

Report on an announced inspection of

HMP Maidstone

19–23 September 2011

by HM Chief Inspector of Prisons

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Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Arrival in custody	
<hr/>	
Courts, escorts and transfers	19
First days in custody	20
2 Environment and relationships	
<hr/>	
Residential units	23
Staff-prisoner relationships	25
Personal officers	26
3 Duty of care	
<hr/>	
Bullying and violence reduction	29
Self-harm and suicide	31
Applications and complaints	32
Legal rights	33
Faith and religious activity	33
Substance use	34
4 Diversity	
<hr/>	
Diversity	37
Race equality	38
Religion	39
Foreign nationals	39
Disability and older prisoners	41
Gender and sexual orientation	42
5 Health services	
<hr/>	
General	43
Clinical governance	44
Primary care	45
Pharmacy	47
Dentistry	48
Secondary care	49
Mental health	49
6 Activities	
<hr/>	
Time out of cell	51
Learning and skills and work activities	51

	Physical education and health promotion	55
7	Good order	
	Security and rules	57
	Discipline	58
	Incentives and earned privileges	61
8	Services	
	Catering	63
	Prison shop	63
9	Resettlement	
	Strategic management of resettlement	65
	Offender management and planning	66
	Resettlement pathways	69
10	Recommendations, housekeeping points and good practice	75
	Appendices	
	I Inspection team	85
	II Prison population profile	86
	III Summary of prisoner questionnaires and interviews	89

Introduction

Built in 1819, HMP Maidstone is one of the oldest prisons in the country. It is now a category C training prison holding almost 600 men, four out of five of whom are sex offenders and one in three of whom are foreign national prisoners. Little now remains of the old prison apart from the outer walls and within the new internal environment the prison was successfully attempting a number of innovative initiatives.

The prison ran a fully integrated regime. Prisoners were not kept apart on the basis of their offence and foreign national prisoners and sex offenders were accommodated on the same wings and took part in the same activities. This had been done safely and enhanced the ability of all prisoners to benefit from the opportunities provided by the prison.

Prisoners were effectively consulted through a prisoners' council facilitated by User Voice. Prisoners could vote for representatives from parties who focused on different aspects of the prison's regime, such as resettlement and environment. Meaningful consultation of this kind contributed to dynamic security and encouraged prisoners to maintain responsible behaviour. The prison had also worked hard to develop the 'working prison model', and the print workshop in particular provided prisoners with a realistic working day.

These were all bold initiatives which were working well and enhanced the strong foundations the prison had developed in other areas.

Relationships between staff and prisoners were generally good and there was an effective personal officer scheme, although this needed to be better linked to sentence planning. The environment was good. Cells, communal areas and grounds were clean and well kept. Some cells, however, were very small, dark and bare with inadequately screened toilets. Drug use was very low and health care was good. There was good support for the significant number of older prisoners and those with disabilities aided by an effective paid 'buddy' scheme. Half the population were assessed as posing a risk of serious harm and these risks were well managed.

There were, however, some significant weaknesses the prison needed to address. Prisoners in our survey reported high levels of victimisation from other prisoners, although this was not borne out by the prisoners we spoke to individually and in groups. Nevertheless, we were clear that arrangements for tackling and reducing incidents of bullying and victimisation needed to be improved.

The prison was designated to hold foreign national prisoners but this was an area that needed significant improvement. Foreign national prisoners complained vigorously to us that they were treated less favourably than British national prisoners and the prison could not produce monitoring evidence to refute this. There was no dedicated foreign national coordinator and there was a striking lack of even essential translated material.

Despite the good work and training opportunities available for some (the bricklaying workshop I saw was excellent), there were simply too few meaningful work and training opportunities available for a training prison. A significant number of prisoners were underemployed in low-skilled wing jobs and were too often bored with nothing to do. This was not helped by over-restrictive processes for allocating prisoners to work.

Although the risks posed by some of the prisoners were well managed they were not effectively reduced. There were insufficient places available on sex offender programmes to

meet the needs of the population. This meant that too many prisoners were released back into the community without their behaviour being effectively challenged. Although sex offender programmes are not a panacea, they do at least reduce the risk that an individual will reoffend, and this shortage was a significant concern.

Maidstone delivers reasonably good outcomes for most prisoners in most areas. Some of the work it does is excellent and innovative. Nevertheless, there are some significant gaps – particularly around the amount of good quality work and training available, meeting the needs of foreign national prisoners and providing the programmes necessary to comprehensively address the offending behaviour of its sex offender population. The good work it has done in other areas suggests these shortcomings can be addressed as well, if tackled with the same vigour.

Nick Hardwick
HM Chief Inspector of Prisons

December 2011

Fact page

Task of the establishment

HMP Maidstone is a category C training prison for sex offenders and foreign national prisoners.

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

Public

Region/Department

Kent and Sussex

Number held

596

Certified normal accommodation

565

Operational capacity

600

Date of last full inspection

14–16 September 2009

Brief history

HMP Maidstone was completed in 1819, to a design by architect Daniel Asher Alexander, and was the most advanced model of its time.

The prison works in partnership through a multi-agency approach, to provide a safe, decent and constructive regime that challenges offending behaviour, reduces reoffending and prevents further victims.

Short description of residential units

There are four residential units: Kent wing, Medway wing, Thanet wing and Weald wing. There is also a segregation unit.

All residential units are fully integrated.

Escort contractor

GEOAmey

Health service commissioner and providers

West Kent PCT

Learning and skills providers

The Manchester College

Healthy prison summary

Introduction

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

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

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

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

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

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

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

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

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

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

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

Safety

HP3 Arrangements for prisoners on transfer to the prison were poor. Staff in reception were considerate and reception procedures were satisfactory. First night

accommodation was in a good condition and levels of care were high. Induction arrangements were effective. The availability of translated materials for new prisoners was inadequate. In our survey, Black and minority ethnic and foreign national prisoners said that they felt less safe than white and British prisoners but this was not reflected by the prisoners we spoke to or in other evidence. The integrated regime generally worked well. Violence reduction required further attention. Suicide and self-harm procedures were reasonably good. Security arrangements were usually proportionate but some were over-restrictive. Use of force was relatively low but governance was underdeveloped. The use of segregation was appropriate. The availability and use of illicit drugs was very low. Integrated drug treatment system arrangements were adequate. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 Prisoners who arrived on transfer during the inspection had not been offered refreshments on the escort van and the prisoner escort records had not been completed fully. The reception area was small but adequate for the small number of prisoners received. It was clean and the staff were welcoming. Holding rooms contained information but it was mostly in English. A prisoner safer custody representative saw all new arrivals. Smoker's and grocery packs were not provided. Reception procedures were not over-long and prisoners were moved reasonably quickly to the first night wing.
- HP5 There was no dedicated first night accommodation but all new prisoners were located in clean, well-prepared cells on Weald wing. They were offered a shower, had a private interview with a member of staff and a telephone call was made on their behalf. Although, in our survey, only 77% of respondents said that they had felt safe on their first night, we found that new arrivals received a good level of care and supervision from staff and peer mentors.¹
- HP6 Induction extended over a week and was backed up by an informative booklet, provided in English only. Nearly all prisoners underwent the programme and said that it covered everything they needed to know.
- HP7 The prison contained an integrated mix of sex offender and foreign national prisoners. More foreign national and black and minority ethnic prisoners reported feeling unsafe than British and white prisoners. Although over a quarter of prisoners responding to our survey reported victimisation from other prisoners, those we spoke to generally said that they felt safe, and levels of bullying were not high. The level of assaults and fights was low and there was little gang-related violence. The safer custody

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

coordinator also had responsibility for older prisoners and those with disabilities, which gave him insufficient time to carry out his duties. He was supported by seven prisoner safer custody representatives, who liaised between prisoners and staff. Wing managers and staff monitored the behaviour of suspected bullies and were familiar with the requirements of the anti-bullying system. While this ensured regular recording of prisoners' behaviour, entries did not record interaction, and the targets set were not sufficiently specific. Prisoners who had been the victims of bullying felt well supported and protected by staff. There were no interventions available for bullies. A range of information about violent incidents and bullying behaviour was reported to the monthly safer custody meeting but was not analysed sufficiently to inform action, and there had been no action agreed in response to the findings on violence from the prisoner survey.

- HP8 Reported levels of self-harm and the number of assessment, care in custody and teamwork (ACCT) documents opened were low. ACCT documents contained realistic targets and fully recorded interaction with the prisoner. Reviews were generally poorly attended by staff other than wing-based officers. Prisoners who had been subject to ACCT supervision felt well supported and cared for. Listeners were trained and supported by weekly meetings with the local Samaritans group. There had been four deaths in custody, due to natural causes, since the previous inspection and all actions were up to date. The safer custody committee received a large quantity of suicide and self-harm information but this was not sufficiently analysed for trends.
- HP9 The well-attended monthly security meeting identified risks to the establishment, which included mobile telephone possession and contraband entering the prison. However, there was no regular staff bulletin to provide updates about issues and priorities. Security arrangements were usually proportionate, although some were over-restrictive – for example, workplace risk assessments and the handcuffing of prisoners during external medical consultations.
- HP10 Closed visits facilities were not used and some visitors were therefore inappropriately refused entry following a positive indication by the drug dog. The one banned visitor had been excluded for too long.
- HP11 The segregation unit was clean, and the cells were generally in good order, but the exercise yard was bleak. Staff were knowledgeable about the prisoners in their care and interactions were positive. The regime was adequate, with prisoners accessing some mainstream activities, but prisoners staying for long periods had little stimulation. Most prisoners returned to the wings but others were segregated for too long, waiting for transfer to another prison. Formal reintegration planning to develop a progressive return to the wings was underdeveloped.
- HP12 The number of adjudications was low. Reasons for adjudications and punishments given were appropriate and paperwork was completed to a reasonable standard.
- HP13 The use of force was low and most events were spontaneous. More black and minority ethnic and foreign national prisoners in our survey said that they were subject to the use of force but there was insufficient data collection and analysis to identify trends or concerns. A use of force committee met quarterly but was not always well attended. Use of force paperwork was incomplete and governance was poor. The special cell was rarely used.

- HP14 Demand for opiate substitute treatment was extremely low. Prisoners received a good level of care but clinical reviews were not always conducted jointly with the counselling, assessment, referral, advice and throughcare (CARAT) service. Drug testing rates, finds and our survey results pointed to a low level of drug availability and use in the prison. The mandatory drug testing positive rate was very low. The drug testing programme was sufficiently resourced and testing was carried out promptly. Apart from cannabis, there were occasional finds of hooch and diverted medication, and security and health departments communicated well.
- HP15 There was no vulnerable prisoner policy but we were assured that staff and the safer custody prisoner representatives were active in monitoring the more vulnerable prisoners that they had identified.

Respect

- HP16 All areas of the prison were clean and well maintained. The quality of accommodation varied but was adequate on most wings. Access to showers and telephones was good. Laundry services were inadequate. Prisoner perceptions of staff were generally good and we observed mutual engagement and respect. The personal officer scheme was good. Incentives and earned privileges arrangements were adequate. Prisoner consultation was effective, although the negative perceptions of the large number of foreign national prisoners were of concern. Black and minority ethnic prisoners reported negatively on a number of issues. The management of older prisoners and those with disabilities was good but other diversity strands were underdeveloped. Food was generally good. General health services were reasonable and mental health provision was good. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP17 The grounds and outside areas were clean and pleasant. In general, cells were clean, and well maintained and equipped but there were some old cells which were cramped and dark, and some had unscreened toilets.
- HP18 Access to showers was good and they were all suitably screened but some had poor drainage, decoration and ventilation. Except for those on the basic level of the incentives and earned privileges (IEP) scheme, prisoners were allowed to wear their own clothing and could have property handed in at visits. Prisoners complained that sometimes laundry items were lost or damaged. Access to telephones was generally good. The quality of general consultation with prisoners, including the prisoner council of elected representatives, was sophisticated and comprehensive.
- HP19 There was a comprehensive IEP policy, which had been updated regularly and was understood by staff and prisoners. IEP levels were adequately differentiated and set clear standards of behaviour. Only one prisoner was on the basic regime. Not all wings tracked the completion of reviews and did not appear always to happen on time.
- HP20 Staff-prisoner relationships were generally good, although prisoners on Thanet wing reported less favourably about staff and we observed less interaction on this wing. In our survey, more prisoners than at comparator prisons reported that most staff treated them with respect, although black and minority ethnic and foreign national

prisoners were less positive about this issue. Most prisoners were addressed by their preferred names.

- HP21 Most prisoners knew who their personal officer was and most said that they were helpful. Fortnightly personal officer case recording was rarely achieved, the quality of entries varied greatly and management oversight did not always improve practice.
- HP22 The food was generally good but breakfast packs were too small and inappropriately issued at lunchtime on the previous day. Consultation arrangements were good and there was the facility to dine out on all wings, although few prisoners chose to do so. Prison shop lists were not widely publicised but the range of goods reflected the diverse needs of the population and consultation arrangements were effective. Prisoners arriving without funds were not provided with an advance to purchase goods during their first week.
- HP23 Strategic oversight and governance of diversity was inadequate. There was no overarching equality policy and the action plan was out of date. There were few links with community organisations. The number of diversity incident report forms submitted was low and the quality of the investigations was reasonable. A group of prisoner representatives attended the equality action team meetings and provided support to other prisoners.
- HP24 In our survey, black and minority ethnic prisoners reported less favourably than other prisoners across a range of important areas, including safety and victimisation by staff, although those we spoke to were generally positive about staff. The range of monitoring was insufficient.
- HP25 Almost a third of prisoners were foreign nationals. Although the prison was a designated 'spoke' or secondary centre for foreign national prisoners, there was no dedicated foreign nationals coordinator. The foreign national prisoner policy was out of date and did not clearly explain the support provided. Foreign national prisoners complained to us about being treated less favourably than other prisoners, particularly in relation to access to activities, release on temporary licence (ROTL) and recategorisation to category D. There was inadequate monitoring of their access to these and other areas. In our survey, considerably more foreign national prisoners than their British national counterparts said that they had been victimised by staff. There was considerable use of peer interpreters but insufficient provision of translated materials or telephone interpreting services. A foreign national prisoners' forum took place bimonthly. Staff from the UK Border Agency held surgeries twice weekly to provide information on immigration, and the Detention Advisory Service attended weekly.
- HP26 Arrangements for older prisoners and those with disabilities were generally good. Older prisoners were well cared for and had plenty of social interaction but had limited access to structured activities. A paid buddy scheme provided additional help to prisoners with mobility problems. Evacuation planning was excellent. The two adapted cells varied in quality; the one on Kent wing was in poor repair and inappropriately occupied by able-bodied prisoners.
- HP27 Prisoners could not confidentially identify as gay or bisexual, and there was no formal strategy. Provision and support for transgender prisoners was good.

- HP28 The application and complaints processes were sound; replies were generally timely and fitting. The provision of legal visits was adequate but took place in the main visits hall, offering little privacy.
- HP29 The small chaplaincy team played an active role in the prison regime and provided for all faiths. There was a small range of religious study groups, although few other activities were available. The chapel and multi-faith room were well equipped and spacious.
- HP30 Low health services staffing levels impacted on the ability of health services staff to be involved in wider prison meetings. There was an appropriate range of primary care services. Waits for routine GP appointments were short and for the dentist were satisfactory. Prisoners we spoke to told us that health services staff were polite and respectful. Effective reception screening identified health and disability needs quickly and appropriate referrals were made. Prisoners with chronic diseases were well managed individually, although there were no formal clinics. A large proportion of prisoners were able to have their medication in possession but without robust risk assessment. Prisoners were inappropriately handcuffed during external sexual health consultations. Mental health services were good, with effective primary and secondary care access.

Purposeful activity

- HP31 Time out of cell for all prisoners was satisfactory. Prisoners had adequate time in the open air and relatively long association times. There were sufficient activity places for prisoners to be occupied, although almost half the population were unemployed or insufficiently occupied during the day. Allocation to work took too long. Education provision was generally satisfactory. The quality and range of vocational training was good. Opportunities to acquire skills in workshops and other work areas were good. Outcomes for learners were generally satisfactory, and good in vocational qualifications. PE provision was satisfactory. The library was well used but had insufficient provision for foreign national prisoners. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP32 For most prisoners, time out of cell was adequate, at just over nine hours during the week. Unemployed prisoners spent part of the morning and afternoon periods locked in their cells but were mostly unlocked. Association times were relatively long, took place in well-equipped areas and were rarely cancelled. Exercise areas were clean and pleasant.
- HP33 There were enough activity places for all prisoners but too many prisoners were allocated to low-skilled wing-based work and were unoccupied for much of the day. During the inspection, 40% of the population were not meaningfully employed during the core day, which was a concern for a training prison.
- HP34 There was a clear strategy for the continuous improvement of learning and skills, which was well informed by a needs analysis and linked to the resettlement objectives of the prison. Prisoners were informed about the range of courses and work available at induction. There was appropriate careers information and advice. Punctuality,

attendance and behaviour were satisfactory, with high levels of mutual respect between prisoners and staff.

- HP35 The process for allocating prisoners to activities was well informed by sentence plans and prisoners' needs but allocation was too often refused on the basis of over-restrictive workplace assessments and access was unacceptably slow, with many prisoners waiting too long before starting an activity. Prisoner pay was low.
- HP36 Most education was provided on a part-time basis. Teaching and learning in education classes were satisfactory but insufficient use was made of information and communications technology in some lessons. There was an appropriate range of courses, with some good progression opportunities. Standards of work were satisfactory, and good in some areas, and pass rates were generally good. Lessons were sometimes disrupted when learners attended recreational gym.
- HP37 There were insufficient vocational training places to meet the needs of the population, but the variety was good. Teaching and coaching in vocational training were good. The standard of learners' work was good, and in some areas outstanding, and pass rates were excellent. Effective literacy and numeracy support was provided in the vocational training areas.
- HP38 Improvements had been made to the range of work available and accredited courses were available in most work areas. The print and graphic design workshop was outstanding, and the prisoners involved developed particularly good employment skills.
- HP39 The library was small and well used. Library resources were adequate for most but there were too few books available for foreign national prisoners and some of the books to support vocational training were out of date.
- HP40 Gym facilities were satisfactory, with a wide range of recreational activities, including provision for older prisoners and those with limited mobility. Gym usage was high. Although no PE courses were offered, there was appropriate reinforcement and promotion of healthy living, with advice and guidance on improving fitness.

Resettlement

- HP41 There was a good reducing reoffending strategy, informed by an up-to-date needs analysis. Assessments of prisoners' resettlement needs at induction and reviews before release were well managed and ensured that the necessary referrals and links took place. Offender management was generally good but there were insufficient links between offender management and the rest of the prison. Prisoners and offender supervisors generally had insufficient ongoing contact. There was no specialist provision for indeterminate-sentenced prisoners. Recategorisation procedures were timely but category D prisoners waited too long for transfer to open conditions. The use of release on temporary licence was underdeveloped. Public protection arrangements were good. Resettlement pathway work was reasonable but there was insufficient offending behaviour provision to meet the needs of the population. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP42 There was clear strategic oversight of reducing reoffending and resettlement matters. The reducing reoffending strategy was based on a current needs analysis and informed pathway provision. Performance was reviewed regularly at the reducing reoffending meeting but the meeting lacked a sufficiently broad attendance to provide prison-wide involvement. Identification of initial resettlement needs was good, supported by an effective referral process and pre-release provision coordinated by the resettlement manager.
- HP43 All prisoners were allocated an offender supervisor on arrival. Over half the population were identified as presenting a risk of serious harm and the highest risk offenders were suitably managed by the most experienced offender supervisors. Offender supervisors were responsive to applications from prisoners and also held weekly surgeries on the wings. However, programmed contact time between offender supervisors and prisoners beyond the planning stage was generally insufficient. There was a backlog of initial offender assessment system (OASys) assessments, most of which were the responsibility of offender managers in the community. The sharing of information from some departments was weak and so some offender management files were incomplete.
- HP44 Categorisation reviews were timely but category D prisoners faced long delays to be transferred. There were few prisoners eligible for home detention curfew, owing to the nature of their offence or immigration status. Release on temporary licence was not widely used to support preparation for release.
- HP45 There were 88 prisoners serving life sentences or indeterminate sentences for public protection (IPP) but there was no specific lifer or IPP provision. Indeterminate-sentenced prisoners complained about a lack of support.
- HP46 The combined public protection and child protection unit was well managed and effective. Systems for identifying and assessing prisoners presenting a risk of serious harm were good. Child protection measures were implemented effectively.
- HP47 Induction screening identified any accommodation or finance issues and prisoners were given appropriate support to address any immediate problems. Few prisoners were released without accommodation. There was a good referral system to a large number of agencies to support housing issues, and financial services were provided regularly. Access to banking services for prisoners and advice on benefits and pensions were available before release.
- HP48 Planning and provision to prepare prisoners for work, training or education on release were weak. An employability course was available through the education department, although there was no dedicated preparation for work course. Although prisoners had access to a range of external agencies, such as Jobcentre Plus, there was limited job-search provision. Data on those entering full-time education and training on release were incomplete.
- HP49 All prisoners were seen by the GP before discharge and given details of local GPs and dentists. Prisoners with identified secondary mental health needs were linked with the relevant community mental health team. Palliative care was supported by effective local links.
- HP50 The drug and alcohol strategy was well managed and informed by a comprehensive needs analysis, although an update was required in relation to alcohol. The CARAT

workload was suitably prioritised but group work interventions had ceased. An alcohol awareness course was provided by an external agency but the CARAT service remit still excluded ongoing work with those whose primary problem was alcohol. Our survey results indicated a high level of service user satisfaction.

