

Report on an announced full follow-up  
inspection of

# **HMP Ford**

13–17 August 2012

by HM Chief Inspector of Prisons

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# Contents

Introduction	5
Fact page	7
Healthy prison summary and main recommendations	9
<b>1</b> Safety	19
<hr/>	
<b>2</b> Respect	29
<hr/>	
<b>3</b> Purposeful activity	45
<hr/>	
<b>4</b> Resettlement	51
<hr/>	
<b>5</b> Summary of recommendations and housekeeping points	59
<hr/>	
<b>6</b> Appendices	
<hr/>	
I Inspection team	65
II Progress on recommendations from the last report	66
III Prison population profile	73
IV Summary of prisoner questionnaires and interviews	75



# Introduction

HMP Ford is an open prison in Sussex holding about 500 men. Shortly after our last inspection there was a major disturbance at the prison that caused significant damage.

Our report of that inspection noted that 'it does not explain – and certainly does not excuse – the disturbance. It does, however, describe conditions in the prison one month before the disturbance took place ... HMP Ford was not without strengths but it was clear during the inspection that the trust on which the smooth running of the prison depended was in short supply, and the prison was failing to deliver its fundamental resettlement role effectively.'

Strengths at that time included prisoner safety and purposeful activity. Health care was good and prisoners were appreciative of the chaplaincy. But in addition to major weaknesses in staff-prisoner relationships and resettlement, the report described concerns about the availability of drugs and alcohol, a reducing but still too high level of absconds, apparent inequalities in the treatment of prisoners from black and minority groups, and prisoners' lack of confidence in the formal mechanisms for addressing their concerns. All in all, a pretty toxic mix.

This inspection found HMP Ford very much improved. Relationships between staff and prisoners had been transformed. In our survey, 72% of prisoners now told us staff treated them with respect compared with 49% at the time of our last inspection, and our own observations bore out this improvement. Individual complaints were now well managed and an exemplary prisoner council was part of effective arrangements for consulting with prisoners as a whole. Good use of prisoner orderlies was made in some key areas, such as reception and induction. Improved relationships were not restricted to staff and prisoners. Relationships between different departments in the prison had improved as well; staff co-operated effectively and there was little evidence of working in isolation from other parts of the prison.

There was now an enabling approach to security – helping operational departments do things safely rather than simply saying 'no'. This facilitated significant improvement in practical resettlement processes. In particular, the number of prisoners allowed to gain valuable experience and boost their future employment prospects by being allowed to work outside the prison had risen from 10 at the time of the last inspection to 120. The number of absconds had dropped year on year, the positive drug testing rate was well below target and the number of alcohol finds had reduced.

Strengths we had identified at the last inspection, such as health care and purposeful activity, continued but so too did some weaknesses. Some single cells used for two prisoners were too small. Some processes needed to be better embedded, and black and minority ethnic prisoners continued to be less likely than white prisoners to be released on temporary licence and have access to paid or community work.

Although practical resettlement services were good, offender management processes were in transition and were not yet good enough. The risks some prisoners posed were not properly assessed and so we were not confident they were getting the right interventions. Resettlement interventions for low risk and short-term prisoners were not planned.

Managers and staff at Ford are to be congratulated on turning round the prison after deep-seated concerns were exposed by a serious disturbance. This is still work in progress but HMP Ford now compares well with other open prisons. Overall, it provides a safe and decent

environment, where prisoners are kept busy with good quality activity. Work to help prisoners resettle successfully after they are released and reduce the risk that they will reoffend has also improved, but these remain the areas where most still requires to be done.

**Nick Hardwick**  
HM Chief Inspector of Prisons

**October 2012**

# Fact page

## Task of the establishment

The prison holds category D adult male prisoners.

## Prison status

Public sector

## Department

Kent and Sussex

## Number held

503

## Certified normal accommodation

521

## Operational capacity

521

## Date of last full inspection

November 2010

## Brief history

Formerly a Fleet Air Arm station, Ford converted to an open prison in 1960.

On 1 January 2011, a major disturbance at the establishment resulted in the loss of the induction unit, prisoner mailroom, association area, gymnasium, offices and 36 prisoner rooms, including the first night billets. During the rebuild project, due to be completed at the end of July 2012, these areas were relocated temporarily. The establishment has also added a new kitchen, servery, perimeter fencing and other facilities, as well as the refurbishment of the visits hall.

## Short description of residential units

Huts and landings with single and double rooms, most from the original Fleet Air Arm base. A wing comprises 11 landings of single rooms and B wing 22 huts with mainly shared rooms. C1 landing on A wing holds less able prisoners as assessed by the lead or deputy nurse for offenders with disabilities and given a care plan.

## Name of governor

Sharon Williams

## Escort contractors

GeoAmey

Serco

## Health service commissioner and provider

Commissioner: NHS Sussex

Provider: Sussex Partnership NHS Foundation Trust.

## Learning and skills provider

The Manchester College

**Independent Monitoring Board chair**  
Charlie Pinney

# Healthy prison summary

## Introduction

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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, courts and customs 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 include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

<b>Safety</b>	prisoners, particularly the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and 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.

HP5 The Inspectorate conducts follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections may be announced or unannounced and are proportionate to risk. In full follow-up inspections inspectors conduct a new inspection of the establishment and also assess whether recommendations made at the previous inspection have been achieved. They also investigate areas of serious concern identified in the previous inspection, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards. Full follow-up reports are presented as full inspection reports with a new set of recommendations. Repeated recommendations are, however, indicated within the main report, and a list of recommendations from the previous inspection, and our assessment of whether they have been achieved, is contained in the appendices.

## Safety

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HP6 Prisoners said they felt safe in custody at Ford. Although many had long journeys to the prison, they said that escort staff treated them well. New arrivals appreciated meeting prisoner peer workers in reception. First night arrangements were adequate, and the comprehensive induction was delivered jointly by officers and trained peer prisoners. There was little evidence of bullying or self-harm, and prisoners felt supported. Security was proportionate and the number of absconds was down. The incentives and earned privileges scheme was well publicised and managed appropriately. The segregation unit had good governance but the rationale for locating prisoners there was not always clearly recorded. The reduction in drug and alcohol availability was significant, and substance misusers had good support. Outcomes for prisoners were good against this healthy prison test.

HP7 At the last inspection in 2010 we found that at Ford outcomes for prisoners were reasonably good against this healthy prison test. We made 21 recommendations in the area of safety. At this follow-up inspection we found that 15 of the recommendations had been achieved, five had been partially achieved and one had not been achieved.

HP8 Many prisoners had journeys of more than two hours to the prison. However, in our prisoner groups and our survey,<sup>1</sup> more prisoners than in comparator prisons said that they were treated well by escort staff and that they were offered refreshments.

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<sup>1</sup> **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*.)

- HP9 Reception staff were welcoming, searching was proportionate and new arrivals had valuable support from prisoner induction orderlies. There were sometimes delays in reception procedures because of staff breaks and the needs of returning prisoners, but the prison was addressing this through managing new arrivals flexibly and not keeping them in holding rooms unnecessarily.
- HP10 First night arrangements were sound and new arrivals were given good information about the establishment. There was thorough assessment of prisoners' vulnerability and support provided by both staff and prisoner mentors. The three-day induction was comprehensive and well paced. It included further checks on prisoners' vulnerability, an introduction to all areas of the prison and assessments of their needs.
- HP11 There was little bullying in the prison and prisoners told us they felt safe, which had improved since our last inspection. There were comparatively few violent incidents, with only six fights or assaults reported in previous last six months. There was an up-to-date and comprehensive violence reduction strategy. Victims felt supported and bullies were monitored but there were no programmes to challenge their behaviour.
- HP12 The incidence of self-harm was low and prisoners on self-harm monitoring said they received very good support. Monitoring documentation was generally good and observation entries often excellent. Safeguarding structures to protect adults at risk were just developing but there were good links with the local social services.
- HP13 There was a reasonable flow of security information from staff, which was well analysed, and the prison was more focused on the main issues of drugs, alcohol and mobile telephones than at our last inspection, with reduced availability of illicit drugs and alcohol. The security committee identified trends, set realistic objectives and followed up the main identified issues. The number of absconds had fallen from previous levels, and the establishment had educated prisoners on the consequences of absconding as well as ensuring the help that was available to them to sort out problems while they were in the prison. A total of 93 prisoners had been returned to closed conditions in 2012, a reduction on 2011. Risk management meetings considered individual prisoners who displayed poor behaviour or were a potential risk. Prisoners suspended from temporary release for town visits and home leave could continue to attend external work if this was not associated with their risk to protect valuable work places from being lost. Target searching was not always completed promptly. The random mandatory drug testing rate in the last six months had averaged 5%, against the target 11.5%, and 'spice' (synthetic cannabis) had become prevalent, but the prison had offered to take part in a drug testing pilot to address this growing concern.
- HP14 The incentives and earned privileges (IEP) policy was used fairly and review boards were held weekly, but some records did not give sufficient information about the decision reached. Prisoners doing the same job received different pay rates according to their IEP status, which was not appropriate.
- HP15 Adjudications were lower than in comparator prisons and were reducing each year. Charges seemed mainly appropriate and hearings were well documented, with good governance and quality assurance processes. Use of force was lower than in similar establishments and full restraint was rarely used. Documentation was completed to an adequate standard, although some records were brief and did not include the correct documentation.
- HP16 The segregation unit was used as a short-term holding facility for prisoners returning to closed conditions. The unit was clean and well maintained. Governance of the unit and use of segregation was generally good, and no prisoners remained there for more than 48 hours.

Documentation did not always provide the rationale for locating a prisoner in the unit before transfer, particularly for those subject to deportation or being transferred for health care treatment.

- HP17 The flexible treatment regimes, motivational support and care for substance misusers were impressive. One team provided high level clinical and psychosocial interventions, and all the prisoners in our survey who had received support said it was useful. The team's remit now included work with primary alcohol users. There was room to expand peer support and introduce longer drug/alcohol workshops.

## Respect

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HP18 Most residential accommodation was dated and shared rooms were too small but most areas were clean. Laundry arrangements were not satisfactory but a new facility had just opened. Staff-prisoner relationships had improved significantly, and prisoners were very positive about the support from staff. Prisoner consultative arrangements worked very well, and prisoners were well supported by peer workers. The treatment of black and minority ethnic prisoners needed action to address any potential unfairness, but outcomes for other minorities were reasonably good. Complaints were well managed. The faith needs of prisoners were well provided for. Arrangements for catering were reasonable and a new kitchen had opened. Prisoners were very positive about the good quality health care. Outcomes for prisoners were reasonably good against this healthy prison test

HP19 At the last inspection in 2010, we found that outcomes for prisoners in Ford were not sufficiently good against this healthy prison test. We made 50 recommendations in the area of respect.<sup>2</sup> At this follow-up inspection we found that 32 of the recommendations had been achieved, four had been partially achieved and 14 had not been achieved.

HP20 Accommodation units were old and tired with some graffiti visible but mostly clean. On several units we found poor showers and broken toilets. There were currently no facilities for self-catering, which would have been appropriate in a resettlement establishment. Shared rooms were too small but lockable cabinets had now been provided. There were sufficient telephones and they were in areas that allowed privacy. Prisoners were given a good range of prison clothing. Although a new laundry had just been introduced, current facilities were poor and many prisoners relied on handwashing their clothes. Application forms were freely available and were recorded, but there was no record of responses or management oversight of their timeliness or quality.

HP21 Ford had worked hard to improve staff-prisoner relationships following the disturbance at the prison in January 2011. The proportion of prisoners in our survey who said that most staff treated them with respect had increased from 49% at our last inspection to 72%. The training of staff and prisoners in pro-social modelling<sup>3</sup> and conflict resolution appeared to have contributed to this impressive improvement. The prisoner council was an excellent initiative that provided effective consultation and peer advocacy.

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<sup>2</sup> This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

<sup>3</sup> Provision of consistent positive reinforcement for the expression of pro-social attitudes, values and behaviour and the consistent challenging of antisocial attitudes and behaviour.

- HP22 Equality and diversity work required more focus and development to build on the commendable work of peer representatives. Investigations into discrimination incidents were reasonable but very late. Consultation arrangements were good in most areas but meetings with minority groups required sustained support. Records were not kept of the number of prisoners from minority groups. The equality team could not identify prisoners by their protected characteristics. Prisoners could not confidentially disclose diversity needs at reception. In our survey, black and minority ethnic respondents were more negative than white prisoners across a range of areas, and they were less likely to be granted release on temporary licence (ROTL) or access to paid work or community service. There were no independent advice services for foreign nationals. Although there was no central register or care plans, outcomes for disabled and older prisoners were reasonable and they spoke positively of their environment and level of support.
- HP23 There were faith leaders and religious teaching for almost all faiths, and facilities for corporate worship were excellent. Major religious festivals were celebrated with services and shared social activities. The chaplaincy team was not well resourced with only one full-time member supported by part-time and sessional staff.
- HP24 The number of complaints by prisoners in the previous six months was lower than at comparable prisons. Complaint forms were freely available and responses were usually prompt and addressed the issue. The legal services arrangements were adequate but not well publicised.
- HP25 Prisoners were overwhelmingly positive in their views on health services. We observed positive consultations by health care professionals and effective working with other departments. Governance was generally satisfactory. Health promotion was underdeveloped. Prisoners had good access to nurses and doctors. Access to the dentist for first appointments was good, although there were some longer waits for ongoing treatment, which was being addressed. Medication was well managed and almost all prisoners had their medication in possession. Telemedicine (video) enabled prisoners to receive prompt and regular assessment from community consultants without the need to attend in person. The mental health service provided an appropriate range of primary mental health interventions and had good links with community mental health services.
- HP26 The new kitchen and dining facility were clean and all prisoners could dine in association. The menu had reasonable choice, and the quantity and quality of the food had improved greatly. There was also good consultation with prisoners. There was an adequate range of goods in the prison shop, and prisoners who worked outside the prison could receive their orders on the same day as other prisoners.

## Purposeful activity

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- HP27 The management of learning and skills and work was good. There was emphasis on prisoner development of a work ethic. There were sufficient activity places to meet the needs of prisoners and there had been a rise in the number in community and paid employment placements. Internal and external work opportunities ensured prisoners were well prepared for the job market. Teaching was effective and the use of peer mentors was impressive. Individual learning plans lacked short-term focused targets. Achievement of qualifications was high and in some cases outstanding. The library was adequate. PE provision was good, with some new high standard facilities. Healthy living and personal fitness were promoted well, although

accredited training was underdeveloped. Outcomes for prisoners were reasonably good against this healthy prison test.

HP28 At the last inspection in 2010, we found that outcomes for prisoners in Ford were insufficiently good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved, two had been partially achieved and two had not been achieved.

HP29 Management of learning and skills and work was good with a significant improvement since the last inspection. Operational management of education and vocational training was effective. Senior managers had recognised the need to improve the provision to reflect the development of skills and employment for prisoners.

HP30 Good partnerships supported work skills training on site and were used effectively to get prisoners into work or placement in the community. Pay did not disadvantage prisoners from attending education or training. There were effective quality improvement processes, including self-assessment, although there were no observations of teaching and learning in the provision offered by the prison. Data analysis was good and used well to identify the differences in achievements and barriers between different groups of prisoners.

HP31 There were sufficient activity places for the population, and prisoners were actively involved in education, training or employment in the prison or outside on licence. The range of education and vocational training programmes was wide and varied, and there were good activities to develop work skills with external partners. The number of prisoners working outside on licence had increased considerably since the last inspection from approximately 10 to 120 a day. Labour allocation processes were applied consistently and the allocation strategy was clear and understood by prisoners and staff. The management of waiting lists for education or training was effective. The allocations board used prisoners' initial training plans to ensure they received appropriate training and work opportunities.

HP32 Teaching and learning were positive with particularly effective individual coaching in some classes. Learners were fully engaged and active participants in sessions. The quality of teaching accommodation was good and well maintained, and resources were well used. Learners gained good skills in many areas and there was good use of peer mentors to support learners in education classes and some vocational training areas. Individual learning plans were poor, and in many cases target setting was weak.

HP33 Achievement of qualifications on many courses in education and vocational training was particularly high, and outstanding on some where success rates were well above 90%. Attendance and punctuality were good. Literacy and numeracy results had improved considerably since the last inspection. There was solid development of work skills. Learners demonstrated high standards of work across most areas, and excellent skills in painting and decorating, horticulture and engineering.

HP34 Library provision was reasonable and there was good prisoner participation in Storybook Dads (recording stories for their children). The library was often open at hours when prisoners could not use it because they were at work.

HP35 PE provision was well managed with highly qualified and knowledgeable staff. The fitness suite was new and offered high standard cardiovascular and other activities. Accredited training had not been fully developed and the new training classroom was not yet operational. Access to

recreational PE was good, with an appropriate range of provision for older prisoners. Healthy living was promoted well and effectively reinforced at induction.

## Resettlement

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- HP36 The resettlement strategy and policies were broadly appropriate, and prisoners were more aware of the resettlement services than at the last inspection. The offender management unit was in transition and not fully integrated into the resettlement work, and there was some confusion about the delivery of offender management services. Some prisoners arrived without offender assessment data and it was unclear how they were allocated to a risk level and their risk managed effectively. Not all prisoners had a custody plan. Public protection arrangements were robust. Reintegration planning was effective with sound approaches to meet accommodation, debt and finance support. Discharge arrangements from the health care and substance misuse teams were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP37 At the last inspection in 2010, we found that outcomes for prisoners in Ford were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of resettlement. At this follow-up inspection we found that 14 of the recommendations had been achieved, two had been partially achieved, six had not been achieved and one was no longer relevant.
- HP38 The three-year reducing reoffending strategy was supported by detailed action plans and an up-to-date needs analysis. A bimonthly resettlement committee was generally well attended. There was a clear resettlement ethos, services were well advertised and peer representatives gave a resettlement presentation at induction. In our survey, respondents were more aware of resettlement services than at the last inspection, particularly accommodation. There was no evaluation of post-release outcomes to assess the effectiveness of the work in the prison.
- HP39 The offender management unit (OMU) was in transition while moving towards the latest offender management service specification (*Managing the custodial sentence*). Staff were confused about what the new approach meant for delivering an offender management service to prisoners. There were strategic links between the OMU and resettlement work, but this was less evident operationally. Some prisoners arrived at Ford with no offender assessment system (OASys) assessment and were allocated to a risk level in the absence of relevant risk information. The lowest risk prisoners had no OASys assessment or sentence plan and had a basic learning plan instead. High risk cases were appropriately allocated to and case managed by probation staff. Prison offender supervisors undertook initial and review OASys assessments for medium risk new arrivals, but did not case manage prisoners or deliver offending behaviour work.
- HP40 In our survey, only 40% of respondents said they had a named offender supervisor, against the comparator of 87%. Multidisciplinary sentence planning boards were well attended and prisoners were encouraged to take an active involvement in their sentence plans. However objectives were not outcome-focused. Delays in gaining relevant information from external offender managers, the police and others could delay ROTL risk assessment decisions. There were currently 226 public protection cases, and public protection arrangements were generally robust. Recategorisation procedures were adequate but some did not contain sufficient information to support the decision to return a prisoner to closed conditions. A dedicated team enabled the specific sentence planning and Parole Board needs of the 71 prisoners on

indeterminate sentences to be recognised, but these prisoners currently received little support in developing basic living skills.

- HP41 All prisoners were offered a pre-discharge board meeting to consider their accommodation and finance, benefit and debt needs. In the previous three months, an average of 96.3% of prisoners had been released to settled accommodation. A Citizens Advice financial adviser held a fortnightly surgery for prisoners who met specific criteria. An experienced officer provided good support to other prisoners and managed issues such as opening bank accounts, mortgage payments and housing benefits.
- HP42 Arrangements for resettlement into education, training and work were good. The 'virtual campus' was well used for job search and skills development. Prisoners had appropriate access to employability programmes. Links with employers and the use of ROTL for work had much improved. The prison worked actively with a range of organisations to extend work and placement opportunities.
- HP43 Health care staff saw all prisoners 24 hours before their discharge and gave them prescribed medication, a summary of their clinical record and help registering with a GP. The small number of prisoners on the care programme approach were linked with their local community mental health team.
- HP44 There were good joint working and throughcare arrangements for work with substance misusers. Prisoners could access local support groups, and the local drug intervention programme team met prisoners on release.
- HP45 The visits hall was welcoming, and had been fully refurbished by prisoners. The play area was supervised by a voluntary sector provider at weekends. Prisoners welcomed Storybook Dads and family days.
- HP46 The prison did not run any offending behaviour programmes, although a few could be accessed by prisoners through external probation trusts.

## **Main concerns and recommendations**

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- HP47 Concern: The double cells in the billets were too small for two prisoners.

**Recommendation: The cells in B wing should only be used for single occupancy.**  
(Repeated recommendation 2.9)

- HP48 Concern: Individual prisoners could not confidentially disclose diversity needs on reception. The equality team did not know the number of prisoners from most minority groups and could not systematically identify their needs and concerns.

**Recommendation: Prisoners should be able to confidentially disclose their diversity needs on reception, and these should be collated confidentially by the equality team. There should be an annual equalities questionnaire or survey. This information should be used to meet the needs of prisoners from minority groups.**

- HP49 Concern: As at our last inspection, black and minority ethnic prisoners, who made up more than a third of the population, were less likely to be released on temporary licence, work outside the prison or take part in community service. In the previous six months, only 15% of prisoners in paid work outside the prison were from black and minority ethnic groups.

**Recommendation: Black and minority ethnic prisoners should not be disadvantaged in accessing release on temporary licence, paid work and community service compared with white prisoners.**

HP50 Concern: In the previous month, 17 prisoners had arrived at Ford without an up-to-date OASys assessment and, as a result, were allocated to a risk tier in the absence of relevant risk information. For those with no previous OASys assessment, allocation was based primarily on their offence alone. Some prisoners could, potentially, spend the duration of their time at Ford in the wrong tier with their key risks unaddressed.

