
10.3	Is it easy/very easy to get illegal drugs in this prison?	15%	34%	16%	32%
11.2	Are you currently working in the prison?	35%	48%	40%	47%
11.2	Are you currently undertaking vocational or skills training?	3%	4%	8%	3%
11.2	Are you currently in education (including basic skills)?	24%	27%	40%	23%
11.2	Are you currently taking part in an offending behaviour programme?	3%	5%	4%	5%
11.4	Do you go to the library at least once a week?	9%	22%	17%	20%
11.6	do you go to the gym three or more times a week?	38%	31%	24%	33%
11.7	Do you go outside for exercise three or more times a week?	27%	22%	32%	22%
11.8	On average, do you go on association more than five times each week?	35%	27%	18%	30%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	3%	8%	8%	7%
12.2	Have you had any problems sending or receiving mail?	50%	63%	32%	64%
12.3	Have you had any problems getting access to the telephones?	42%	37%	32%	40%

Diversity analysis



Key question responses (disability, age over 50) HMP Elmley 2012

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

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	
				Prisoners under 50	
Number of completed questionnaires returned		43	144	25	168
1.3	Are you sentenced?	70%	71%	72%	71%
1.5	Are you a foreign national?	12%	17%	16%	14%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	98%	99%	100%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	10%	22%	12%	21%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	27%	8%	4%	14%
1.1	Are you Muslim?	7%	9%	0%	9%
1.12	Do you consider yourself to have a disability?			25%	22%
1.13	Are you a veteran (ex-armed services)?	8%	3%	12%	3%
1.14	Is this your first time in prison?	28%	41%	28%	39%
2.6	Were you treated well/very well by the escort staff?	67%	74%	84%	71%
2.7	Before you arrived here were you told that you were coming here?	71%	70%	62%	71%
3.2	When you were searched in reception, was this carried out in a respectful way?	61%	71%	82%	68%
3.3	Were you treated well/very well in reception?	58%	62%	71%	60%
3.4	Did you have any problems when you first arrived?	88%	66%	71%	71%
3.7	Did you have access to someone from health care when you first arrived here?	80%	72%	84%	72%
3.9	Did you feel safe on your first night here?	61%	77%	84%	72%
3.10	Have you been on an induction course?	78%	88%	88%	84%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	40%	32%	38%

Diversity analysis

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under 50
	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				
4.4	Are you normally offered enough clean, suitable clothes for the week?	61%	68%	70%	66%
4.4	Are you normally able to have a shower every day?	73%	80%	71%	79%
4.4	Is your cell call bell normally answered within five minutes?	24%	19%	25%	20%
4.5	Is the food in this prison good/very good?	12%	16%	8%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	43%	42%	42%
4.7	Are you able to speak to a Listener at any time if you want to?	60%	61%	67%	60%
4.8	Do you feel your religious beliefs are respected?	41%	47%	44%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	51%	52%	50%
5.1	Is it easy to make an application?	75%	78%	79%	76%
5.3	Is it easy to make a complaint?	61%	53%	79%	51%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	52%	62%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	44%	48%	40%
6.3	In the last six months have and members of staff physically restrained you (C&R)?	12%	11%	4%	12%
7.1	Do most staff, in this prison, treat you with respect?	68%	77%	83%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	78%	82%	76%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	28%	33%	23%
7.4	Do you have a personal officer?	45%	50%	57%	49%
8.1	Have you ever felt unsafe here?	56%	34%	42%	39%
8.2	Do you feel unsafe now?	21%	11%	17%	13%
8.3	Have you been victimised by other prisoners?	37%	19%	25%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	20%	12%	12%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	1%	8%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	0%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	0%	8%	1%
8.5	Have you been victimised because of your age? (By prisoners)	0%	0%	0%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	7%	0%	4%	1%

Diversity analysis

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	Prisoners aged 50 and over	Prisoners under 50
	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				
8.6	Have you been victimised by a member of staff?	38%	30%	21%	33%
8.7	Have you ever felt threatened or intimidated by staff here?	18%	14%	12%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	4%	4%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	5%	4%	8%	3%
8.7	Have you been victimised because of your age? (By staff)	0%	3%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	5%	0%	0%	1%
9.1	Is it easy/very easy to see the doctor?	12%	20%	40%	16%
9.1	Is it easy/very easy to see the nurse?	46%	32%	45%	35%
9.4	Are you currently taking medication?	78%	34%	67%	42%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	72%	24%	25%	37%
10.3	Is it easy/very easy to get illegal drugs in this prison?	49%	24%	25%	30%
11.2	Are you currently working in the prison?	45%	46%	46%	46%
11.2	Are you currently undertaking vocational or skills training?	3%	4%	4%	3%
11.2	Are you currently in education (including basic skills)?	37%	23%	8%	28%
11.2	Are you currently taking part in an offending behaviour programme?	5%	4%	0%	5%
11.4	Do you go to the library at least once a week?	27%	17%	21%	20%
11.6	Do you go to the gym three or more times a week?	24%	34%	17%	34%
11.7	Do you go outside for exercise three or more times a week?	22%	22%	17%	24%
11.8	On average, do you go on association more than five times each week?	25%	28%	23%	29%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	2%	8%	8%	7%
12.2	Have you had any problems sending or receiving mail?	74%	57%	50%	61%
12.3	Have you had any problems getting access to the telephones?	45%	36%	42%	39%