- HP51 Visitors were treated courteously by staff and searching arrangements were proportionate, and our survey results and conversations with visitors indicated that prisoners and visitors found visits to be a positive experience. All prisoners could wear their own clothing on visits but were required to wear identification sashes.
- HP52 There were regular, good quality family days but they were oversubscribed and available only to enhanced prisoners. The appointment of a full-time integrated family support worker, who was also a qualified social worker, was a valuable addition to family resettlement services.
- HP53 The prison was a specialised treatment delivery centre for sex offenders and there was an effective analysis of the treatment needs of prisoners; however, the availability of courses, particularly for sex offenders, was inadequate to meet the identified need. There were insufficient thinking skills programme and sex offender treatment programme places. The waiting lists were long and some prisoners were unable to access appropriate courses before release. Some prisoners were transferred to other establishments to access suitable courses and there was some work with prisoners in denial of their offence, although it was too limited.

Main concerns and recommendations

- HP54 Concern: Prisoners in our survey reported high levels of victimisation from other prisoners. The arrangements for challenging and reducing incidents of bullying and victimisation were underdeveloped. Violence reduction attracted insufficient resources and information on violent incidents and bullying were not sufficiently analysed to identify patterns and trends.

Recommendation: The resources available for violence reduction should be reviewed. Arrangements for the management and tackling of bullies and protecting victims should include more effective target setting and interventions. Violence reduction data, including that from a prisoner survey, should be fully analysed and used to inform practice.

- HP55 Concern: The perceptions of foreign national and black and minority ethnic prisoners, who made up almost a third of the population, were considerably less positive than those of white and British national prisoners in important areas of delivery, including relationships with staff, victimisation, feelings of safety, use of force and general access to the regime. There was inadequate monitoring to provide visibility across key areas. Foreign national prisoners complained vociferously to us and were not supported by a dedicated foreign nationals coordinator, routine access to interpreting/translation services or a range of translated materials.

Recommendation: The prison should investigate and address the reasons behind the negative perceptions of foreign national and black and minority ethnic prisoners and the range of monitoring should be increased. Appropriate staff resources and interpreting/translation services should be provided.

HP56 Concern: There were enough activity places for all prisoners but too many were unemployed, not required or allocated to low-skilled wing cleaning work, and were unoccupied for much of the day. Allocation to work was slow and often delayed by the tardy completion of the workplace risk assessment and too many prisoners were excluded from particular areas of work, training or education on the basis of over-restrictive assessments.

Recommendation: The amount of low-skilled wing work should be reduced and additional higher-quality education, training or work places introduced, to allow for full employment. The workplace risk assessments should be reviewed. Sufficient resources should be provided to enable timely completion of workplace risk assessments.

HP57 Concern: There were insufficient sex offender programmes to meet the needs of the population and too many prisoners would be released without their behaviour being sufficiently challenged.

Recommendation: The number of offending behaviour programmes to address sexual offending should be increased.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoner escort vans were clean and modern but refreshments were not always provided. All relevant documentation accompanied prisoners but was not all listed in the prisoner escort records. Arrangements for discharge and transfer were good and prisoners did not have to wear prison clothing to attend court.
- 1.2 The transport provider was the recently appointed GEOAmev and we did not have the opportunity to inspect their vehicles. However, newly arrived prisoners told us that vans were clean and modern and that staff were respectful. In our survey, 59% of prisoners said that the cleanliness of the van in which they were transported was good, and 70% that their personal safety during transportation was good, against the 53% and 62% comparators, respectively. However, we were told by one group, which had travelled for more than two hours and included an elderly, infirm prisoner, that they had not been offered refreshments during the journey.
- 1.3 The prisoner escort records we examined had not been completed fully and did not list all the important documents, including cell sharing risk assessments, sent with the prisoners; however, we found that all relevant documentation was contained in the accompanying files.
- 1.4 Reception did not remain open at lunchtime but managed arrivals to ensure that they did not take place when reception was not staffed. Reception staff also told us that they would work over lunchtime if required, to ensure that prisoners were not kept on vans.
- 1.5 No prisoners were transferred to other establishments during the inspection but we were told that it was normal practice to give more than 24 hours' notice and we saw those being discharged given an opportunity on the day before release to visit reception and pack their belongings.
- 1.6 There was a large stock of clothing, which prisoners could wear for court appearances, and they could have their own formal clothing handed in.

Recommendations

- 1.7 Prisoners should be provided with refreshments on escort vans.
- 1.8 Prisoner escort records should be fully completed.

First days in custody

Expected outcomes:

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

- 1.9 Reception was small but clean and procedures were sound, although there was no written reception or vulnerability policy. There was written information on display but almost nothing in languages other than English. The prisoner safer custody representative saw new arrivals, and interviews with health services and reception staff were held in private. All newly received prisoners were subjected to a full search. There was no written first night policy but the standard of care provided was good, although prisoners were negative about first night arrangements. Prisoners were not offered canteen packs on their first night, which left some of them vulnerable to debt. Induction arrangements were good and involved prisoner representatives. Prisoners reported favourably on the reliability and coverage of induction.

Reception

- 1.10 Reception was not busy and only two prisoners were received during the inspection. In the six months before the inspection, the average number received each week was 21, including those returning from courts or other outside appointments. All prisoners received during the inspection arrived with the appropriate information and this was checked thoroughly to assess their risk and appropriate location.
- 1.11 Reception procedures were sound and staff welcoming but there was no written policy or vulnerability procedure.
- 1.12 The reception area was small but adequate and clean, and there was written information in both holding rooms, although, apart from one notice about Listeners, there was nothing in languages other than English, even though the prison had a role accommodating foreign national prisoners (see main recommendation HP55). The shower was never used and there were no catering facilities but drinks and packed lunches were provided if required.
- 1.13 A prisoner safer custody representative, who was also a Listener, explained to new arrivals what would happen next. Prisoners also had a confidential health care interview and their cell sharing risk assessment was completed in private. All newly arrived prisoners, including those transferred from another establishment, were subjected to a full search. It was carried out in private and the number in our survey who reported that they were searched in a respectful way and treated well in reception was in line with the comparator.

Housekeeping points

- 1.14 There should be a reception procedures document which includes or refers to a policy for the identification and care of vulnerable prisoners.
- 1.15 Prisoners transferred from another establishment should not be subjected to a full search.

First night

- 1.16 Prisoners did not remain in reception for long periods and were all located on Weald wing. There was no written first night policy but staff we spoke to were clear about procedures and received a full set of information about new arrivals from reception.
- 1.17 Newly arrived prisoners were usually located in shared cells, unless their risk assessment indicated otherwise, and a written inventory was completed to check that their cell was clean and fully equipped. They had a shower on their first night and a telephone call was made on their behalf. They all had a private interview with a member of staff and met Listeners on the wing.
- 1.18 At the time of the inspection, no canteen packs or smoker's packs were routinely available on the first night: in our survey only 55% of prisoners, against the 84% comparator, said that they had been offered a pack. The prison assumed that prisoners coming from another establishment would have received a prison shop issue for that week and would have cash available for the canteen day. However, we found prisoners who had arrived without tobacco or funds and had resorted to borrowing, which put them at risk of accruing an ongoing debt.
- 1.19 We observed a good level of care for newly arrived prisoners, and recent arrivals reported positively. However, only 54% of black and minority ethnic prisoners and 59% of foreign national prisoners reported feeling safe on their first night, compared with 85% and 83% of white and British national prisoners, respectively (see main recommendation HP55).

Recommendations

- 1.20 There should be a published first night policy.
- 1.21 On their first night, prisoners should be offered a choice of canteen packs and credit to purchase them if required.

Induction

- 1.22 The induction programme was accessible every day and new prisoners joined on the morning after their arrival. It took place in a dedicated room adjoining the first night wing. In our survey, 98% of prisoners, better than the 93% comparator, said that they had been on an induction course.
- 1.23 The staff delivering the week-long induction course were supported by a prisoner induction representative, who resided on the induction wing and was available to advise new prisoners at all times. It was a comprehensive programme, which covered all aspects of the prison and included visits to important areas of the establishment. In our survey, 77% of respondents, better than the 65% comparator, said that the programme covered everything they needed to know about the prison. The programme was complemented by a printed booklet, which many prisoners found useful but was not available in languages other than English (see main recommendation HP55).
- 1.24 During induction, assessments were undertaken to prepare prisoners for participation in work, education and gym activities. Prisoners were also interviewed by resettlement staff and an induction portfolio was completed, which checked that all elements of induction had been

delivered and recorded their resettlement needs. This information was the basis of referrals picked up by resettlement workers.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 In general, accommodation was clean, and well maintained and equipped but there were some old cells which were cramped and dark. Residential areas were well supervised. Prisoner consultation was effective and sophisticated. There were insufficient telephones on some wings and some lacked privacy screening. Arrangements for mail were good but prisoners believed that legal mail was being opened. Prisoners were allowed to wear their own clothing but laundry facilities were poor. Showers were adequately screened and clean but some were in a poor state of decoration and ventilation and the range of toiletries provided was inadequate.

Accommodation and facilities

- 2.2 External areas were free of litter and there were well-maintained gardens and planting to soften the environment. The residential units were all clean and communal areas were reasonably bright. Each unit had a large association area, equipped with recreation equipment and facilities for dining in association. Weald wing had been refurbished and provided an excellent quality of accommodation in large single and double cells, which were equipped with good-quality furniture. The other wings had more dated accommodation, with some small cells that were dark and bare. However all were single cells (except for one on Kent wing) and were equipped with adequate furniture, lockable cupboards, televisions and kettles. All cells had internal washbasins and toilets but they were poorly screened on the older wings. On Medway wing, the cells were very small and there was no room to screen the toilet.
- 2.3 We saw evidence that older and infirm or vulnerable men were allocated to cells most likely to meet their needs or to provide closer oversight. All cells had call bells, and in our survey 52% of respondents, better than the 39% comparator, said that they were normally answered within five minutes, which was consistent with the records we examined. There was an offensive display policy in the prisoner compact and this was enforced in residential units.
- 2.4 Although the residential units were difficult to supervise, with separate association areas and prisoners associating on different levels, staff provided good supervision and we observed a relaxed and orderly atmosphere. On our night visits, the wings were quiet and calm.
- 2.5 There were consultation meetings between wing representatives and residential staff every month which dealt with immediate, practical matters which could be resolved by wing managers. In consultation with User Voice, the prison had developed a sophisticated system of prisoner representation on a prisoner council which considered issues for the whole prison. This had involved training prisoners in an electoral system, which required them to organise themselves into 'parties' and to hold an election. There were four 'parties' which included for instance, a 'resettlement party' and an 'environment party'. The council, which was made up proportionally from the elected representatives, met monthly to discuss proposals from the parties with prison managers. Prisoners and staff were enthusiastic about the system and felt

that it provided an effective means of responding to the needs of the prison population while meeting the needs of security. From the council, a subgroup had been developed to consider improvements to communication and there were plans to include staff in the representative parties.

- 2.6 Prisoners' outgoing and incoming mail was processed promptly, and the prison operated the email-a-prisoner scheme, with printed versions of emails received passed to prisoners at the same time as mail.
- 2.7 Guidance on safeguarding children measures was displayed in the mail room and the staff we spoke to were familiar with procedures. There was good information sharing with offender management staff. A log was maintained of letters checked for enclosures, and no more than 5% of mail was checked.
- 2.8 In our survey, 42% of respondents said that they had had letters opened from legal representatives when they were not present, which was in line with the comparator, but the log we examined showed that only one letter had been opened in error in the previous 12 months.
- 2.9 There were insufficient telephones available to meet the needs of prisoners on Thanet wing, with only six provided for the 173 prisoners who were located there during the inspection. In our survey, 17% of prisoners said that they had experienced problems accessing telephones, against the 24% comparator. The eight telephones on Weald wing were all located in booths, which allowed access to prisoners with disabilities, but on other wings there was a combination of telephones in booths and with privacy hoods, and some of the telephones on the landings had neither.
- 2.10 Foreign national prisoners received a monetary credit to their telephone account, equivalent to the cost of a five-minute telephone call to their home country, assuming that they had not received a domestic visit in the preceding month (see recommendation 4.34).
- 2.11 The telephones were operative at different times of the day. Appropriate notices were displayed next to all telephones, informing prisoners of monitoring arrangements; these were well established and correct authorisations were in place for the records we examined.

Recommendations

- 2.12 All in-cell toilets should be screened.
- 2.13 All telephones should have privacy hoods.

Good practice

- 2.14 *The elected prisoner council arrangements provided effective and valuable consultation arrangements.*

Clothing and possessions

- 2.15 All prisoners, except those on the basic level of the incentives and earned privileges scheme, were allowed to wear their own clothing, which could be handed in at visits and there was adequate prison clothing for those who chose to wear it. In our survey, 81% of respondents

said that they were offered enough clean suitable clothes for the week, which was better than the 59% comparator.

- 2.16 The wing laundries had been closed and clothing was washed weekly in the central laundry. Prisoners and staff told us that laundry was often returned still damp and prisoners complained that sometimes items were lost or damaged.
- 2.17 Prisoners could apply for their stored property and collect it at weekends. Prisoners being discharged were provided with holdalls for their property and could pack it on the day before release.

Recommendation

- 2.18 Laundry arrangements should be reviewed, to ensure that prisoners' clothing is returned clean, dry and intact.

Hygiene

- 2.19 In our survey, 98% of prisoners, against the 92% comparator, said that they were able to shower every day; 90%, against the 79% comparator, that they received clean sheets weekly and 93%, against the 73% comparator, that they got cell cleaning materials every week. The cells we inspected were clean and staff prompted prisoners to keep them in good order.
- 2.20 Showers were adequately screened and clean but on those on Medway and Thanet wings had poor ventilation, decoration and drainage.
- 2.21 At the time of the inspection, toiletries provided to prisoners were restricted to shower gel, disposable razors and deodorant; they had to buy their own shaving soap or cream and soap.
- 2.22 Most cells had curtains and prisoners could purchase duvets.

Recommendation

- 2.23 Showers should be adequately ventilated and decorated.

Housekeeping point

- 2.24 The range of toiletries provided should meet all the needs of prisoners.

Staff–prisoner relationships

Expected outcomes:

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

- 2.25 We observed generally positive interactions between prisoners and staff, particularly on some wings. More prisoners than at comparator prisons said that staff treated them with respect, although black and minority ethnic and foreign national prisoners were less positive about staff.
- 2.26 In our survey, more prisoners (83%) than at comparator prisons (74%) said that staff treated them with respect, and we observed generally positive interactions between staff and prisoners. However, only 67% of black and minority ethnic prisoners, compared with 91% of white prisoners, and 69% of foreign national prisoners, compared with 90% of British national prisoners, said that staff treated them with respect (see main recommendation HP55). Many staff addressed prisoners by their preferred or first names.
- 2.27 Staff interaction during association was good on most wings and we observed many staff engaging with prisoners to deal with requests. Prisoners on Thanet wing were less positive when we spoke to them, and we observed less interaction between staff and prisoners on this wing. In our survey, 27% of prisoners, compared with 19% in similar prisoners, said that staff spoke to them during association, which was the same as at the time of the previous inspection. Prisoners in our groups told us that they all had members of staff they could turn to for help, although in our survey black and minority ethnic and foreign national prisoners were less positive about this issue (see main recommendation HP55).

Personal officers

Expected outcomes:

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

- 2.28 Most prisoners said that they had a personal officer and that they were helpful. Case recording was inconsistent and management oversight did not always result in improvements. Contact between personal officers and prisoners did not always focus on the achievement of the sentence plan objectives.
- 2.29 In our survey, more prisoners (89%) than at comparator prisons (75%) said that they had a personal officer, and more (66%) than at comparator prisons (62%) and than at the time of the previous inspection (59%) said that they were helpful. The names of personal officers were displayed on cell cards. Personal officers were allocated by cells, which meant that if the prisoner moved, they had a change of officer. However, prisoners did not complain to us about any negative effect of this policy.
- 2.30 Fortnightly personal officer case recording was rarely achieved. Some records had gaps of a month between entries. Management checks of personal officer entries took place regularly. Of the management checks we reviewed, 10% judged the personal officer entry to be of poor quality and a third judged them to be of only fair quality or not regular enough. The quality of entries varied greatly and did not always improve following management oversight.
- 2.31 Personal officers were not well enough integrated into the work of the offender management unit. Few attended sentence planning boards, sending a written report instead. Contact between personal officers and prisoners tended to be ad hoc and focused on compliance with the regime, rather than achievement of sentence plan objectives or motivational work.

Recommendations

- 2.32 The frequency and quality of personal officer entries on the prisoner's record should be improved and maintained through effective management oversight.
- 2.33 Personal officer contact time should be formalised and focus on the achievement of sentence plan objectives, alongside compliance with the regime.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Levels of recorded violence were low and during the inspection prisoners said that they felt safe, although this was contradicted by findings from our survey. There was a comprehensive violence reduction strategy but it had not been fully implemented and the associated action plans were underdeveloped. Insufficient resources were allocated to violence reduction but the prisoner violence reduction representatives provided valuable support. The safer custody meeting included relevant departments, prisoners and voluntary groups and received a range of information from the safer custody team but it was not adequately analysed. Prisoners' views were not gathered to inform the strategy. The anti-bullying system was understood and used well by staff but was underdeveloped. There was no written vulnerability policy but procedures to identify and support vulnerable prisoners were adequate.
- 3.2 Given the integrated mix of sex offender and foreign national prisoners (80% and 30%, respectively, as some foreign national prisoners were also sex offenders), there were potential risks to safety but we found that prisoners and staff supported the integration and it had been well managed. Staff and managers were aware of some negative perceptions between different types of sex offenders and the dissatisfaction of a small number of foreign national prisoners who had been sent to the establishment unaware of its integrated regime.
- 3.3 In our survey, more prisoners (27%) than at comparator prisons (18%) said that they had been victimised by another prisoner, and more than at comparator prisons that they had been victimised because of race, sexuality, age and their conviction. More black and minority ethnic and foreign national prisoners than their white and British national counterparts said that they felt unsafe at the moment (33% versus 7% and 24% versus 9%, respectively) and that they had ever felt unsafe at the prison (58% versus 25% and 51% versus 28%, respectively) (see main recommendation HP55). However, the views of prisoners we spoke to and levels of recorded violence did not support the negative survey findings.
- 3.4 In the six months before the inspection, 48 incidents of bullying had been reported. In the year to date, there had been only 16 assaults and five fights recorded. There was little gang-related violence, although staff had acted to defuse tensions between some foreign national groups.
- 3.5 The prison had a comprehensive violence reduction strategy, which covered identification of bullying behaviour, challenging anti-social behaviour and support of victims. The strategy described sources of management information but this was not all gathered and not used explicitly to provide detail specific to the establishment.
- 3.6 There was a prison officer safer custody coordinator but he also had responsibility for older prisoners and those with disabilities, so he did not have sufficient time to devote to violence reduction during his allocated working hours. He was supported by seven prisoner safer

custody representatives, whose role was to liaise between prisoners and staff, to challenge potentially bullying behaviour and to support victims of bullying.