**Recommendation: All prisoners arriving without an up-to-date offender assessment system (OASys) assessment should have a basic risk assessment to produce the relevant information to inform their allocation to a risk tier.**



# Section 1: Safety

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

## Courts, escorts and transfers

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Expected outcomes:

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

- 1.1 Many new arrivals had journeys of more than two hours. Escort vans were clean and prisoners said they were treated well by escort staff. Most prisoners had sufficient notice of their transfer to Ford and some had received information about the prison.
- 1.2 The prison had had an average of 31 new arrivals a week in the previous six months. Their length of journeys varied but in our survey 64% said they had travelled more than two hours, against the comparator of 43%. Most escort vans were clean and prisoners were given appropriate refreshments and toilet facilities. In our survey 82%, against the comparator of 69%, said that they were treated well by escort staff.
- 1.3 Most prisoners we spoke to told us that they knew in good time where they were coming, although some were far from their families. In our survey, 26% of respondents, against the comparator of only 18%, said that they had received written information about the jail in advance, although prisoners told us this was basic.

### Housekeeping point

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- 1.4 Sending establishments should be given information about Ford to be given to prospective transfers.

## Early days in custody

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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.

- 1.5 The reception area was clean and displayed information about the prison. Prisoners said that they had been treated well in reception. Searching was courteous. They were some long delays in reception but the prison was addressing this problem. First night procedures were robust and prisoners said they felt safe. Induction was comprehensive.

- 1.6 The reception area was clean and the two holding rooms provided much information about the prison in displays and leaflets. The holding room for prisoners who had been booked in provided hot drinks, a television and further reading material.
- 1.7 We observed that reception staff treated prisoners in a friendly and relaxed way. In our survey, 63% of respondents said that they had been treated well in reception, a rise from 50% in 2010. New arrivals were given a rub-down search. Full searches, including use of the BOSS (body orifice security scanner) chair, were only carried out on the basis of intelligence, but reception staff told us that this was rare. The log of authorised full searches showed that there had been none on new arrivals in the current month. In our survey, 84% of respondents said that they had been searched in a respectful way, against 74% in 2010.
- 1.8 In our groups and in our survey, prisoners told us about some lengthy delays in going through reception. Reception staff told us that most new arrivals came in the late afternoon, which clashed with prisoners returning from work and made reception very busy. Reception was also closed at lunchtime, although prisoners were not kept waiting on vans. The prison had attempted to address these problems by taking new arrivals out of the reception area to attend first night interviews or to get a meal before they were brought back to complete reception procedures. First night prisoner orderlies went to reception to meet all new arrivals and give them information about the prison.
- 1.9 First night and induction procedures had been designed to meet the needs of prisoners coming from closed prison conditions and to allay some of their anxieties. In our survey, 70% of respondents said that they were given information on their arrival about what was going to happen to them, against the comparator of 61% and the response of 55% in 2010. The proportion who reported that they felt safe on their first night had risen from 88% in 2010 to 94%.
- 1.10 New arrivals had a confidential interview with a first night officer who undertook a cell sharing risk assessment and checked that prisoners felt safe. They had a similar interview on their first full day to check that there had been no problems overnight. Prisoner orderlies supplied further written information. All new arrivals could make a free telephone call on their first evening.
- 1.11 New arrivals went to dedicated first night accommodation where prisoner supporters welcomed them and checked on their needs. Rooms were basic but clean and prisoners were given a full range of kit.
- 1.12 Induction started on the prisoner's first day. It was comprehensive but well paced to ensure that new arrivals were not overwhelmed with information, and delivered jointly by officers and trained peer prisoners. They were given a tour of the prison, met appropriate staff and could ask questions of staff or prisoner orderlies. Most induction feedback forms were positive.

## Bullying and violence reduction

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### Expected outcomes:

Everyone feels and is 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.

1.13 Prisoners felt safe and there were few violent incidents. There was an up-to-date and comprehensive violence reduction policy. Bullying was managed effectively. Bullies and victims were monitored or moved to a different location but other interventions were not used. Some staff had received violence reduction training. There had been a very poor response to a violence reduction survey. The safer custody team had good links with the security department.

1.14 Prisoners told us they felt safe and there was little bullying. In our survey, only 5% of respondents said they currently felt unsafe. Violent incidents were low compared with other open prisons, with only six fights or assaults in the previous six months.

1.15 The violence reduction policy was up to date and comprehensive, and there were effective mechanisms to manage bullying. If staff had concerns that a prisoner was the victim of violence or bullying, they completed a 'concern form'. In the year to date, 32 concern forms had been completed, some of which related to suicide and self-harm. The forms were detailed and meaningful. Many incidents were triggered by gambling and tobacco debts. Bullies and victims were managed through behavioural management booklets; none were open during our inspection. In the previous six months, only one prisoner had been subject to formal violence reduction procedures, which was less than at our last inspection. The policy referred to a variety of interventions for victims but in practice they were only monitored and sometimes moved to a different location in the prison. Bullies were challenged and their behaviour monitored. Many entries in the booklets did not evidence meaningful interactions. There were still no programmes for bullies to reflect on and change their behaviour.

1.16 The safer custody manager was supported by a violence reduction coordinator, and the team was assisted by a prisoner violence reduction orderly. Reducing violence and bullying were discussed and monitored at the monthly social inclusion meetings. The meetings were reasonably well attended and minutes showed that actions were progressed. The security team now attended the meetings and the two departments cooperated closely.

1.17 Fewer than half of the staff had attended violence reduction training. The prisoner exit survey no longer included questions about safety.

## Recommendation

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1.18 **All staff in contact with prisoners should receive anti-bullying and violence reduction training.** (Repeated recommendation 3.14)

## Self-harm and suicide

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### 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.

1.19 Self-harm incidents were rare and few prisoners needed to be monitored. Prisoners felt they had insufficient support about feeling depressed or suicidal on arrival. There was no local

suicide and self-harm prevention policy. Self-harm monitoring documentation was generally good with some excellent observations, and prisoners who were monitored received very good care and support. Listeners were well supported, and all staff now carried anti-ligature knives.

- 1.20 The incidence of self-harm was low, with one attempted overdose in the previous six months. The last death at the prison had been in September 2006. In our survey, fewer respondents than the comparator (4% against 7%) and in 2010 (10%) said they had problems feeling depressed or suicidal on their arrival. However, only 29%, against the comparator of 48%, said that they had access to a Listener (prisoners trained to support those at risk of self-harm) or the Samaritans when they first arrived, and only 39%, against 48%, said they were offered information on support for feeling depressed or suicidal.
- 1.21 There was no local self-harm prevention policy as the prison relied on the recent safer custody Prison Service Instruction. This meant there was no local procedural guidance to refer to in an emergency or when supporting prisoners in crisis. All night staff now carried a ligature knife.
- 1.22 Self-harm and suicide prevention was the responsibility of the safer custody manager who was assisted by a suicide and self-harm coordinator. Self-harm and suicide issues were discussed and monitored at the monthly social inclusion meetings.
- 1.23 The number of prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures was low, with seven ACCTs opened in the year to date. Prisoners who had been on ACCTs told us they received excellent care and support. ACCT documentation was generally good. Triggers that might cause a prisoner to self-harm were occasionally recorded incorrectly, for example, one trigger was recorded as 'to monitor prisoner regularly'. In another, a care map was not on file. Assessment interviews were very good. Case reviews were reasonable but attendance by staff involved with the prisoner's care were often poor. Observation records completed by staff were often excellent and recorded meaningful and caring interactions with prisoners in crisis. Post-closure reviews were held on time.
- 1.24 Listeners told us that there were fewer prisoners in crisis compared with closed prisons, and they were rarely called on to offer support. Listeners received good support from the social inclusion unit and Samaritans, who visited the prison once a fortnight. The Listener suite was suitably furnished with soft chairs, carpet and a fold-down bed, although it was rarely used.

## Recommendations

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- 1.25 The prison should ensure that all new arrivals are made aware that they can see a Listener, and that information about dealing with feelings of depression and suicide are available in reception.
- 1.26 Ford should develop its own self-harm and suicide prevention policy.

## Safeguarding (protection of adults at risk)

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### Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>4</sup>

- 1.27 Safeguarding procedures required development. Local operating procedures had yet to be fully implemented. The prison had made links with the local adult social services department. There were no care plans or central register of at-risk prisoners.
- 1.28 Structures to safeguard adults at risk were in their early stages. The governor had taken the lead in developing a strategy to safeguard adults at risk but the local adult safeguarding operating procedure had yet to be embedded throughout the prison.
- 1.29 The prison had developed good links with West Sussex County Council adult safeguarding board and the governor attended the board's meetings. A member of the council's adult safeguarding unit had attended the prison to train staff on safeguarding, and there were plans for further specialised training for the safeguarding champions.
- 1.30 A basic screening tool was used on reception to identify at-risk new arrivals who might require support due to their age, mental health, learning difficulties, disability or substance misuse. Where a potential at-risk adult was identified, a referral was to be made to a safeguarding personal office for further assessment. These staff had received additional training in supporting at-risk adults. The officer was to interview the prisoner within 24 hours and discuss any concerns with a 'safeguarding champion' (one of three staff taking a lead on safeguarding issues) before there was a decision on whether to recognise the prisoner formally as an at-risk adult or not. Support for at-risk adults included submitting a security information report, a concern form to the social inclusion unit or developing a safeguarding plan. All such cases were to be reviewed quarterly by the West Sussex County Council independent chair of the adult safeguarding board, but no referrals had yet been made. We were told that the prison had concerns about six prisoners but their details were not recorded on a central register, and there were no care plans for them.

## Recommendations

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- 1.31 The prison should ensure that all staff are aware of the adult safeguarding local operating procedures.
- 1.32 There should be a central register of at-risk prisoners, and all such prisoners should have safeguarding care plans.

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<sup>4</sup> 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).

# Security

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## 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.

- 1.33 The security applied was proportionate and intelligence was well analysed but not always acted on promptly. Specific time-bound objectives were set. Risk management procedures were well developed, and the number of absconds had reduced.
- 1.34 Security arrangements were generally proportionate and the regime was not restrictive. In our survey, 33% of respondents said it was easy to get drugs in the prison, which was fewer than at our last inspection. The security department was well focused on this issue and other intelligence on the availability of mobile telephones and related equipment. Staff had been trained in the use of technical equipment to help detect and prevent the supply of illicit drugs and alcohol, and alcohol finds had reduced considerably since our last inspection. There were adequate procedures to deal with misconduct or illegal conduct by staff.
- 1.35 Positive staff-prisoner relationships supported dynamic security. Security information reports (SIRs) were received from all areas in the prison and were analysed quickly, but target searches and suspicion mandatory drug tests (MDTs) were not always carried out quickly enough. There were referrals to the safer custody team, when required, for matters relating to bullying and prisoner safety, and links between the two departments were well developed. The random MDT rate in the last six months had averaged 5%, against the target 11.5%, and 'spice' (synthetic cannabis) had become prevalent. The prison was focused on this growing concern and had offered to take part in a drug testing pilot to address it.
- 1.36 The monthly security committee was well attended by staff from all departments. It had detailed discussions on the prison's specific threats and risks, and information on drug and alcohol use was well analysed. Specific security objectives were set that were delegated to named individuals and time bound. A local police intelligence officer gave significant support to the prison.
- 1.37 Thirteen prisoners had absconded between January 2012 and the time of our inspection compared with 25 for the whole of 2011. Absconds had fallen from previous levels. Senior managers had emphasised the need to discuss the consequences of absconding with prisoners and ensure they understood the level of support that was available at Ford to help resolve problems in the prison or at home. Managers published information relating to the sentences given to those who were returned to prison following an abscond. Follow-up questionnaires were sent to those returned to custody and the results analysed. Research by the prison showed that younger prisoners in their 20s were most likely to abscond but no other related factors had come to light.
- 1.38 Between January and July 2012, 93 prisoners had been returned to closed conditions, a reduction on the previous year. Some serious offences resulted in prisoners being automatically returned. Risk management meetings considered individual prisoners who displayed poor behaviour or where security information suggested an increased risk and the need to return them to closed conditions or to suspend their access to release on temporary licence (ROTL) for town visits or home leave. Prisoners suspended from ROTL could continue

to attend external work if the risk was not associated with productive work. This meant valuable work places were not lost. They were only returned to closed conditions when necessary for the safety of others, including the public (see also paragraph 4.20).

## Recommendation

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- 1.39 Action required from security information reports should be carried out promptly.

## Incentives and earned privileges<sup>5</sup>

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### 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.

- 1.40 The incentives and earned privileges (IEP) scheme was used fairly and appropriately. Review boards were held weekly but some records did not give sufficient information about the decision reached. Prisoners on the different levels received different pay rates for the same job, which was not appropriate.
- 1.41 The IEP scheme was understood well by staff and prisoners. The policy described the expected behaviour at each level of the scheme and how prisoners could be demoted or promoted. Prisoners could be demoted after they showed a pattern of poor behaviour or after one serious offence. The scheme was part of an approach to behaviour management used to inform prisoner risk assessment and their suitability to progress to more trusted work and release on temporary licence. Prisoners could apply for the enhanced level after they had been at Ford for two months, but there was no provision for staff to recommend someone for the higher level.
- 1.42 All demotions and promotions were as a result of a review at weekly review boards. Records showed that prisoners generally attended IEP review boards and were given the opportunity to make representations. Documentation for the boards was not always fully completed, and some had a pre-printed decision for those promoted to enhanced, which did not reflect the individual prisoner's efforts to achieve that status.
- 1.43 There were clear differentials between the three levels (enhanced, standard and basic) and the scheme encouraged prisoners to contribute to the Ford community. However, prisoners doing the same job received different rates of pay according to their IEP status, with those on enhanced receiving more, which was inappropriate.
- 1.44 Staff issued warning slips to prisoners for poor behaviour. Those we examined were appropriate and we did not find an excessive number of warnings. Prisoners were given copies of the warnings, which were also kept in their history sheets.

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<sup>5</sup> In the 2010 report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

## Recommendation

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- 1.45 Documentation for the incentives and earned privileges (IEP) boards should be fully completed and reflect prisoners' individual efforts to achieve a higher status.

## Housekeeping point

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- 1.46 Staff should be encouraged to recommend prisoners for the enhanced level of the IEP scheme.

## Discipline

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### 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.

- 1.47 The number of adjudications was below comparator prisons and reducing considerably. Charges were mainly appropriate and hearings were well documented. Use of force was lower than in similar establishments and full restraint was rarely used. Documentation was completed adequately although some records were brief. The segregation unit was used as a holding facility for prisoners returning to closed conditions, and none remained there for more than 48 hours. Documentation for use of the unit was reasonable but did not always demonstrate the rationale for locating a prisoner there before transfer. Governance and quality assurance or all disciplinary procedures were good.

## Disciplinary procedures

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- 1.48 There had been 271 adjudications between January and July 2012, which was lower than in comparator prisons and showed a considerable reduction from the 720 in 2010. Managers emphasised the use of the IEP scheme for minor offences. Adjudications were used appropriately and for the more serious transgressions against rules. Few were referred to the independent adjudicator.
- 1.49 The hearings we observed were carried out appropriately. Formal interpreting was available for prisoners with poor English. We examined the records for over 30 adjudications in the previous six months. The documentation showed that they were carried out to a reasonable standard and that prisoners were given every opportunity to be involved in the process. Charges seemed mainly appropriate. The governing governor carried out quality checks and raised any issues with individual adjudicating governors.

## The use of force

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- 1.50 Force was rarely used and the number of incidents was lower than in similar establishments. There had been four incidents where force had been used in the previous seven months, only one of which involved full control and restraint techniques. One planned incident had not been video recorded. The documentation for these incidents, although adequate, lacked detail about what had led up to them, and staff did not always use the correct documentation. All

documents were checked and countersigned by a manager not involved in the incident. The prisoners involved were examined by health care staff afterwards.

- 1.51 There were no cells designated as special accommodation and no prisoner had been held in accommodation adapted for this purpose.
- 1.52 Use of force was overseen by the security committee, although there were insufficient incidents to enable full analysis. Quality assurance was good and addressed identified issues with the staff involved.

## Housekeeping point

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- 1.53 Use of force incidents should be recorded on the correct documentation and contain sufficient detail.

## Segregation

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- 1.54 The segregation unit was used to hold prisoners waiting transfer to closed conditions and was staffed by designated officers as and when required. The unit had four cells, including one gated cell, and was clean and well maintained. The gated cell had not been used for over 12 months. The unit held two prisoners during our inspection, both of whom remained there for less than 24 hours. Both told us they had been well treated and we observed that staff took great care to ensure the safety and well-being of one who had received some distressing news.
- 1.55 There had been 93 prisoners held in the unit in 2012 to date, a reduction from 160 in 2011. All cases had been appropriately authorised by governors and records showed the time segregation had ended. Staff from different departments, including the chaplaincy and health care, attended quickly to ensure that prisoners were seen before transfer. The documentation did not always record in sufficient detail the reasons why some prisoners were held in segregation before transfer, particularly foreign national prisoners due to be deported and those requiring transfers for health care treatment.
- 1.56 Staff were knowledgeable about those who had been in the unit and we were assured that all had been held appropriately. Most prisoners remained in the unit for just a few hours while transport was arranged for their transfer, and none had been there for more than 48 hours. The regime was adequate and included the provision of a radio and time in the open air. Governance of the unit was good and use of segregation was monitored through the security committee meeting.

## Recommendation

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- 1.57 Written records should detail the reasons for locating a prisoner in the segregation unit before transfer.

# Substance misuse

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## Expected outcomes:

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

- 1.58 Prisoners requiring opiate substitute treatment received a high level of care and support. Clinical and psychosocial interventions were provided by the same service, and the remit included work with problem alcohol users. Drug and alcohol policies needed to be improved and developed strategically.
- 1.59 The establishment had brought in the integrated drug treatment system (IDTS) in February 2012, but demand was low. At the time of the inspection, five prisoners were prescribed opiate substitutes and a further two had successfully completed treatment. Feedback from prisoners was very positive, and the flexibility of treatment regimes, the motivational support and the level of care they received were impressive. A fully integrated team of specialist clinical staff and substance misuse workers managed and coordinated prisoners' care effectively. In our survey, 100% of respondents said that the support they received with their drug/alcohol problem was helpful, against the comparator of 84%.
- 1.60 Prisoners described the substance misuse (CARAT) service as 'the best department in the prison'. Additional staff allowed more client contact time and group work, and some extra administrative support had been provided. An active caseload of 67 clients now included those with primary alcohol problems, and the team had introduced six day a week drop-in sessions and auricular acupuncture. Although there was no evident need for an accredited drug/alcohol programme, most prisoners had already undertaken the brief IDTS modules on offer and wanted to engage in longer group work courses focusing on alcohol and cannabis use, as well as relapse prevention. Service user consultation took place and two orderlies/peer supporters played an active role, but there was room to expand this. Alcoholics Anonymous and Cocaine Anonymous self-help groups met regularly in the prison.
- 1.61 There had been detailed and comprehensive needs assessments but they did not inform the drug or alcohol strategy. The drug strategy policy was not suitable and had no annual action plans. Designated drug strategy meetings had ceased and been incorporated into three other multiagency forums, resulting in a lack of focus.

## Recommendations

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- 1.62 The substance misuse service should introduce structured group work modules that meet the needs of the population, and extend its peer support scheme.
- 1.63 The substance misuse strategy should be updated and contain detailed action plans and performance measures, and there should be multi-agency drug and alcohol strategy meetings to implement and monitor the strategy.

## Section 2: Respect

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

### Residential units

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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 Some accommodation was too small, but most was clean. Not all showers and toilets were in working order. There were no self-catering facilities. Prisoners did not have confidence in the laundry system. Prisoners could easily make applications but responses were not recorded or outcomes tracked. Access to telephones and mail was good. Prisoners could only access their stored property every six months.
- 2.2 Accommodation was in shared cells in billets (prefabricated huts) on B wing or single cells on A wing. All the accommodation was dated but mostly clean, except for graffiti on picture boards in many cells. The double cells in the billets were too small for two prisoners (see main recommendation HP47). Occupants of single cells had a privacy key and those in shared cells now had lockable cupboards.
- 2.3 Prisoners had free access to unit kitchen areas, toilets and showers, which were appropriately screened. However, there were continual problems, especially in the billets, with keeping showers and toilets in good working order. In our survey, 95% of respondents said that they could shower every day, which was an improvement on the 90% response in 2010 but below the comparator of 98%. The kitchen area in each residential unit only had toasters and no other facilities for storing or cooking food, which was inappropriate for a resettlement prison.
- 2.4 Prisoners could wear their own clothes outside the working day and there was a range of prison clothing, including coats for wet or cold weather. Prisoners did not have confidence in the laundry system, as they said that clothes were not cleaned properly, were returned damp or were lost, and many preferred to handwash their own clothes. During the inspection, a new laundry with modern equipment was opened, which had the potential to improve the situation.
- 2.5 Prisoners could easily make all types of applications, and wings had a full range of application forms and confidential posting boxes. Each application was recorded so that it could be followed up, but there was no record of when a response was received or indication of its quality, so it was not possible to monitor the system. In our survey, only 51% of respondents, against the comparator of 74%, felt that applications were responded to promptly but the proportion who felt that they were responded to fairly had improved to 74% from 54% in 2010.
- 2.6 Prisoners had access to telephones all day, and there were sufficient numbers in suitable areas with some privacy. Mail was well managed. Outgoing mail was not censored and incoming mail was only opened to check for enclosures, apart from authorised security checks of mail to prisoners who presented a risk to the public or good order. Prisoners' families and friends could send emails and the system was well used.

- 2.7 In our survey, only 35% of respondents said they could get their stored property if they needed to, against the comparator of 56%. Although applications for access to property were dealt with promptly, usually the following weekend, prisoners were restricted to one application every six months.

## Recommendations

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- 2.8 There should be more opportunity to self-cater to help prepare for independent living. (Repeated recommendation 2.11)
- 2.9 The prison laundry should ensure that all items are properly washed and managers should monitor this. (Repeated recommendation 2.14)
- 2.10 Applications should be answered promptly and outcomes tracked. ((Repeated recommendation 3.31)

## Housekeeping point

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- 2.11 Prisoners should be permitted access to their stored property by application at any time.