Diversity analysis



Key question responses (Gypsy/Romany/Traveller) HMP Elmley 2012

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	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	Consider themselves to be a Gypsy/ Romany/ Traveller	Do not consider themselves to be a Gypsy/ Romany/ Traveller		
Number of completed questionnaires returned								23	163
1.3	Are you sentenced?			87%				68%	
1.5	Are you a foreign national?			9%				16%	
1.6	Do you understand spoken English?			100%		100%			
1.7	Do you understand written English?			91%		100%			
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			9%		20%			
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?								
1.1	Are you Muslim?			4%		9%			
1.12	Do you consider yourself to have a disability?			50%		19%			
1.13	Are you a veteran (ex-armed services)?			5%		4%			
1.14	Is this your first time in prison?			13%		41%			
2.6	Were you treated well/very well by the escort staff?			77%		72%			
2.7	Before you arrived here were you told that you were coming here?		57%			71%			
3.2	When you were searched in reception, was this carried out in a respectful way?			75%		68%			
3.3	Were you treated well/very well in reception?			57%		61%			
3.4	Did you have any problems when you first arrived?			72%		72%			
3.7	Did you have access to someone from healthcare when you first arrived here?			67%		74%			
3.9	Did you feel safe on your first night here?		57%			75%			
3.10	Have you been on an induction course?			80%		86%			
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?			36%		37%			

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a Gypsy/ Romany/ Traveller	Do not consider themselves to be a Gypsy/ Romany/ Traveller
	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		
4.4	Are you normally offered enough clean, suitable clothes for the week?	48%	68%
4.4	Are you normally able to have a shower every day?	63%	80%
4.4	Is your cell call bell normally answered within five minutes?	11%	21%
4.5	Is the food in this prison good/very good?	4%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	57%	40%
4.7	Are you able to speak to a Listener at any time if you want to?	69%	59%
4.8	Do you feel your religious beliefs are respected?	55%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	49%
5.1	Is it easy to make an application?	82%	76%
5.3	Is it easy to make a complaint?	60%	55%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	32%	42%
6.3	In the last six months have and members of staff physically restrained you (C&R)?	31%	9%
7.1	Do most staff, in this prison, treat you with respect?	61%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	78%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	13%	27%
7.4	Do you have a personal officer?	59%	48%
8.1	Have you ever felt unsafe here?	45%	38%
8.2	Do you feel unsafe now?	15%	13%
8.3	Have you been victimised by other prisoners?	32%	22%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	18%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	1%
8.5	Have you been victimised you are from a different part of the country than others? (By prisoners)	4%	3%
8.5	Have you been victimised because you are from a traveller community? (By prisoners)	18%	0%
8.5	Have you been victimised because of your age? (By prisoners)	0%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	1%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a Gypsy/ Romany/ Traveller	Do not consider themselves to be a Gypsy/ Romany/ Traveller
	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		
8.6	Have you been victimised by a member of staff?	55%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	32%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	4%	4%
8.7	Have you been victimised you are from a different part of the country than others? (By staff)	0%	5%
8.7	Have you been victimised because you are from a traveller community? (By staff)	27%	1%
8.7	Have you been victimised because of your age? (By staff)	4%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	1%
9.1	Is it easy/very easy to see the doctor?	4%	21%
9.1	Is it easy/ very easy to see the nurse?	28%	37%
9.4	Are you currently taking medication?	59%	41%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	48%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	26%
11.2	Are you currently working in the prison?	21%	47%
11.2	Are you currently undertaking vocational or skills training?	0%	4%
11.2	Are you currently in education (including basic skills)?	26%	26%
11.2	Are you currently taking part in an offending behaviour programme?	0%	5%
11.4	Do you go to the library at least once a week?	27%	18%
11.6	do you go to the gym three or more times a week?	27%	33%
11.7	Do you go outside for exercise three or more times a week?	50%	19%
11.8	On average, do you go on association more than five times each week?	27%	29%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	4%	7%
12.2	Have you had any problems sending or receiving mail?	68%	59%
12.3	Have you had any problems getting access to the telephones?	55%	36%