- 3.7 The safer custody meeting was chaired by the head of residence and decency. It included an appropriate range of departments, Samaritans representatives and Listeners. A wide range of information was collated by the safer custody coordinator and presented to this meeting but there was little evidence of it being analysed to provide an understanding of patterns and trends which could be used to develop action plans.
- 3.8 There was a continuous improvement plan, which was updated monthly but did not detail the progress of any actions to achieve improvement. There was also a harm minimisation plan, with general actions such as 'to target areas of concern', but it did not identify more specifically the areas of concern that were identified.
- 3.9 A general survey which contained a section on violence reduction had been analysed immediately before the inspection but had not been utilised to inform action, and the exit survey stipulated in the violence reduction strategy had not yet started.
- 3.10 The prison's stance on violence reduction was well publicised, with posters on all residential units and in public areas, including visits, stating that bullying would not be tolerated. Staff and visitors were encouraged to report bullying and there was a dedicated telephone line for prisoners and visitors to report any incidents; this was monitored several times daily.
- 3.11 Staff in all areas were expected to report bullying through a formal system which was monitored by the safer custody officer but investigations were the responsibility of wing managers. The system used documents which combined records of monitoring perpetrators and victims with 'support and challenge' plans; however, in some cases separate victim support booklets had been opened. Staff were familiar with the process, although there had been no formal anti-bullying training delivered, and prisoners we spoke to who had experienced victimisation told us that they were appropriately protected and supported. Although the system was used well by staff, it was underdeveloped. The support and challenge plans were not specific enough to provide the basis for a good judgement of a prisoner's progress during monitoring, and entries did not record any interaction with the subject of the record. There was no specific intervention to address the attitudes of prisoners involved in bullying (see main recommendation HP54).
- 3.12 The prison did not separate any prisoners for reasons of vulnerability and did not use the term 'vulnerable prisoners' to describe their sex offender population.
- 3.13 There was no vulnerable prisoner policy, so procedures for identifying in reception or on residential units those who might be at risk of self-harm or bullying were not set out separately from the violence reduction or suicide and self-harm policies. However, we found that procedures in reception and on residential units operated to identify, support and protect prisoners who needed it. Staff understood their responsibilities, some of which were described in the violence reduction strategy, and we found examples of prisoners being closely monitored, located closer to wing offices and having their support networks identified (see main recommendation HP54).
- 3.14 Prisoner safer custody representatives also played a central role in maintaining contact with prisoners perceived as potentially vulnerable, and provided support and reassurance.

Self-harm and suicide

Expected outcomes:

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

- 3.15 Support for those at risk of self-harm was good and assessment, care in custody and teamwork (ACCT) procedures were well implemented. Listeners were available 24 hours a day and felt well supported both by staff and Samaritans volunteers. Deaths in custody had been investigated and recommended action carried out.
- 3.16 There was a full and detailed suicide and self-harm policy, which set out the procedures for caring for prisoners at risk and provided advice for staff in their management. It addressed the needs of prisoners in different areas of the prison, particularly reception and in first night accommodation, and on discharge.
- 3.17 Suicide and self-harm prevention was managed by an officer in the safer custody team, who monitored the quality of assessment, care in custody and teamwork (ACCT) interventions weekly, provided feedback on their quality and collated suicide and self-harm information.
- 3.18 Suicide prevention and self-harm issues were considered at the safer custody meeting. Information about the incidence of self-harm issues was provided to the meeting but was not sufficiently analysed to identify patterns and trends which could improve practice (see also section on bullying and violence reduction).
- 3.19 The number of ACCT documents opened was low and a large proportion were closed within a week. At the time of the inspection, there were seven ACCT documents open and 62 had been opened in the year to date – a reduction on the previous year, when 72 had been opened by the same date.
- 3.20 The quality of ACCT documents was generally good, with clear identification of trigger factors and practical targets related to the causes of self-harm, and records of good interaction with prisoners during the period of supervision. Reviews and post-closure interviews were all held on time. Practice was let down by inconsistent case managers and poor representation of prison departments at reviews. Prisoners who had been subject to ACCT procedures told us that staff had provided a high level of support and that they had been included in planning their care.
- 3.21 There was a continuous programme of ACCT training for staff, and all those in contact with prisoners had received training.
- 3.22 Fourteen prisoners had been trained as Listeners and they were available 24 hours a day on a rota basis. Each wing had a dedicated Listeners room, and the one on Weald wing was equipped with beds, so that vulnerable prisoners could spend the night there if required. There were also dedicated Samaritans telephones available on each wing. Listeners we spoke to felt well supported, both by staff and Samaritans volunteers, whom they met weekly.

- 3.23 There had been four deaths in custody since the previous inspection, all from natural causes, although one had resulted from a prisoner developing an infection in hospital following an intentional drug overdose. Action plans had been completed promptly following investigation, and progress was reported to the safer custody committee, which also considered any near misses under a standing agenda item. There was a dedicated team of family liaison officers, who communicated with families and offered them support.

Recommendation

- 3.24 Information about suicide and self-harm should be analysed to identify trends and patterns and appropriate action should be taken.

Housekeeping point

- 3.25 There should be consistent case managers and representation of residential and health services staff at assessment, care in custody and teamwork (ACCT) reviews.

Applications and complaints

Expected outcomes:

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

- 3.26 Applications were well managed. Complaint forms were readily available and responses were in time. Monitoring of the quality and analysis of trends and patterns in complaints were inadequate.
- 3.27 On each residential unit, a full range of application forms was freely available, and most prisoners said that it was easy to get an application form. Sixty-seven per cent said that that applications were dealt with fairly (against the 60% comparator) and 57% that they were dealt with promptly (against the 52% comparator). Standard application forms had a duplicate sheet, so that prisoners could retain a dated copy for tracking any that had not been answered.
- 3.28 There were notices on all residential wings advising prisoners how to contact the Independent Monitoring Board (IMB) and the Prisons and Probation Ombudsman. Applications to the IMB were collected weekly and were well used, with 122 received in the year to date, an increase on the 117 which had been received at the same time in the previous year.
- 3.29 There was no specific complaints policy, as the prison complied with the relevant Prison Service Order and stated how complaints should be answered in its decency policy.
- 3.30 A full range of complaint forms was freely available on all wings, with envelopes for confidential access, but in our survey a lower proportion than the comparator said that it was easy to get a complaint form (79% versus 86%). Complaint boxes were emptied nightly by the night orderly officer.
- 3.31 Information about the types of complaint was collated; most were about property and staff but there was no record of this information being analysed in senior management team meetings.

- 3.32 Complaints were mostly responded to in time, with only one internal complaint outside the specified limit in the year to date. The quality of responses was monitored through a 10% check by the deputy governor, who reported his findings back to functional heads individually or to staff where required.
- 3.33 In our survey, only 20% of respondents who had made a complaint felt that it had been dealt with fairly, against the 34% comparator. The quality of the responses to complaints which we examined was generally good, being informative and respectful.

Recommendation

- 3.34 The prison should analyse the trends and patterns in complaints made and inform the prison population of the action taken in response.

Housekeeping point

- 3.35 Complaints should be collected directly by the complaints clerk from residential units, to ensure confidentiality.

Legal rights

Expected outcomes:

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

- 3.36 There was a trained legal services officer but no time allocated to the task. Legal visits were held in the main visits hall, with insufficient privacy.
- 3.37 There was only one trained legal services officer but he was not allocated time to carry out this role and his name was not advertised to prisoners as a source of support.
- 3.38 Until recently, legal visits had been held in a separate building, close to the visits hall. At the time of the inspection, however, this was under refurbishment and they were being held each weekday morning in the visits hall, although this offered little privacy and it was not uncommon for 12 legal visits to occur simultaneously.

Faith and religious activity

Expected outcomes:

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

- 3.39 A small chaplaincy team played an active role in the prison regime and provided for all faiths. Faith facilities were adequate for the population. There was a limited range of religious study groups and other activities available.

- 3.40 The chaplaincy team was small and provided for all faiths, although some problems had been experienced in providing a Sikh minister. There was a full-time Anglican minister and part-time Muslim, Sikh, Hindu and Buddhist ministers. There was a vacancy for a Roman Catholic priest and services were provided by a volunteer for this and other faiths as required.
- 3.41 Facilities consisted of a large, traditional chapel, part of which was used for multi-faith activities, and a smaller side chapel. The multi-faith facility was used for Muslim prayers and was sufficiently large for the prisoners who attended these services.
- 3.42 The chaplaincy had a well-publicised programme of services and provided a limited range of other activities, such as prayer and discussion groups and a music group. Prisoners did not have to apply to attend corporate worship and could request to see a chaplain in private. The team worked well together to cover generic pastoral duties.
- 3.43 The chaplaincy team was integrated into the daily life of the prison and was represented at key meetings, such as the equality action team and safer custody meetings. They visited prisoners in segregation daily and all those reviewed under ACCT procedures. The team visited all new receptions on the wings. There was a formal prison visitors scheme for prisoners who did not receive visits, and birthday cards were sent to all prisoners.

Substance use

Expected outcomes:

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

- 3.44 There was little need for opiate substitute prescribing, which made it difficult for the prison to retain staff expertise in this area, and there were plans to form a cluster of substance misuse services across several establishments. Prisoners with substance- and mental health-related problems received good care. Drug testing figures, finds and our survey results all pointed towards a low level of drug availability in the prison.

Clinical management

- 3.45 Prisoners with substance use issues could continue previous treatment regimes and those who had developed an opiate problem while in prison could access help. However, as demand was extremely low, with never more than one or two prisoners presenting at any one time, it was difficult for the prison to retain staff expertise in this area, and there were plans to cluster provision across several establishments, to ensure adequate staff cover at all times. Appropriate clinical management protocols and flexible prescribing regimes were in place; in addition to methadone and Subutex (buprenorphine), lofexidine was available for symptom relief and naltrexone could be prescribed pre-release.
- 3.46 A substance misuse nurse, who was also a nurse prescriber, had been working as part of the counselling, assessment, referral, advice and throughcare (CARAT) service. Although he had recently left to join the primary health service, he still retained responsibility for managing prisoners requiring clinical intervention. One of the GPs was a specialist in treating substance dependency.

- 3.47 Controlled drugs were administered by the substance misuse nurse and a pharmacy technician from a designated, fully equipped treatment room but there was no need to use either the fingerprint recognition device or the methasoft machine.
- 3.48 Prisoners received a high level of input and recorded checks evidenced that joint treatment reviews had taken place in the past, although this was not consistently the case. One prisoner who was unhappy about the reduction in his methadone dosage had not been jointly reviewed in seven weeks, and his CARAT worker was unaware of his current prescribing regime.
- 3.49 Prisoners who experienced both substance- and mental health-related problems received a good level of coordinated care; a dual diagnosis management protocol had been developed and mental health nurses were experienced in assessing and treating dual diagnosis clients.

Recommendation

- 3.50 **Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should provide fully integrated care to prisoners and consistently undertake joint care plans and reviews.**

Drug testing

- 3.51 The random mandatory drug testing (MDT) positive rate averaged 0.5% over the previous six months, equating to one prisoner testing positive. The low level of drug availability was confirmed in our survey, in which 20% of respondents said that it was easy to get illegal drugs at the prison, against a comparator of 32%, and 1% reported developing a drug problem while at the prison, against a comparator of 9%.
- 3.52 The MDT programme was sufficiently resourced to undertake the required level of weekend and target testing. Requests for suspicion tests were met promptly; in the previous six months, 21 tests had resulted in a 26.5% positive rate. A high level of risk tests took place but, out of 123 conducted in the previous six months, only one had returned a positive result.
- 3.53 Cannabis was the main drug of use, followed by diverted opiate-based medication. There had also been occasional finds of hooch and anabolic steroids. The establishment had developed a supply reduction action plan, there was a good level of information sharing between security and health departments, and security staff attended monthly drug and alcohol pathway meetings.

Section 4: Diversity

Expected outcomes:

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

- 4.1 Strategic oversight and governance of diversity were inadequate. There was no single equality policy and the supporting action plan was out of date. There were regular, well-attended meetings but little organised community engagement. Diversity incident report forms were investigated to a reasonable standard but external scrutiny had lapsed. Prisoner representatives were well supported and offered support to other prisoners. Equality impact assessments had been completed for some key areas.
- 4.2 There was no single comprehensive equality policy. The policy for race equality was adequate and that for disability was good but those for foreign national and transgender prisoners did not adequately reflect current provision at the establishment. The equality action team (EAT) action plan was out of date. There were no follow-up actions from a recent measuring the quality of prison life (MQPL) report, which contained some key issues for diversity, and few recorded actions to reflect the issues facing foreign national prisoners.
- 4.3 The diversity team was well publicised throughout the prison. The full-time equality manager covered all aspects of diversity, except for disability and older prisoners. The disability liaison officer (DLO) also had responsibility for safer custody and had insufficient time fully to develop both areas (see section on bullying and violence reduction). Additional support had been provided by foreign national liaison officers but this had been discontinued when the prison population had integrated over 12 months previously. The diversity information collected from prisoners on reception was limited.
- 4.4 The EAT met bimonthly and was attended by prisoner representatives and staff from a range of departments. There were few links with community organisations and no representation from community groups at this meeting. The meeting considered reports relating to all the diversity areas but monitoring of these areas was limited.
- 4.5 The number of diversity incident report forms (DIRFs) submitted was low, with nine between May 2011 and the time of the inspection. The responses we looked at were personalised and incidents were investigated to a reasonable standard by the equality manager. All DIRFs were quality checked by the governor and discussed at the EAT meeting. External scrutiny had been undertaken by staff from Medway Human Rights Equality Council but this had been discontinued, as had scrutiny by NOMS regional office staff.
- 4.6 Over 90% of staff had undertaken the Prison Service diversity course, 'Challenge It, Change It'.
- 4.7 There was a team of four prisoner diversity representatives, who met the equality manager regularly. They told us that they were well supported by staff and had free movement around the prison. We observed them assisting prisoners on the wing during association and mealtimes.

- 4.8 There had been some celebrations around diversity, including for Black History Month, but the racial diversity of the population was not sufficiently reflected in material on display in the prison.
- 4.9 There was limited monitoring of race equality and ethnicity (see section on race equality). Detailed monitoring of wider equality issues had been carried out only for a short time and there was insufficient information available to make any considered judgements at the time of the inspection (see recommendation HP55).
- 4.10 Single equality impact assessments had been done for those areas which had been identified as key to ensuring fair implementation of some policies. A separate action plan had been devised but there was no evidence of it having been reviewed at EAT meetings. A timetable had been drawn up to review these impact assessments and complete further assessments.

Recommendations

- 4.11 Information should be collected from prisoners on reception about different aspects of diversity, and adequate support should be provided for all groups.
- 4.12 Links with external community agencies should be developed, to include them as part of the equality action team membership.
- 4.13 A comprehensive single equality policy should be developed and implemented, with an up-to-date accompanying action plan.

Housekeeping point

- 4.14 External scrutiny of diversity incident report forms should be carried out.

Race equality

- 4.15 Management support for race equality was adequate. Prisoners from minority ethnic backgrounds reported being disproportionately victimised by staff and they were more negative in our survey across a range of issues. Diversity incident report forms relating to race were investigated promptly. There was little consultation with, or support for, black and minority ethnic prisoners.
- 4.16 Management support for race equality was adequate but there was little promotion of cultural and racial diversity.
- 4.17 Black and minority ethnic prisoners accounted for a little under 30% of the population. Race equality was managed day to day by the equality manager, who carried out investigations into any racist incidents reported in DIRFs. The governance of race equality was reasonable but the EAT monitored only a limited range of local areas, with use of force and access to activities being notable exceptions (see main recommendation HP55). In our survey, 9% of black and minority ethnic prisoners said that they had been restrained by staff, more than the 4% comparator.
- 4.18 In our survey, 42% of black and minority ethnic prisoners, compared with 12% of their white counterparts, reported being victimised by staff. They also reported negative experiences

across a range of issues (see main recommendation HP55). However, during the inspection, black and minority ethnic prisoners in our groups and individually reported generally positive experiences with staff, as did the prisoner diversity representatives. The most disaffected group of prisoners were the foreign national prisoners, many of whom were also classified as black and minority ethnic prisoners in our survey (see section on foreign national prisoners). There was no formal support group for black and minority ethnic prisoners.

Managing racist incidents

- 4.19 DIRFs were freely available. Six DIRFs relating to race had been submitted since May 2011, and 14 racist incident report forms between the beginning of 2011 and the introduction of DIRFs. These were investigated promptly and investigations carried out to a reasonable standard. Prisoners received comprehensive written replies and were generally seen by the equality manager as part of the investigation.
- 4.20 Of the 2011 reports to date, a number had been proven but there were no interventions for racist bullying. An assessment was made of victims and any necessary support offered.
- 4.21 The equality manager received information from the security department on any prisoners convicted of a current or previous racially aggravated offence or displaying racist behaviour during their sentence but did not keep a formal log recording this.

Recommendation

- 4.22 Interventions for challenging racism should be established.

Housekeeping point

- 4.23 A log should be kept of all prisoners convicted of a current or previous racially aggravated offence or those who display racist behaviour during their sentence.

Religion

- 4.24 Chaplaincy team members contributed to the equality action team meeting.
- 4.25 A member of the chaplaincy team regularly attended the EAT meetings. The team provided some statistics relating to religious activity to the EAT meeting.

Foreign nationals

- 4.26 The foreign nationals policy was out of date. The equality manager had recently taken on responsibility for foreign national prisoners but there was no dedicated coordinator. He was supported by administration staff, acting as case workers. Foreign national prisoners complained to us about being treated less favourably in a number of regime areas, and monitoring was inadequate. They also reported victimisation by staff. Forums and committee meetings took place, and the UK Border Agency held surgeries. Eleven foreign national prisoners were being held beyond the end of their sentence. Independent advisers attended

weekly to offer advice. Interpreting services were used but there was little information available in languages other than English.

- 4.27 The prison was a designated 'spoke' or secondary centre for foreign national prisoners. There was no dedicated foreign nationals coordinator, despite there being 178 foreign national prisoners (almost a third of the population) at the establishment at the time of the inspection. The equality manager had recently taken on responsibility for foreign nationals and was supported by administration staff acting as caseworkers, who undertook formal contact with the UK Border Agency (UKBA).
- 4.28 The foreign nationals policy was out of date and inaccurate, being mainly a reproduction of the Prison Service Order, with little information about what happened at Maidstone.
- 4.29 Foreign national prisoners were identified on reception by administration staff. UKBA staff attended the prison twice a week for surgeries with this group of prisoners, and met all prisoners who requested to see them and also specific prisoners to whom they needed to give immigration information. Eleven foreign national prisoners were being held beyond the end of their sentence as immigration detainees, the longest since May 2010. This detainee was going through the process of appealing immigration matters. His case notes were up to date and he had been kept informed at all stages of the process.
- 4.30 Foreign national prisoners complained vociferously to us about being treated less favourably than other prisoners, particularly in relation to access to activities, release on temporary licence (ROTL) and recategorisation to category D. In our survey, 39% of foreign national prisoners said that they had been victimised by a member of staff, three times more than their British counterparts. Little information was collected and monitored to enable prison managers to allay their fears (see main recommendation HP55).
- 4.31 A foreign national prisoners forum took place bimonthly. The aim of the group was to provide information on a range of subjects requested by the prisoners. There had been recent presentations on the facilitated returns scheme, given by UKBA; cross-border transfers, given by Prison Service headquarters staff; and independent advice from specialist solicitors. Links had been made with the Detention Advice Service, which visited weekly to provide independent advice. A bimonthly foreign national prisoners committee meeting took place on alternate months to the forum and considered the day-to-day management of these prisoners. A recent survey carried out by User Voice had identified a number of issues that concerned foreign national prisoners and the differences in their treatment compared with British Nationals, including access to ROTL, recategorisation and difficulties with language and information.
- 4.32 There was little local information available in languages other than English. A professional telephone interpreting service was used occasionally and prisoner and staff interpreters were used in many instances.
- 4.33 Foreign national prisoners were allowed to make free overseas telephone calls only if they had not received a visit. Many complained that the PIN credit they received did not give them a five-minute telephone call.