## Staff-prisoner relationships

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### 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.

- 2.12 There had been a significant improvement in staff-prisoner relationships, although some staff could be abrupt, dismissive and unhelpful. Staff and some prisoners had undertaken conflict resolution training. Senior managers were more visible around the prison. The requirements of the personal officer policy were not always met. There was an active and sophisticated prisoner council.
- 2.13 There had been a considerable improvement in staff-prisoner relationships since our last inspection as reflected in our survey, in which 72% of respondents said that staff treated them with respect, compared with only 49% in 2010, and 76%, against 56%, said that there was a member of staff they could turn to for help with a problem.
- 2.14 All staff had been trained in conflict resolution and how to set a good example in their dealings with prisoners. New arrivals were briefed about this approach and some prisoners had joined in the training. The governor had located her office on the residential side of the jail, and she and her senior managers were noticeably visible around the site.
- 2.15 Despite the progress, work on improving staff-prisoner relationships needed to continue. Although we observed courteous and relaxed relationships, a few prisoners continued to report that some staff could be abrupt, dismissive and unhelpful. In our survey, responses on staff checking personally with prisoners about their welfare and speaking with them during association were worse than the comparators.

- 2.16 The prison had a traditional personal officer policy which was not followed consistently. Although some of the prisoner records we examined contained monthly entries, many did not and most entries were not detailed or informative. In our survey, while the proportion of respondents who said they had a personal officer had increased to 59% from 39% in 2010, this was still below the comparator of 69%, and only 55%, against the comparator of 75%, said that their personal officer was helpful. However, many prisoner records contained entries from work instructors, supervisors and teachers commenting on prisoners' progress.
- 2.17 An active and sophisticated prisoner council had a constructive relationship with prison managers. It met monthly and it was clear from minutes of meetings and council members that issues raised were taken seriously and progressed appropriately. Council members communicated effectively with prisoners to understand their concerns and inform them about progress on issues. Council members had been given access to prison departments so that they could advocate on behalf of individuals to resolve difficulties or conflict.

## Recommendation

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- 2.18 The personal officer policy should be revised to reflect the circumstances of the prison. It should build on the good relationships that exist between prisoners and staff in a variety of roles to ensure all prisoners are able to identify staff they can turn to for support, and that decisions about prisoners are based on a comprehensive knowledge of their needs.

## Good practice

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- 2.19 *The prison council had developed its role beyond a consultative forum to advocate with prison departments on behalf of prisoners.*

## Equality and diversity

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### 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<sup>6</sup> 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.

- 2.20 The equality policy did not adequately cover all protected characteristics. The strategic management of diversity work was weak. There were prisoner equality representatives and a programme of equality impact assessments. Prison life was monitored by race but not other indicators. Prisoners could not confidentially disclose diversity needs on reception. Discrimination incident investigations were reasonable but very late and lacked independent scrutiny. Black and minority ethnic prisoners were less likely to be released on temporary licence, work outside the prison or take part in community service, and responded more negatively than white prisoners to our survey. There were no independent advice services for foreign nationals. Muslim prisoners were more negative than non-Muslim respondents in our

<sup>6</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).  
HMP Ford

survey. There was no central register of prisoners with disabilities or care plans, although outcomes for disabled and older prisoners were good. Gay prisoners felt safe.

## Strategic management

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- 2.21 The equality policy had been updated but did not adequately cover all protected characteristics, such as support for gay or bisexual prisoners. The policy was underpinned by a diversity action plan. Equality and diversity work was led by an equality manager and an equality officer and discussed at the monthly social inclusion meetings. The manager had only recently taken on the role and the officer was on long-term absence, which had affected the strategic management of diversity work. Minutes showed that there had been some profile raising events, monitoring of SMART (systematic monitoring and analysing of race equality treatment) data and discrimination incidents. At the time of our inspection, there was no staff lead on race and foreign nationals.
- 2.22 There were prisoner equality representatives for the various diversity areas, who chaired specific diversity meetings, supported by a member of staff who was a diversity champion. Meetings had been held regularly until the equality officer's absence. A few meetings had been revived and held shortly before our inspection, and the minutes showed that they were constructive. Colourful posters with photographs promoted diversity and the representatives around the prison.
- 2.23 There was a published programme of equality impact assessments. Two areas of prison life had been assessed – adjudications and release on temporary licence (ROTL) (see paragraph 2.32). A third assessment of the IEP scheme had not yet been concluded. The findings of the assessments had led to action plans.
- 2.24 Prison life was monitored by race to ensure fair treatment and access to services, but not by other protected characteristics. SMART data was reviewed regularly at the social inclusion meetings (see paragraph 2.32).
- 2.25 The equality team did not keep records of the number of prisoners in minority groups. Other than Travellers, the team could not identify prisoners by their protected characteristics. Prisoners could not confidentially disclose diversity needs on reception, and there was no equality questionnaire or annual survey (see main recommendation HP48).
- 2.26 Prisoners could report discrimination through discrimination incident reporting forms (DIRFs), which were available around the prison. In the previous six months, 11 DIRFs had been submitted, most about race apart from one on faith and another on sexual orientation. The quality of investigations was reasonable with witnesses and those involved interviewed, but there were long delays in concluding them. One investigation for a relatively straightforward incident took more than three months to conclude. Replies lacked detail and often contained two paragraphs – one of which gave advice on how to take the issue further. Replies did not clearly state whether the complaint had been upheld or the reasons for the decision. Conciliation strategies were not used to resolve conflicts. One investigation noted: 'There is obviously an issue between you, and my recommendation would be for mediation. However, I am not aware of that option being currently available to us.' The governor scrutinised investigations but there was no oversight from external organisations.

## Recommendations

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- 2.27 A member of staff should be the equality lead for race and foreign national prisoners.
- 2.28 There should be regular consultation meetings with minority groups, supported by the equality team.
- 2.29 Prison life should be regularly monitored by all relevant protected characteristics.
- 2.30 Discrimination incidents should be promptly investigated, give detailed responses and be scrutinised by an independent external organisation.
- 2.31 Conciliation strategies should be used, where appropriate, to resolve conflicts between perpetrators and victims of discriminatory incidents. (Repeated recommendation 4.27)

## Protected characteristics

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- 2.32 Thirty-five per cent of the population were from a black and minority ethnic community. As at our last inspection, black and minority ethnic prisoners were less likely to be released on temporary licence, work outside the prison or take part in community service. In the previous six months, only 15% of prisoners in paid work outside the prison were from black and minority ethnic communities. The prison had investigated this long-standing inequality and identified that many prisoners from black and minority ethnic communities came from London and so were disadvantaged by a restriction on working more than 50 miles from the prison. The limit had been extended to 75 miles to enable prisoners to take up employment opportunities in the London area. Despite these actions, black and minority ethnic prisoners remained disadvantaged (see main recommendation HP49).
- 2.33 In our survey, black and minority ethnic prisoners responded more negatively than white prisoners in a range of areas – including treatment by escort and reception staff, safety on their first night, induction, access to showers and Listeners, food, shop, applications, respect from staff, threats and intimidation from staff, and access to mail. The reasons for these negative perceptions were not clear and required investigation.
- 2.34 The prison held 22 foreign nationals, about 4% of the population. A central register was kept of foreign nationals and their languages, as well as a list of staff who spoke foreign languages. Telephone interpreting was rarely used. The UK Border Agency (UKBA) attended the prison to update prisoners on their immigration cases. Prisoners told us that the meetings were unhelpful as the UKBA officer did not bring a laptop so could not access UKBA casework records. Independent immigration advice organisations did not visit the prison. Offender management unit (OMU) staff complained that UKBA was late in responding to requests for information, and the information that did arrive was often generic and not specific to the prisoner's case. Chasing letters were sent when replies were late. Offender supervisors advised UKBA that if it did not respond, they would make decisions on ROTL without its input. UKBA had worked efficiently in at least one case where a prisoner wished to return voluntarily to his home under the facilitated returns scheme, and flew home the day after his early release date. Foreign nationals were not held in the prison under immigration detention powers (IS91). Prisoners who were to be detained at the end of their sentences were transferred to closed conditions (see paragraph 1.55).
- 2.35 Muslim respondents to our survey were more negative than non-Muslims about their treatment by escort staff, problems on arrival, food, access to Listeners and applications, interaction with

staff, safety, victimisation by staff, and access to education and the library. However, they were more positive about their access to religious leaders, respect for religious beliefs, personal officers, victimisation by other prisoners, vocational training and preparation for release courses. An equality representative was the prisoner lead on faith issues.

- 2.36 As there was no central register of prisoners with disabilities, the equality team was not able to tell us how many disabled prisoners were held and could not monitor the effectiveness of provision. In our survey, 6% of respondents said they had a disability, which equated to approximately 30 prisoners. There were no multidisciplinary care plans but there were personal emergency and evacuation plans for seven prisoners. Prisoners with mobility needs were located on C wing where some reasonable adjustments had been made. For example, one prisoner had been given a mobility scooter. A nurse specialising in disability checked the wing to ensure that needs were met, and a published policy outlined the prisoners to be located to the wing. Despite the shortcomings, outcomes for prisoners with disabilities were good and they told us they were well cared for. However, a prisoner due to have a double knee operation had to walk to the train station, over a mile away, as no transport had been arranged. Apart from this incident, the prisoner told us he was well cared for. There was a prisoner equality representative for older and disabled prisoners.
- 2.37 In our survey, 2% of respondents said they were gay or bisexual, which equated to 10 prisoners. We spoke with two gay prisoners, both of whom said they were well treated and felt safe. One had become the prisoner equality sexuality representative, and told us that he had not been subjected to homophobia in the prison. Prisoners could not declare their sexuality on arrival so the equality team did not know how many gay or bisexual prisoners there were. The equality policy referred to transgender prisoners but lacked guidance on meeting the needs of gay or bisexual prisoners. The equality team was not aware of any transgender prisoners.
- 2.38 Nineteen per cent of the population were over 50. In our survey, older prisoners were more positive than those under 50 in several areas, including reception, food, Listeners, religious beliefs, complaints, treatment by staff, access to nursing, mail and proximity to home. Services for older prisoners included a weekly over-50s gym session.

## Recommendations

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- 2.39 The prison should investigate and take action to address the reasons for black and minority ethnic and Muslim prisoners' negative perceptions.
- 2.40 Efforts should be made to make and sustain contact with immigration advice and support agencies. (Repeated recommendation 4.48)
- 2.41 There should be a central register of prisoners with disabilities, including information on how their individual needs should be met, and all prisoners with disabilities should have a care plan. (Repeated recommendation 4.56)

## Faith and religious activity

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### 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.

- 2.42 The chaplaincy covered most faiths, there was a full programme of religious services and festivals, and the physical space for worship was excellent. However, responses to our survey about faith provision were comparatively negative.
- 2.43 The chaplaincy provided religious leaders for most faiths. The full-time chaplaincy coordinator was supported by part-time and sessional chaplains, some of whom attended prison meetings and visited prisoners who were sick, segregated or vulnerable. There was a full programme of religious services and prayers to which prisoners had free access. The physical space for worship was excellent. As well as a large Christian chapel there was a world faith centre with appropriately decorated designated rooms for Muslim, Sikh and Hindu worship. There was also a room with Jewish artefacts designated as a synagogue.
- 2.44 There was a full programme of celebration of religious festivals involving prayer and social gatherings. At the time of the inspection Ramadan was coming to an end, and prisoners and the Muslim chaplain told us that arrangements for its observance had gone well and that there were careful preparations for an inclusive celebration to end the fasting period. The Jewish and Muslim faith leaders were involved in ensuring that appropriate halal and kosher meals were available.
- 2.45 In spite of the good provision and facilities, responses to our survey on aspects of faith provision were comparatively negative. Only 50% of respondents felt that their religious beliefs were respected, against the comparator of 58% and the response of 59% in 2010, and only 49% said it was easy to attend religious services, against the comparator of 60%.
- 2.46 There were a few religious instruction classes provided by chaplains and external groups, and the chaplaincy also hosted counselling and addictions groups. The chaplaincy provided some financial assistance to prisoners and, through the Salvation Army, assistance for families. The Focus group of prisoners, based in the main chapel, gave support and advice for prisoners and maintained the community room, which was open every day until the final roll check.

## Recommendation

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- 2.47 The prison should investigate and take action on the reasons for prisoners' negative views about respect for their religious beliefs and access to worship.

## Complaints

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### 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.

- 2.48 Complaints were generally well managed and most prisoners were content with the process. Responses were respectful and mostly addressed the issues raised.
- 2.49 There were on average 40 complaints a month. Most prisoners we spoke to were generally content with the process, In our survey, 58% of respondents felt complaints were dealt with

fairly, against the comparator of 43% and considerably better than at our last inspection. In the previous seven months, 32% of complaints had been upheld.

- 2.50 Managers had gone to great lengths to assure prisoners that they were not under threat of transfer to closed conditions if they complained. The complaints clerk spoke to all new arrivals to give reassurance, and there was regular analysis of whether prisoners who had been transferred had made any complaints.
- 2.51 Complaint forms were readily available on residential wings, locked boxes to post them were accessible and complaints were collected by the clerk. All the replies to complaints we reviewed were completed promptly and most addressed the complaint raised. Preferred names were generally used, and replies were fair. A relevant officer investigated the issue raised in the complaint. Line managers dealt with complaints against staff.
- 2.52 Complaints were discussed at the weekly performance meeting and statistics analysed for trends or patterns. Identified issues, such as a problem with prisoners' property, had been investigated and in that case, reception procedures had been adjusted in response to the problems raised.

## Legal rights

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### 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.**

- 2.53 Prisoners said their access to legal services had improved, but the legal services officer could not meet demand and had not had recent training. Legal consultation booths were used for storage, and legal visiting information on the prison's website was wrong.
- 2.54 In our survey, more prisoners than at our last inspection said it was easy to communicate with their legal representatives (64% against 52%) and attend legal visits, (52% against 35%), and fewer said that their legal mail had been opened (22% against 29%). A record was kept of any legally privileged mail opened in error with a note of the explanation and prisoner's comments.
- 2.55 A legal services officer spent four days a month assisting prisoners with their legal problems but could not meet prisoner demand. He received referrals from induction (10 in 2012 to date) or directly from prisoners (121 in the previous six months). He assisted prisoners with a variety of problems, including confiscation orders, appeals, applications to the Criminal Case Review Commission, sourcing legal representatives and complaints to the legal ombudsman, and had good relations with local solicitors specialising in criminal and prison law. However, the officer had not received refresher training and legal services were poorly promoted, as many prisoners in our groups were not aware they could take their problems to a dedicated officer.
- 2.56 Legal visits took place in the visits hall. The two consultation booths were used for storage during our inspection, which meant that legal interviews had to take place in the large visits hall, potentially comprising confidentiality. The prison's website gave wrong information on the dates for legal visits.

## Recommendations

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- 2.57 The prison should promote the services of the legal services officer.
- 2.58 The legal services officer should receive training to update his knowledge. (Repeated recommendation 3.42)

## Housekeeping points

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- 2.59 The legal consultation booths should be used for prisoners' confidential legal interviews.
- 2.60 The times of legal visits on the prison's website should be accurate.

## Health services

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### 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 services were similar to those provided by a good community GP practice, and three-quarters of prisoners surveyed said that their quality of was good. We observed positive consultations by health care professionals and effective working with other departments. Governance was generally satisfactory. Prisoners had community-equivalent access to nurses and doctors. Access to the dentist for first appointments was good, with a longer wait for ongoing treatment. Medication was well managed and almost all prisoners had their medication in possession. Telemedicine enabled prompt assessment and treatment from specialist services. The mental health service provided an appropriate range of primary mental health interventions and had good links with community mental health services.

## Governance arrangements

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- 2.62 Health care was commissioned by NHS Sussex and provided by Sussex Partnership NHS Foundation Trust. There was an effective working collaboration between the prison, commissioner and health care provider.
- 2.63 The prison partnership board met monthly and was chaired by the prison governor with full representation from all stakeholders. There had been no health needs assessment since November 2010. There was a health delivery plan with identified key priorities, which was monitored through the partnership board and NHS Sussex.
- 2.64 Governance had improved. There were appropriate clinical systems, and safe practice guides were under development. A weekly health care team meeting, attended by the Sussex Partnership lead and the deputy governor, reviewed incidents and complaints, and a monthly staff meeting covered governance, training and clinical supervision. A range of monthly performance data was collated, including 'did not attends'. Approximately 7% of all health care appointments were wasted due to prisoners not attending.

- 2.65 Staff training covered an appropriate range of clinical skills, including patient group directions. Three of the four permanent nurses required basic life support skills updating. There was a clinical supervision policy and nurses could access individual supervision from their line manager.
- 2.66 Health care areas were generally clean, with cleaning schedules. An infection control audit had been completed in June 2012, but not all the clinical surfaces were infection control compliant. The health care room in reception was suitably private and had access to SystemOne (the electronic clinical information system). At the start of our visit it was dirty and untidy, but this was swiftly addressed and when we left the room was clean and an appropriate environment for health screening. Although there was a low risk prisoner population, the room was at a distance from the reception desk and had no panic bell.
- 2.67 There were defibrillators in the health care area, the offender management unit and the wing office opposite the gym. Some key staff had been trained to use the equipment and there was an ongoing programme to train more staff.
- 2.68 Prisoners who required mobility aids were referred to the local NHS wheelchair service, and continence aids were supplied through the community pharmacy contract.
- 2.69 Health promotion literature was available but there was scope for further health promotion development for this population.
- 2.70 Complaints were low and responses were factual and addressed the issues. There was satisfactory reporting of clinical incidents, which were dealt with appropriately.

## Recommendations

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- 2.71 **An updated health needs assessment should be completed.**
- 2.72 **All equipment and surfaces should conform to infection control requirements.**  
(Repeated recommendation 5.6)
- 2.73 **Health promotion should be developed to focus on the current and future health needs of the population.**

## Housekeeping point

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- 2.74 A panic bell should be installed in the reception health care room.

## Delivery of care (physical health)

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- 2.75 In our survey, focus groups and during our visit, the majority of prisoners were positive about their experience of health care. In our survey, 75% of respondents said that the overall quality of health care was good, which was better than the comparator and at our last visit.
- 2.76 All new arrivals were given a health screening. Those arriving from other establishments had a slightly shortened version and nurses checked their previous clinical record to review their previous history and medication. Prisoners over 40 were offered the NHS health check. A paper template was used to record the health screening of new arrivals, with the information

then transferred on to SystmOne. New arrivals were given an easy-to-read leaflet explaining how to access health services.

- 2.77 The health care department was open on weekdays between 8am and 6.30pm. Prisoners could get a routine appointment with the nurse or GP within two days. There were several GP slots each day when prisoners could be seen for urgent appointments. Out-of-hours services were provided in line with local community provision, and we were told that it had been generally responsive over the previous year.
- 2.78 Nurses used triage to assess patients and used a range of recognised care pathways. We observed consultations and reviewed evidence of appropriate and effective assessment of patients in the clinical records. Care plans were not routinely used for prisoners with complex health needs, although the records we reviewed showed appropriate review and follow-up.
- 2.79 There was a range of nurse-led clinics and each nurse had responsibility to lead the management of patients with specific long-term conditions, such as hypertension, respiratory diseases and diabetes. Coronary heart disease was managed by the GP pending nurse training.
- 2.80 The range of primary care services included a dentist, optician and podiatrist. There was no one waiting to see the optician during our visit, but there was a five-week wait to see the podiatrist. The monthly podiatrist session was complemented by a helpful nurse-led service that provided foot assessments and treatment for simple problems. There was a wait of up to 24 weeks for external physiotherapy appointments but this was reducing with newly introduced triage assessment by the local musculoskeletal service. Two prison gym instructors provided exercise-based education and rehabilitation consultations.
- 2.81 Innovations had included the use of a 24-hour blood pressure monitoring device, which had helped the GP to identify three prisoners who needed medication to lower their blood pressure, and a telemedicine link with a specialist burns and plastics unit GP, which had already enabled appropriate specialist care for one prisoner. Prisoners had access to individual smoking cessation support.
- 2.82 Secondary care referrals were dealt with effectively and promptly. Many prisoners were transferred into Ford with outstanding outpatients appointments that had to be rescheduled locally, including some where the sending prison had requested a medical hold but this had been overridden by prison transfer arrangements. Many prisoners could get release on temporary licence for hospital appointments. Very few hospital appointments were cancelled and only approximately 3% were due to prison staffing constraints.
- 2.83 There was an effective system to ensure that nurses followed up prisoners returning from attendance at hospital for planned treatments or as emergencies. Prisoners going out for planned surgery were seen by a nurse.

## Housekeeping point

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- 2.84 The reception health screening should be entered directly on to SystmOne.

## Good practice

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- 2.85 *The prison had introduced a range of initiatives to enhance prisoner health care and treatment, including a nurse-led foot clinic, the use of 24-hour blood pressure monitoring and telemedicine for specialist burns and wounds problems.*

## Pharmacy

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- 2.86 Almost all prisoners had their medication in possession weekly or monthly. A few had to have daily or supervised medication due to lack of compliance or the nature of the medication. Risk assessments were completed at reception, but did not clearly score risks related to the individual. The pharmacist also carried out reviews on prescribed medications, which were documented.
- 2.87 SystmOne was used for all prescribing and medication administration, including 'special sick'. The records we reviewed were clear and accurate, with risk assessments attached. There were no regular reviews of special sick medications.
- 2.88 The pharmacist visited the prison once a month, carried out patient medication reviews and also usually saw the prescribers, but there was no formal recording of these discussions. There were no formal pharmacist clinics. We were told they had been tried but uptake had been very low. The health care information leaflet did not mention that patients could request to see the pharmacist.
- 2.89 Medicines were supplied by an external community pharmacy and orders usually arrived at the prison on the same day. Medicines were ordered by fax to the community pharmacy, and the pharmacist checked a selection of faxes against the prescriptions at the prison every six months.
- 2.90 Medicines were stored in the main pharmacy room in locked cabinets. There were some loose strips of tablets and unmarked waste medicines in the cabinets. We found some 'pharmacy only' medicines stored alongside special sick medicines without an associated patient group direction. There were also some named patient medicines in the stock medicines section with the patient's name crossed out on the label. Agreed stock levels were not formally checked or re-filled systematically.
- 2.91 The controlled drugs key was kept in a key code safe in the pharmacy room, to which administration staff also had access. The standard operating procedures for controlled drugs did not contain all the required information.
- 2.92 There were written policies for risk assessment and the provision of in-possession and special sick medication, which had been reviewed recently. Patient group directions were only available for immunisations and vaccines. The development of new directions had been delayed by change of health provider. The prison used the NHS Sussex formulary, and had discussed this at the medicines management committee to ensure it was suitable. The medicines management committee met three times a year.

## Recommendations

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- 2.93 **The in-possession risk assessment should include a scoring system that enables objective assessment of the individual's suitability.**

- 2.94 There should be a regular audit of all medicines management systems and the pharmacist should regularly review prescribed and special sick medications and items issued from stock.
- 2.95 The key to the controlled drugs cabinet should only be available to designated registered health care professionals with direct responsibilities for controlled drugs.
- 2.96 A range of patient group directions should be produced to facilitate the supply of more potent medicines by nursing staff when appropriate. (Repeated recommendation 5.40)

## Housekeeping points

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- 2.97 New arrivals should be given information about how they can access pharmacy advice.
- 2.98 All medicines should be stored, labelled, separated and disposed of in accordance with professional and regulatory requirements.

## Dentistry

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- 2.99 New patients were seen within four weeks. There was a waiting list of five when we visited. Routine appointments were prioritised and scheduled as soon as possible, and additional sessions had been commissioned to clear a backlog of patients waiting to complete their treatment. There was good dental triage to support clinical prioritisation, and prisoners with dental pain were seen quickly. The dentist or a designated colleague was able to respond to most urgent and emergency requests out of hours, with back up from the local acute hospital service. There was usually cover or substitute sessions when the dentist was on leave.
- 2.100 The range of treatments provided was in line with NHS community dentistry and prisoners could get treatment for most dental problems, including root extractions.
- 2.101 Details of non-attendance for dental appointments was collated and reviewed each month alongside all clinical appointments. The overall volume of lost dental appointments had been approximately 10% in the previous three months and there were efforts to reduce this.
- 2.102 The dentist was not able to access SystmOne and used paper records only. Some records were stored in boxes on the surgery floor due to lack of space. Regular clinical quality audits of the records by the dentist supported clinically accurate recording. The last records audit had been completed in June 2012 and appropriate actions taken.
- 2.103 Dental instruments were reusable but there was no separation of clean and dirty areas for decontaminating and sterilising instruments. The general infection control audit in June 2012 had not focused on the needs of the dental surgery. There were regular audits of X-rays, the most recent in June 2012. Every X-ray was evaluated against clinical quality indicators. The temperature in the surgery was uncomfortably high during our visit.

## Recommendations

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- 2.104 SystmOne should be available in the dental surgery.

- 2.105 There should be separate clean and dirty areas in the dental surgery, in compliance with the relevant national medicines and healthcare regulatory agency (MHRA) guidance.

## Housekeeping point

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- 2.106 The temperature in the dental surgery should comply with guidelines for working conditions.

## Delivery of care (mental health)

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- 2.107 There had been no recent mental health needs assessment (see recommendation 2.71). A sole primary mental health practitioner provided the service for prisoners with depression and anxiety through to those with severe and enduring mental health needs. Prisoners with severe and enduring mental health problems who required specialist help were referred to the local community mental health team – 10 had been referred since January 2012 and two to the local forensic team. There was also access to a local ADHD (attention deficit hyperactivity disorder) service. A cognitive behaviour therapy (CBT) pilot programme to address common primary mental health problems had provided support to six prisoners.
- 2.108 Prisoners usually waited less than two weeks for routine appointments and most were seen within a week. All the prisoners we spoke to who were being supported were very positive about the mental health help they had received.
- 2.109 In the previous year, three prisoners with acute mental health problems had been transferred to the inpatient unit at HMP Lewes pending psychiatric assessment.
- 2.110 There was no designated mental health awareness training for staff other than a limited amount provided as part of safer custody training, and most staff had not received training.

## Recommendation

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- 2.111 **A programme of mental health awareness training should be provided for all prison staff.** (Repeated recommendation 5.62)

## Catering

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### 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.

- 2.112 The new kitchen and dining facility were clean and all prisoners could dine in association. The menu had reasonable choices, and the quantity and quality of the food had improved. Consultation with prisoners was good.
- 2.113 Food was prepared daily on site in a new purpose-built kitchen next to the communal dining areas. The kitchen areas were clean and food was appropriately stored, with halal food kept separately. There were separate utensils for halal food and we observed that these were used. There were 40 prisoners working in the kitchen and all had undertaken national vocational qualifications (NVOs) to level 1 in food hygiene and some to level 2.

- 2.114 Prisoners received breakfast packs the night before. Lunch was served between 12 and 12.30pm and the evening meal between 5pm and 5.30pm in the large communal dining hall, although prisoners could choose to eat in their rooms. Prisoners who worked outside were given packed lunches and money to buy an evening meal if necessary. Prisoners who arrived late at the dining hall were always given a meal.
- 2.115 A four-week pre-select menu offered reasonable choices. Vegetables and salads grown in the prison gardens were used regularly in prisoners' meals. The meals we tasted were of a reasonable standard and the quantity plentiful. Lunchtime meals consisted of rolls and soup and the evening meal a mix of hot and cold choices. Cultural and religious events were celebrated regularly with specific menus.
- 2.116 In our survey, only 25% of respondents said the food was good, against the comparator of 43%, but this was better than at our last inspection. Prisoners were consulted about the food through food surveys every six months and a separate prisoner catering consultative committee meeting. Food comments slips were available in the dining hall and responses were fed back through the prisoner council.

## Recommendation

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- 2.117 Prisoners should be served breakfast on the day it is to be eaten.

## Purchases

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### Expected outcomes:

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

- 2.118 The range of goods in the prison shop was adequate. Prisoners who worked outside the prison received their orders on the same day as other prisoners. Prisoners could also shop from catalogues.
- 2.119 The prison shop was run on site by DHL and provided a service to other prisons in the area. In our survey, only 36% of respondents said the shop offered a wide enough range of goods, against the comparator of 49%, but the range of goods we saw on the current shop order list was adequate.
- 2.120 Prisoners' orders were bagged and distributed to them on Tuesday and Wednesday evenings. Distribution was overseen by DHL staff and discrepancies were generally dealt with quickly. Prisoners who worked outside the prison or released on temporary licence could authorise another prisoner to collect their goods on their behalf if they were absent on the delivery days.
- 2.121 Prisoners who transferred in from other prisons received a smoker's or non-smoker's reception packs and could submit a full order for delivery the following week. Prisoners could order newspapers and shop from catalogues.
- 2.122 Prisoners were consulted about the shop through the monthly prisoner consultation and had the chance to comment on the range of goods. DHL updated the shop list quarterly following the consultation.



## Section 3: Purposeful activity

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

### Time out of cell

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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.<sup>7</sup>

3.1 Prisoners had free movement for over 12 hours a day and were not locked up in their rooms.

3.2 Prisoners were not locked up in their rooms and could move around the prison for over 12 hours a day. They could leave their wings after the first roll check in the morning and had to return to them by 8.30pm. Since the disturbance at Ford in 2011, the prison had taken a zero tolerance approach to prisoners not in their wings after this time, although there were exceptions for prisoners observing Ramadan and those returning from work in the community. Prisoners were free to move around their wings throughout the night, although there was little association space.

### Learning and skills and work activities

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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.

3.3 The management of learning and skills and work was good. There was emphasis on prisoner development of a work ethic. There were sufficient activity places to meet the needs of prisoners and there had been a rise in the number in community and paid employment placements. Internal and external work opportunities ensured prisoners were well prepared for the job market. Teaching was effective and the use of peer mentors was impressive. Individual learning plans lacked short-term focused targets. Achievement of qualifications was high and in some cases outstanding. Library provision was adequate.

### Management of learning and skills and work

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3.4 Management of learning and skills, education and work was good, and there had been significant improvements, especially in getting prisoners out to work in the community. The number of prisoners working outside on licence had increased considerably since the last

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<sup>7</sup> 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.

inspection from approximately 10 to about 110 a day. The prison had demonstrated a very good capacity to improve with most of our previous recommendations achieved. The new and effectively structured management team had a clear strategy and well-developed plans for future improvements. Learning and skills and work were of a high quality with high achievement rates. The strong range of partnerships providing training in the prison and the local community were very beneficial to learners, often leading to employment on release. Labour allocation processes were consistent and transparent, and the management of prisoners waiting for education, training or work was effective. Most prisoners had an initial training plan, which the allocations board used to ensure they received appropriate training and work opportunities.

- 3.5 There were appropriate quality improvement processes, including self-assessment, monitoring of learner progress and the use of prisoner feedback, which were used effectively. However, there was not full observation of teaching and learning for activities led by prison staff. The quality improvement group met regularly and was focused on making a positive impact on the provision. Self-assessment clearly identified many of the key strengths and areas for improvement, and data were used well to support judgements. Arrangements for assessments and verification were satisfactory. Prisoner pay rates did not disadvantage attendance at education.
- 3.6 Promotion of safeguarding and equality and diversity were good. There was good mutual respect between learners and staff. Learning and skills and workplace staff recognised and dealt well with problems when they arose, and had received appropriate training.

## Recommendation

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- 3.7 **The quality of teaching, training and learning in all activities across the prison should be monitored to improve standards and share best practice.**

## Provision of activities

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- 3.8 There were sufficient activity places for prisoners with around 420 on site. A high proportion of prisoners, around 110 a day, were allocated to work or training outside the prison. The range of job opportunities in the prison was good and had improved since the last inspection. Prison work was good and offered the opportunity for vocational qualifications. Accredited training was available in the laundry, warehouse storage, horticulture, industrial cleaning and engineering. An extensive range of training was available in hire equipment renovation and refurbishment, with manufacturer run and certificated courses. Tractor, mower and counterbalance forklift driving, and scaffolding/aluminium tower erection were offered as additional qualifications for learners in horticulture and painting and decorating. However, work areas such as the main kitchen, waste management and plastic injection moulding workshop did not provide qualifications or formally recognise employability skills.
- 3.9 Education was part time, apart from a few learners in open or distance learning. The range of programmes was good and focused at the appropriate levels. This had improved since the last inspection. Many programmes were offered at level 2, and some programmes in information and communications technology (ICT), customer service and business enterprise at level 3. English for speakers of other languages (ESOL) provision was sufficient to meet the needs of the few prisoners needing it. Education resources were satisfactory overall but very good in graphic design, although security concerns prevented use of the Apple computers installed.

## Recommendation

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- 3.10 Security arrangements should be reviewed to ensure the best use of computers in education.

## Quality of provision

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- 3.11 Taught sessions were generally good. In the better classes, staff used a variety of learning activities, with some innovative materials, to motivate learners. Sessions were well planned, and health and safety were thoroughly reinforced and risk assessed in all vocational and work areas. Some classes were still too dependent on paper worksheets. The use of ICT in taught sessions was satisfactory. Staff provided good individual support for learners and the programmes were managed well to meet the various needs of learners. There was good use of prisoners trained as classroom assistants and peer mentors.
- 3.12 Individual learning plans (ILPs) were not used as effective tools to help learners achieve their goals. The range of ILPs was generally inappropriate. They lacked initial assessment data and sufficient space to record progress accurately, and targets were too broad and did not relate well to initial assessment information.
- 3.13 There was adequate literacy outreach support for vocational learners and others at work. However, the learning resources were not put into the context of the learners' training or work. Numeracy support was also available on vocational courses but this was not formalised or put into the context of the vocational training or work. There was good use of suitably qualified prisoner mentors to support learners in some vocational training areas.
- 3.14 The standard of work produced by learners in vocational training was good and in some areas, such as horticulture, painting and decorating and engineering, was excellent. Prisoners who had passed their vocational qualifications and required additional trade experience undertook a range of project work both inside and outside the prison. Prisoners who completed vocational training were used effectively to refurbish and improve parts of the prison. Learners in warehouse and storage were productive and worked competently. Facilities for vocational training were good.

## Recommendation

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- 3.15 Outreach literacy and numeracy support should be put into the context of learners' specific work or training.

## Education and vocational achievements

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- 3.16 Outcomes for learners were good. In 2010/11, success rates in most courses in both education and vocational training were good at above 90%, and in literacy and numeracy had increased significantly. Success rates on some education programmes were low but these usually involved few learners and were often pilot courses. Attendance rates were satisfactory, although classes did not run to capacity. Standards of work were generally good, and outstanding in graphic design. All learners engaged well with the courses, enjoyed their learning and had very good relationships with staff.

- 3.17 Progression opportunities were good with level 2 and 3 courses available in several areas. In the Prisons Information Communication Technology Academy (PICTA), learners could progress to level 4 qualifications. Some prisoners who left gained useful employment through the many contacts of staff. Vocational training tutors were highly experienced and knowledgeable, although few were qualified teachers. Learners' progress was effectively monitored but progress reviews were weak and failed to recognise the wide range of prisoners' employability skills, particularly in areas where no vocational qualifications were offered.

## Recommendation

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- 3.18 Prisoners should be encouraged to recognise the importance of transferable and interpersonal employability skills gained in all their activities in the prison.

## Library

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- 3.19 The library had been moved into the education centre and was readily accessible to all prisoners. Opening hours were satisfactory but were often at times when prisoners could not access it as they were at work. The new accommodation was spacious with adequate seating, but it was dull with no book displays or incentives to attract prisoners to visit. No accredited library training was available for library orderlies.
- 3.20 Links between the library and education department had improved. Storybook Dads (enabling prisoners to record a story for their children) and creative writing classes were supported through Distance Learning. Teachers used the limited book stock effectively to support learning. The range of newspapers and foreign language papers was adequate, as were the legal texts, reference books and Prison Service Orders.

## Recommendations

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- 3.21 The library should be open at times that prisoners can access it.
- 3.22 The library should have more information book displays and activities to encourage prisoners to attend and to promote learning.

## Physical education and healthy living

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### 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.

- 3.23 Physical education (PE) provision was good, with some new high standard facilities. Healthy living and personal fitness were promoted well, although accredited training was underdeveloped.

- 3.24 Prisoners had good access to recreational PE. The recently completed new fitness suite was clean and welcoming, providing commercial-standard modern facilities with modular resistance weight and cardiovascular training equipment. The lack of a sports hall limited other activity. Fitness and outdoor games were played on the small all-weather pitch, volleyball court and

cricket square. Many prisoners chose to run around the open prison complex. Promotion of prisoners' understanding of healthy living and personal fitness was good. The range of programmes was underdeveloped as the new facility had only recently opened. There was no accredited training as the classroom was still to be fitted out.

- 3.25** PE staff were suitably qualified and promoted the benefits of general fitness, health and well-being. All prisoners attended a detailed induction that explained the safe use of equipment, and emphasised the importance of healthy training, diet and nutrition. At the PE induction, all prisoners completed a health screening questionnaire and any concerns were referred to health care for guidance. The outcomes of health screening were used effectively to develop individual exercise programmes. Sessions for the over-50s, weight loss and to help those recovering from injury were well promoted.



## Section 4: Resettlement

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

### Strategic management of resettlement

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Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at 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 There was an up-to-date reducing reoffending strategy. The needs analysis did not include offender assessment data. There was a clear resettlement ethos, services were well advertised and prisoners were aware of the help available. Access to temporary release was good. The offender management unit was undergoing change and not yet fully integrated into resettlement work. Not all prisoners had a custody plan. There was no evaluation of post-release outcomes for prisoners.
- 4.2 There was a three-year reducing reoffending strategy supported by detailed action plans that addressed key findings in the latest needs analysis. However, the needs analysis did not refer to offender assessment system (OASys) data, which would have identified prisoners' offending behaviour needs more robustly. The action plans were reviewed quarterly and actions monitored, and a bimonthly resettlement committee was well attended, including by pathway lead staff.
- 4.3 There was a clear resettlement ethos – reintegration services were well advertised, staff were familiar with referral routes to appropriate support, and peer representatives gave a detailed presentation at induction. With the exception of benefits advice, respondents to our survey were more aware of general resettlement services than at the last inspection, particularly the accommodation support service. In our survey, there had been improvement in the number of prisoners who said they had received information on resettlement day release (79%) and had access to it (72%) and similarly for resettlement overnight release (78% and 66% respectively), significantly above the comparators.
- 4.4 The offender management unit (OMU) was undergoing change with prison offender supervisors being replaced by senior officers and new processes and structures to implement *Managing the custodial sentence*, the latest offender management service specification. Although there were strategic links between the OMU and resettlement services through the meetings structure, operationally, offender management was not fully part of the resettlement work and links were insufficient, particularly for the many lowest risk prisoners who also had no adequate custody plan (see main recommendation HP50).
- 4.5 There was no evaluation of post-release outcomes to help assess the effectiveness of the work in the prison.

## Recommendations

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- 4.6 Managers should use the needs analysis and offender assessment system (OASys) data to inform and prioritise the delivery of interventions to reduce reoffending.
- 4.7 Resettlement outcomes for prisoners following release should be monitored and used to inform the resettlement strategy.
- 4.8 All prisoners, including those serving short sentences and those in tier one, should have a formal plan specifying how their resettlement needs will be met during and after custody, and this should be updated in a timely manner. (Repeated and amended previous main recommendation HP46)

## Offender management and planning

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### 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.

- 4.9 The OMU was in transition. Some prisoners were allocated to a risk tier level in the absence of relevant information. High risk cases were appropriately case managed by probation staff but prison offender supervisors did not case manage other prisoners. Lower risk prisoners did not have an adequate custody plan. Sentence plan objectives were not outcome-focused, and delays in gaining information held up decisions on temporary release. Public protection arrangements were robust. Sentence planning and parole boards for indeterminate-sentenced prisoners were managed well, but they got little support in developing basic living skills.
- 4.10 The OMU, staffed by one senior probation officer, 13 prison staff and ten administrative officers, was in transition towards implementing the new offender management service specification (*Managing the custodial sentence*), and some offender supervisors were confused about what this meant for delivering an offender management service to prisoners. New arrivals were allocated to a risk tier level by probation officers, based on their risk of serious harm and risk of reoffending, ranging from low risk to high risk, tiers one to four – 208 prisoners were on tier one, 221 tier two, 16 tier three and 68 tier four. Higher risk tier four cases were appropriately allocated to and case managed by probation staff. Prison offender supervisors undertook initial and review OASys assessments for tier two and three new arrivals, but did not actively case manage prisoners or deliver offending behaviour work. This meant that many prisoners did not see their offender supervisor regularly.
- 4.11 In the previous month, 17 prisoners had arrived at Ford without an up-to-date OASys assessment and, as a result, were allocated to a tier in the absence of relevant risk information. For those with no previous OASys assessment, allocation was based primarily on their offence alone. Although the initial tier was intended to be indicative only, with a final tier determined following an OASys assessment, tier one prisoners did not have an OASys assessment or an adequate custody plan. Instead they had only a basic learning plan. Although this, coupled with a basic questionnaire at reception, did include questions about resettlement needs, it relied on self-disclosure by the prisoner, and there was no link to the OMU and no analysis of the impact of these resettlement issues on offending behaviour. Therefore some tier one prisoners who had come to open conditions within two weeks of

sentencing and had not undertaken relevant offending behaviour work before their arrival could, potentially, spend the duration of their time at Ford in the wrong tier with their key risks unaddressed (see main recommendation HP50).

- 4.12 Multidisciplinary sentence planning boards were well attended and prisoners were encouraged to take an active involvement in their sentence plans. Objectives were time bound but several examples were not measurable or outcome-focused, such as, 'continue to use time constructively'. There was no joint working protocol between OMU and the education and work departments, although learning plans were copied to the OMU and we saw some appropriate learning objectives in sentence plans. Records of sentence plan reviews were kept on the prisoner's file but staff were unable to locate some we asked to inspect.
- 4.13 Release on temporary licence (ROTL) risk assessment boards were well attended, but sometimes required further information before a decision could be made, particularly for prisoners arriving without an OASys assessment, where available information was minimal. Staff did not request information before the board meeting, which could have saved time, and delays in receiving information from external offender managers, the police and others also held up ROTL decisions. We were told of one prisoner who had been waiting three months for a response from his external offender manager.
- 4.14 In our groups prisoners were negative about the OMU. One had arrived at Ford eight weeks previously and did not know who his offender supervisor was, although a new OMU induction session and letter naming their offender supervisor for all new arrivals aimed to address this. In our survey, only 40% of respondents, against the comparator of 87%, said they had a named offender supervisor and 57%, against 76%, said they had a sentence plan, while 44%, against 25%, said nobody in the prison was helping them to achieve their sentence plan targets.

## Recommendations

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- 4.15 Prisoners should be case managed by and have regular contact with offender supervisors.
- 4.16 Sentence plans should contain outcome-focused objectives that are measurable, with a timescale for their achievement. (Repeated recommendation 9.20)

## Housekeeping points

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- 4.17 The prison should ensure that all staff are clear about their responsibilities in delivering offender management services.
- 4.18 Staff should request information required for release on temporary licence (ROTL) risk assessment boards as early as possible before the meeting.

## Public protection

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- 4.19 Public protection arrangements were generally robust. There was a detailed policy, and the inter-departmental risk management board was well attended. Probation staff identified and case managed higher risk prisoners, with oversight by a senior probation officer, and coordinated multi-agency public protection arrangements (MAPPA). Prisoners posing a risk of harm to others were clearly flagged on their OASys assessment, and relevant departments were informed effectively. There were 226 public protection cases that, excluding the 131

MAPPA nominals (targeted for legitimate security reasons) were predominantly MAPPA level one and two cases.