Recommendation

- 4.34 **Foreign national prisoners should be able to make a free telephone call every month, even if they receive visits, and the length of calls should be checked.**

Disability and older prisoners

- 4.35 There was a good system for identifying those with a disability. The disability liaison officer had links with the education and health care departments. Most needs for those with a disability had been identified and met, and care and evacuation planning was carried out. Adapted cells were available and adaptations had been made for those with mobility or other problems. Some activities were provided through the gym. Retirement pay was poor and some older prisoners worked to ensure that they had sufficient funds. Older prisoners and those with a disability were unlocked during the core day, although often with little access to structured activities.
- 4.36 All prisoners were asked to provide information about any disability on induction, and completed forms were logged on a database by the DLO. Prisoners identified by education or health services staff as having a disability were also reported to the DLO. Links between the DLO and these departments were good. The prison had identified 197 prisoners (33%) as having a disability.
- 4.37 There were 168 older prisoners at the establishment, the oldest being 83. The DLO met all older prisoners and those with a disability to discuss their needs. Medical care plans had been completed for all who needed them. Evacuation plans were excellent and had been formulated by the fire officers. They were comprehensive and appropriate, and staff on all wings were able to identify those who needed assistance in an emergency. Signage on cells was clear and buddies had been identified to assist those who would need help in getting from living or work areas.
- 4.38 There were two specially adapted cells, one on Kent and one on Weald wing. The cell on Kent wing was in poor condition and inhabited by able-bodied prisoners, even though there were prisoners using wheelchairs on this wing. Most facilities were accessible with some assistance, and there were adaptations made for prisoners with physical disabilities. Each wing (except Medway, which was inaccessible to prisoners with disabilities) had a shower dedicated for use by prisoners with disabilities. Nine electric buggies were provided for those who had been assessed as having severe mobility problems and these were shared by those who needed them. Kit exchange was carried out at the cell door of those unable to attend in person. Staff had been trained in British Sign Language.
- 4.39 All of the older prisoners we spoke to were satisfied with the treatment they received and had good relationships with staff. Older prisoners and those with a disability were unlocked during the core day. Pay for such prisoners was poor and some older prisoners told us that they continued to work beyond retirement, to ensure that they had sufficient funds for prison shop purchases. Older prisoners and those with disabilities had access to activities in the gym but otherwise little in the form of structured activities during the core day.
- 4.40 A paid buddy scheme provided formal support, and 12 prisoners were undertaking this role at the time of the inspection. The DLO was given details of any prisoners who required assistance with travelling home, six months before their release, and arranged for them either to be taken home or for suitable transport to be provided.
- 4.41 There were no external community links for older prisoners.

Recommendations

- 4.42 Retirement pay should be increased.
- 4.43 Older prisoners and those with a disability should have access to more structured activities during the core day.
- 4.44 The adapted cell on Kent wing should be refurbished.

Housekeeping point

- 4.45 Cells for those with disabilities should not be occupied by able-bodied prisoners.

Good practice

- 4.46 *The personal emergency evacuation planning system was excellent and gave assurance that prisoners with disabilities would receive appropriate support and assistance in an emergency.*

Gender and sexual orientation

- 4.47 There was good acknowledgement of gender issues but no recognition of sexual diversity. Support for transgender prisoners was well developed, despite the lack of detail in the policy.
- 4.48 There was good acknowledgement and promotion of gender issues but no formal process during induction or during their time in custody whereby prisoners could disclose their sexuality (see recommendation 4.11). Prisoners who were transgender received good support from staff, although the underlying policy lacked any detail about how this would be done (see recommendation 4.13).
- 4.49 Although, in our survey, 7% of respondents identified themselves as being gay or bisexual, there were no support systems for such prisoners (see recommendation 4.11).

Section 5: Health services

Expected outcomes:

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

5.1 Primary care provision was reasonable, with an appropriate range of services. Waits for routine GP appointments were short, and for the dentist satisfactory. Prisoners told us that health services staff were polite and respectful. Staffing vacancies had meant that health services staff were not always able to engage with wider prison meetings. Effective reception screening enabled health and disability needs to be identified quickly and appropriate referrals made. Prisoners with long-term conditions were well managed on an individual basis. Most prisoners had in-possession medication but without robust risk assessment. Prisoners were inappropriately handcuffed during external sexual health consultations. Mental health services were good, with effective primary and secondary care access, and patients we spoke to were positive about the care they had received.

General

- 5.2 Health services were commissioned by West Kent Primary Care Trust (PCT). Core primary care services were provided by the prison and a local general practice, Northumberland Avenue Practice. A change in health services provider was due to take place in November 2011. Other services were contracted in on an individual service basis. There was some concern about the implications of the proposed staffing profile in the new contract.
- 5.3 A quarterly prison partnership board meeting was chaired by the governor. The most recent meeting had been in August 2011 and had been poorly attended by the PCT.
- 5.4 A full health needs assessment had been conducted in 2009 after the change in the prison population; this had identified some key gaps which remained unaddressed, comprising chronic disease expertise, screening and immunisation for blood-borne viruses, the needs of prisoners with limited understanding of English, nurse triage and mental health service coverage. An associated action plan and a health development plan, both formulated in 2011, identified treatment for long-term conditions and alcohol use, and screening and immunisation for blood-borne viruses as key objectives.
- 5.5 The health care department had several treatment and consulting rooms (which provided appropriate privacy), a pharmacy, a dental surgery and two waiting rooms with toilets. The department was clean and tidy. There was a separate room in reception with access to SystemOne but it had no hand basin, telephone or panic button.
- 5.6 Prisoners were given basic written information about health care but only in English (see main recommendation HP55). Health care applications were made using the main prison post boxes on the wings; these were collected daily and when appointments were made these were notified to prisoners, via a wing list. This had resulted in prisoners attending for appointments without knowing their purpose.

- 5.7 A basic compact was used for prisoners to consent to sharing their medical information but it did not enable prisoners to be selective about which departments and agencies this applied to.
- 5.8 There was no designated health lead for older prisoners but there was good identification of the needs of older prisoners and those with a disability, and effective joint working with the disability liaison officer (DLO) supported prisoners' needs.

Recommendation

- 5.9 There should be a designated health services lead for older prisoners.

Housekeeping points

- 5.10 The reception health care room should be refurbished, to enable staff to wash their hands, use a telephone and summon help if required.
- 5.11 Prisoners should be told in confidence the purpose of their internal health care appointment before attending.
- 5.12 The information-sharing compact should enable prisoners to identify which departments and agencies they wish to share confidential medical information with.

Clinical governance

- 5.13 There were two permanent qualified nursing staff in post: a registered mental health nurse and a registered general nurse with substance use expertise. There were three nursing vacancies, which were covered using existing staff and agency staff. This had compromised the ability of health services staff to engage consistently in wider prison meetings such as safeguarding and assessment, care in custody and teamwork (ACCT) reviews.
- 5.14 All health services professional and support staff had undertaken basic/intermediate life support training during the previous year. The qualified nurses had attended ad hoc study sessions on long-term conditions, including diabetes and wound management.
- 5.15 SystemOne was well embedded and used by all health professionals except the dentist (see recommendation 5.61). Reports and diagnostic results were scanned and uploaded onto the system promptly. Arrangements for paper record storage were satisfactory.
- 5.16 Prisoners with disabilities were well catered for, with regular communication between the DLO, wing staff and health services staff. Aids and adaptations for prisoners with mobility or sensory problems were arranged from a designated prison store and men requiring specialist occupational therapy assessment were referred to the local PCT service.
- 5.17 There was no specific telephone interpreting equipment and no records were kept of usage of telephone interpreting services (see main recommendation HP55). We were told that two of the GPs were able to speak a number of eastern European and Asian languages and they were often used to interpret.
- 5.18 There had been a satisfactory PCT infection control audit in October 2010, with some minor issues identified, including the need for NHS-compliant cleaning standards in clinical areas.

The mental health provider had recently conducted an audit regarding physical health but we did not see the outcome.

- 5.19 Prisoners could submit complaints using the main prison system, which compromised medical confidentiality. The complaint responses we reviewed were appropriate, timely and respectful, with evidence of action taken. We were told that the main prisoner forum, User Voice, included health care, although it was not clear how health care representation was achieved.
- 5.20 There had been one serious untoward incident logged in the previous year by health services staff, which related to a prisoner whose external NHS treatment had been poor. There had been no reported clinical incidents and one near miss, and the formal reporting process was not clear.
- 5.21 There was a wide range of relevant policies, which were mostly in date but some were not robust and required review.
- 5.22 Nursing staff we spoke to were able to identify how they accessed clinical supervision but there was no formal system and it remained ad hoc and unsupported by a robust policy.

Recommendations

- 5.23 Health services staffing should be sufficient to enable health staff to contribute to wider prison meetings.
- 5.24 Prisoners should be able to make a complaint without compromising their right to medical confidentiality.
- 5.25 All clinical incidents and near misses should be formally reported and appropriate action logged and followed through.

Housekeeping points

- 5.26 The health care department should provide representation at the User Voice meeting, to ensure that prisoners can raise and have responses to health care-related issues.
- 5.27 A review of all policies should be undertaken, to ensure that they are up to date and reflect safe and evidence-based practice.

Primary care

- 5.28 In our survey, more prisoners than at comparator prisons said that it was easy to see the doctor (57% versus 38%) and the dentist (30% versus 14%). Fewer men said that the quality of the service from the doctor and the dentist was good or very good (37% versus 52% and 41% versus 46%, respectively). Prisoners told us that health services staff were polite and respectful.
- 5.29 Prisoners could access the health care department between 8am and 6.30pm between Monday and Thursday, and between 8am and 5.30pm on Fridays, weekends and Bank Holidays. Men could see the GP within two to four days for routine issues and had access to the nurses daily at medication times and in nurse-led clinics. There was a range of simple triage guidelines but no protocols or algorithms to inform consistent diagnosis and care.

- 5.30 There was a weekly physiotherapy session for those with musculoskeletal and respiratory conditions, with 12 men waiting at the time of the inspection, and the longest wait approximately 17 weeks. A podiatrist clinic was held twice monthly and men with diabetes were reviewed regularly. An optician clinic was held two or three times a month and there were 49 men on the waiting list at the time of the inspection, with the longest wait likely to be eight weeks.
- 5.31 In our survey, fewer prisoners than at comparator prisons (85% versus 90%) said that they had seen a health professional on arrival. However, all new arrivals were seen by health services staff in reception, and electronic records confirmed this.
- 5.32 A short reception health screening was completed soon after prisoners arrived. Men who disclosed, or had a previous history of, mental health issues were referred to the primary mental health practitioner for assessment or directly to the GP or mental health in-reach team. Men with drug and alcohol problems were referred to the counselling, assessment, referral, advice and throughcare (CARAT) team.
- 5.33 A secondary assessment was completed within the first week, which included a fitness assessment for gym and work. The screening triggered referrals to the blood-borne virus clinic, or smoking cessation or CARAT services. The records we reviewed showed that men were offered referrals and care appropriate to their needs. Individual management of long-term conditions was satisfactory but there was no formal register or process for recall and review, and little evidence of formal care planning.
- 5.34 Out-of-hours medical cover was provided from a rota of three GPs directly contracted to the prison; we were told that contact was usually made by telephone.
- 5.35 A full resuscitation kit was kept in the pharmacy room; equipment was appropriate and well organised. Resuscitation drugs were all in date but some consumables were out of date and there was no record of regular checking by staff. There were defibrillators on all residential wings, apart from the segregation unit, and 42 prison staff had been trained to use them. A total of 27 prison staff had been trained in first aid.

Recommendation

- 5.36 **Formal care plans should inform the proactive care of men with long-term conditions and should be recorded on SystemOne.**

Housekeeping points

- 5.37 Triage protocols should be reviewed, to ensure that they offer adequate and evidence-based guidance to provide consistent care.
- 5.38 A formal register should be set up to enable consistent follow-up and review of men with long-term conditions.
- 5.39 Resuscitation equipment should be checked regularly and a log kept of the checks.

Pharmacy

- 5.40 Pharmacy supply and clinical services were provided by HMP Rochester, supported by a full-time registered pharmacy technician.
- 5.41 SystmOne was used both to prescribe and administer almost all medications, and worked well, ensuring effective audit trails both of medicines and the staff responsible. A basic in-possession risk assessment was used which did not effectively identify or quantify the risk posed by either the patient or the specific medicine. The records did not always show clearly whether medication was given under supervision or in possession.
- 5.42 In-possession medication and some supervised medication were administered by the technician, alongside a registered nurse, who had not received training in administration. Prisoners were able to ask the technician simple questions about their medication, and more complex queries were passed to the pharmacist by telephone.
- 5.43 Medicines were administered twice a day, with night sedation given in possession as a single named-patient dose. Medication administration was safe and prisoners did not wait unduly long to receive it but regularly there were queues outside the health care department, including in poor weather, due to the number of men waiting to collect medication at any one time.
- 5.44 Prisoners who needed simple pain control during core hours could access this through special sick arrangements, and two of the registered nurses were also independent prescribers. However, the special sick policy did not specify maximum treatment periods and only paracetamol was included. There was no mechanism to check repeat administration using special sick arrangements, apart from individual medical records.
- 5.45 Out of hours, health services staff could access the on-call GPs, and prescriptions were then faxed to the pharmacy. Medication could be accessed from the out-of-hours cupboard or delivered directly from the supplying pharmacy.
- 5.46 The visiting pharmacist conducted monthly medicines use reviews with patients but there were no designated pharmacist-led clinics and the pharmacist was not included on the appointment application.
- 5.47 The technician led regular smoking cessation clinics, which were well used by prisoners.
- 5.48 Stock control of all medicines was satisfactory, with appropriate audit trails for stock medicines. Access to keys for the medicines and controlled drugs cupboards was limited to the registered nurses and the on-call GP but there was no audit trail for these. The medicine cupboards in the pharmacy room were not adequately secured to the floor or wall.
- 5.49 There was a quarterly medicines management meeting, which covered the three prisons in the cluster, with appropriate representation from Maidstone and an additional smaller meeting covering issues specific to the establishment.

Recommendations

- 5.50 **There should be a robust risk assessment for in-possession medications which assesses both the patient and the medication, is clearly denoted on the patient record and is available to all health professionals involved with the patient.**

- 5.51 Prisoners should not have to queue for their medication outside the department.

Housekeeping points

- 5.52 Special sick arrangements should specify designated maximum treatment periods and an audit trail that enables the doctor and nursing staff easily to identify when prisoners have received medications.
- 5.53 The pharmacist should be included on the application form.
- 5.54 There should be a clear audit trail for the keys to the controlled drugs cupboard.
- 5.55 The medicines cupboards should be securely attached to the floor and wall.

Dentistry

- 5.56 There was a single-handed independent dentist, who was contracted directly to the prison; he was not available during the inspection. The surgery had been included in the most recent PCT infection control audit and was clean and well organised.
- 5.57 There were two dental sessions a week, with additional sessions if required. At the time of the inspection, there were 16 prisoners waiting for a first appointment and the longest wait was six weeks. Prisoners were able to have full NHS care and treatment.
- 5.58 The dentist did not use SystemOne and dental records were stored in locked filing cabinets. The dental treatment cards were stored unlocked on the top of the filing cabinet. '
- 5.59 Instruments were reusable, and cleaned and autoclaved in the surgery, but separation arrangements for decontamination were not compliant with new regulations HTM 01-05. The dentist used pre-prepared amalgam, which did not require a separator.
- 5.60 A satisfactory radiological protection board visit had been conducted in July 2011. Equipment servicing was up to date. The PCT was due to carry out a practice inspection in November 2011.

Recommendation

- 5.61 The dentist should record on SystemOne, to ensure the continuity and safety of all care.

Housekeeping points

- 5.62 Paper dental records should be stored to ensure confidentiality.
- 5.63 Decontamination arrangements should be reviewed for compliance with future HTM05 regulations.

Secondary care

- 5.64 Escort arrangements allowed for a total of four external appointments per day. This sometimes had to be flexible, depending on the length of the appointment or the distance from the prison. Approximately 21% of external appointments had been cancelled in the previous year but 60% of the cancellations had been made by the hospital and been rescheduled within clinically acceptable waiting times.
- 5.65 At least one prisoner had remained handcuffed during a sexual health consultation.

Recommendation

- 5.66 Prisoners should not be handcuffed during sensitive and intimate consultations.

Housekeeping point

- 5.67 Consideration should be given to using the NHS 'Choose and Book' system, to reduce the number of NHS cancellations of external appointments.

Mental health

- 5.68 Mental health services were provided by Oxleas NHS Foundation Trust. Primary mental health care was provided by an assistant psychologist on three days a week. Prisoners identified as needing a primary mental health assessment were referred to the assistant psychologist and then either joined a six-week improving access to psychological therapies equivalent group programme or were given individual appointments. Those requiring medical intervention or medication were referred to the GP.
- 5.69 Prisoners with previously identified serious and enduring mental health issues and those who presented on arrival or subsequently with secondary mental health needs were referred to the community psychiatric nurse (CPN) and/or the forensic psychiatrist. In addition, a forensic psychologist provided one session a week for prisoners with difficulties that required intensive reflection and behavioural change work.
- 5.70 There were 24 men on the secondary care caseload and nine receiving primary mental health care during the inspection. Mental health patients we spoke to said that mental health staff treated them well and that they were well supported.
- 5.71 There had been one transfer under the Mental Health Act in the previous year, which had taken only four days from referral to placement.
- 5.72 The team had provided awareness training for prison staff and there was an ongoing rolling programme. A total of 20 prison staff had received training at the time of the inspection.

Section 6: Activities

Time out of cell

Expected outcomes:

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

- 6.1 The recorded average time unlocked of 9.8 hours was inaccurate. Association and exercise were rarely cancelled and the provision of equipment was good. Exercise areas were clean and pleasant.
- 6.2 The core day allowed for 9.25 hours out of cell on a weekday for a full-time employed prisoner. However, the establishment used an average of 9.8 hours per prisoner in their calculation of purposeful activity data. Unemployed prisoners spent part of the morning and afternoon periods locked in their cells but were unlocked at the midpoint of each session.
- 6.3 Prisoners had access to spacious and well-equipped association areas, although there was no appropriate seating for older prisoners. Association was generous and rarely cancelled. We saw some good interaction between staff and prisoners on some wings.
- 6.4 Exercise took place shortly after morning unlock, and prisoners told us that they were often able to exercise in the evenings during the summer months. Exercise areas were clean and pleasant, with a combination of tarmac, grassed areas, flower beds and seating.

Recommendation

- 6.5 Time out of cell should be recorded accurately.

Housekeeping point

- 6.6 Appropriate seating should be provided in association areas.

Learning and skills and work activities

Expected outcomes:

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

- 6.7 The management of learning and skills and work was satisfactory, although allocation to activities was unacceptably slow. There were enough activity places for all prisoners but too many were allocated to low-skilled wing work and were not kept fully occupied. The range of

accredited vocational training was good. Pass rates for courses in vocational training were outstanding and mostly good in education. The quality of learners' vocational work in many areas was good. The quality of teaching and learning was mostly satisfactory, although there was good coaching in vocational training areas. Self-assessment was insufficiently evaluative and poor use was made of data to inform change. Peer mentoring support for learners was effective. Prisoners had good access to the library, which was well used.

Leadership and management

- 6.8 The leadership and management of learning and skills and education were satisfactory. There was a clear strategy for the development of training and learning, which was well informed by a needs analysis and linked to the resettlement objectives of the prison. Several new areas had been established for vocational training since the previous inspection. The prison had a good working relationship with its learning and skills providers. Peer mentor support across learning and skills was effective.
- 6.9 Quality assurance arrangements were satisfactory. Good use had been made of learners' views to evaluate and improve the provision, and the quality improvement group meetings had been a regular feature. There was some poor recording of observations of teaching and learning, with insufficient text to support the grades and not enough focus on learning. Self-assessment was not sufficiently evaluative, although the process had taken into account the views of subcontractors. Data were collected in a variety of ways, although were not used sufficiently to inform management decisions and monitor subcontractors effectively. Arrangements for assessments and verification were satisfactory.
- 6.10 The promotion of the safeguarding of prisoners was satisfactory and equality and diversity were good. All staff received equal opportunities and diversity training and had a good awareness of the associated issues and concerns. There were good arrangements to ensure access to learning and skills for prisoners with mobility difficulties, and there were high levels of mutual respect between prisoners and staff.

Recommendations

- 6.11 Recording of observations of teaching and learning should be improved, with a stronger focus on the quality of learning.
- 6.12 The self-assessment report should provide a more self-critical and evaluative analysis of performance.
- 6.13 Better use should be made of data, to analyse the performance of subcontractors more regularly and continuously improve provision.