## Categorisation

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- 4.20 Recategorisation procedures related to returning prisoners to closed conditions following security concerns or misbehaviour. Procedures were generally sound and prisoners were recategorised appropriately. Records did not always demonstrate the rationale for returning a prisoner to closed conditions.

## Housekeeping point

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- 4.21 Written records should detail the reasons for returning a prisoner to closed conditions.

## Indeterminate sentence prisoners

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- 4.22 A dedicated team oversaw the arrangements for the 71 indeterminate-sentenced prisoners (44 lifers and 27 on indeterminate sentences for public protection), enabling their specific needs for their sentence planning and Parole Boards to be recognised. There was individual attention to ensure prisoners understood Parole Board requirements and how to achieve them. External offender managers participated well in sentence planning boards.
- 4.23 A new forum for indeterminate-sentenced prisoners had met twice and had resulted in action on the issues raised – such as the introduction of a 'buddy' system in which an indeterminate-sentenced prisoner met all such new arrivals and remained their supporter for their first seven days in the prison. However, there was little support for developing indeterminate-sentenced prisoners' basic living skills in preparation for release, such as cooking and washing, although we were told there were plans to develop this provision.

## Recommendation

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- 4.24 Indeterminate-sentenced prisoners should be supported to develop the necessary life skills for living independently.

## Reintegration planning

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### Expected outcomes:

Prisoners' resettlement needs are addressed 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.

- 4.25 Basic resettlement needs were identified on arrival. Peer advisers supported the delivery of services but were not trained, and there was no cover for resettlement staff. Advice on accommodation was good and there were regular financial advice surgeries. Arrangements for resettlement into education, training and work were good and links with employers and use of temporary release for work were much improved. Substance misuse services had strong links with the local drug intervention programme, and prisoners could attend community self-help

groups. Prisoners were positive about visits provision, and a parenting course was available. There were no offending behaviour courses.

- 4.26 All new arrivals completed a basic questionnaire to identify their resettlement needs, and there was a pre-discharge one-to-one meeting between prisoners and a resettlement officer who led on accommodation and finance, benefit and debt support to identify any outstanding issues. Two peer advisers supported the officer but had not received any training for the role, and there was no cover for the officer when he was on leave.

## Recommendation

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- 4.27 Cover should be provided for resettlement services when staff are on leave or unavailable.

## Housekeeping point

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- 4.28 Training should be developed for resettlement peer advisers.

## Accommodation

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- 4.29 The prison had good links with local authorities, housing trusts and hostel organisations. Referrals for accommodation support were made by a range of departments and by general application by prisoners, and in the previous quarter, 119 prisoners had used the service. In the previous three months, an average of 96.3% of prisoners had been released into settled accommodation for a minimum of 13 weeks. In our survey, 55% of respondents were aware of the help available with accommodation, against the comparator of 43%.

## Education, training and employment

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- 4.30 Arrangements for resettlement into education, training and work were good. The 'virtual campus' was well used by prisoners for job search and skills development. Prisoners had appropriate access to the employability programmes. Links with employers and the use of ROTL for work had much improved. The prison was actively working with a range of organisations to extend work and placement opportunities.

## Health care

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- 4.31 All prisoners saw health care staff 24 hours before they left the prison, as part of their discharge arrangements. They were given take-home medications on discharge and a letter for their GP if wanted. They were also given copies of X-ray and blood test results on request. Prisoners without a GP were given information about registering in their local area. Prisoners with complex health problems were usually well known to health care and were seen some weeks before discharge to plan and link with community services. The small number of prisoners with severe and enduring mental health needs on the care programme approach were linked with their local community mental health teams as early as possible before discharge.

## Drugs and alcohol

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- 4.32 Substance misuse services worked jointly with primary and mental health services to coordinate prisoners' care, and weekly case management meetings facilitated this. Individual care plans were shared with the OMU, and the substance misuse team contributed to sentence planning and ROTL boards. There were strong links with the local drug intervention programme (DIP) team, whose service included 'meeting and greeting' prisoners on release. There was appropriate liaison with out-of-area DIP teams. Prisoners were encouraged to access community services for support, and a special purpose licence was used to allow prisoners to attend Narcotics Anonymous and Alcoholics Anonymous self-help groups in the community.

## Finance, benefit and debt

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- 4.33 A qualified Citizens Advice (CAB) financial adviser, funded by the Legal Services Commission, held a fortnightly surgery for prisoners meeting specific criteria. This service was easy to access and only three prisoners had very recently been placed on a waiting list. A general CAB adviser also held fortnightly surgeries, and the resettlement officer and peer advisers also supported other prisoners, referred by a range of departments, on issues including mortgage payments, outstanding loans and housing benefits. Since December 2011, the officer had assisted over 100 prisoners to open a bank account. A part-time Jobcentre Plus worker provided advice and support on other benefits, and a financial literacy course was available.

## Children, families and contact with the outside world

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- 4.34 Nearly half of prisoners with a fixed address (47%) lived over 50 miles from the prison. In our survey, the number of respondents who said they had received information on their visits entitlement on their arrival had improved from 45% at the last inspection to 58%. Prisoners were positive about the visits provision. Although a few said that visits did not always start on time, the visit we observed began promptly. There had been a recent survey of prisoners and visitors and managers were considering the results.
- 4.35 A detailed information leaflet was available to visitors, and free transport to and from the local train station was offered. The visits hall was welcoming, had been fully refurbished by prisoners, and included an outside area with tables and chairs. There was a well-stocked play area supervised by a voluntary sector provider during weekend visits. A group of volunteer visitors was managed by the chaplaincy but prisoners rarely requested the service.
- 4.36 Storybook Dads and quarterly family days were run and welcomed by prisoners. ROTL was used frequently to maintain family ties, with an average of 1,051 releases a month in the previous three months. Relate provided relationship counselling. There was also a parentcraft course, and 12 prisoners had completed the most recent one.

## Housekeeping point

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- 4.37 All visits should start at the designated time.

## Attitudes, thinking and behaviour

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- 4.38 Some prisoners had spent most of their sentence at Ford and had not had sufficient time to complete offending behaviour programmes at their previous establishment. However, no offending behaviour programmes were available at Ford. Access to the thinking skills programme (TSP) and the integrated domestic abuse programme (IDAP) was facilitated through external probation services, but the numbers were low, with only two prisoners attending TSP and two the IDAP in the previous six months. There were no waiting lists. The cognitive skills booster programme was no longer available.
- 4.39 Although attitudes, thinking and behaviour had been included in the most recent needs analysis, this had relied on prisoners' self-reported need. The prison had not analysed OASys data and criminogenic need in the population, which would have enabled identification of the most appropriate interventions to reduce the risk of reoffending and make them available. We saw little evidence of victim awareness work in sentence plans.

## Recommendations

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- 4.40 **There should be interventions aimed at reducing the risk of reoffending, supported by custody planning, for all prisoners, depending on their identified risk and need.**
- 4.41 **The level of need for work on victim awareness should be analysed and provision made in accordance with the findings.** (Repeated recommendation 9.85)



# Section 5: Summary of recommendations and housekeeping points

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

## Main recommendations

To the governor

- 
- 5.1 The cells in B wing should only be used for single occupancy. (HP47, repeated recommendation 2.9)
  - 5.2 Prisoners should be able to confidentially disclose their diversity needs on reception, and these should be collated confidentially by the equality team. There should be an annual equalities questionnaire or survey. This information should be used to meet the needs of prisoners from minority groups. (HP48)
  - 5.3 Black and minority ethnic prisoners should not be disadvantaged in accessing release on temporary licence, paid work and community service compared with white prisoners. (HP49)
  - 5.4 All prisoners arriving without an up-to-date offender assessment system (OASys) assessment should have a basic risk assessment to produce the relevant information to inform their allocation to a risk tier. (HP50)

## Recommendations

To the governor

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### **Bullying and violence reduction**

- 5.5 All staff in contact with prisoners should receive anti-bullying and violence reduction training. (1.18, repeated recommendation 3.14)

### **Self-harm and suicide**

- 5.6 The prison should ensure that all new arrivals are made aware that they can see a Listener, and that information about dealing with feelings of depression and suicide are available in reception. (1.25)
- 5.7 Ford should develop its own self-harm and suicide prevention policy. (1.26)

### **Safeguarding**

- 5.8 The prison should ensure that all staff are aware of the adult safeguarding local operating procedures. (1.31)
- 5.9 There should be a central register of at-risk prisoners, and all such prisoners should have safeguarding care plans. (1.32)

## **Security**

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- 5.10 Action required from security information reports should be carried out promptly. (1.39)

## **Incentives and earned privileges**

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- 5.11 Documentation for the incentives and earned privileges (IEP) boards should be fully completed and reflect prisoners' individual efforts to achieve a higher status. (1.45)

## **Discipline**

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- 5.12 Written records should detail the reasons for locating a prisoner in the segregation unit before transfer. (1.57)

## **Substance use**

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- 5.13 The substance misuse service should introduce structured group work modules that meet the needs of the population, and extend its peer support scheme. (1.62)
- 5.14 The substance misuse strategy should be updated and contain detailed action plans and performance measures, and there should be multi-agency drug and alcohol strategy meetings to implement and monitor the strategy. (1.63)

## **Residential units**

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- 5.15 There should be more opportunity to self-cater to help prepare for independent living. (2.8, repeated recommendation 2.11)
- 5.16 The prison laundry should ensure that all items are properly washed and managers should monitor this. (2.9, repeated recommendation 2.14)
- 5.17 Applications should be answered promptly and outcomes tracked. (2.10, repeated recommendation 3.31)

## **Staff-prisoner relationships**

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- 5.18 The personal officer policy should be revised to reflect the circumstances of the prison. It should build on the good relationships that exist between prisoners and staff in a variety of roles to ensure all prisoners are able to identify staff they can turn to for support, and that decisions about prisoners are based on a comprehensive knowledge of their needs. (2.18)

## **Equality and diversity**

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- 5.19 A member of staff should be the equality lead for race and foreign national prisoners. (2.27)
- 5.20 There should be regular consultation meetings with minority groups, supported by the equality team. (2.28)

- 5.21 Prison life should be regularly monitored by all relevant protected characteristics. (2.29)
- 5.22 Discrimination incidents should be promptly investigated, give detailed responses and be scrutinised by an independent external organisation. (2.30)
- 5.23 Conciliation strategies should be used, where appropriate, to resolve conflicts between perpetrators and victims of discriminatory incidents. (2.31, repeated recommendation 4.27)
- 5.24 The prison should investigate and take action to address the reasons for black and minority ethnic and Muslim prisoners' negative perceptions. (2.39)
- 5.25 Efforts should be made to make and sustain contact with immigration advice and support agencies. (2.40, repeated recommendation 4.48)
- 5.26 There should be a central register of prisoners with disabilities, including information on how their individual needs should be met, and all prisoners with disabilities should have a care plan. (2.41, repeated recommendation 4.56)

### **Faith and religious activity**

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- 5.27 The prison should investigate and take action on the reasons for prisoners' negative views about respect for their religious beliefs and access to worship. (2.47)

### **Legal rights**

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- 5.28 The prison should promote the services of the legal services officer. (2.57)
- 5.29 The legal services officer should receive training to update his knowledge. (2.58, repeated recommendation 3.42)

### **Health services**

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- 5.30 An updated health needs assessment should be completed. (2.71)
- 5.31 All equipment and surfaces should conform to infection control requirements. (2.72, repeated recommendation 5.6)
- 5.32 Health promotion should be developed to focus on the current and future health needs of the population. (2.73)
- 5.33 The reception health screening should be entered on to SystmOne. (2.84)
- 5.34 The in-possession risk assessment should include a scoring system that enables objective assessment of the individual's suitability. (2.93)
- 5.35 There should be a regular audit of all medicines management systems and the pharmacist should regularly review prescribed and special sick medications and items issued from stock. (2.94)
- 5.36 The key to the controlled drugs cabinet should only be available to designated registered health care professionals with direct responsibilities for controlled drugs. (2.95)

- 5.37 A range of patient group directions should be produced to facilitate the supply of more potent medicines by nursing staff when appropriate. (2.96, repeated recommendation 5.40)
- 5.38 SystemOne should be available in the dental surgery. (2.104)
- 5.39 There should be separate clean and dirty areas in the dental surgery, in compliance with the relevant national medicines and healthcare regulatory agency (MHRA) guidance. (2.105)
- 5.40 A programme of mental health awareness training should be provided for all prison staff. (2.111, repeated recommendation 5.62)

### **Catering**

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- 5.41 Prisoners should be served breakfast on the day it is to be eaten. (2.117)

### **Learning and skills and work activities**

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- 5.42 The quality of teaching, training and learning in all activities across the prison should be monitored to improve standards and share best practice. (3.7)
- 5.43 Security arrangements should be reviewed to ensure the best use of computers in education. (3.10)
- 5.44 Outreach literacy and numeracy support should be put into the context of learners' specific work or training. (3.15)
- 5.45 Prisoners should be encouraged to recognise the importance of transferable and interpersonal employability skills gained in all their activities in the prison. (3.18)
- 5.46 The library should be open at times that prisoners can access it. (3.21)
- 5.47 The library should have more information book displays and activities to encourage prisoners to attend and to promote learning. (3.22)

### **Strategic management of resettlement**

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- 5.48 Managers should use the needs analysis and offender assessment system (OASys) data to inform and prioritise the delivery of interventions to reduce reoffending. (4.6)
- 5.49 Resettlement outcomes for prisoners following release should be monitored and used to inform the resettlement strategy. (4.7)
- 5.50 All prisoners, including those serving short sentences and those in tier one, should have a formal plan specifying how their resettlement needs will be met during and after custody, and this should be updated in a timely manner. (4.8, repeated and amended previous main recommendation HP46)

### **Offender management and planning**

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- 5.51 Prisoners should be case managed by and have regular contact with offender supervisors. (4.14)

- 5.52 Sentence plans should contain outcome-focused objectives that are measurable, with a timescale for their achievement. (4.15, repeated recommendation 9.20)
- 5.53 Indeterminate-sentenced prisoners should be supported to develop the necessary life skills for living independently. (4.23)

### **Reintegration planning**

---

- 5.54 Cover should be provided for resettlement services when staff are on leave or unavailable. (4.26)
- 5.55 There should be interventions aimed at reducing the risk of reoffending, supported by custody planning, for all prisoners, depending on their identified risk and need. (4.39)
- 5.56 The level of need for work on victim awareness should be analysed and provision made in accordance with the findings. (4.40, repeated recommendation 9.85)

## **Housekeeping points**

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### **Courts, escort and transfers**

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- 5.57 Sending establishments should be given information about Ford to be given to prospective transfers. (1.4)

### **Incentives and earned privileges**

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- 5.58 Staff should be encouraged to recommend prisoners for the enhanced level of the IEP scheme. (1.47)

### **Discipline**

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- 5.59 Use of force incidents should be recorded on the correct documentation and contain sufficient detail. (1.54)

### **Residential units**

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- 5.60 Prisoners should be permitted access to their stored property by application at any time. (2.11)

### **Legal rights**

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- 5.61 The legal consultation booths should be used for prisoners' confidential legal interviews. (2.59)
- 5.62 The times of legal visits on the prison's website should be accurate. (2.60)

### **Health services**

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- 5.63 A panic bell should be installed in the reception health care room. (2.74)

- 5.64 New arrivals should be given information about how they can access pharmacy advice. (2.97)
- 5.65 All medicines should be stored, labelled, separated and disposed of in accordance with professional and regulatory requirements. (2.98)
- 5.66 The temperature in the dental surgery should comply with guidelines for working conditions. (2.106)

### **Offender management and planning**

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- 5.67 The prison should ensure that all staff are clear about their responsibilities in delivering offender management services. (4.17)
- 5.68 Staff should request information required for release on temporary licence (ROTL) risk assessment boards as early as possible before the meeting. (4.18)
- 5.69 Written records should detail the reasons for returning a prisoner to closed conditions. (4.21)

### **Reintegration planning**

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- 5.70 Training should be developed for resettlement peer advisers. (4.28)
- 5.71 All visits should start at the designated time. (4.37)

## **Examples of good practice**

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- 5.72 The prison council had developed its role beyond a consultative forum to advocate with prison departments on behalf of prisoners. (2.19)
- 5.73 The prison had introduced a range of initiatives to enhance prisoner health care and treatment, including a nurse-led foot clinic, the use of 24-hour blood pressure monitoring and telemedicine for specialist burns and wounds problems. (2.85)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Kieron Taylor	Team leader
Beverley Alden	Inspector
Colin Carroll	Inspector
Andrew Rooke	Inspector
Karen Dillon	Inspector
Hayley Cripps	Senior researcher
Chloe Flint	Research trainee

### **Specialist inspectors**

Sigrid Engelen	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Dr Charles Clarke	Ofsted inspector
Neil Edwards	Ofsted inspector
Martin Hughes	Ofsted inspector
Dr Ken Fisher	Ofsted inspector

## Appendix II: Progress on recommendations from the last report

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The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is provided in the right-hand column.

<b>Safety</b>	
<b>Prisoners, particularly the most vulnerable, are held safely.</b>	
<p>At the last inspection in 2010 the reception layout and process had improved. Many prisoners wanted more help to adjust to life at Ford. There was little evidence of bullying but anti-bullying systems were underdeveloped. Prisoners at risk of self-harm were well managed. Physical and procedural security were appropriate for open conditions but undermined by poor dynamic security. The segregation unit was generally used for short periods only. Adjudications were fair and punishments proportionate. Use of force was rare but there were some shortcomings in governance. There was evidence of considerable drug use and the integrated drug treatment system (IDTS) had not yet been established. Outcomes for prisoners against this healthy prison test were reasonably good.</p>	
<b>Main recommendation</b>	
Procedures for combating illicit drug and alcohol use should be consistently applied. The application and results of drug and breath testing should be closely monitored. Results should be used with security intelligence reports to ensure security measures are effective and intelligence led. Appropriate staff should be trained so that technical resources such as the BOSS chair can be used when necessary. (HP43)	<b>Achieved</b>
<b>Recommendations</b>	
Prisoners being transferred to Ford should be provided with information in advance and have the opportunity to notify family and legal representatives of their destination. (1.4)	<b>Partially achieved</b>
Reception interviews should be held in private. (1.10)	<b>Achieved</b>
Strip-searching of arriving prisoners should be intelligence led. (1.11)	<b>Achieved</b>
Staff should be able to use the BOSS chair when appropriate. (1.12)	<b>Achieved</b>
Managers should investigate how arriving prisoners can be helped to adjust better to life at Ford. To this end, greater use should be made of the induction feedback forms to analyse patterns and trends. (1.20)	<b>Partially achieved</b>
Support for victims of bullying should be planned and coordinated to ensure that they have access to appropriate care. (3.10)	<b>Achieved</b>
There should be planned interventions for the perpetrators of bullying. (3.11)	<b>Partially achieved</b>

The establishment should carry out an anti-bullying survey annually to inform the review and update of the violence reduction strategy. The survey should include questions on the treatment of prisoners by staff. (3.12)	Partially achieved
There should be a regular, planned and coordinated exchange of information between the social inclusion unit and the security department. (3.13)	Achieved
All staff in contact with prisoners should receive anti-bullying and violence reduction training. (3.14)	Partially achieved, repeated at 1.18
All staff, including those working at night, should carry ligature knives. (3.22)	Achieved
A limited number of intelligence objectives should be set each month to reflect key current priorities. (7.8)	Achieved
Prisoners should not receive an IEP downgrade following a disciplinary award without a separate review. (7.28)	Achieved
Managers should review the volume and nature of adjudications to ensure that they are used to best effect within a wider behaviour management strategy. (7.18)	Achieved
Professional interpretation should be offered to those placed on report for charges likely to result in a substantive punishment. (7.19)	Achieved
The record of an incident of use of force should always be checked and countersigned by a manager who was not present. (7.20)	Achieved
Prisoners in segregation should be offered an opportunity to exercise in the open air each day. (7.21)	Achieved
All segregation paperwork should be completed thoroughly and clearly. (7.22)	Achieved
The MDT programme should be adequately resourced to undertake suspicion testing within identified timescales and without gaps in provision (3.55)	Not achieved
Suspicion testing procedures should be monitored more effectively and the total number of alcohol tests should be recorded.	Achieved

## Respect

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

At the last inspection in 2010 the appearance of residential units had improved, but some cells were in need of more substantial refurbishment. Prisoners had little faith in the laundry facilities. Poor and unconstructive staff-prisoner relations remained a major concern. Personal officer work was weak. The quality of food was variable. Diversity structures were underdeveloped and work with prisoners with disabilities in particular needed development. Race equality work was reasonably well managed, but some concerning disparities were evident from monitoring. Some promising work was being done to support gay and bisexual prisoners. Faith provision was good. Prisoners had little confidence in the application and complaints systems and the quality of responses to complaints was variable at best. Health services were generally good. Outcomes for prisoners against this healthy prison test were not sufficiently good.

### Main recommendations

Managers should work with staff and prisoners to develop a strategy for positive staff-prisoner relationships which encourage prisoners' preparation for release and underpin strong dynamic security. (HP42)	Achieved
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Outstanding equality impact assessments should be carried out and acted upon. There should be a linked investigation into the disparities in access to ROTL, paid work and community service for black and minority ethnic prisoners. (HP45)	<b>Achieved</b>
<b>Recommendations</b>	
The cells in B wing should only be used for single occupancy. (2.9)	<b>Not achieved, repeated at HP47</b>
All prisoners in shared cells should have access to a lockable locker. (2.10)	<b>Achieved</b>
There should be more opportunity to self-cater to help prepare for independent living. (2.11)	<b>Not achieved, repeated at 2.8</b>
The prison laundry should ensure that all items are properly washed and managers should monitor this. (2.14)	<b>Not achieved, repeated at 2.9</b>
Arrangements should be made to ensure that prisoners can retrieve their property from storage within one week of making an application. The system should be monitored. (2.15)	<b>Achieved</b>
Applications should be answered promptly and outcomes tracked. (3.31)	<b>Not achieved, repeated at 2.10</b>
The personal officer scheme should support prisoners throughout their sentence and encourage them to achieve resettlement and rehabilitation objectives. (2.27)	<b>Not achieved</b>
Effective and credible arrangements should be established to consult with minority groups. (4.9)	<b>Partially achieved</b>
Investigations into diversity incidents should be conducted by staff of appropriate seniority. (4.25)	<b>Achieved</b>
Replies to diversity incident reports should be detailed, state whether the complaint has been upheld and the reasons for the decision. (4.26)	<b>Not achieved</b>
Conciliation strategies should be used where appropriate to resolve conflicts between perpetrators and victims of racist incidents. (4.27)	<b>Not achieved, repeated at 2.31</b>
The foreign national prisoner policy should focus on prisoner needs and be accompanied by a time bound action plan. (4.45)	<b>Achieved</b>
Delayed replies from UKBA should be followed up promptly by the offender management unit.	<b>Achieved</b>
Foreign nationals should not be held beyond sentence without an up-to-date authority to detain (IS91). (4.47)	<b>Achieved</b>
Efforts should be made to make and sustain contact with immigration advice and support agencies. (4.48)	<b>Not achieved, repeated at 2.40</b>
Foreign national prisoner support and information groups should be held regularly to help raise awareness of provision and feed back areas of concern to senior managers. (4.49)	<b>Achieved</b>
There should be a central register of prisoners with disabilities including information on how their individual needs should be met. All prisoners with disabilities should have a care plan. (4.56)	<b>Not achieved, repeated at 2.44</b>
There should be a clear policy on how the unit with adapted cells should be used. (4.57)	<b>Achieved</b>
The effectiveness of provision for prisoners with disabilities should be monitored at social inclusion meetings. (4.58)	<b>Not achieved</b>
There should be a formal consultation process with older prisoners to inform the development of specific services to meet their needs. (4.63)	<b>Achieved</b>

Managers should ensure that prisoners are aware of evidence showing that submitting a complaint has no bearing on their transfer. (3.32)	<b>Achieved</b>
Prisoners' complaints should not be investigated by the person who is the subject of the complaint. (3.33)	<b>Achieved</b>
All replies to complaints should be polite and detailed, and quality checks should be conducted by a senior member of staff. (3.34)	<b>Achieved</b>
The legal services officer should receive training to update his knowledge. (3.42)	<b>Not achieved, repeated at 2.58</b>
The prison partnership board should develop a prison health delivery plan to improve and monitor health services for prisoners. (5.5)	<b>Achieved</b>
All equipment and surfaces should conform to infection control requirements and cupboards should have secure locks. (5.6)	<b>Partially achieved, repeated at 2.72</b>
There should be a health care room in reception that provides full facilities for initial screening of prisoners, including access to SystmOne. (5.7)	<b>Achieved</b>
Emergency equipment should be easily accessible throughout the establishment and there should be sufficient staff trained to use it. (5.16)	<b>Achieved</b>
There should be a full range of nurse-led clinics including hypertension and coronary heart disease. (5.28)	<b>Achieved</b>
Formal documented triage algorithms, including those for emergency treatment, should be used to ensure consistency and continuity of care and advice given to patients. (5.29)	<b>Achieved</b>
All prisoners should have the opportunity for a thorough reception screen and, where necessary, secondary health care screening within 72 hours. Information should be recorded using the standardised electronic screening tool, and assessment forms relevant to the prisoner's health needs should be completed. (5.30)	<b>Partially achieved</b>
The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews. (5.39)	<b>Not achieved</b>
A range of patient group directions should be produced to facilitate the supply of more potent medicines by nursing staff when appropriate. (5.40)	<b>Not achieved, repeated at 2.96</b>
There should be a regular audit of all medicines management systems and the pharmacist should regularly review prescribed and special sick medication and items issued from stock. (5.41)	<b>Partially achieved</b>
Issues relating to drug compliance should be investigated, records maintained and, where necessary, adjustments made to the quantity of medication issued to reduce waste. (5.42)	<b>Achieved</b>
There should be robust written policies for risk assessment and for the provision of in- possession and special sick medication. (5.43)	<b>Achieved</b>
The medicines and therapeutics committee should ensure that prescribing is evidence based and a single prescribing formulary should be made available. (5.44)	<b>Achieved</b>
Further investigation of prisoners who do not attend should be carried out to promote more efficient use of the sessions. (5.50)	<b>Achieved</b>
There should be a formal written triage system with clear treatment pathways and out- of-hours protocol for non-dental staff. (5.51)	<b>Achieved</b>
Full cover for annual leave should be organised to accommodate the large number of patients. (5.52)	<b>Achieved</b>
Record keeping and archiving of records should be reviewed with reference to current Good Practice Guidelines published by the Faculty of General Dental Practice (UK). (5.53)	<b>Achieved</b>
Provision of radiographs should be reviewed with reference to Selection Criteria for Dental Radiography Faculty of General Dental Practice (UK)	<b>Achieved</b>

Good Practice Guidelines. Radiographs should be provided in accordance with IR(ME)R 2000. (5.54)	
There should be clear referral pathways to ensure timely access to secondary care. (5.57)	<b>Achieved</b>
A full range of mental health services should be available and provided in a timely manner. (5.61)	<b>Achieved</b>
A programme of mental health awareness training should be provided for all prison staff. (5.62)	<b>Not achieved, repeated at 2.111</b>
The quality of food should be improved. (8.8)	<b>Achieved</b>
Men should not be denied meals until their reason for arriving late at the dining hall has been properly explored. (8.9)	<b>Achieved</b>
Prisoners working in the kitchen should have the opportunity to achieve accredited qualifications. (8.10)	<b>Achieved</b>
<h2>Purposeful activity</h2> <p>Prisoners are able, and expected, to engage in activity that is likely to benefit them.</p> <hr/> <p>At the last inspection in 2010 there was enough work, education and other activities for the population. There was more accredited vocational training and a positive training environment. There was a good range of work, but pay rates were generally too low to fund resettlement activities. There was little outside employment. Education was valued by prisoners and the quality of teaching and learning was adequate overall. The library provided a reasonably good service. Physical education had improved and was valued by prisoners. Outcomes for prisoners against this healthy prison test were reasonably good.</p>	
<h3>Recommendations</h3>	
There should be clear and consistent strategic leadership and management of learning and skills which focuses on preparing offenders for resettlement. (6.8)	<b>Achieved</b>
Literacy and numeracy teaching provision should be included in vocational training and work. (6.9)	<b>Achieved</b>
Members of staff from partner organisations providing work, training and education should receive training in equality, diversity and safeguarding. (6.10)	<b>Achieved</b>
Diversity monitoring data should be used to identify any gaps in access or achievement and any disparities investigated. (6.11)	<b>Achieved</b>
The quality of teaching, training and learning in education and vocational training should be monitored to improve standards and share good practice. (6.12)	<b>Partially achieved</b>
Induction should focus on identifying offenders' plans for resettlement so that they can select the most appropriate learning, skills and work activities to build on their prior learning and work experience, and help them prepare for their release. (6.15)	<b>Achieved</b>
The use of individual learning plans should be improved across learning and skills and enterprises to recognise and record offenders' progress and achievement. (6.22)	<b>Not achieved</b>
Access to the library for wheelchair users should be improved. (6.31)	<b>Achieved</b>
Computing facilities in the library should be improved to meet a reasonable level of need. (6.32)	<b>Partially achieved</b>

Managers should enhance the use of the library to support offenders' development in wider activities, such as creative writing, job search and parenting skills. (6.33)	<b>Achieved</b>
Accredited training should be provided to support employment in health and physical training instruction. (6.38)	<b>Not achieved</b>

## Resettlement

**Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.**

At the last inspection in 2010 strategic planning for resettlement had improved, but the central role of resettlement to the prison's identity had not been sufficiently recognised until relatively recently. This was a major weakness for an open prison and was at the root of much of the discontent we observed among prisoners. The offender management unit (OMU) was better managed and more efficient but communication with prisoners was still poor and the cause of much frustration. There were still some considerable delays in processing paperwork for home detention curfew (HDC). There was insufficient work with short-term prisoners. Public protection was well managed and lifers continued to receive generally good support. Work on the resettlement pathways was variable. CARAT (counselling, assessment, referral, advice and throughcare) support was particularly good, but ETE (education, training and employment) provision was poor and insufficiently linked to resettlement needs. Visits provision was good. Outcomes for prisoners against this healthy prison test were not sufficiently good.

### Main recommendations

Practical resettlement work should be central to the prison's vision and activity with an appropriate focus on levels of ROTL for work and job seeking. This should be supported by sustained improvement in the quality and speed of communication between OMU staff and prisoners. (HP44)	<b>Achieved</b>
All prisoners, including those serving short sentences, should have a formal plan specifying how their resettlement needs will be met during and after custody, and this should be updated in a timely manner. (HP46)	<b>Not achieved, amended and repeated at 4.8</b>

### Recommendations

Managers should ensure that information about resettlement services is readily available to prisoners and that personal officers and other staff encourage prisoners to seek out such services. (9.8)	<b>Achieved</b>
Managers should use the 2010 needs analysis and OASys to inform and prioritise the delivery of interventions to reduce re-offending. (9.9)	<b>Partially achieved</b>
Sentence plans should contain outcome-focused objectives that are measurable, with a timescale for their achievement. (9.20)	<b>Not achieved, repeated at 4.15</b>
Diversity factors should be recorded in OASys assessments so that a prisoner's diversity needs are considered when developing the sentence plan and determining interventions. (9.21)	<b>Achieved</b>
A protocol should be agreed and implemented for joint working between OMU and the education and work departments, so that sentence plans are aligned with individual learning plans. (9.22)	<b>Not achieved</b>
Records in contact logs should demonstrate oversight by a manager of cases that are high risk of serious harm (RoSH), or where there are child protection concerns. (9.31)	<b>Achieved</b>
RoSH assessments and reviews should take account of all relevant information and should accurately reflect the dynamic nature of risk factors. (9.32)	<b>Achieved</b>

Sentence plan reviews should be completed on time. (9.33)	<b>Achieved</b>
Managers should draw up a strategy for effective management of indeterminate sentenced prisoners. (9.36)	<b>Achieved</b>
Managers should promote the availability of housing advice and support and monitor outcomes to improve perceptions and take-up. (9.43)	<b>Achieved</b>
Sufficient job-search activities should be provided, with good access to all offenders, including those attending external placements. (9.49)	<b>Achieved</b>
There should be a coordinated approach to advising offenders on resettlement and ensuring that their participation in activities is prioritised effectively to help them develop the skills they need to achieve these plans. (9.50)	<b>Achieved</b>
All offenders should have the opportunity to attend a pre-release programme and an exit guidance interview. (9.51)	<b>No longer relevant</b>
In consultation with the education provider, managers should provide a money management course. (9.57)	<b>Achieved</b>
The CARAT service should be provided with adequate administrative support (9.68)	<b>Partially achieved</b>
A suitable accredited drug and alcohol treatment programme should be introduced, particularly to meet the assessed needs of the short-term population (9.69)	<b>Not achieved</b>
Managers should promote the availability of advice on finance, benefits and debt, and monitor and respond to outcomes to improve perceptions and take-up. (9.56)	<b>Achieved</b>
Prisoners should be supported to maintain contact and strengthen relationships with family and friends. (9.79)	<b>Achieved</b>
Managers should plan and prioritise the delivery of programmes based on analysis of the profile of criminogenic need in the population, and monitor the impact of programmes delivered. (9.84)	<b>Not achieved</b>
The level of need for work on victim awareness should be analysed and provision made in accordance with the findings. (9.85)	<b>Not achieved, repeated at 4.40</b>
Interventions aimed at reducing the risk of reoffending, supported by a custody planning process, should be provided for prisoners who spend most of their sentence at Ford. (9.86)	<b>Not achieved</b>

## Appendix III: Prison population profile

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

Status	21 and over	%
Sentenced	511	99.2
Recall	4	0.8
<b>Total</b>	<b>515</b>	<b>100</b>

Sentence	21 and over	%
Less than 6 months	7	1.4
6 months to less than 12 months	12	2.3
12 months to less than 2 years	36	7
2 years to less than 4 years	87	16.9
4 years to less than 10 years	266	51.7
10 years and over (not life)	36	7
Life	71	13.8
<b>Total</b>	<b>515</b>	<b>100</b>

Age	Number of prisoners	%
21 years to 29 years	146	28.3
30 years to 39 years	145	28.2
40 years to 49 years	126	24.5
50 years to 59 years	75	14.6
60 years to 69 years	14	2.7
70 plus years: <i>maximum age=77</i>	9	1.7
<b>Total</b>	<b>515</b>	<b>100</b>

Nationality	21 and over	%
British	484	94
Foreign nationals	22	4.3
Not stated	9	1.7
<b>Total</b>	<b>515</b>	<b>100</b>

Security category	21 and over	%
Cat D	515	100
<b>Total</b>	<b>515</b>	<b>100</b>

Ethnicity	21 and over	%
<i>White</i>		
British	313	60.8
Irish	3	0.6
Other white	21	4.1
<i>Mixed</i>		
White and black Caribbean	15	2.9
White and black African	1	0.2
Other mixed	2	0.5
<i>Asian or Asian British</i>		
Indian	16	3.1
Pakistani	10	1.9

Bangladeshi	7	1.4
Other Asian	21	4.1
<i>Black or black British</i>		
Caribbean	47	9.1
African	31	6
Other black	25	4.9
<i>Chinese or other ethnic group</i>		
Other ethnic group	1	0.2
Not stated	2	0.4
<b>Total</b>	<b>515</b>	<b>100</b>

<b>Religion</b>	<b>21 and over</b>	<b>%</b>
Baptist	3	0.6
Church of England	142	27.6
Roman Catholic	80	15.5
Other Christian	47	9.1
Muslim	67	13
Sikh	10	1.9
Hindu	7	1.4
Buddhist	7	1.4
Jewish	6	1.2
Other	6	1.2
No religion	129	25
Not stated	11	2.1
<b>Total</b>	<b>515</b>	<b>100</b>

<b>Length of stay</b>	<b>21 and over</b>	
	<b>Number</b>	<b>%</b>
Less than 1 month	69	13.4
1 month to 3 months	108	21
3 months to 6 months	140	27.2
6 months to 1 year	104	20.2
1 year to 2 years	91	17.7
2 years to 4 years	3	0.6
<b>Total</b>	<b>515</b>	<b>100</b>

# Appendix IV: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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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

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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 23 July 2012 the prisoner population at HMP Ford was 503. The sample size was 216. Overall, this represented 43% of the prisoner population.

### Selecting the sample

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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. Four respondents refused to complete a questionnaire.

Interviews were offered to any respondents with literacy difficulties. No respondents were interviewed.

## Methodology

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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**

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In total, 146 respondents completed and returned their questionnaires. This represented 29% of the prison population. The response rate was 68%. In addition to the four respondents who refused to complete a questionnaire, 45 questionnaires were not returned and 21 were returned blank.

## **Comparisons**

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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 open prisons. This comparator is based on all responses from prisoner surveys carried out in 13 open prisons since April 2008.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP Ford in 2010.
- 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 the responses of Muslim and non-Muslim prisoners.
- A comparison within the 2012 survey between those aged 50 and over and those under 50.

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 those 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**

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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 summary

## Section 1: About you

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i> .....	0	(0%)
	<i>21 - 29</i> .....	37	(25%)
	<i>30 - 39</i> .....	44	(30%)
	<i>40 - 49</i> .....	41	(28%)
	<i>50 - 59</i> .....	19	(13%)
	<i>60 - 69</i> .....	4	(3%)
	<i>70 and over</i> .....	1	(1%)
<b>Q1.3</b>	<b>Are you on recall?</b>		
	Yes .....	1	(1%)
	No .....	137	(99%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<i>Less than 6 months</i> .....	1	(1%)
	<i>6 months to less than 1 year</i> .....	1	(1%)
	<i>1 year to less than 2 years</i> .....	14	(10%)
	<i>2 years to less than 4 years</i> .....	25	(17%)
	<i>4 years to less than 10 years</i> .....	71	(49%)
	<i>10 years or more</i> .....	12	(8%)
	<i>IPP (indeterminate sentence for public protection)</i> .....	11	(8%)
	<i>Life</i> .....	10	(7%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship)</b>		
	Yes .....	7	(5%)
	No .....	139	(95%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	Yes .....	145	(100%)
	No.....	0	(0%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	Yes.....	144	(100%)
	No .....	0	(0%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i> .....	88	(62%)
	<i>White - Irish</i> .....	3	(2%)
	<i>White - other</i> .....	5	(4%)
	<i>Black or black British - Caribbean</i> ....	11	(8%)
	<i>Black or black British - African</i> .....	5	(4%)
	<i>Black or black British - other</i> .....	2	(1%)
	<i>Asian or Asian British - Indian</i> .....	2	(1%)
	<i>Asian or Asian British - Pakistani</i> .....	6	(4%)
	<i>Asian or Asian British - Bangladeshi</i> .....	5	(4%)
	<i>Asian or Asian British - Chinese</i> .....	0	(0%)
	<i>Asian or Asian British - other</i> ..	3	(2%)
	<i>Mixed race - white and black Caribbean</i> .....	7	(5%)
	<i>Mixed race - white and black African</i> .....	1	(1%)
	<i>Mixed race - white and Asian</i> ..	0	(0%)
	<i>Mixed race - other</i> .....	1	(1%)
	<i>Arab</i> .....	0	(0%)
	<i>Other ethnic group</i> .....	3	(2%)
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/Romany/Traveller?</b>		
	Yes .....	9	(6%)

	No.....			130 (94%)
<b>Q1.10</b>	<b>What is your religion?</b>			
	None .....	39 (27%)	Hindu.....	1 (1%)
	Church of England.....	41 (29%)	Jewish.....	1 (1%)
	Catholic.....	21 (15%)	Muslim.....	24 (17%)
	Protestant.....	1 (1%)	Sikh .....	1 (1%)
	Other Christian denomination .....	7 (5%)	Other.....	3 (2%)
	Buddhist .....	4 (3%)		
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>			
	Heterosexual/straight .....	142 (98%)		
	Homosexual/gay .....	0 (0%)		
	Bisexual.....	3 (2%)		
<b>Q1.12</b>	<b>Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?</b>			
	Yes .....	8 (6%)		
	No.....	137 (94%)		
<b>Q1.13</b>	<b>Are you a veteran (ex-armed services)?</b>			
	Yes .....	8 (5%)		
	No.....	138 (95%)		
<b>Q1.14</b>	<b>Is this your first time in prison?</b>			
	Yes.....	86 (59%)		
	No.....	59 (41%)		
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>			
	Yes .....	74 (51%)		
	No.....	71 (49%)		

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>			
	Less than 2 hours .....	45 (31%)		
	2 hours or longer.....	92 (64%)		
	Don't remember.....	6 (4%)		
<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>			
	<b>My journey was less than two hours</b> .....	45 (31%)		
	Yes .....	92 (63%)		
	No.....	7 (5%)		
	Don't remember.....	1 (1%)		
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>			
	<b>My journey was less than two hours</b> .....	45 (31%)		
	Yes .....	10 (7%)		
	No.....	86 (60%)		
	Don't remember.....	3 (2%)		
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>			
	Yes .....	96 (66%)		
	No.....	42 (29%)		
	Don't remember.....	7 (5%)		
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>			
	Yes .....	108 (76%)		
	No.....	32 (23%)		

*Don't remember*..... 2 (1%)

**Q2.6 On your most recent journey here, how were you treated by the escort staff?**  
*Very well*..... 40 (28%)  
*Well* ..... 78 (54%)  
*Neither* ..... 19 (13%)  
*Badly*..... 4 (3%)  
*Very badly* ..... 1 (1%)  
*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* ..... 109 (75%)  
*Yes, I received written information* ..... 38 (26%)  
*No, I was not told anything* ..... 8 (6%)  
*Don't remember*..... 2 (1%)

**Q2.8 When you first arrived here did your property arrive at the same time as you?**  
*Yes* ..... 133 (92%)  
*No*..... 10 (7%)  
*Don't remember*..... 1 (1%)

### Section 3: Reception, first night and induction

**Q3.1 How long were you in reception?**  
*Less than 2 hours* ..... 51 (36%)  
*2 hours or longer*..... 88 (62%)  
*Don't remember*..... 4 (3%)

**Q3.2 When you were searched, was this carried out in a respectful way?**  
*Yes* ..... 119 (84%)  
*No* ..... 14 (10%)  
*Don't remember*..... 9 (6%)

**Q3.3 Overall, how were you treated in reception?**  
*Very well*..... 28 (19%)  
*Well* ..... 63 (44%)  
*Neither* ..... 31 (22%)  
*Badly*..... 16 (11%)  
*Very badly* ..... 4 (3%)  
*Don't remember*..... 2 (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> ..... 13 (9%)	<i>Physical health</i> ..... 14 (10%)
<i>Housing problems</i> ..... 14 (10%)	<i>Mental health</i> ..... 5 (4%)
<i>Contacting employers</i> ..... 1 (1%)	<i>Needing protection from other prisoners</i> ..... 1 (1%)
<i>Contacting family</i> ..... 13 (9%)	<i>Getting phone numbers</i> ..... 6 (4%)
<i>Childcare</i> ..... 2 (1%)	<i>Other</i> ..... 5 (4%)
<i>Money worries</i> ..... 14 (10%)	<b><i>Did not have any problems</i></b> ..... 85 (61%)
<i>Feeling depressed or suicidal</i> ..... 5 (4%)	

**Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**  
*Yes* ..... 17 (12%)  
*No*..... 36 (26%)  
***Did not have any problems*** ..... 85 (62%)