Induction

- 6.14 All new arrivals were given an induction into education by staff from The Manchester College and Tribal, the careers information and advice service (CIAS) provider. All prisoners were given an initial screening of their literacy, numeracy and language needs by TMC. Tribal provided appropriate information and guidance on the range of education, vocational training and work opportunities available but sentence plans were not always used to inform the action planning process with prisoners. Induction booklets were printed clearly, although information

on the allocation process was out of date and confusing. Prisoners had a full induction to PE and the library. Processes for allocating prisoners to activities were well informed by sentence plans and prisoners' needs but allocation was too often refused on the basis of over-restrictive workplace assessments and access was unacceptably slow, with many prisoners waiting too long before starting an activity (see section on security and rules).

Work

- 6.15 The prison provided sufficient purposeful activity places for the population, although 40% of prisoners were not meaningfully employed, with large numbers of them employed in low-skilled wing jobs such as cleaners and orderlies, which did not fully occupy them during the core day (see main recommendation HP56). Approximately 5% of prisoners were recorded as unemployed. Pay rates were low, and although not a disincentive to prisoners attending education or vocational training, they were not a motivational tool.
- 6.16 Improvements had been made in the range of work available and the prison offered work opportunities in areas such as the kitchen, gardens, waste recycling, print and graphic design and painting. Much work in print and graphic design was outstanding, and the prisoners involved developed particularly good employment skills. Vocational qualifications were available in most work areas, although take-up was low.

Recommendations

- 6.17 Pay rates should be improved.
- 6.18 Sentence plans, where available, should be used by the careers information and advice service provider to inform initial action planning with prisoners.

Vocational training

- 6.19 The variety of vocational training was good, with courses available in areas such as waste management, bricklaying, horticulture, laundry and industrial cleaning. However, only 76 prisoners were engaged in employment-related training, which was low for a training prison. A painting and decorating course was not running at the time of the inspection, awaiting the appointment of a tutor, and a course in food preparation and cooking had stopped owing to the rebuilding of the main production kitchens. There were plans to restart this course with staff from The Manchester College.
- 6.20 Teaching and individual coaching in vocational training and work areas, including effective literacy and numeracy support, were good. Outcomes and pass rates for prisoners were excellent, with between 95% and 100% of those completing their programme gaining a qualification. Most prisoners demonstrated good employment skills and enjoyed their learning. The bricklaying and print and graphic design courses were well planned and many learners developed outstanding skills. Resources for vocational training were good.

Recommendation

- 6.21 Participation in vocational training should be increased.

Education

- 6.22 Education classes were provided by The Manchester College. Approximately 200 prisoners were engaged in education, although most were part time and for only one or two sessions a week. There was a wide range of education courses, including information technology, business studies, literacy, numeracy, English for speakers of other languages (ESOL), customer service and book-keeping. Some courses were available up to level 3. In addition, the prison provided flexible learning in literacy and numeracy for learners on the wings and in workshops. Education was offered during the core day but not in the evenings. Twenty-three prisoners were following Open University and distance learning courses in subjects such as management and mathematics and they were well supported.
- 6.23 Achievements for prisoners were good on many courses, at over 80%, but low on ESOL, business and literacy courses, although pass rates in these areas were showing signs of improvement. Attendance, punctuality and behaviour were mostly satisfactory, as was teaching and learning, although insufficient use was made of information and communications technology, and there was inadequate differentiation of individual learner needs in some lessons. Lessons were sometimes disrupted when learners attended recreational gym. The standard of work was variable but good in some cases, such as poetry. Individual learning plans were clearly recorded, although short-term targets were often weak. Appropriate additional learning support was given to prisoners when required.

Recommendations

- 6.24 Education lessons should make better use of information and communications technology and differentiate individual learner needs more clearly.
- 6.25 Clear short-term targets should be included in individual learning plans.
- 6.26 Recreational gym should be rescheduled to avoid disrupting learning.

Library

- 6.27 Kent County Council ran the library service. A full-time librarian and assistant librarian managed it well, and two orderlies provided good support. The library was well used, with approximately 60% of the prison population using it once a week. It was open during weekdays and evenings but not at weekends.
- 6.28 The library was small and adequately laid out, although there was no space for private study. It was reasonably well stocked and a small book stock was kept on the segregation unit. Legal materials and Prison Service Orders were available and there was a small stock of DVDs and CDs but there were insufficient books for foreign national prisoners, and many vocational books for those on courses were out of date.
- 6.29 The librarian was responsive to individual needs and acquired books and reference materials quickly for prisoners when needed. The library was well promoted and supported Toe by Toe mentors well. There were adequate links with the education department.

Recommendation

- 6.30 The library should provide a wider range of up-to-date books to meet the needs of foreign national prisoners and those on vocational training courses.

Physical education and health promotion

Expected outcomes:

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

- 6.31 PE provision was satisfactory, with adequate outdoor facilities and a small but well-equipped cardiovascular and weights area, sports hall and classroom. Prisoners were able to access at least two gym sessions a week and usage was high. A wide range of recreational PE was available, with specific sessions for all age groups and for those with physical disabilities.
- 6.32 PE facilities were generally satisfactory. Facilities for outdoor sports were adequate and included a three-quarter size all-weather football pitch, which was used effectively for many activities. Indoor facilities included a small sports hall and gym, with a range of up-to-date cardiovascular, modular and free weight training equipment, and a classroom. Opening hours ensured that all prisoners were able to use the PE facilities at least twice a week – during the day, in the evening or at weekends. Approximately 66% of prisoners attended recreational PE regularly. The range of recreational programmes was good. Although no PE courses were offered, there was appropriate reinforcement and promotion of healthy living, with advice and guidance on improving fitness.
- 6.33 All prisoners completed a suitable gym induction during their first week at the establishment, although no initial information was available to PE staff from the health care department about prisoners who should not participate in strenuous activities. Appropriate PE sessions were arranged to meet the needs of prisoners who had health issues and those who found the gym environment intimidating, with specific sessions for older prisoners and those with physical disabilities. Staff were suitably qualified and were well supported by a team of orderlies, some of whom were trained as health care facilitators. PE was advertised appropriately around the prison and on the wings.
- 6.34 Sports kit was available for all prisoners who required it, although many prisoners used their own. Accidents and injuries were clearly recorded and actions taken were promptly followed up. The showers and changing facilities in the gym were cramped and did not provide sufficient space for prisoners to change or shower.

Recommendations

- 6.35 Health care specialists should provide appropriate and timely medical information to PE staff for the gym induction.
- 6.36 The prison should provide appropriate changing and showering facilities for gym users.

Section 7: Good order

Security and rules

Expected outcomes:

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

7.1 The number of security information reports had increased since the previous year but the main threats were similar. Staff were not issued with a regular bulletin to raise the profile of security. There was little monitoring of aggregated data to identify themes and trends. A couple of security aspects were over-restrictive. Closed visits were not always provided and one visitor had remained banned for too long without a review. Rules were well understood by prisoners and good staff-prisoner relationships supported their enforcement.

Security

- 7.2 The number of security information reports (SIRs) in the year to date was 1,526, compared with 1,170 in the same period over the previous year. The main security threats remained constant, with mobile telephone possession being the most commonly reported concern, alongside contraband entering the prison. SIRs resulted in prompt action, such as mandatory drug testing (MDT) and a cell search.
- 7.3 The security committee met monthly and had clear terms of reference. Staff from a range of departments were represented and attendance was well managed, ensuring that there were no regular absentees. Police liaison through a dedicated officer was in place and worked well, with attendance at key meetings such as the security meeting. Links with other departments, including the offender management unit (OMU), were adequate.
- 7.4 The security committee meeting was presented with a detailed PowerPoint slide show covering the agenda. However, there was no bulletin or newsletter to the wider staff group about the issues, to ensure that they maintained a high profile. A log of finds had been introduced only recently, making it difficult to monitor themes and trends or identify key weaknesses in security over recent years.
- 7.5 Security arrangements were usually proportionate, although some were over-restrictive – for example, the handcuffing of prisoners during external medical consultations (see section on health services). In addition, too many prisoners were refused allocation to a range of work or education places on the basis of work place risk assessments (see main recommendation HP56). One prisoner had been awarded category D status, enabling him to access an open prison or release on temporary licence (ROTL); however, he had been restricted in the type of work he could access in the prison. Until recently, there had been long delays in carrying out risk assessments for allocation to activities. The local searching strategy was out of date.
- 7.6 A combination of routine and intelligence-led searching was used and aligned with MDT. All ROTL returnees were strip-searched but those entering the segregation unit were strip-searched on a risk-assessed basis. However, there was no central log of strip-searching to ensure adherence with the policy or to provide data for analysis.

- 7.7 There were no closed visits at the time of the inspection and there had not been any for a considerable time. The closed visits area was undergoing refurbishment and staff were unclear as to whether it could still be used. We saw some examples of visitors being turned away from the prison following an indication by the drug dog and not being offered a closed visit as an alternative.
- 7.8 One visitor had been banned in March 2011; the ban was still in place at the time of the inspection and the decision was not reviewed sufficiently regularly.

Rules

- 7.9 Rules and routines were not always displayed on the wings but prisoners we spoke to said that they were clear about them. They said they were given enough information on arrival and that rules were mainly applied consistently. We observed staff interacting positively with prisoners (see section on staff-prisoner relationships), which helped to reinforce rules and provided further explanation of them when necessary.

Recommendations

- 7.10 **Closed visits should be offered and resourced, to prevent visitors being turned away following a positive indication by the drug dog.**
- 7.11 **Visitors should not be banned for excessively long periods without regular reviews and ongoing evidence of continued risks.**

Housekeeping points

- 7.12 Monthly security objectives should be routinely shared with all staff, to ensure that they maintain a high profile.
- 7.13 Security concerns identified at the security committee meeting should be routinely communicated to staff.
- 7.14 Monitoring of finds from searching and the use of strip-searching should be undertaken to identify any trends or issues.
- 7.15 The local searching strategy should be updated.

Discipline

Expected outcomes:

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

- 7.16 The number of adjudications had risen over the previous year. Little monitoring of data on black and minority ethnic and foreign nationals was undertaken to identify trends and themes. Access to the independent adjudicator was adequate and the adjudication processes were appropriately implemented. The use of force was low, with little use of the special cell.

Paperwork was incomplete and governance arrangements were poor. Use of the segregation unit was relatively low and the regime was adequate for those staying for short durations. Those staying longer had little to stimulate them. Formal reintegration planning was limited. Strip-searching was based on a risk assessment. The segregation monitoring and review group met regularly but attendance was poor.

Disciplinary procedures

- 7.17 The number of adjudications had increased considerably, from 278 in the 12 months from January to December 2010, to 263 in a six-month period in 2011.
- 7.18 Adjudications were held in a private room, which was furnished and equipped appropriately. Wing reports were provided but reports from the offender supervisor were not requested. Prisoners were actively involved in the process but were not routinely reminded about how to make an appeal at the end of the hearing. Prisoners with reading and writing difficulties were offered support from their peers. A telephone interpreting service was available for those who did not speak English but was rarely used (see main recommendation HP55). Punishments were fair and applied consistently. Monitoring of punishment tariffs was undertaken by the quarterly meeting.
- 7.19 Adjudication paperwork was completed to an adequate standard and a random sample was quality assured by the quarterly adjudications standardisation meeting, chaired by the governor. This meeting also reviewed the performance of each adjudicating governor. Adjudication procedures were monitored by the Independent Monitoring Board (IMB).

Housekeeping point

- 7.20 Prisoners should be reminded about the appeals procedure at the end of the adjudication hearing and this should be clearly recorded in the paperwork.

The use of force

- 7.21 There had been 23 unplanned and one planned use of force in the year to date, which was marginally higher than in the previous year. Our survey showed that the overall level of use was in line with the comparator, with 5% of respondents saying that they had experienced use of force in the previous six months. However, more black and minority ethnic and foreign nationals than their white and British national counterparts said that they had experienced the use of force within the previous six months (9% versus 4% and 15% versus 23%, respectively) (see main recommendation HP55).
- 7.22 The use of force committee met quarterly and had appropriate membership, including the IMB, but was not well attended. While some data were reported to the committee, there was insufficient analysis to identify trends or concerns, particularly the higher proportion of black and minority ethnic and foreign national prisoners experiencing the use of force.
- 7.23 Use of force paperwork was incomplete, as the report of injury form was not attached, and governance was poor, as the officer certifying the documentation was sometimes the same officer involved in the use of force.

- 7.24 Planned uses of force were video-recorded and reviewed to promote good practice. The use of handcuffs was appropriate and properly authorised.
- 7.25 The special cell was used infrequently. It had been used only twice in the previous year. Its use was appropriately authorised and the length of stay was minimal.

Recommendations

- 7.26 Detailed analysis of the use of force should be undertaken to identify themes or trends.
- 7.27 The report of injury form should be attached to the use of force paperwork and governance improved.

Housekeeping point

- 7.28 Attendance at the use of force committee should be improved.

Segregation unit

- 7.29 The segregation unit contained 12 cells and one interview room. Cells and communal areas were generally clean. All cells had electricity and adequate furniture but had broken window panes, so they would be very cold in the winter. Replacement windows had been bought and were waiting to be installed. Two rooms were used to hold prisoners awaiting adjudications. While these were bare, we were reassured that prisoners did not spend too long in them.
- 7.30 There had been, on average, four prisoners per week on the unit between April and June 2011. Five prisoners were being held on the unit at the start of the inspection.
- 7.31 Cell cards displayed both the first and last names of the prisoner. Photographs of staff were displayed on the unit. Each prisoner held on the unit was allocated a caseworker, who liaised with the personal officer on the main wing.
- 7.32 The regime was adequate. No association was provided but prisoners could access daily exercise. Some were allowed to exercise with other prisoners on the unit, subject to a risk assessment. The exercise yard for the segregation unit was clean but bare, with no seating or activity equipment. Some prisoners could access aspects of the main regime, such as attending an offending behaviour programme. They could access showers, telephones and a small library, and collected their meals from the servery.
- 7.33 Prisoners had access to a governor, and others visiting regularly included the IMB. Attendance on the unit by representatives from the chaplaincy and health department had been limited owing to staff shortages.
- 7.34 Few prisoners transferred out of the segregation unit to another prison. The two prisoners on the unit for their own protection had both been there for a considerable time, with one having spent over 70 days there, waiting for a transfer to another prison. Due to the nature of his offence and his level of denial, securing a transfer was difficult. The regime was limited for those spending long periods on the unit, with little attention given to developing a care plan approach, and formal reintegration planning was limited. Reviews were held as required and attended by OMU staff. Objectives set were limited and sometimes not changed to meet the

needs of the individual prisoner. The paperwork we reviewed was adequately completed but recordings of daily contacts and interactions with prisoners were incomplete.

- 7.35 Prisoners were only strip-searched on arrival on the unit with the permission of the duty governor and following risk assessments which explained why it was deemed necessary. Safety algorithms had been completed in all of the records we observed.
- 7.36 There were published staff selection criteria for those wishing to work on the unit. A number of staff had completed mental health awareness training and all had done the Challenge It, Change It training. We saw staff interacting well with those on the unit and most were knowledgeable about those in their care.
- 7.37 The segregation monitoring and review group (SMARG) met quarterly but was not well attended and did not review a sufficiently wide range of data – for example, the number of foreign national prisoners received onto the unit (see main recommendation HP55). The segregation policy had not recently been equality impact assessed.

Recommendations

- 7.38 Health care and chaplaincy staff should visit the segregation unit regularly.
- 7.39 Reintegration and care planning for those held in the segregation unit should be formalised and supported by specific objectives to enable prisoners to demonstrate progress.

Housekeeping points

- 7.40 Records should accurately reflect the levels of interaction between prisoners and staff on the segregation unit.
- 7.41 The segregation policy should be equality impact assessed.
- 7.42 Attendance at segregation monitoring and review group (SMARG) meetings should be improved.

Incentives and earned privileges

Expected outcomes:

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

- 7.43 There was a comprehensive incentives and earned privileges policy, informed by prisoner consultation. The levels were clearly differentiated. Plans for those on the basic regime tended to be limited and lacked specific objectives. Prisoners were not always involved in the reviews every six months and we were not assured that they always took place on time. There was an appeals process. Far fewer black and minority ethnic and foreign national prisoners than their white and British national counterparts felt fairly treated by the scheme.

- 7.44 There was a comprehensive incentives and earned privileges (IEP) policy, which had been updated regularly and was understood by staff and prisoners. Consultation with prisoners had helped to amend the facilities list available through the IEP scheme. IEP levels were adequately differentiated and set clear standards of behaviour. There was no evidence of automatic downgrades. Prisoners could retain their IEP level on arrival at the establishment. However, they had to wait three months to apply for enhanced status, which seemed excessive. Information about the IEP scheme was given during induction.
- 7.45 Over half of the population was on the enhanced level of the scheme, which was more than at the time of the previous inspection. Only one prisoner was on the basic regime. This was reviewed every seven days but the plan for behavioural change was poor; few objectives were set and these were rarely changed. Reviews should have been undertaken every six months but we found evidence that they did not always take place on time, that they did not always involve the prisoner and that not all wings tracked completion. A manager quality assured 5% of reviews.
- 7.46 Case records showed that IEP warnings were generally given appropriately. Prisoners could appeal against the IEP decision and were told how to do so during induction. We saw some examples of the decision being overturned on appeal. The IEP policy was displayed on the wings but was difficult to read, particularly for those for whom English was not their first language.
- 7.47 Enhanced status was available only to those complying with their sentence plan. Therefore, some sexual offenders who were in denial and not progressing with their plan could not gain enhanced status.
- 7.48 In our survey, far fewer black and minority ethnic and foreign national prisoners than their white and British national counterparts felt that they had been treated fairly under the IEP scheme (41% versus 55% and 43% versus 54%, respectively; see main recommendation HP55). Fewer black and minority ethnic and foreign national prisoners said that the scheme encouraged them to change their behaviour (32% versus 58% and 37% versus 56%, respectively). A recent equality impact assessment of the IEP scheme echoed some of the survey findings.

Recommendations

- 7.49 Objectives set for those on the basic regime should be specific and encourage adequate behavioural change.
- 7.50 Incentives and earned privileges (IEP) reviews should be completed on time and involve the prisoner.

Housekeeping point

- 7.51 The IEP scheme should be displayed clearly on the wings.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Prisoners were generally positive about the food. Consultation arrangements were good. Training opportunities relating to catering were limited and some meals were served too early. Hygiene standards were good across all catering areas.
- 8.2 The newly commissioned kitchen was an impressive facility. Prisoners were trained in basic hygiene and food handling and there were plans to reintroduce the National Vocational Qualification programme. The kitchen and all food serving areas were cleaned to a high standard and all prisoners and staff involved in food preparation and serving were dressed appropriately.
- 8.3 In our survey, more prisoners than at comparator prisons thought that the food was good or very good. A range of cultural events took place throughout the year and attempts had been made to invite prisoners onto the kitchen team from culturally diverse groups, to assist in the preparation of 'authentic' world dishes.
- 8.4 Consultation arrangements were good, with a discrete catering meeting held monthly. Minutes showed this to be well attended and evidenced some clear outcomes following issues raised by prisoner representatives. A six-monthly survey was carried out and food comment books were freely available on the wings.
- 8.5 Breakfast packs were meagre and were issued at lunchtime on the day before consumption. Both lunch and the evening meal were served too early, at 11.40am and 4.40pm, respectively.
- 8.6 Access to dining out facilities was available on all wings but most prisoners chose to eat in their cells.

Recommendations

- 8.7 Breakfast packs should be served on the morning of consumption and should be improved.
- 8.8 Lunch should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm.

Prison shop

Expected outcomes:

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

- 8.9 There were no canteen packs available on the day of arrival. The list of items available was suitable for the prison population and prisoners were consulted when changes were made. Catalogues were available and no administration charge was levied.
- 8.10 New arrivals could not buy items from the prison shop until the routine canteen day and no canteen packs or smoker's packs were routinely available (see section on first days in custody and recommendation 1.21).
- 8.11 The shop list of 377 items was drawn from the national product list and reflected the diverse needs of the prison population. The list was displayed in accommodation areas, with the exception of Kent wing. Prisoners were routinely involved in making changes to it and canteen meetings with prisoner representatives were held regularly.
- 8.12 Prisoners had access to a range of catalogue services, including hobby items and newspapers. The prison did not make an administration charge for items purchased but prisoners had to pay postage and packing costs from other suppliers.
- 8.13 Enhanced prisoners could buy DVD players but not DVDs.