<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>	
	<i>Tobacco</i> .....	90 (63%)
	<i>A shower</i> .....	48 (34%)
	<i>A free telephone call</i> .....	55 (38%)
	<i>Something to eat</i> .....	79 (55%)
	<i>PIN phone credit</i> .....	111 (78%)
	<i>Toiletries/basic items</i> .....	75 (52%)
	<b>Did not receive anything</b> .....	11 (8%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>	
	<i>Chaplain</i> .....	65 (46%)
	<i>Someone from health services</i> .....	112 (80%)
	<i>A Listener/Samaritans</i> .....	40 (29%)
	<i>Prison shop/canteen</i> .....	42 (30%)
	<b>Did not have access to any of these</b> .....	19 (14%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>	
	<i>What was going to happen to you</i> .....	99 (70%)
	<i>What support was available for people feeling depressed or suicidal</i> .....	55 (39%)
	<i>How to make routine requests (applications)</i> .....	78 (55%)
	<i>Your entitlement to visits</i> .....	82 (58%)
	<i>Health services</i> .....	93 (66%)
	<i>Chaplaincy</i> .....	78 (55%)
	<b>Not offered any information</b> .....	18 (13%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	<i>Yes</i> .....	135 (94%)
	<i>No</i> .....	8 (6%)
	<i>Don't remember</i> .....	0 (0%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	<b>Have not been on an induction course</b> .....	5 (3%)
	<i>Within the first week</i> .....	133 (93%)
	<i>More than a week</i> .....	4 (3%)
	<i>Don't remember</i> .....	1 (1%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<b>Have not been on an induction course</b> .....	5 (3%)
	<i>Yes</i> .....	92 (64%)
	<i>No</i> .....	37 (26%)
	<i>Don't remember</i> .....	9 (6%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<b>Did not receive an assessment</b> .....	33 (23%)
	<i>Within the first week</i> .....	66 (46%)
	<i>More than a week</i> .....	26 (18%)
	<i>Don't remember</i> .....	17 (12%)

## Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to:</b>					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	<i>Communicate with your solicitor or legal representative?</i>	41 (29%)	50 (35%)	18 (13%)	6 (4%)	2 (1%)
						26 (18%)

Attend legal visits?	29 (23%)	36 (29%)	12 (10%)	2 (2%)	4 (3%)	41 (33%)
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**Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**

<b>Not had any letters</b> .....	43 (30%)
Yes .....	31 (22%)
No .....	68 (48%)

**Q4.3 Can you get legal books in the library?**

Yes .....	56 (39%)
No .....	4 (3%)
Don't know .....	83 (58%)

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

	Yes	No	Don't know
Are you normally able to have a shower every day?	134 (95%)	7 (5%)	0 (0%)
Do you normally receive clean sheets every week?	125 (89%)	12 (9%)	4 (3%)
Do you normally get cell cleaning materials every week?	63 (45%)	70 (50%)	8 (6%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	114 (82%)	25 (18%)	0 (0%)
If you need to, can you normally get your stored property?	49 (35%)	50 (36%)	40 (29%)

**Q4.5 What is the food like here?**

Very good .....	4 (3%)
Good .....	32 (23%)
Neither .....	47 (33%)
Bad .....	36 (25%)
Very bad .....	23 (16%)

**Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?**

<b>Have not bought anything yet/don't know</b> .....	1 (1%)
Yes .....	51 (36%)
No .....	90 (63%)

**Q4.7 Can you speak to a Listener at any time if you want to?**

Yes .....	83 (58%)
No .....	5 (3%)
Don't know .....	55 (38%)

**Q4.8 Are your religious beliefs respected?**

Yes .....	71 (50%)
No .....	15 (11%)
Don't know/N/A .....	55 (39%)

**Q4.9 Are you able to speak to a Chaplain of your faith in private if you want to?**

Yes .....	90 (63%)
No .....	14 (10%)
Don't know/N/A .....	38 (27%)

**Q4.10 How easy or difficult is it for you to attend religious services?**

<b>I don't want to attend</b> .....	42 (30%)
Very easy .....	53 (38%)
Easy .....	16 (11%)
Neither .....	5 (4%)

Difficult.....	2 (1%)
Very difficult.....	4 (3%)
Don't know.....	19 (13%)

## Section 5: Applications and complaints

### Q5.1 Is it easy to make an application?

Yes.....	132 (94%)
No.....	8 (6%)
Don't know.....	1 (1%)

### Q5.2 Please answer the following questions about applications:

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

	<b>Not made one</b>	Yes	No
Are applications dealt with fairly?	10 (7%)	92 (68%)	33 (24%)
Are applications dealt with quickly (within seven days)?	10 (8%)	62 (47%)	59 (45%)

### Q5.3 Is it easy to make a complaint?

Yes.....	84 (60%)
No.....	13 (9%)
Don't know.....	44 (31%)

### Q5.4 Please answer the following questions about complaints:

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

	<b>Not made one</b>	Yes	No
Are complaints dealt with fairly?	84 (62%)	30 (22%)	22 (16%)
Are complaints dealt with quickly (within seven days)?	84 (61%)	28 (20%)	25 (18%)

### Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes.....	20 (15%)
No.....	113 (85%)

### Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<b>Don't know who they are</b> .....	36 (27%)
Very easy.....	26 (19%)
Easy.....	31 (23%)
Neither.....	33 (24%)
Difficult.....	5 (4%)
Very difficult.....	4 (3%)

## Section 6: Relationships with staff

### Q6.1 Do most staff treat you with respect?

Yes.....	102 (72%)
No.....	39 (28%)

### Q6.2 Is there a member of staff you can turn to for help if you have a problem?

Yes.....	105 (76%)
No.....	33 (24%)

### Q6.3 Has a member of staff checked on you personally in the last week to see how you are getting on?

Yes.....	26 (18%)
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	No.....	116 (82%)
<b>Q6.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	13 (9%)
	Never.....	43 (30%)
	Rarely.....	35 (25%)
	Some of the time.....	31 (22%)
	Most of the time.....	13 (9%)
	All of the time.....	6 (4%)
<b>Q6.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	59 (42%)
	In the first week.....	29 (21%)
	More than a week.....	36 (26%)
	Don't remember.....	17 (12%)
<b>Q6.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/I have not met him/her</i> .....	59 (43%)
	Very helpful.....	22 (16%)
	Helpful.....	21 (15%)
	Neither.....	20 (15%)
	Not very helpful.....	6 (4%)
	Not at all helpful.....	9 (7%)

## Section 7: Safety

<b>Q7.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes.....	25 (18%)
	No.....	117 (82%)
<b>Q7.2</b>	<b>Do you feel unsafe now?</b>	
	Yes.....	7 (5%)
	No.....	135 (95%)
<b>Q7.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<i>Never felt unsafe</i> .....	117 (85%)
	Everywhere.....	6 (4%)
	Association areas.....	4 (3%)
	Reception area.....	1 (1%)
	At the gym.....	2 (1%)
	In an exercise yard.....	3 (2%)
	At work.....	3 (2%)
	During movement.....	3 (2%)
	At education.....	0 (0%)
	At mealtimes.....	11 (8%)
	At health services.....	1 (1%)
	Visits area.....	0 (0%)
	In wing showers.....	2 (1%)
	In gym showers.....	2 (1%)
	In corridors/stairwells.....	4 (3%)
	On your landing/wing.....	6 (4%)
	In your cell.....	2 (1%)
	At religious services.....	1 (1%)
<b>Q7.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	Yes.....	13 (9%)
	No.....	129 (91%)
<b>Q7.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	Insulting remarks (about you or your family or friends).....	5 (4%)
	Physical abuse (being hit, kicked or assaulted).....	1 (1%)
	Sexual abuse.....	1 (1%)
	Feeling threatened or intimidated.....	9 (6%)
	Having your canteen/property taken.....	1 (1%)
	Medication.....	1 (1%)
	Debt.....	1 (1%)
	Drugs.....	0 (0%)

Your race or ethnic origin.....	2 (1%)
Your religion/religious beliefs .....	1 (1%)
Your nationality.....	2 (1%)
You are from a different part of the country than others .....	2 (1%)
You are from a traveller community .....	1 (1%)
Your sexual orientation .....	1 (1%)
Your age.....	4 (3%)
You have a disability.....	3 (2%)
You were new here.....	3 (2%)
Your offence/crime.....	2 (1%)
Gang related issues.....	2 (1%)

**Q7.6 Have you been victimised by staff here?**

Yes .....	25 (18%)
No.....	115 (82%)

**Q7.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**

Insulting remarks (about you or your family or friends).....	10 (7%)
Physical abuse (being hit, kicked or assaulted) .....	1 (1%)
Sexual abuse.....	0 (0%)
Feeling threatened or intimidated.....	15 (11%)
Medication.....	0 (0%)
Debt.....	0 (0%)
Drugs .....	1 (1%)
Your race or ethnic origin.....	2 (1%)
Your religion/religious beliefs .....	2 (1%)
Your nationality.....	0 (0%)
You are from a different part of the country than others .....	0 (0%)
You are from a traveller community .....	1 (1%)
Your sexual orientation .....	0 (0%)
Your age.....	2 (1%)
You have a disability.....	2 (1%)
You were new here.....	3 (2%)
Your offence/crime.....	1 (1%)
Gang related issues.....	0 (0%)

**Q7.8 If you have been victimised by prisoners or staff, did you report it?**

<b>Not been victimised</b> .....	107 (77%)
Yes.....	5 (4%)
No.....	27 (19%)

### Section 8: Health services

**Q8.1 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	15 (11%)	31 (22%)	57 (41%)	16 (12%)	16 (12%)	3 (2%)
The nurse	15 (11%)	41 (30%)	59 (44%)	14 (10%)	5 (4%)	1 (1%)
The dentist	32 (24%)	12 (9%)	30 (22%)	20 (15%)	20 (15%)	22 (16%)

**Q8.2 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	19 (14%)	47 (34%)	57 (42%)	10 (7%)	2 (1%)	2 (1%)
The nurse	14 (10%)	46 (33%)	61 (44%)	11 (8%)	4 (3%)	2 (1%)
The dentist	48 (36%)	24 (18%)	34 (25%)	15 (11%)	7 (5%)	7 (5%)

**Q8.3 What do you think of the overall quality of the health services here?**

<b>Not been</b> .....	11 (8%)
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	Very good.....	42 (31%)
	Good.....	51 (38%)
	Neither.....	22 (16%)
	Bad.....	7 (5%)
	Very bad.....	3 (2%)
<b>Q8.4</b>	<b>Are you currently taking medication?</b>	
	Yes.....	70 (51%)
	No.....	68 (49%)
<b>Q8.5</b>	<b>If you are taking medication, are you allowed to keep some/all of it in your own cell?</b>	
	<b>Not taking medication</b> .....	68 (48%)
	Yes, all my meds.....	70 (50%)
	Yes, some of my meds.....	2 (1%)
	No.....	1 (1%)
<b>Q8.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	Yes.....	14 (10%)
	No.....	127 (90%)
<b>Q8.7</b>	<b>Are you being helped/supported by anyone in this prison (e.g psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>	
	<b>Do not have any emotional or mental health problems</b> .....	127 (91%)
	Yes.....	1 (1%)
	No.....	12 (9%)

## Section 9: Drugs and alcohol

<b>Q9.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes.....	13 (9%)
	No.....	127 (91%)
<b>Q9.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes.....	10 (7%)
	No.....	131 (93%)
<b>Q9.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy.....	30 (21%)
	Easy.....	16 (11%)
	Neither.....	9 (6%)
	Difficult.....	2 (1%)
	Very difficult.....	2 (1%)
	Don't know.....	82 (58%)
<b>Q9.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	19 (13%)
	Easy.....	11 (8%)
	Neither.....	10 (7%)
	Difficult.....	7 (5%)
	Very difficult.....	3 (2%)
	Don't know.....	91 (65%)
<b>Q9.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	4 (3%)
	No.....	137 (97%)
<b>Q9.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	3 (2%)

No..... 138 (98%)

**Q9.7 Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?**

*Did not/do not have a drug problem*..... 124 (89%)

Yes..... 12 (9%)

No..... 4 (3%)

**Q9.8 Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, while in this prison?**

*Did not/do not have an alcohol problem*..... 131 (93%)

Yes..... 10 (7%)

No..... 0 (0%)

**Q9.9 Was the support or help you received, whilst in this prison, helpful?**

*Did not have a problem/did not receive help*..... 122 (88%)

Yes..... 17 (12%)

No..... 0 (0%)

## Section 10: Activities

**Q10.1 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	4 (3%)	73 (52%)	52 (37%)	6 (4%)	3 (2%)	2 (1%)
Vocational or skills training	20 (15%)	35 (26%)	42 (31%)	18 (13%)	13 (10%)	6 (4%)
Education (including basic skills)	14 (10%)	46 (34%)	52 (39%)	15 (11%)	6 (4%)	2 (1%)
Offending behaviour programmes	66 (50%)	19 (14%)	20 (15%)	19 (14%)	7 (5%)	1 (1%)

**Q10.2 Are you currently involved in the following? (Please tick all that apply)**

*Not involved in any of these*..... 13 (9%)

Prison job..... 110 (79%)

Vocational or skills training..... 27 (19%)

Education (including basic skills)..... 39 (28%)

Offending behaviour programmes..... 3 (2%)

**Q10.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?**

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	4 (3%)	51 (41%)	58 (47%)	10 (8%)
Vocational or skills training	11 (13%)	42 (48%)	22 (25%)	13 (15%)
Education (including basic skills)	13 (13%)	60 (59%)	18 (18%)	11 (11%)
Offending behaviour programmes	29 (36%)	21 (26%)	22 (28%)	8 (10%)

**Q10.4 How often do you usually go to the library?**

*Don't want to go*..... 13 (9%)

*Never*..... 44 (31%)

*Less than once a week*..... 42 (30%)

*About once a week*..... 34 (24%)

*More than once a week*..... 8 (6%)

**Q10.5 Does the library have a wide enough range of materials to meet your needs?**

*Don't use it*..... 57 (41%)

Yes..... 47 (34%)

	No.....	36 (26%)
<b>Q10.6</b>	<b>How many times do you usually go to the gym each week?</b>	
	<i>Don't want to go</i> .....	20 (14%)
	0.....	24 (17%)
	1 to 2.....	29 (21%)
	3 to 5.....	62 (45%)
	More than 5.....	3 (2%)
<b>Q10.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i> .....	6 (4%)
	0.....	9 (6%)
	1 to 2.....	21 (15%)
	3 to 5.....	34 (24%)
	More than 5.....	70 (50%)
<b>Q10.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i> .....	10 (7%)
	0.....	7 (5%)
	1 to 2.....	7 (5%)
	3 to 5.....	11 (8%)
	More than 5.....	101 (74%)
<b>Q10.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>	
	<i>Less than 2 hours</i> .....	2 (1%)
	<i>2 to less than 4 hours</i> .....	6 (4%)
	<i>4 to less than 6 hours</i> .....	9 (6%)
	<i>6 to less than 8 hours</i> .....	13 (9%)
	<i>8 to less than 10 hours</i> .....	25 (18%)
	<i>10 hours or more</i> .....	76 (54%)
	<i>Don't know</i> .....	9 (6%)

## Section 11: Contact with family and friends

<b>Q11.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes.....	68 (50%)
	No.....	69 (50%)
<b>Q11.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes.....	31 (22%)
	No.....	108 (78%)
<b>Q11.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes.....	22 (16%)
	No.....	117 (84%)
<b>Q11.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i> .....	15 (11%)
	<i>Very easy</i> .....	15 (11%)
	<i>Easy</i> .....	31 (22%)
	<i>Neither</i> .....	17 (12%)
	<i>Difficult</i> .....	25 (18%)
	<i>Very difficult</i> .....	35 (25%)
	<i>Don't know</i> .....	2 (1%)

## Section 12: Preparation for release

Q12.1	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	Yes .....	122 (89%)
	No .....	15 (11%)
Q12.2	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<i>Do not have an offender manager/N/A</i> .....	15 (11%)
	<i>No contact</i> .....	16 (12%)
	<i>Letter</i> .....	39 (29%)
	<i>Phone</i> .....	83 (61%)
	<i>Visit</i> .....	41 (30%)
Q12.3	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes .....	54 (40%)
	No .....	82 (60%)
Q12.4	<b>Do you have a sentence plan?</b>	
	Yes .....	79 (56%)
	No .....	61 (44%)
Q12.5	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan</i> .....	61 (44%)
	<i>Very involved</i> .....	31 (22%)
	<i>Involved</i> .....	25 (18%)
	<i>Neither</i> .....	6 (4%)
	<i>Not very involved</i> .....	8 (6%)
	<i>Not at all involved</i> .....	7 (5%)
Q12.6	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>	
	<i>Do not have a sentence plan</i> .....	61 (46%)
	<i>Nobody</i> .....	32 (24%)
	<i>Offender supervisor</i> .....	24 (18%)
	<i>Offender manager</i> .....	19 (14%)
	<i>Named/personal officer</i> .....	13 (10%)
	<i>Staff from other departments</i> .....	19 (14%)
Q12.7	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan</i> .....	61 (45%)
	Yes .....	52 (39%)
	No .....	12 (9%)
	<i>Don't know</i> .....	10 (7%)
Q12.8	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan</i> .....	61 (46%)
	Yes .....	7 (5%)
	No .....	55 (41%)
	<i>Don't know</i> .....	11 (8%)
Q12.9	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<i>Do not have a sentence plan</i> .....	61 (46%)
	Yes .....	33 (25%)
	No .....	27 (20%)
	<i>Don't know</i> .....	11 (8%)

**Q12.10 Do you have a needs based custody plan?**

Yes ..... 3 (2%)  
 No..... 77 (57%)  
 Don't know ..... 54 (40%)

**Q12.11 Do you feel that any member of staff has helped you to prepare for your release?**

Yes..... 36 (26%)  
 No..... 101 (74%)

**Q12.12 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
<i>Employment</i>	30 (23%)	52 (39%)	51 (38%)
<i>Accommodation</i>	38 (29%)	51 (39%)	42 (32%)
<i>Benefits</i>	33 (26%)	43 (34%)	50 (40%)
<i>Finances</i>	33 (26%)	38 (30%)	56 (44%)
<i>Education</i>	39 (31%)	46 (37%)	40 (32%)
<i>Drugs and alcohol</i>	49 (39%)	44 (35%)	34 (27%)

**Q12.13 Have you been provided with information on the following? (Please tick all that apply to you.)**

	Yes	No
<i>Resettlement day release</i>	112 (79%)	29 (21%)
<i>Resettlement overnight release</i>	107 (78%)	30 (22%)

**Q12.14 Have you had access to the following? (Please tick all that apply to you.)**

	Yes	No
<i>Resettlement day release</i>	96 (72%)	38 (28%)
<i>Resettlement overnight release</i>	85 (66%)	43 (34%)
<i>Special purpose leave</i>	62 (52%)	58 (48%)

**Q12.15 Please answer the following questions on your preparation for release?**

	Yes	No
<i>Were you given up to date information about this prison before you came here</i>	29 (20%)	113 (80%)
<i>Were you helped to prepare for open conditions before you came here (increased responsibility, freedom etc.)</i>	42 (30%)	99 (70%)
<i>Do you feel you have been given a greater responsibility here than when you were in closed conditions</i>	116 (82%)	26 (18%)
<i>Have you been on a preparation for release course</i>	14 (10%)	121 (90%)
<i>Is this prison near your home area or intended release address</i>	49 (36%)	89 (64%)
<i>Have you done anything, or has anything happened to you here that will make you less likely to offend in the future</i>	81 (60%)	54 (40%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Ford 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

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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		146	1388	146	144
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	0%	2%	0%	0%
1.3	Are you on recall?	1%	3%	1%	3%
1.4	Is your sentence less than 12 months?	1%	8%	1%	12%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	7%	8%	2%
1.5	Are you a foreign national?	5%	4%	5%	8%
1.6	Do you understand spoken English?	100%	99%	100%	
1.7	Do you understand written English?	100%	99%	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)?	32%	25%	32%	33%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	2%	7%	4%
1.1	Are you Muslim?	17%	11%	17%	9%
1.11	Are you homosexual/gay or bisexual?	2%	1%	2%	2%
1.12	Do you consider yourself to have a disability?	6%	11%	6%	11%
1.13	Are you a veteran (ex-armed services)?	6%	9%	6%	
1.14	Is this your first time in prison?	59%	50%	59%	62%
1.15	Do you have any children under the age of 18?	51%	53%	51%	55%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	64%	43%	64%	63%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	92%	78%	92%	
2.3	Were you offered a toilet break?	10%	16%	10%	
2.4	Was the van clean?	66%	78%	66%	
2.5	Did you feel safe?	76%	90%	76%	
2.6	Were you treated well/very well by the escort staff?	82%	69%	82%	73%
2.7	Before you arrived here were you told that you were coming here?	75%	78%	75%	
2.7	Before you arrived here did you receive any written information about coming here?	26%	18%	26%	
2.8	When you first arrived here did your property arrive at the same time as you?	92%	94%	92%	91%

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	36%	90%	36%	
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	86%	84%	74%
3.3	Were you treated well/very well in reception?	63%	79%	63%	50%
	When you first arrived:				
3.4	Did you have any problems?	39%	43%	39%	61%
3.4	Did you have any problems with loss of property?	9%	8%	9%	14%
3.4	Did you have any housing problems?	10%	13%	10%	9%
3.4	Did you have any problems contacting employers?	1%	4%	1%	1%
3.4	Did you have any problems contacting family?	9%	12%	9%	23%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	3%	1%	4%
3.4	Did you have any money worries?	10%	12%	10%	9%
3.4	Did you have any problems with feeling depressed or suicidal?	4%	7%	4%	10%
3.4	Did you have any physical health problems?	10%	8%	10%	
3.4	Did you have any mental health problems?	4%	7%	4%	
3.4	Did you have any problems with needing protection from other prisoners?	1%	2%	1%	3%
3.4	Did you have problems accessing phone numbers?	4%	10%	4%	23%
	For those with problems:				
3.5	Did you receive any help/support from staff in dealing with these problems?	32%	53%	32%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	63%	77%	63%	90%
3.6	A shower?	34%	57%	34%	65%
3.6	A free telephone call?	39%	47%	39%	64%
3.6	Something to eat?	55%	72%	55%	77%
3.6	PIN phone credit?	78%	52%	78%	
3.6	Toiletries/basic items?	52%	49%	52%	