Housekeeping point

- 8.14 Prisoners should be able to purchase approved DVDs.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The resettlement policy was integrated into the reducing reoffending strategy and demonstrated a comprehensive approach to addressing resettlement issues. The supporting action plan was underdeveloped, although pathway provision was mainly effective. Programme provision did not meet the needs of the population and there was limited use of release on temporary licence to support and promote effective resettlement. The reducing reoffending committee had limited membership, and attendance was inadequate.
- 9.2 An effective and ongoing needs analysis had been undertaken to identify the resettlement needs of the population. Resettlement was included as a primary element of the reducing reoffending strategy, which was concise, widely publicised and laid out the provision under each of the pathways. The supporting action plan was underdeveloped and consisted of only a few actions that were required from other departments in the prison. A separate action plan had been produced by the resettlement manager but there was no evidence of its consideration at reducing reoffending meetings.
- 9.3 The reducing reoffending committee had a limited membership, which did not include key areas of the prison, such as residence or security. Learning and skills staff had been identified as a key element of the committee but, despite being included in the terms of reference, regularly failed to attend. Individual pathway leads were supposed to submit reports to the meeting but in the minutes of the meeting we viewed, there were consistent omissions from some.
- 9.4 Initial assessments of resettlement need were routinely undertaken as part of the induction programme (see section on first days in custody). Immediate support requirements were identified and help was provided in relation to terminating accommodation agreements, suspending or terminating financial arrangements and also in maintaining family contacts. Prisoners could be referred to a wide range of external agencies, including the services of a firm of financial solicitors (see section on finance, benefit and debt).
- 9.5 A pre-release interview, coordinated by the resettlement manager, was held between four to six months before release, to consider all resettlement issues and make early referrals to community support providers where appropriate. This was followed up with an interview within the last month of custody, to check on provision and address any outstanding issues. A presentation on the prison's television information channel provided further information and a recent resettlement fair had resulted in some referrals to outside resettlement agencies.
- 9.6 Resettlement programme provision was limited, especially for education, training and employment, and, despite being a regional centre for sex offenders, there were resources available to provide only 54 places per year on the sex offender treatment programme (SOTP; see section on attitudes, thinking and behaviour and main recommendation HP57).

- 9.7 There was little use of release on temporary licence (ROTL) to support preparation for release. Nine prisoners had been released on some form of ROTL during the eight months before the inspection.

Recommendations

- 9.8 The reducing reoffending action plan should be developed to include pathway provision.
- 9.9 The membership of the reducing reoffending committee should be reviewed and attendance monitored.

Housekeeping point

- 9.10 Measures should be taken to ensure that all required reports are submitted to the reducing reoffending committee meeting.

Offender management and planning

Expected outcomes:

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

- 9.11 Offender management provision was mainly good, although contact time was limited. There was a large backlog of initial offender assessment system (OASys) assessments waiting to be completed, which created additional workload pressures for the offender supervisors. Few prisoners were eligible for consideration for home detention curfew. Recategorisation was well managed. Public protection arrangements were good and well integrated into offender management but there was no additional support for indeterminate-sentenced prisoners.

Sentence planning and offender management

- 9.12 The offender management unit (OMU) included a senior officer, eight prison officer offender supervisors and four probation staff offender supervisors. Most had been adequately trained, although some were waiting for places on the offender supervisor foundation course. There were good liaison and support mechanisms to ensure that all of the offender supervisors were well equipped to manage their caseloads of between 30 and 50 (dependent on experience and other offender management-related tasks). The unit was run as a discrete group and prison officer staff were rarely diverted to other duties. A daily briefing session ensured that all offender supervisors were aware of any important developments in the prison and had the opportunity to discuss any issues with the rest of the group or with the manager.
- 9.13 All prisoners were allocated an offender supervisor on arrival. However, there were many (50) outstanding offender assessment system (OASys) assessments, the majority of which should have been completed within eight weeks of custody to inform appropriate allocation to training prisons in order to address sentence planning needs. The completion of initial OASys assessments created additional, unplanned workload pressures for the offender supervisors.

- 9.14 Reviews were well managed and there were none outstanding at the time of the inspection. All prisoners were seen by their offender supervisor soon after arrival, and sentence plans were reviewed and updated as necessary, but there was little planned contact between offender supervisors and prisoners beyond the induction and planning stage. Offender supervisors were responsive to applications and ensured that prisoners were seen within a few days of making a request, either in person or at one of the weekly drop-in surgeries. The OMU manager had identified that there was a shortfall in contact time and so had instigated a weekly drop-in surgery on each wing, where prisoners could talk to an offender supervisor and be referred for further support as necessary. Prisoners we spoke to were generally enthusiastic about these sessions and confirmed that they had raised the profile of the OMU and made offender supervisors more accessible.
- 9.15 There were varying levels of contact with personal officers and other departments in the prison. The offender management files we looked at were basic and lacked contributions from key areas of the prison, such as education assessments and plans, psychology reports, and contributions from the security department, drug support workers and general wing staff. Records of achievements and contact with prisoners were not copied to the prison's P-Nomis system, which would inform other staff (particularly personal officers) of key information.
- 9.16 Due consideration was given to the experience and individual skills of offender supervisors when they were allocated to prisoners by the case administration manager. There was a good understanding of which prisoners presented the highest risk of serious harm, and these were allocated to Probation Service offender supervisors.
- 9.17 We looked at 20 sentence plans, most of which had been completed on time and included appropriate outcome-focused targets. In our survey, 82% of respondents said that they had a sentence plan, which was better than the 69% comparator. Of these, 42%, worse than the 57% comparator, said that they had been involved in the development of the plan. We observed some discretionary contingency planning for prisoners, to ensure that if an 'immediate release' was ordered, key resettlement support could be implemented.
- 9.18 Due to the nature of the offence of most prisoners at the establishment, and its role as a foreign national prison, the number of prisoners eligible for home detention curfew was minimal. At the time of the inspection, only three prisoners met the criteria for consideration, of whom none had been deemed suitable for release.

Recommendations

- 9.19 Prisoners should not arrive at the establishment without a completed offender assessment system (OASys) assessment.
- 9.20 Offender management files should be developed, to provide a meaningful contribution to the offender management process.
- 9.21 Offender supervisor contact logs should be recorded on P-Nomis to improve their visibility and usefulness to staff within the offender management unit (OMU) and in other parts of the prison.

Good practice

- 9.22 *The 'immediate release' contingency planning ensured that key resettlement support could be implemented in such cases.*

Categorisation

- 9.23 Recategorisation reviews were completed by the head of security and, although there were no formal boards, prisoners were permitted to make written representations. Reviews were carried out annually or following an important event (for example, completion of a sentence plan), in accordance with national timescales. Decisions were communicated in writing and information on the appeal process was included at this stage. Due to the nature of the offence of most prisoners at the establishment, there were limited spaces available anywhere within the category D estate for prisoners to move on to; this led to long delays for some prisoners, sometimes of over a year. There were nine category D prisoners awaiting transfer at the time of the inspection.

Recommendation

- 9.24 **Category D prisoners should not wait for long periods to be transferred to open conditions.**

Public protection

- 9.25 Over half of the prison's population had been identified as presenting a risk of serious harm. There had been a comprehensive review of public protection arrangements, and a streamlined system ensured that all appropriate measures were undertaken. There was excellent multi-agency working and all prisoners were reassessed on arrival using a range of available data. This had led to the identification of some serious shortfalls in process at other prisons in relation to the restrictions and level of monitoring that should have been in place. Multi-agency public protection arrangement (MAPPA) processes were effective and the prison was proactive in generating the six-month pre-release reviews of all prisoners subject to by community offender managers. Written contributions were made where applicable and the prison was always represented at MAPPA 3 level reviews.
- 9.26 The child protection unit was run by offender supervisors, who, in liaison with other key departments (especially the public protection unit), ensured that monitoring and other restrictions were conducted at an appropriate level. Prisoners were routinely informed of any contact restrictions and the reasons for them.
- 9.27 The monthly inter-department risk management panel ensured that reviews were conducted on all new prisoners, those within six months of release and others at any time when there was a change in custodial conditions (for example, further charges or completion of courses).
- 9.28 Offenders' risk of harm to others had been clearly recorded in the OASys assessments in all of the 20 cases we inspected. In 18 of the 19 cases we inspected, we felt that the classification assigned was correct. The offender manager had completed the risk assessment and planning in all of the cases. Offender supervisors also contributed to risk assessment and planning through their input to sentence planning boards; however, these were mostly verbal, with no

minuted record, so there was no opportunity for managers to have oversight of this contribution.

Recommendation

- 9.29 Minutes should be taken of sentence planning boards, recording the key topics discussed, decisions taken and actions agreed. These minutes should be recorded in the OMU case file, with relevant information recorded on P-Nomis.

Indeterminate-sentenced prisoners

- 9.30 There were 40 life-sentenced prisoners and 48 subject to indeterminate sentences for public protection (IPP). There was no policy or lifer manager and there were no arrangements to support indeterminate-sentenced prisoners, such as family days, forums or lifer officers. Indeterminate-sentenced prisoners in our groups told us that they felt unsupported and frustrated. The OMU case management team prioritised these prisoners, and over 90% of parole paperwork for this group was completed on time. When there were delays, these were shown to be due to offender managers failing to submit contributions on time.

Recommendations

- 9.31 Arrangements should be made to meet the specific needs of indeterminate-sentenced prisoners.
- 9.32 Contributions from offender managers in relation to the management of prisoners' sentences (for example, OASys and parole documentation) should be provided within the nationally agreed timescales.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.33 The accommodation and finance, benefit and debt pathways were well managed. The mental and physical health pathway was adequate but there were gaps in provision in education, training and employment.

Accommodation

- 9.34 All prisoners were screened for accommodation needs during their induction interview, in order to provide any referrals necessary to assist in closing tenancies or making alternative arrangements. In our survey, prisoners were more positive than at comparator prisons about

receiving assistance with finding accommodation on release. We saw evidence that the initial screening was comprehensive, and records showed that all prisoners received within the previous six months had been screened on induction and referrals made where appropriate. Few prisoners were released without suitable accommodation and the no fixed abode rate was low, at only three in the previous eight months.

Education, training and employment

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

- 9.35 Tribal provided guidance on writing CVs and job applications. Jobcentre Plus had satisfactory links with the prison and provided a weekly service for prisoners wanting to get jobs on release, although the prison had few links with employers.
- 9.36 There was no preparation for work course available, although prisoners were signposted appropriately to the employability course available in the education department. There was no job club in the prison and limited scope for prisoners to be able to research into employment opportunities. The proportion of prisoners who went into jobs on discharge was satisfactory, at around 13%. Data on those going into further education and training were inconclusive (see also section on learning and skills and work activities). Little information was available for prisoners on further or higher education courses.

Recommendations

- 9.37 **A preparation for work course should be introduced and prisoners who are about to be released should be given more opportunities to research available jobs.**
- 9.38 **Links with employers should be improved, to offer prisoners better opportunities for jobs on release.**

Mental and physical health

- 9.39 All prisoners were seen before discharge by a GP, and a take-home supply of seven days' medication was arranged. A full summary of the clinical record was given to prisoners to take to their GP in the community. For those without a GP, information on registering with a community GP was provided at reception via a discharge pack, which also contained condoms.
- 9.40 There were effective links to local palliative care services but there was no formal policy. We were told that there was a piece of work in progress to align prison palliative care with community-equivalent standards.
- 9.41 Prisoners with serious and enduring mental health conditions who were subject to the care programme approach and due for release were notified to the mental health in-reach team approximately three months before release, and complete clinical records were forwarded to the relevant community mental health team (CMHT). The receiving CMHT was invited to attend a pre-release joint meeting, and some attended.

Housekeeping point

- 9.42 Palliative care links and policy should be formalised to ensure consistent access and care for prisoners throughout their illness.

Finance, benefit and debt

- 9.43 Prisoners' finance, benefit and debt needs were assessed during the induction interview and, where necessary, referrals were made to a number of external agencies to help to end or suspend credit agreements. A firm of local financial solicitors attended the prison to provide debt management advice to prisoners. Jobcentre Plus provided pre-release advice on claiming benefits and also on the pension credit service for the many older prisoners at the establishment. A basic level money management and budgeting course was run by The Manchester College, and Oxford, Cambridge and RSA Examinations courses were also available in business enterprise and book-keeping.
- 9.44 Pre-release advice on re-activating bank accounts was provided, and access to the Cooperative Bank to open accounts had been a success, with over 200 bank accounts being opened in the previous two years. The resettlement manager provided a post-release support service, to deal with any banking issues in relation to banking services set up within custody.

Good practice

- 9.45 *The resettlement manager provided a post-release support service, to deal with any banking issues in relation to banking services set up within custody.*

Drugs and alcohol

- 9.46 The drug and alcohol strategy was well managed and the establishment had funded an external agency to provide some alcohol services. The counselling, assessment, referral, advice and throughcare (CARAT) team's remit still excluded ongoing work with prisoners whose main problem was alcohol, even though this was a major issue. Group work modules had recently stopped because of staff shortages but there was good-quality casework and prisoners expressed a high level of satisfaction with the help and support they received.
- 9.47 The drug and alcohol pathway strategy was well managed. Monthly drug and alcohol pathway meetings were well attended, except by the health care department, and linked in with community planning bodies.
- 9.48 The drug and alcohol policy was up to date and covered development targets, priorities and quality assurance for both demand and supply reduction initiatives, and in addition a separate alcohol policy had been developed. A comprehensive needs analysis had informed the strategy but this document focused on services under the integrated drug treatment system (IDTS). The counselling, assessment, referral, advice and throughcare (CARAT) team also conducted a service-user survey annually but a local alcohol needs assessment had not been undertaken since 2009.
- 9.49 CARAT services were provided by the Crime Reduction Initiative (CRI). There was only one CARAT worker in post and she prioritised her workload appropriately and carried an active caseload of 39 clients, with another 89 files suspended. Staffing problems were being addressed and commissioners had decided to change the current model of provision (see section on substance use).

- 9.50 A wide range of group work interventions had been available until the end of July 2011; however, these interventions had stopped because of staff shortages. File checks evidenced detailed care plans and good-quality case work, and our survey results showed a high level of service-user satisfaction: 93% of respondents with drug or alcohol problems said that they had received help with their drug/alcohol problem, and 100% that the intervention had been useful, against comparators of 79% and 78%, respectively.
- 9.51 A drug and alcohol peer supporter provided induction input and was keen to develop self-help initiatives and service user involvement further. At the time of the inspection, Alcoholics Anonymous (AA), but not Narcotics Anonymous, groups were available. AA meetings took place weekly and were well attended.
- 9.52 The CARAT service was well integrated into the prison. Care plans were shared with the OMU, and the CARAT worker attended sentence planning meetings and contributed to parole reports. Prisoners received harm reduction advice before release and prison link workers from two local drug intervention programme teams, who were also part of the CRI, visited regularly.
- 9.53 The CARAT service remit still excluded ongoing work with primary alcohol users, even though the needs analysis had found that alcohol was the second most prevalent problem after cannabis. Prisoners were able to access alcohol screening and an in-cell work pack, and the short alcohol module had been available until recently, but ongoing casework did not take place.
- 9.54 CARAT staff and offender supervisors could refer prisoners with alcohol problems to an external agency, Rubicon, which ran an eight-session alcohol awareness course. Following completion, prisoners could access one-to-one alcohol counselling, which was provided by the same organisation.

Recommendation

- 9.55 **The counselling, assessment, referral, advice and throughcare (CARAT) service remit should include ongoing work with prisoners whose primary problem is alcohol.**

Children and families of offenders

9.56 More prisoners than at comparator prisons said that they and their family/friends had been treated well or very well by visits staff. Family days were a positive feature of the regime but available only to enhanced prisoners. A full-time integrated family support worker, who was also a qualified social worker, had been appointed and regularly met families in the visitors centre. There were no toilet facilities in the visits hall for either visitors or prisoners.

- 9.57 Access to visits was generally good but there were no evening visits.
- 9.58 The visitors centre, known as the Dinsmore Centre, was bright, with ample seating and a range of information available, some in languages other than English. There were no refreshments available.
- 9.59 The toilets in the search area were in a poor state of decoration and inadequately equipped.

- 9.60 The visitors we observed were treated courteously by staff. In our survey, more prisoners than at comparator prisons (77% versus 52%) said that they and their family/friends had been treated well or very well by visits staff, and the visitors we spoke to during the inspection reported a positive experience.
- 9.61 Most visits lasted over two hours. The visits room was light and functional but stark. A small crèche was available but prisoners reported irregular attendance by volunteers.
- 9.62 All prisoners could wear their own clothes on visits but were required to wear a purple sash, despite the fact that all visitors, including children, had to have their hand stamped with an ultraviolet marker, which was checked on entry and before leaving the establishment.
- 9.63 Refreshments were provided by means of a small kiosk, run by volunteers, and two vending machines. We were told that the kiosk was staffed infrequently, particularly at weekends.
- 9.64 There were no toilet facilities in the visits hall for either visitors or prisoners; visitors had to be escorted back to the search area and prisoners back to their parent wing.
- 9.65 Family days were a positive feature of the regime but were available only to enhanced prisoners and could cater for only 12 families on each occasion. We were told that there were plans to increase the number of such days to six each year. Families had the opportunity to dine together and have photographs taken. Staff volunteers frequently helped with activities, using their own time and resources.
- 9.66 A full-time integrated family support worker (IFSW), who was also a qualified social worker, had been appointed. Information about the role of the IFSW was widely publicised and was included as part of the induction process to staff and prisoners. The service had been well received by prisoners. At the time of the inspection, the IFSW worker had an active caseload of 10 families but had helped many more, including the partner of a prisoner who had been socially isolated because of the nature of his offence. We observed the IFSW worker meeting families in the visitors centre.
- 9.67 Prisoners could access personal and family relationship courses, and advice on child welfare/parenting skills was also provided by the IFSW.
- 9.68 The Storybook Dad's programme was run by the library but only five prisoners had sent a CD story to their offspring in the previous 12 months.

Recommendations

- 9.69 The toilet facilities in the visitors search area should be refurbished.
- 9.70 Kiosk facilities should be routinely provided.
- 9.71 Prisoners should not be required to wear identification sashes.
- 9.72 All prisoners should be eligible to apply for family days.

Attitudes, thinking and behaviour

- 9.73 Programme provision was insufficient to meet the needs of the population. Sex offender and thinking skills programmes were provided and some prisoners were transferred to other establishments for courses. There was no strategy to manage prisoners in denial of sexual offending.
- 9.74 Although most prisoners at the establishment were serving sentences for sexual offences, and the prison was described as a specialist treatment delivery centre for sex offenders, the availability of courses was unacceptably limited.
- 9.75 A comprehensive needs analysis had been undertaken to identify the courses that needed to be run. The establishment ran two sex offender treatment programmes (SOTPs), the Core (18 places) and the Better Lives Booster (36 places). The number of places on the Core programme was insufficient to meet the identified need and there was a waiting list of an additional 92 prisoners at the time of the inspection, some of whom were not guaranteed a place on the course before their planned release date.
- 9.76 The thinking skills programme provided around 54 places per year and was used appropriately for some prisoners as preparation for completing SOTP courses. There was a waiting list for this course of around 22 prisoners.
- 9.77 We saw evidence of prisoners transferring to other prisons in the area, to complete other offence-related courses, such as the rolling SOTP course at HMPs Wandsworth, Coldingley and Littlehey.
- 9.78 Personal officers were invited to, and sometimes attended, post-programme reviews, as did offender supervisors. Links between the programmes staff and offender supervisors were good. There was an understanding of the need to address the risk posed by prisoners said to be in denial of their sexual offences, and both the programmes department and the OMU had a good awareness of the issues surrounding this. Some prisoners who were in denial had completed SOTP courses but there was no strategic approach or specific policy to inform the management of these prisoners (see main recommendation HP57).

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendation

To NOMS

-
- 10.1 The number of offending behaviour programmes to address sexual offending should be increased. (HP57)

Main recommendations

To the governor

-
- 10.2 The resources available for violence reduction should be reviewed. Arrangements for the management and tackling of bullies and protecting victims should include more effective target setting and interventions. Violence reduction data, including that from a prisoner survey, should be fully analysed and used to inform practice. (HP54)
- 10.3 The prison should investigate and address the reasons behind the negative perceptions of foreign national and black and minority ethnic prisoners and the range of monitoring should be increased. Appropriate staff resources and interpreting/translation services should be provided. (HP55)
- 10.4 The amount of low-skilled work should be reduced and additional higher-quality education, training or work places introduced, to allow for full employment. The workplace risk assessments should be reviewed. Sufficient resources should be provided to enable timely completion of workplace risk assessments. (HP56)

Recommendations

To NOMS

-
- 10.5 Prisoners should be provided with refreshments on escort vans. (1.7)
- 10.6 Prisoner escort records should be fully completed. (1.8)
- 10.7 Prisoners should not arrive at the establishment without a completed offender assessment system (OASys) assessment. (9.19)
- 10.8 Category D prisoners should not wait for long periods to be transferred to open conditions. (9.24)
- 10.9 Contributions from offender managers in relation to the management of prisoners' sentences (for example, OASys and parole documentation) should be provided within the nationally agreed timescales. (9.32)

First days in custody: first night

- 10.10 There should be a published first night policy. (1.20)
- 10.11 On their first night, prisoners should be offered a choice of canteen packs and credit to purchase them if required. (1.21)

Residential units: accommodation and facilities

- 10.12 All in-cell toilets should be screened. (2.12)
- 10.13 All telephones should have privacy hoods. (2.13)

Residential units: clothing and possessions

- 10.14 Laundry arrangements should be reviewed, to ensure that prisoners' clothing is returned clean, dry and intact. (2.18)

Residential units: hygiene

- 10.15 Showers should be adequately ventilated and decorated. (2.23)

Personal officers

- 10.16 The frequency and quality of personal officer entries on the prisoner's record should be improved and maintained through effective management oversight. (2.32)
- 10.17 Personal officer contact time should be formalised and focus on the achievement of sentence plan objectives, alongside compliance with the regime. (2.33)

Self-harm and suicide

- 10.18 Information about suicide and self-harm should be analysed to identify trends and patterns and appropriate action should be taken. (3.24)

Applications and complaints

- 10.19 The prison should analyse the trends and patterns in complaints made and inform the prison population of the action taken in response. (3.34)

Substance use: clinical management

- 10.20 Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should provide fully integrated care to prisoners and consistently undertake joint care plans and reviews. (3.50)

Diversity

- 10.21 Information should be collected from prisoners on reception about different aspects of diversity, and adequate support should be provided for all groups. (4.11)
- 10.22 Links with external community agencies should be developed, to include them as part of the equality action team membership. (4.12)
- 10.23 A comprehensive single equality policy should be developed and implemented, with an up-to-date accompanying action plan. (4.13)

Diversity: race equality

- 10.24 Interventions for challenging racism should be established. (4.22)

Diversity: foreign nationals

- 10.25 Foreign national prisoners should be able to make a free telephone call every month, even if they receive visits, and the length of calls should be checked. (4.34)

Diversity: disability and older prisoners

- 10.26 Retirement pay should be increased. (4.42)
- 10.27 Older prisoners and those with a disability should have access to more structured activities during the core day. (4.43)
- 10.28 The adapted cell on Kent wing should be refurbished. (4.44)

Health services: general

- 10.29 There should be a designated health services lead for older prisoners. (5.9)

Health services: clinical governance

- 10.30 Health services staffing should be sufficient to enable health staff to contribute to wider prison meetings.(5.23)
- 10.31 Prisoners should be able to make a complaint without compromising their right to medical confidentiality. (5.24)
- 10.32 All clinical incidents and near misses should be formally reported and appropriate action logged and followed through. (5.25)

Health services: primary care

- 10.33 Formal care plans should inform the proactive care of men with long-term conditions and should be recorded on SystmOne. (5.36)

Health services: pharmacy

- 10.34 There should be a robust risk assessment for in-possession medications which assesses both the patient and the medication, is clearly denoted on the patient record and is available to all health professionals involved with the patient. (5.50)
- 10.35 Prisoners should not have to queue for their medication outside the department. (5.51)

Health services: dentistry

- 10.36 The dentist should record on SystemOne, to ensure the continuity and safety of all care. (5.61)

Health services: secondary care

- 10.37 Prisoners should not be handcuffed during sensitive and intimate consultations.(5.66)

Time out of cell

- 10.38 Time out of cell should be recorded accurately. (6.5)

Learning and skills and work activities: leadership and management

- 10.39 Recording of observations of teaching and learning should be improved, with a stronger focus on the quality of learning. (6.11)
- 10.40 The self-assessment report should provide a more self-critical and evaluative analysis of performance. (6.12)
- 10.41 Better use should be made of data, to analyse the performance of subcontractors more regularly and continuously improve provision. (6.13)

Learning and skills and work activities: work

- 10.42 Pay rates should be improved. (6.17)
- 10.43 Sentence plans, where available, should be used by the careers information and advice service provider to inform initial action planning with prisoners. (6.18)

Learning and skills and work activities: vocational training

- 10.44 Participation in vocational training should be increased. (6.21)

Learning and skills and work activities: education

- 10.45 Education lessons should make better use of information and communications technology and differentiate individual learner needs more clearly. (6.24)
- 10.46 Clear short-term targets should be included in individual learning plans. (6.25)

- 10.47 Recreational gym should be rescheduled to avoid disrupting learning. (6.26)

Learning and skills and work activities: library

- 10.48 The library should provide a wider range of up-to-date books to meet the needs of foreign national prisoners and those on vocational training courses. (6.30)

Physical education and health promotion

- 10.49 Health care specialists should provide appropriate and timely medical information to PE staff for the gym induction. (6.35)
- 10.50 The prison should provide appropriate changing and showering facilities for gym users. (6.36)

Security and rules

- 10.51 Closed visits should be offered and resourced, to prevent visitors being turned away following a positive indication by the drug dog. (7.10)
- 10.52 Visitors should not be banned for excessively long periods without regular reviews and ongoing evidence of continued risks. (7.11)

Discipline: the use of force

- 10.53 Detailed analysis of the use of force should be undertaken to identify themes or trends. (7.26)
- 10.54 The report of injury form should be attached to the use of force paperwork and governance improved. (7.27)

Discipline: segregation unit

- 10.55 Health care and chaplaincy staff should visit the segregation unit regularly. (7.38)
- 10.56 Reintegration and care planning for those held in the segregation unit should be formalised and supported by specific objectives to enable prisoners to demonstrate progress. (7.39)

Incentives and earned privileges

- 10.57 Objectives set for those on the basic regime should be specific and encourage adequate behavioural change. (7.49)
- 10.58 Incentives and earned privileges (IEP) reviews should be completed on time and involve the prisoner. (7.50)

Catering

- 10.59 Breakfast packs should be served on the morning of consumption and should be improved. (8.7)

- 10.60 Lunch should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm. (8.8)

Strategic management of resettlement

- 10.61 The reducing reoffending action plan should be developed to include pathway provision. (9.8)
- 10.62 The membership of the reducing reoffending committee should be reviewed and attendance monitored. (9.9)

Offender management and planning: sentence planning and offender management

- 10.63 Offender management files should be developed, to provide a meaningful contribution to the offender management process. (9.20)
- 10.64 Offender supervisor contact logs should be recorded on P-Nomis to improve their visibility and usefulness to staff within the offender management unit (OMU) and in other parts of the prison. (9.21)

Offender management and planning: public protection

- 10.65 Minutes should be taken of sentence planning boards, recording the key topics discussed, decisions taken and actions agreed. These minutes should be recorded in the OMU case file, with relevant information recorded on P-Nomis. (9.29)

Offender management and planning: indeterminate-sentenced prisoners

- 10.66 Arrangements should be made to meet the specific needs of indeterminate-sentenced prisoners. (9.31)

Resettlement pathways: education, training and employment

- 10.67 A preparation for work course should be introduced and prisoners who are about to be released should be given more opportunities to research available jobs. (9.37)
- 10.68 Links with employers should be improved, to offer prisoners better opportunities for jobs on release. (9.38)

Resettlement pathways: drugs and alcohol

- 10.69 The counselling, assessment, referral, advice and throughcare (CARAT) service remit should include ongoing work with prisoners whose primary problem is alcohol. (9.55)

Resettlement pathways: children and families of offenders

- 10.70 The toilet facilities in the visitors search area should be refurbished. (9.69)

- 10.71 Kiosk facilities should be routinely provided. (9.70)
- 10.72 Prisoners should not be required to wear identification sashes. (9.71)
- 10.73 All prisoners should be eligible to apply for family days. (9.72)

Housekeeping points

First days in custody: reception

- 10.74 There should be a reception procedures document which includes or refers to a policy for the identification and care of vulnerable prisoners. (1.14)
- 10.75 Prisoners transferred from another establishment should not be subjected to a full search. (1.15)

Residential units: hygiene

- 10.76 The range of toiletries provided should meet all the needs of prisoners. (2.24)

Self-harm and suicide

- 10.77 There should be consistent case managers and representation of residential and health services staff at assessment, care in custody and teamwork (ACCT) reviews. (3.25)

Applications and complaints

- 10.78 Complaints should be collected directly by the complaints clerk from residential units, to ensure confidentiality. (3.35)

Diversity

- 10.79 External scrutiny of diversity incident report forms should be carried out. (4.14)

Diversity: race equality

- 10.80 A log should be kept of all prisoners convicted of a current or previous racially aggravated offence or those who display racist behaviour during their sentence. (4.23)

Diversity: disability and older prisoners

- 10.81 Cells for those with disabilities should not be occupied by able-bodied prisoners. (4.45)

Health services: general

- 10.82 The reception health care room should be refurbished, to enable staff to wash their hands, use a telephone and summon help if required. (5.10)
- 10.83 Prisoners should be told in confidence the purpose of their internal health care appointment before attending. (5.11)
- 10.84 The information-sharing compact should enable prisoners to identify which departments and agencies they wish to share confidential medical information with. (5.12)

Health services: clinical governance

- 10.85 The health care department should provide representation at the User Voice meeting, to ensure that prisoners can raise and have responses to health care-related issues. (5.26)
- 10.86 A review of all policies should be undertaken, to ensure that they are up to date and reflect safe and evidence-based practice. (5.27)

Health services: primary care

- 10.87 Triage protocols should be reviewed, to ensure that they offer adequate and evidence-based guidance to provide consistent care. (5.37)
- 10.88 A formal register should be set up to enable consistent follow-up and review of men with long-term conditions. (5.38)
- 10.89 Resuscitation equipment should be checked regularly and a log kept of the checks. (5.39)

Health services: pharmacy

- 10.90 Special sick arrangements should specify designated maximum treatment periods and an audit trail that enables the doctor and nursing staff easily to identify when prisoners have received medications. (5.52)
- 10.91 The pharmacist should be included on the application form. (5.53)
- 10.92 There should be a clear audit trail for the keys to the controlled drugs cupboard. (5.54)
- 10.93 The medicines cupboards should be securely attached to the floor and wall. (5.55)

Health services: dentistry

- 10.94 Paper records should be stored to ensure confidentiality. (5.62)
- 10.95 Decontamination arrangements should be reviewed for compliance with future HTM05 regulations. (5.63)

Health services: secondary care

- 10.96 Consideration should be given to using the NHS 'Choose and Book' system, to reduce the number of NHS cancellations of external appointments. (5.67)

Time out of cell

- 10.97 Appropriate seating should be provided in association areas. (6.6)

Security and rules

- 10.98 Monthly security objectives should be routinely shared with all staff, to ensure that they maintain a high profile. (7.12)
- 10.99 Security concerns identified at the security committee meeting should be routinely communicated to staff. (7.13)
- 10.100 Monitoring of finds from searching and the use of strip-searching should be undertaken to identify any trends or issues. (7.14)
- 10.101 The local searching strategy should be updated. (7.15)

Discipline: disciplinary procedures

- 10.102 Prisoners should be reminded about the appeals procedure at the end of the adjudication hearing and this should be clearly recorded in the paperwork. (7.20)

Discipline: the use of force

- 10.103 Attendance at the use of force committee should be improved. (7.28)

Discipline: segregation unit

- 10.104 Records should accurately reflect the levels of interaction between prisoners and staff on the segregation unit. (7.40)
- 10.105 The segregation policy should be equality impact assessed. (7.41)
- 10.106 Attendance at segregation monitoring and review group (SMARG) meetings should be improved. (7.42)

Incentives and earned privileges

- 10.107 The IEP scheme should be displayed clearly on the wings. (7.51)

Prison shop

- 10.108 Prisoners should be able to purchase approved DVDs. (8.14)

Strategic management of resettlement

10.109 Measures should be taken to ensure that all required reports are submitted to the reducing reoffending committee meeting. (9.10)

Resettlement pathways: mental and physical health

10.110 Palliative care links and policy should be formalised to ensure consistent access and care for prisoners throughout their illness. (9.42)

Examples of good practice

Residential units: accommodation and facilities

10.111 The elected prisoner council arrangements provided effective and valuable consultation arrangements. (2.14)

Diversity: disability and older prisoners

10.112 The personal emergency evacuation planning system was excellent and gave assurance that prisoners with disabilities would receive appropriate support and assistance in an emergency. (4.46)

Offender management and planning: sentence planning and offender management

10.113 The 'immediate release' contingency planning ensured that key resettlement support could be implemented in such cases. (9.22)

Resettlement pathways: finance, benefit and debt

10.114 The resettlement manager provided a post-release support service, to deal with any banking issues in relation to banking services set up within custody. (9.45)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Karen Dillon	Inspector
Michael Calvert	Inspector
Louise Falshaw	Senior researcher
Jess Broughton	Researcher
Mike Skidmore	Researcher
Specialist inspectors	
Nicola Rabjohns	Health services inspector
Sigrid Engelen	Drugs inspector
Peter Gibbs	Pharmacist
Neil Edwards	Ofsted inspector
Martin Hughes	Ofsted inspector
Sandra Summers	Ofsted inspector
Paddy Doyle	HMI Probation
Cliff Warke	HMI Probation
Ian Simpkins	HMI Probation
Jennifer Kim	Observer

Appendix II: Prison population profile

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

Status	18-20-year-olds	21 and over	%
Sentenced		563	93.8
Recall		26	4.3
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees		11	1.9
Total		600	100

Sentence	18-20-year-olds	21 and over	%
Unsentenced		11	1.9
Less than 6 months		0	
6 months to less than 12 months		1	0.1
12 months to less than 2 years		10	1.8
2 years to less than 4 years		63	10.5
4 years to less than 10 years		370	61.7
10 years and over (not life)		58	9.6
ISPP			
Life		87	14.4
Total		600	100

Age	Number of prisoners	%
Please state minimum age - 21		
Under 21 years	0	
21 years to 29 years	125	20.8
30 years to 39 years	140	23.3
40 years to 49 years	167	27.9
50 years to 59 years	86	14.4
60 years to 69 years	53	8.8
70 plus years	29	4.8
Please state maximum age - 84		
Total	600	100

Nationality	18-20-year-olds	21 and over	%
British		398	66.3
Foreign nationals		189	31.5
Total		600 (13 not stated)	97.8 (2.2 not stated)

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

Category B		2	0.1
Category C		589	98.2
Category D		9	1.7
Other			
Total		600	100

Ethnicity	18-20-year-olds	21 and over	%
White			
British		361	60.1
Irish		3	0.5
Other white		72	12
		436	72.6
Mixed			
White and black Caribbean		0	0
White and black African		2	0.3
White and Asian		2	0.3
Other mixed		3	0.5
		7	1.1
Asian or Asian British			
Indian		15	2.5
Pakistani		6	1
Bangladeshi		5	0.9
Other Asian		3	0.5
		29	4.9
Black or black British			
Caribbean		40	6.6
African		53	8.8
Other black		22	3.7
		115	19.1
Chinese or other ethnic group			
Chinese		3	0.5
Other ethnic group		8	1.4
		11	1.9
Not stated		2	0.4
Total		600	100

Religion	18-20-year-olds	21 and over	%
Baptist		2	0.3
Church of England		196	31.6
Roman Catholic		88	14.6
Other Christian denominations		68	10.3
Muslim		65	10.8
Sikh		3	0.5
Hindu		6	1
Buddhist		33	5.2
Jewish		2	0.4
Other		11	1.8

No religion		123	20.5
Total		597 (3 not stated)	99.6 (0.4 not stated)

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			38	6.3
1 month to 3 months			61	10.2
3 months to 6 months			80	13.3
6 months to 1 year			144	24
1 year to 2 years			177	29.5
2 years to 4 years			95	15.8
4 years or more			4	0.7
Total			599 (1 not stated)	99.8 (0.2 not stated)

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 24 August 2011, the prisoner population at HMP Maidstone was 590. The sample size was 195. Overall, this represented 33% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means that 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 carried out with any respondents with literacy difficulties. In this case, no respondents required an interview.

Methodology

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

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

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

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

Response rates

In total, 174 respondents completed and returned their questionnaires. This represented 30% of the prison population. The response rate was 89%. In addition to the four respondents who refused to complete a questionnaire, 12 questionnaires were not returned and five were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 39 category C trainer prisons since December 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Maidstone in 2007.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are 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 – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

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

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

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

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

Summary of prisoner survey results

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	29 (17%)
	<i>30 - 39</i>	38 (22%)
	<i>40 - 49</i>	50 (29%)
	<i>50 - 59</i>	35 (20%)
	<i>60 - 69</i>	15 (9%)
	<i>70 and over</i>	5 (3%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	161 (95%)
	<i>Yes - on recall</i>	8 (5%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	Not sentenced	1 (1%)
	<i>Less than 6 months</i>	0 (0%)
	<i>6 months to less than 1 year</i>	3 (2%)
	<i>1 year to less than 2 years</i>	10 (6%)
	<i>2 years to less than 4 years</i>	23 (14%)
	<i>4 years to less than 10 years</i>	77 (47%)
	<i>10 years or more</i>	22 (13%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	15 (9%)
	<i>Life</i>	13 (8%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	Not sentenced	1 (1%)
	<i>6 months or less</i>	37 (26%)
	<i>More than 6 months</i>	103 (73%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	8 (5%)
	<i>1 to less than 3 months</i>	9 (5%)
	<i>3 to less than 6 months</i>	15 (9%)
	<i>6 to less than 12 months</i>	35 (20%)
	<i>12 months to less than 2 years</i>	40 (23%)
	<i>2 to less than 4 years</i>	41 (24%)
	<i>4 years or more</i>	23 (13%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	48 (28%)

No..... 122 (72%)

Q1.8 Is English your first language?

Yes..... 139 (83%)
 No..... 29 (17%)

Q1.9 What is your ethnic origin?

White - British.....	110 (64%)	Asian or Asian British - Bangladeshi.....	2 (1%)
White - Irish.....	1 (1%)	Asian or Asian British - Other....	1 (1%)
White - Other.....	13 (8%)	Mixed Race - White and black Caribbean.....	6 (4%)
Black or black British - Caribbean.....	14 (8%)	Mixed Race - White and black African.....	0 (0%)
Black or black British - African..	11 (6%)	Mixed Race - White and Asian..	0 (0%)
Black or black British - Other....	2 (1%)	Mixed Race - Other.....	0 (0%)
Asian or Asian British - Indian...	2 (1%)	Chinese.....	1 (1%)
Asian or Asian British - Pakistani.....	3 (2%)	Other ethnic group.....	5 (3%)

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

Yes..... 5 (3%)
 No..... 161 (97%)

Q1.11 What is your religion?