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction continued</b>				
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	46%	66%	46%	
3.7 Someone from health services?	80%	81%	80%	
3.7 A Listener/Samaritans?	29%	48%	29%	
3.7 Prison shop/canteen?	30%	18%	30%	12%
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	70%	61%	70%	55%
3.8 Support was available for people feeling depressed or suicidal?	39%	48%	39%	37%
3.8 How to make routine requests?	55%	55%	55%	44%
3.8 Your entitlement to visits?	58%	59%	58%	45%
3.8 Health services?	66%	66%	66%	62%
3.8 The chaplaincy?	55%	54%	55%	42%
3.9 Did you feel safe on your first night here?	94%	92%	94%	88%
3.10 Have you been on an induction course?	97%	97%	97%	99%
For those who have been on an induction course:				
3.11 Did the course cover everything you needed to know about the prison?	67%	75%	67%	56%
3.12 Did you receive an education (skills for life) assessment?	77%	88%	77%	
<b>SECTION 4: Legal rights and respectful custody</b>				
In terms of your legal rights, is it easy/very easy to:				
4.1 Communicate with your solicitor or legal representative?	64%	64%	64%	52%
4.1 Attend legal visits?	52%	54%	52%	35%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	22%	27%	22%	29%
4.3 Can you get legal books in the library?	39%	51%	39%	
For the wing/unit you are currently on:				
4.4 Are you normally able to have a shower every day?	95%	98%	95%	90%
4.4 Do you normally receive clean sheets every week?	89%	88%	89%	84%
4.4 Do you normally get cell cleaning materials every week?	45%	79%	45%	45%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	82%	78%	82%	74%
4.4 Can you normally get your stored property if you need to?	35%	56%	35%	33%
4.5 Is the food in this prison good/very good?	25%	43%	25%	13%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	36%	49%	36%	49%
4.7 Are you able to speak to a Listener at any time if you want to?	58%	57%	58%	54%
4.8 Are your religious beliefs are respected?	50%	58%	50%	59%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	63%	63%	63%	63%
4.10 Is it easy/very easy to attend religious services?	49%	60%	49%	

## Main comparator and comparator to last time

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<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	94%	98%	94%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	74%	78%	74%	54%
5.2	Do you feel applications are dealt with quickly (within seven days)?	51%	74%	51%	44%
5.3	Is it easy to make a complaint?	60%	58%	60%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	58%	43%	58%	33%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	53%	51%	53%	37%
5.5	Have you ever been prevented from making a complaint when you wanted to?	15%	11%	15%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	42%	40%	42%	39%
<b>SECTION 6: Relationships with staff</b>					
6.1	Do most staff, in this prison, treat you with respect?	72%	75%	72%	49%
6.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	77%	76%	56%
6.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	18%	38%	18%	
6.4	Do staff normally speak to you most of the time/all of the time during association?	14%	18%	14%	10%
6.5	Do you have a personal officer?	58%	69%	58%	39%
	For those with a personal officer:				
6.6	Do you think your personal officer is helpful/very helpful?	55%	75%	55%	51%

Main comparator and comparator to last time

Key to tables

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<b>SECTION 7: Safety</b>					
7.1	Have you ever felt unsafe here?	18%	15%	18%	19%
7.2	Do you feel unsafe now?	5%	5%	5%	7%
7.3	Have you been victimised by other prisoners here?	9%	8%	9%	10%
Since you have been here, have other prisoners:					
7.5	Made insulting remarks about you, your family or friends?	4%	4%	4%	4%
7.5	Hit, kicked or assaulted you?	1%	1%	1%	0%
7.5	Sexually abused you?	1%	1%	1%	0%
7.5	Threatened or intimidated you?	6%	11%	6%	
7.5	Taken your canteen/property?	1%	1%	1%	2%
7.5	Victimised you because of medication?	1%	1%	1%	
7.5	Victimised you because of debt?	1%	1%	1%	
7.5	Victimised you because of drugs?	0%	1%	0%	0%
7.5	Victimised you because of your race or ethnic origin?	1%	1%	1%	2%
7.5	Victimised you because of your religion/religious beliefs?	1%	1%	1%	0%
7.5	Victimised you because of your nationality?	1%	1%	1%	
7.5	Victimised you because you were from a different part of the country?	1%	1%	1%	1%
7.5	Victimised you because you are from a traveller community?	1%	0%	1%	
7.5	Victimised you because of your sexual orientation?	1%	0%	1%	0%
7.5	Victimised you because of your age?	3%	1%	3%	3%
7.5	Victimised you because you have a disability?	2%	0%	2%	2%
7.5	Victimised you because you were new here?	2%	2%	2%	2%
7.5	Victimised you because of your offence/crime?	1%	2%	1%	2%
7.5	Victimised you because of gang related issues?	1%	0%	1%	1%

Main comparator and comparator to last time

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<b>SECTION 7: Safety continued</b>					
7.6	Have you been victimised by staff here?	18%	15%	18%	23%
	Since you have been here, have staff:				
7.7	Made insulting remarks about you, your family or friends?	7%	6%	7%	9%
7.7	Hit, kicked or assaulted you?	1%	1%	1%	0%
7.7	Sexually abused you?	0%	1%	0%	0%
7.7	Threatened or intimidated you?	11%	6%	11%	
7.7	Victimised you because of medication?	0%	0%	0%	
7.7	Victimised you because of debt?	0%	0%	0%	
7.7	Victimised you because of drugs?	1%	1%	1%	0%
7.7	Victimised you because of your race or ethnic origin?	1%	3%	1%	3%
7.7	Victimised you because of your religion/religious beliefs?	1%	2%	1%	2%
7.7	Victimised you because of your nationality?	0%	2%	0%	
7.7	Victimised you because you were from a different part of the country?	0%	2%	0%	3%
7.7	Victimised you because you are from a traveller community?	1%	0%	1%	
7.7	Victimised you because of your sexual orientation?	0%	0%	0%	0%
7.7	Victimised you because of your age?	1%	1%	1%	3%
7.7	Victimised you because you have a disability?	1%	1%	1%	3%
7.7	Victimised you because you were new here?	2%	4%	2%	7%
7.7	Victimised you because of your offence/crime?	1%	2%	1%	3%
7.7	Victimised you because of gang related issues?	0%	1%	0%	1%
	For those who have been victimised by staff or other prisoners:				
7.8	Did you report any victimisation that you have experienced?	16%	30%	16%	11%

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<b>SECTION 8: Health services</b>					
8.1	Is it easy/very easy to see the doctor?	64%	60%	64%	52%
8.1	Is it easy/very easy to see the nurse?	74%	80%	74%	67%
8.1	Is it easy/very easy to see the dentist?	31%	30%	31%	17%
	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:				
8.2	The doctor?	88%	73%	88%	69%
8.2	The nurse?	86%	77%	86%	76%
8.2	The dentist?	67%	56%	67%	46%
8.3	The overall quality of health services?	75%	68%	75%	61%
8.4	Are you currently taking medication?	51%	42%	51%	46%
	For those currently taking medication:				
8.5	Are you allowed to keep possession of some or all of your medication in your own cell?	99%	100%	99%	
8.6	Do you have any emotional well being or mental health problems?	10%	13%	10%	14%
	For those who have problems:				
8.7	Are you being helped or supported by anyone in this prison?	7%	81%	7%	
<b>SECTION 9: Drugs and alcohol</b>					
9.1	Did you have a problem with drugs when you came into this prison?	9%	10%	9%	6%
9.2	Did you have a problem with alcohol when you came into this prison?	7%	9%	7%	8%
9.3	Is it easy/very easy to get illegal drugs in this prison?	33%	31%	33%	42%
9.4	Is it easy/very easy to get alcohol in this prison?	21%	24%	21%	
9.5	Have you developed a problem with drugs since you have been in this prison?	3%	3%	3%	3%
9.6	Have you developed a problem with diverted medication since you have been in this prison?	2%	1%	2%	
	For those with drug or alcohol problems:				
9.7	Have you received any support or help with your drug problem while in this prison?	75%	78%	75%	
9.8	Have you received any support or help with your alcohol problem while in this prison?	100%	81%	100%	
	For those who have received help or support with their drug or alcohol problem:				
9.9	Was the support helpful?	100%	84%	100%	93%

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<b>SECTION 10: Activities</b>				
Is it very easy/easy to get into the following activities:				
10.1 A prison job?	89%	85%	89%	
10.1 Vocational or skills training?	58%	59%	58%	
10.1 Education (including basic skills)?	73%	72%	73%	
10.1 Offending behaviour programmes?	30%	30%	30%	
Are you currently involved in any of the following activities:				
10.2 A prison job?	79%	74%	79%	90%
10.2 Vocational or skills training?	19%	22%	19%	12%
10.2 Education (including basic skills)?	28%	29%	28%	32%
10.2 Offending behaviour programmes?	2%	9%	2%	5%
10.3 Have you had a job while in this prison?	97%	92%	97%	98%
For those who have had a prison job while in this prison:				
10.3 Do you feel the job will help you on release?	43%	47%	43%	39%
10.3 Have you been involved in vocational or skills training while in this prison?	88%	79%	88%	66%
For those who have had vocational or skills training while in this prison:				
10.3 Do you feel the vocational or skills training will help you on release?	55%	70%	55%	55%
10.3 Have you been involved in education while in this prison?	87%	85%	87%	83%
For those who have been involved in education while in this prison:				
10.3 Do you feel the education will help you on release?	67%	71%	67%	62%
11.3 Have you been involved in offending behaviour programmes while in this prison?	64%	71%	64%	57%
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%	53%	41%	34%
10.4 Do you go to the library at least once a week?	30%	58%	30%	56%
10.5 Does the library have a wide enough range of materials to meet your needs?	34%	83%	34%	
10.6 Do you go to the gym three or more times a week?	47%	55%	47%	49%
10.7 Do you go outside for exercise three or more times a week?	74%	75%	74%	75%
10.8 Do you go on association more than five times each week?	74%	87%	74%	86%
10.9 Do you spend ten or more hours out of your cell on a weekday?	54%	48%	54%	34%
<b>SECTION 11: Friends and family</b>				
11.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	50%	53%	50%	31%
11.2 Have you had any problems with sending or receiving mail?	22%	22%	22%	25%
11.3 Have you had any problems getting access to the telephones?	16%	12%	16%	9%
11.4 Is it easy/ very easy for your friends and family to get here?	33%	27%	33%	

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<b>SECTION 12: Preparation for release</b>				
12.1 Do you have a named offender manager (home probation officer) in the probation service?	89%	93%	89%	
For those who have an offender manager what type of contact have you had:				
12.2 No contact?	13%	12%	13%	
12.2 Contact by letter?	32%	58%	32%	
12.2 Contact by phone?	69%	59%	69%	
12.2 Contact by visit?	34%	36%	34%	
12.3 Do you have a named offender supervisor in this prison?	40%	87%	40%	
12.4 Do you have a sentence plan?	57%	76%	57%	47%
For those with a sentence plan:				
12.5 Were you involved/very involved in the development of your plan?	73%	70%	73%	71%
Who is working with you to achieve your sentence plan targets:				
12.6 nobody?	44%	25%	44%	
12.6 Offender supervisor?	33%	62%	33%	
12.6 Offender manager?	27%	46%	27%	
12.6 Named/personal officer?	18%	23%	18%	
12.6 Staff from other departments?	27%	22%	27%	
For those with a sentence plan:				
12.7 Can you achieve any of your sentence plan targets in this prison?	70%	82%	70%	71%
12.8 Are there plans for you to achieve any of your targets in another prison?	10%	6%	10%	
12.9 Are there plans for you to achieve any of your targets in the community?	47%	58%	47%	
12.10 Do you have a needs based custody plan?	2%	7%	2%	
12.11 Do you feel that any member of staff has helped you to prepare for release?	26%	33%	26%	14%
For those that need help do you know of anyone in this prison who can help you on release with the following:				
12.12 Employment?	50%	54%	50%	
12.12 Accommodation?	55%	43%	55%	
12.12 Benefits?	46%	56%	46%	
12.12 Finances?	40%	48%	40%	
12.12 Education?	54%	55%	54%	
12.12 Drugs and alcohol?	57%	62%	57%	
Have you been provided with information on the following:				
12.13 Resettlement day release?	79%	71%	79%	
12.13 Resettlement overnight release?	78%	70%	78%	
Have you had access to the following:				
12.14 Resettlement day release?	72%	54%	72%	
12.14 Resettlement overnight release?	66%	47%	66%	
12.14 Special purpose leave?	52%	21%	52%	
Please answer the following about your preparation for release:				
12.15 Were you given up to date information about this prison before you came here?	20%	25%	20%	7%
12.15 Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	30%	27%	30%	13%
12.15 Do you feel you have been given greater responsibility here than when you were in closed conditions?	82%	83%	82%	71%
12.15 Have you been on a preparation for release course?	10%	21%	10%	9%
12.15 Is this prison near your home area or your intended release address?	36%	43%	36%	29%
12.15 Have you done anything, or has anything happened to you here to make you less likely to offend in future?	60%	58%	60%	50%

## Diversity Analysis



### Key question responses (ethnicity and religion) HMP Ford 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	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>46</b>	<b>96</b>	<b>24</b>	<b>119</b>
1.5	Are you a foreign national?	13%	0%	0%	6%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	100%	100%	100%	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)?			83%	23%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	9%	0%	8%
1.1	Are you Muslim?	43%	4%		
1.12	Do you consider yourself to have a disability?	2%	7%	4%	6%
1.13	Are you a veteran (ex-armed services)?	0%	7%	0%	7%
1.14	Is this your first time in prison?	58%	60%	50%	60%
2.6	Were you treated well/very well by the escort staff?	74%	86%	70%	85%
2.7	Before you arrived here were you told that you were coming here?	80%	75%	88%	73%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	87%	80%	86%
3.3	Were you treated well/very well in reception?	56%	66%	63%	64%
3.4	Did you have any problems when you first arrived?	45%	38%	52%	37%
3.7	Did you have access to someone from health care when you first arrived here?	80%	80%	75%	82%
3.9	Did you feel safe on your first night here?	91%	97%	92%	96%
3.10	Have you been on an induction course?	94%	98%	96%	97%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	66%	62%	65%	63%
4.4	Are you normally able to have a shower every day?	91%	97%	96%	95%
4.5	Is the food in this prison good/very good?	16%	29%	13%	28%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	25%	40%	26%	38%
4.7	Are you able to speak to a Listener at any time if you want to?	45%	65%	30%	63%
4.8	Do you feel your religious beliefs are respected?	58%	45%	74%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	72%	59%	74%	61%
5.1	Is it easy to make an application?	89%	96%	87%	95%
5.3	Is it easy to make a complaint?	52%	63%	54%	61%

## Diversity Analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
6.1	Do <b>most</b> staff, in this prison, treat you with respect?	63%	77%	65%	75%
6.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	79%	76%	77%
6.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	12%	15%	4%	16%
6.4	Do you have a personal officer?	59%	58%	70%	55%
7.1	Have you ever felt unsafe here?	16%	17%	26%	15%
7.2	Do you feel unsafe now?	5%	5%	13%	3%
7.3	Have you been victimised by other prisoners?	5%	12%	0%	10%
7.5	Have you ever felt threatened or intimidated by other prisoners here?	2%	9%	0%	7%
7.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%	0%	1%
7.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	0%	0%
7.5	Have you been victimised because of your nationality? (By prisoners)	2%	1%	0%	2%
7.5	Have you been victimised because you have a disability? (By prisoners)	2%	2%	0%	3%
7.6	Have you been victimised by a member of staff?	21%	17%	32%	15%
7.7	Have you ever felt threatened or intimidated by staff here?	17%	9%	28%	7%
7.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	1%	0%	2%
7.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	1%	4%	0%
7.7	Have you been victimised because of your nationality? (By staff)	0%	0%	0%	0%
7.7	Have you been victimised because you have a disability? (By staff)	2%	1%	0%	2%
8.1	Is it easy/very easy to see the doctor?	63%	66%	57%	66%
8.1	Is it easy/ very easy to see the nurse?	73%	77%	80%	73%
9.4	Are you currently taking medication?	48%	52%	52%	51%
8.6	Do you feel you have any emotional wellbeing/mental health issues?	7%	11%	4%	10%
9.3	Is it easy/very easy to get illegal drugs in this prison?	24%	38%	32%	33%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
10.2	Are you currently working in the prison?	80%	79%	81%	79%
10.2	Are you currently undertaking vocational or skills training?	25%	18%	38%	15%
10.2	Are you currently in education (including basic skills)?	34%	23%	10%	30%
10.2	Are you currently taking part in an offending behaviour programme?	5%	1%	4%	2%
10.4	Do you go to the library at least once a week?	24%	31%	13%	33%
10.6	do you go to the gym three or more times a week?	45%	49%	45%	47%
10.7	Do you go outside for exercise three or more times a week?	72%	76%	68%	76%
10.8	On average, do you go on association more than five times each week?	73%	75%	81%	73%
10.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	48%	60%	54%	54%
11.2	Have you had any problems sending or receiving mail?	12%	28%	22%	22%
11.3	Have you had any problems getting access to the telephones?	17%	16%	22%	15%
	Have you been provided with information on the following:				
12.12	Resettlement day release?	86%	76%	100%	75%
12.12	Resettlement overnight release?	85%	75%	96%	74%
	Have you had access to the following:				
12.13	Resettlement day release?	81%	68%	83%	69%
12.13	Resettlement overnight release?	74%	64%	75%	65%
12.13	Special purpose leave?	55%	52%	53%	50%
	Please answer the following about your preparation for release:				
12.14	Were you given up to date information about this prison before you came here?	16%	22%	18%	21%
12.14	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	33%	28%	39%	29%
12.14	Do you feel you have been given greater responsibility here than when you were closed conditions?	81%	83%	79%	83%
12.14	Have you been on a preparation for release course?	7%	11%	22%	8%
12.14	Is this prison near your home area or your intended release address?	10%	47%	9%	42%

## Diversity Analysis



### Key question responses (age - over 50) HMP Ford 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

		Prisoners aged 50 and over	Prisoners under the age of 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		
<b>Number of completed questionnaires returned</b>		<b>24</b>	<b>122</b>
1.5	Are you a foreign national?	0%	6%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	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)?	12%	36%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	8%
1.1	Are you Muslim?	8%	19%
1.12	Do you consider yourself to have a disability?	12%	4%
1.13	Are you a veteran (ex-armed services)?	4%	6%
1.14	Is this your first time in prison?	66%	58%
2.6	Were you treated well/very well by the escort staff?	87%	81%
2.7	Before you arrived here were you told that you were coming here?	79%	75%
3.2	When you were searched in reception, was this carried out in a respectful way?	96%	82%
3.3	Were you treated well/very well in reception?	74%	61%
3.4	Did you have any problems when you first arrived?	39%	39%
3.7	Did you have access to someone from healthcare when you first arrived here?	71%	82%
3.9	Did you feel safe on your first night here?	96%	94%
3.10	Have you been on an induction course?	96%	97%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	63%	64%
4.4	Are you normally able to have a shower every day?	96%	95%
4.5	Is the food in this prison good/very good?	37%	23%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	46%	34%
4.7	Are you able to speak to a Listener at any time if you want to?	71%	56%
4.8	Do you feel your religious beliefs are respected?	74%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	75%	61%
5.1	Is it easy to make an application?	96%	93%
5.3	Is it easy to make a complaint?	71%	57%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 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		
6.1	Do <b>most</b> staff, in this prison, treat you with respect?	83%	70%
6.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	80%	75%
6.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	30%	10%
6.4	Do you have a personal officer?	58%	58%
7.1	Have you ever felt unsafe here?	12%	19%
7.2	Do you feel unsafe now?	4%	5%
7.3	Have you been victimised by other prisoners?	4%	10%
7.5	Have you ever felt threatened or intimidated by other prisoners here?	4%	7%
7.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
7.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
7.5	Have you been victimised because of your nationality? (By prisoners)	0%	2%
7.5	Have you been victimised because of your age? (By prisoners)	0%	3%
7.5	Have you been victimised because you have a disability? (By prisoners)	0%	3%
7.6	Have you been victimised by a member of staff?	12%	19%
7.7	Have you ever felt threatened or intimidated by staff here?	4%	12%
7.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
7.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%
7.7	Have you been victimised because of your nationality? (By staff)	0%	0%
7.7	Have you been victimised because of your age? (By staff)	0%	2%
7.7	Have you been victimised because you have a disability? (By staff)	0%	2%
8.1	Is it easy/very easy to see the doctor?	70%	63%
8.1	Is it easy/ very easy to see the nurse?	86%	72%
9.4	Are you currently taking medication?	82%	45%
8.6	Do you feel you have any emotional wellbeing/mental health issues?	0%	12%
9.3	Is it easy/very easy to get illegal drugs in this prison?	42%	31%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 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		
10.2	Are you currently working in the prison?	71%	80%
10.2	Are you currently undertaking vocational or skills training?	8%	22%
10.2	Are you currently in education (including basic skills)?	21%	29%
10.2	Are you currently taking part in an offending behaviour programme?	4%	2%
10.4	Do you go to the library at least once a week?	29%	30%
10.6	do you go to the gym three or more times a week?	30%	50%
10.7	Do you go outside for exercise three or more times a week?	75%	74%
10.8	On average, do you go on association more than five times each week?	61%	77%
10.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	66%	52%
11.2	Have you had any problems sending or receiving mail?	12%	24%
11.3	Have you had any problems getting access to the telephones?	17%	16%
	Have you been provided with information on the following:		
12.12	Resettlement day release?	83%	79%
12.12	Resettlement overnight release?	79%	78%
	Have you had access to the following:		
12.13	Resettlement day release?	70%	72%
12.13	Resettlement overnight release?	68%	66%
12.13	Special purpose leave?	39%	54%
	Please answer the following about your preparation for release:		
12.14	Were you given up to date information about this prison before you came here?	25%	19%
12.14	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	35%	29%
12.14	Do you feel you have been given greater responsibility here than when you were closed conditions?	83%	81%
12.14	Have you been on a preparation for release course?	13%	10%
12.14	Is this prison near your home area or your intended release address?	54%	32%