None.....	33 (20%)	Hindu.....	2 (1%)
Church of England.....	64 (38%)	Jewish.....	0 (0%)
Catholic.....	22 (13%)	Muslim.....	12 (7%)
Protestant.....	5 (3%)	Sikh.....	0 (0%)
Other Christian denomination	12 (7%)	Other.....	8 (5%)
Buddhist.....	10 (6%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight..... 153 (93%)
 Homosexual/gay..... 0 (0%)
 Bisexual..... 9 (5%)
 Other..... 2 (1%)

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

Yes..... 40 (23%)
 No..... 131 (77%)

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

0	1	2 to 5	More than 5
103 (60%)	31 (18%)	33 (19%)	4 (2%)

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

1	2 to 5	More than 5
8 (5%)	139 (81%)	24 (14%)

Q1.16	Do you have any children under the age of 18?	
	Yes	83 (48%)
	No	91 (52%)

Section 2: Courts, transfers and escorts

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

	Very good	Good	Neither	Bad	Very Bad	Don't remember	N/A
The cleanliness of the van?	21 (12%)	79 (47%)	30 (18%)	24 (14%)	10 (6%)	2 (1%)	3 (2%)
Your personal safety during the journey?	26 (17%)	82 (53%)	18 (12%)	14 (9%)	12 (8%)	0 (0%)	2 (1%)
The comfort of the van?	6 (4%)	23 (14%)	25 (15%)	57 (34%)	55 (33%)	0 (0%)	3 (2%)
The attention paid to your health needs?	17 (11%)	36 (22%)	46 (29%)	25 (16%)	21 (13%)	3 (2%)	13 (8%)
The frequency of toilet breaks?	7 (4%)	13 (8%)	25 (15%)	34 (21%)	49 (30%)	3 (2%)	34 (21%)

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

Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember
15 (9%)	71 (42%)	64 (38%)	13 (8%)	6 (4%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
27 (16%)	94 (56%)	31 (18%)	11 (7%)	4 (2%)	2 (1%)

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

	Yes	No	Don't remember
Did you know where you were going when you left court or when transferred from another prison?	139 (82%)	31 (18%)	0 (0%)
Before you arrived here did you receive any written information about what would happen to you?	25 (15%)	136 (81%)	7 (4%)
When you first arrived here did your property arrive at the same time as you?	146 (87%)	20 (12%)	1 (1%)

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	48 (29%)	<i>Money worries</i>	19 (11%)
<i>Loss of property</i>	24 (14%)	<i>Feeling depressed or suicidal</i> .	59 (35%)
<i>Housing problems</i>	25 (15%)	<i>Health problems</i>	78 (47%)

Contacting employers	16 (10%)	Needing protection from other prisoners	29 (17%)
Contacting family.....	72 (43%)	Accessing phone numbers.....	52 (31%)
Ensuring dependants were being looked after	19 (11%)	Other.....	7 (4%)

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

Didn't have any problems	64 (39%)	Money worries.....	24 (15%)
Loss of property.....	31 (19%)	Feeling depressed or suicidal.	28 (17%)
Housing problems.....	15 (9%)	Health problems.....	42 (26%)
Contacting employers	6 (4%)	Needing protection from other prisoners	8 (5%)
Contacting family.....	47 (29%)	Accessing phone numbers.....	48 (29%)
Ensuring dependants were looked after	11 (7%)	Other.....	3 (2%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	146 (85%)	20 (12%)	5 (3%)
When you were searched, was this carried out in a respectful way?	125 (76%)	33 (20%)	6 (4%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
37 (21%)	77 (45%)	29 (17%)	23 (13%)	6 (3%)	1 (1%)

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

Information about what was going to happen to you	85 (51%)
Information about what support was available for people feeling depressed or suicidal	74 (45%)
Information about how to make routine requests	63 (38%)
Information about your entitlement to visits.....	72 (43%)
Information about health services	83 (50%)
Information about the chaplaincy	75 (45%)
Not offered anything	57 (34%)

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

A smokers/non-smokers pack.....	93 (55%)
The opportunity to have a shower.....	74 (44%)
The opportunity to make a free telephone call.....	49 (29%)
Something to eat.....	126 (75%)
Did not receive anything	20 (12%)

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

Chaplain or religious leader	48 (30%)
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Someone from health services	112 (70%)
A Listener/Samaritans.....	33 (20%)
Did not meet any of these people.....	33 (20%)

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

Yes	18 (11%)
No.....	150 (89%)

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

Yes.....	130 (76%)
No.....	28 (16%)
Don't remember.....	12 (7%)

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

Have not been on an induction course.....	3 (2%)
Within the first week	135 (81%)
More than a week	26 (16%)
Don't remember.....	3 (2%)

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

Have not been on an induction course.....	3 (2%)
Yes	127 (76%)
No.....	32 (19%)
Don't remember.....	6 (4%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to?

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	44 (26%)	58 (34%)	24 (14%)	18 (11%)	11 (7%)	14 (8%)
Attend legal visits?	36 (23%)	58 (37%)	22 (14%)	11 (7%)	4 (3%)	25 (16%)
Obtain bail information?	8 (6%)	12 (9%)	18 (13%)	11 (8%)	12 (9%)	76 (55%)

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

Not had any letters	16 (10%)
Yes.....	70 (42%)
No.....	82 (49%)

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	139 (81%)	13 (8%)	3 (2%)	16 (9%)
Are you normally able to have a shower every day?	168 (98%)	4 (2%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	154 (90%)	8 (5%)	2 (1%)	8 (5%)
Do you normally get cell cleaning materials every week?	159 (93%)	12 (7%)	0 (0%)	0 (0%)
Is your cell call bell normally answered within five minutes?	87 (52%)	54 (32%)	18 (11%)	9 (5%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	114 (69%)	49 (30%)	1 (1%)	1 (1%)
Can you normally get your stored property, if you need to?	71 (44%)	47 (29%)	34 (21%)	11 (7%)

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
9 (5%)	49 (29%)	46 (27%)	39 (23%)	27 (16%)

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

<i>Have not bought anything yet</i>	2 (1%)
Yes.....	75 (45%)
No.....	91 (54%)

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	73 (42%)	63 (36%)	23 (13%)	4 (2%)	2 (1%)	8 (5%)
An application form	84 (51%)	71 (43%)	6 (4%)	2 (1%)	0 (0%)	2 (1%)

Q4.7 Have you made an application?

Yes.....	163 (97%)
No.....	5 (3%)

Q4.8 Please answer the following questions concerning applications:

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

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	5 (3%)	106 (65%)	53 (32%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	5 (3%)	90 (56%)	67 (41%)

Q4.9 Have you made a complaint?

Yes.....	81 (50%)
No.....	82 (50%)

Q4.10	Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option.)				
		Not made one	Yes	No	
	Do you feel <i>complaints</i> are dealt with fairly?	82 (50%)	17 (10%)	66 (40%)	
	Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	82 (50%)	34 (21%)	47 (29%)	
	Were you given information about how to make an appeal?	85 (51%)	43 (26%)	39 (23%)	
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?				
	<i>Not made a complaint</i>			82 (50%)	
	Yes			25 (15%)	
	No.....			58 (35%)	
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?				
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
	20 (12%)	19 (11%)	56 (34%)	53 (32%)	8 (5%)
					10 (6%)
Q4.13	What level of the IEP scheme are you on now?				
	<i>Don't know what the IEP scheme is</i>				5 (3%)
	<i>Enhanced</i>				102 (60%)
	<i>Standard</i>				61 (36%)
	<i>Basic</i>				1 (1%)
	<i>Don't know</i>				0 (0%)
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?				
	<i>Don't know what the IEP scheme is</i>				5 (3%)
	Yes				83 (51%)
	No				64 (39%)
	<i>Don't know</i>				12 (7%)
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?				
	<i>Don't know what the IEP scheme is</i>				5 (3%)
	Yes				76 (51%)
	No.....				57 (38%)
	<i>Don't know</i>				11 (7%)
Q4.16	Please answer the following questions about this prison?				
			Yes	No	
	In the last six months have any members of staff physically restrained you (C&R)?		9 (5%)	160 (95%)	
	In the last six months have you spent a night in the segregation/care and separation unit?		19 (11%)	153 (89%)	

Q4.17	Please answer the following questions about your religious beliefs?	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	97 (57%)	26 (15%)	48 (28%)
	Are you able to speak to a religious leader of your faith in private if you want to?	97 (59%)	14 (8%)	54 (33%)
Q4.18	Can you speak to a Listener at any time, if you want to?	Yes 128 (75%)	No 4 (2%)	<i>Don't know</i> 38 (22%)
Q4.19	Please answer the following questions about staff in this prison?	Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	144 (86%)	23 (14%)	
	Do most staff treat you with respect?	140 (83%)	28 (17%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?	Yes 58 (34%)	No 112 (66%)																				
Q5.2	Do you feel unsafe in this prison at the moment?	Yes 23 (14%)	No 147 (86%)																				
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i>..... 112 (71%)</td> <td><i>At mealtimes</i>..... 11 (7%)</td> </tr> <tr> <td><i>Everywhere</i>..... 5 (3%)</td> <td><i>At health services</i>..... 5 (3%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 9 (6%)</td> <td><i>Visit's area</i>..... 6 (4%)</td> </tr> <tr> <td><i>Association areas</i>..... 16 (10%)</td> <td><i>In wing showers</i>..... 16 (10%)</td> </tr> <tr> <td><i>Reception area</i>..... 8 (5%)</td> <td><i>In gym showers</i>..... 1 (1%)</td> </tr> <tr> <td><i>At the gym</i>..... 6 (4%)</td> <td><i>In corridors/stairwells</i>..... 11 (7%)</td> </tr> <tr> <td><i>In an exercise yard</i>..... 8 (5%)</td> <td><i>On your landing/wing</i>..... 16 (10%)</td> </tr> <tr> <td><i>At work</i>..... 9 (6%)</td> <td><i>In your cell</i>..... 10 (6%)</td> </tr> <tr> <td><i>During movement</i>..... 10 (6%)</td> <td><i>At religious services</i>..... 2 (1%)</td> </tr> <tr> <td><i>At education</i>..... 3 (2%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> 112 (71%)	<i>At mealtimes</i> 11 (7%)	<i>Everywhere</i> 5 (3%)	<i>At health services</i> 5 (3%)	<i>Segregation unit</i> 9 (6%)	<i>Visit's area</i> 6 (4%)	<i>Association areas</i> 16 (10%)	<i>In wing showers</i> 16 (10%)	<i>Reception area</i> 8 (5%)	<i>In gym showers</i> 1 (1%)	<i>At the gym</i> 6 (4%)	<i>In corridors/stairwells</i> 11 (7%)	<i>In an exercise yard</i> 8 (5%)	<i>On your landing/wing</i> 16 (10%)	<i>At work</i> 9 (6%)	<i>In your cell</i> 10 (6%)	<i>During movement</i> 10 (6%)	<i>At religious services</i> 2 (1%)	<i>At education</i> 3 (2%)	
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<i>During movement</i> 10 (6%)	<i>At religious services</i> 2 (1%)																						
<i>At education</i> 3 (2%)																							
Q5.4	Have you been victimised by another prisoner or group of prisoners here?	Yes 46 (27%)	No 124 (73%)																				
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends).....</i></td> <td>21 (12%)</td> <td><i>Because of your sexuality.....</i></td> <td>4 (2%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends).....</i>	21 (12%)	<i>Because of your sexuality.....</i>	4 (2%)																
<i>Insulting remarks (about you or your family or friends).....</i>	21 (12%)	<i>Because of your sexuality.....</i>	4 (2%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	7 (4%)	<i>Because you have a disability</i>	4 (2%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your religion/religious beliefs.....</i>	4 (2%)
<i>Because of your race or ethnic origin.....</i>	14 (8%)	<i>Because of your age.....</i>	8 (5%)
<i>Because of drugs.....</i>	1 (1%)	<i>Being from a different part of the country than others.....</i>	4 (2%)
<i>Having your canteen/property taken.....</i>	11 (7%)	<i>Because of your offence/crime.....</i>	22 (13%)
<i>Because you were new here..</i>	9 (5%)	<i>Because of gang related issues.....</i>	5 (3%)

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

Yes.....	35 (20%)
No.....	136 (80%)

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

<i>Insulting remarks (about you or your family or friends).....</i>	16 (9%)	<i>Because you have a disability</i>	3 (2%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	2 (1%)	<i>Because of your religion/religious beliefs.....</i>	3 (2%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your age.....</i>	5 (3%)
<i>Because of your race or ethnic origin.....</i>	16 (9%)	<i>Being from a different part of the country than others.....</i>	4 (2%)
<i>Because of drugs.....</i>	4 (2%)	<i>Because of your offence/crime.....</i>	17 (10%)
<i>Because you were new here..</i>	7 (4%)	<i>Because of gang related issues.....</i>	2 (1%)
<i>Because of your sexuality.....</i>	2 (1%)		

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

<i>Not been victimised</i>	112 (69%)
Yes.....	31 (19%)
No.....	20 (12%)

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

Yes.....	43 (26%)
No.....	125 (74%)

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

Yes.....	36 (21%)
No.....	134 (79%)

Q5.11	Is it easy or difficult to get illegal drugs in this prison?					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	20 (12%)	14 (8%)	6 (4%)	3 (2%)	7 (4%)	118 (70%)

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people?					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	7 (4%)	23 (14%)	72 (43%)	28 (17%)	34 (20%)	4 (2%)
The nurse	12 (8%)	23 (14%)	75 (47%)	25 (16%)	21 (13%)	3 (2%)
The dentist	19 (12%)	16 (10%)	33 (20%)	25 (15%)	52 (32%)	17 (10%)
The optician	26 (16%)	9 (6%)	18 (11%)	24 (15%)	52 (33%)	31 (19%)
Q6.2	Are you able to see a pharmacist?					
	Yes					92 (61%)
	No					60 (39%)
Q6.3	What do you think of the quality of the health service from the following people?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	10 (6%)	16 (10%)	42 (25%)	26 (16%)	35 (21%)	38 (23%)
The nurse	10 (6%)	39 (24%)	75 (46%)	21 (13%)	12 (7%)	7 (4%)
The dentist	31 (19%)	19 (12%)	33 (21%)	23 (14%)	29 (18%)	24 (15%)
The optician	53 (34%)	25 (16%)	29 (18%)	24 (15%)	14 (9%)	13 (8%)
Q6.4	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	4 (2%)	19 (11%)	49 (29%)	35 (21%)	39 (23%)	22 (13%)
Q6.5	Are you currently taking medication?					
	Yes					90 (53%)
	No					79 (47%)
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?					
	<i>Not taking medication</i>					79 (46%)
	Yes					83 (49%)
	No					8 (5%)
Q6.7	Do you feel you have any emotional wellbeing/mental health issues?					
	Yes					47 (28%)
	No					122 (72%)
Q6.8	Are your emotional wellbeing/mental health issues being addressed by any of the following? (Please tick all that apply to you.)					
	<i>Do not have any issues/not receiving any help</i>					134 (80%)
	<i>Doctor</i>					14 (8%)
	<i>Nurse</i>					6 (4%)
	<i>Psychiatrist</i>					12 (7%)
	<i>Mental health in-reach team</i>					14 (8%)

Counsellor..... 9 (5%)
 Other..... 5 (3%)

Q6.9 Did you have a problem with either of the following when you came into this prison?

	Yes	No
Drugs	17 (10%)	148 (90%)
Alcohol	18 (11%)	145 (89%)

Q6.10 Have you developed a problem with drugs since you have been in this prison?

Yes..... 2 (1%)
 No..... 166 (99%)

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes..... 29 (17%)
 No..... 1 (1%)
Did not/do not have a drug or alcohol problem 139 (82%)

Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?

Yes..... 27 (16%)
 No..... 2 (1%)
Did not/do not have a drug or alcohol problem 139 (83%)

Q6.13 Was the intervention or help you received, while in this prison, helpful?

Yes..... 27 (16%)
 No..... 0 (0%)
Did not have a problem/have not received help..... 141 (84%)

Q6.14 Do you think you will have a problem with either of the following when you leave this prison?

	Yes	No	Don't know
Drugs	2 (1%)	163 (96%)	4 (2%)
Alcohol	2 (1%)	153 (94%)	8 (5%)

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?

Yes..... 13 (8%)
 No..... 1 (1%)
 N/A..... 153 (92%)

Section 7: Purposeful activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply to you.)

Prison job 143 (84%)

Vocational or skills training.....	32 (19%)
Education (including basic skills).....	46 (27%)
Offending behaviour programmes.....	22 (13%)
Not involved in any of these	15 (9%)

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

	Not been involved	Yes	No	Don't know
Prison job	14 (9%)	66 (43%)	60 (39%)	13 (8%)
Vocational or skills training	23 (22%)	56 (54%)	18 (17%)	7 (7%)
Education (including basic skills)	23 (20%)	64 (56%)	21 (18%)	7 (6%)
Offending behaviour programmes	27 (26%)	43 (41%)	27 (26%)	8 (8%)

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

Don't want to go	10 (6%)
<i>Never</i>	16 (9%)
<i>Less than once a week</i>	49 (29%)
<i>About once a week</i>	75 (44%)
<i>More than once a week</i>	14 (8%)
<i>Don't know</i>	5 (3%)

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
27 (16%)	25 (15%)	15 (9%)	61 (36%)	38 (22%)	3 (2%)	2 (1%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
14 (8%)	9 (5%)	45 (27%)	44 (26%)	53 (31%)	4 (2%)

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

<i>Less than 2 hours</i>	10 (6%)
<i>2 to less than 4 hours</i>	16 (9%)
<i>4 to less than 6 hours</i>	32 (19%)
<i>6 to less than 8 hours</i>	40 (24%)
<i>8 to less than 10 hours</i>	41 (24%)
<i>10 hours or more</i>	24 (14%)
<i>Don't know</i>	7 (4%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
3 (2%)	2 (1%)	6 (4%)	20 (12%)	132 (78%)	7 (4%)

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

Do not go on association	6 (4%)
<i>Never</i>	27 (16%)
<i>Rarely</i>	45 (27%)
<i>Some of the time</i>	45 (27%)
<i>Most of the time</i>	23 (14%)

All of the time..... 22 (13%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>	18	(11%)			
	<i>In the first week</i>	81	(48%)			
	<i>More than a week</i>	52	(31%)			
	<i>Don't remember</i>	18	(11%)			
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	18 (11%)	49 (29%)	51 (30%)	30 (18%)	18 (11%)	3 (2%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>	1	(1%)			
	<i>Yes</i>	136	(82%)			
	<i>No</i>	29	(17%)			
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>	30	(18%)			
	<i>Very involved</i>	25	(15%)			
	<i>Involved</i>	32	(19%)			
	<i>Neither</i>	9	(5%)			
	<i>Not very involved</i>	39	(23%)			
	<i>Not at all involved</i>	32	(19%)			
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>	30	(19%)			
	<i>Yes</i>	78	(49%)			
	<i>No</i>	52	(33%)			
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>	30	(19%)			
	<i>Yes</i>	35	(22%)			
	<i>No</i>	92	(59%)			
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>	1	(1%)			
	<i>Yes</i>	52	(33%)			
	<i>No</i>	106	(67%)			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>	31	(19%)			
	<i>No</i>	134	(81%)			

- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 68 (40%)
 No..... 92 (55%)
 Don't know..... 8 (5%)
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 28 (16%)
 No..... 141 (83%)
 Don't know..... 1 (1%)
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 1 (1%)
 Yes 36 (21%)
 No..... 124 (74%)
 Don't remember..... 7 (4%)
- Q8.12 How many visits did you receive in the last week?**
- | Not been in a week | 0 | 1 to 2 | 3 to 4 | 5 or more |
|---------------------------|----------|---------------|---------------|------------------|
| 1 (1%) | 94 (62%) | 57 (38%) | 0 (0%) | 0 (0%) |
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits..... 31 (18%)
 Very well..... 44 (26%)
 Well 62 (37%)
 Neither 15 (9%)
 Badly 8 (5%)
 Very badly 6 (4%)
 Don't know..... 2 (1%)
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 66 (40%)
 No..... 100 (60%)
- Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)**
- | | | | |
|---|----------|---|----------|
| Don't know who to contact . | 66 (46%) | <i>Help with your finances in preparation for release</i> | 47 (32%) |
| <i>Maintaining good relationships</i> | 36 (25%) | <i>Claiming benefits on release</i> .. | 64 (44%) |
| <i>Avoiding bad relationships</i> | 33 (23%) | <i>Arranging a place at college/continuing education on release</i> | 36 (25%) |
| <i>Finding a job on release</i> | 55 (38%) | <i>Continuity of health services on release</i> | 42 (29%) |
| <i>Finding accommodation on release</i> | 57 (39%) | <i>Opening a bank account</i> | 47 (32%) |

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

<i>No problems</i>	62 (39%)	<i>Help with your finances in preparation for release</i>	41 (26%)
<i>Maintaining good relationships</i>	20 (13%)	<i>Claiming benefits on release</i> ..	48 (30%)
<i>Avoiding bad relationships</i>	10 (6%)	<i>Arranging a place at college/continuing education on release</i>	27 (17%)
<i>Finding a job on release</i>	74 (47%)	<i>Continuity of health services on release</i>	30 (19%)
<i>Finding accommodation on release</i>	60 (38%)	<i>Opening a bank account</i>	37 (23%)

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

<i>Not sentenced</i>	1 (1%)
<i>Yes</i>	95 (59%)
<i>No</i>	65 (40%)

Main comparator and comparator to last time



Prisoner survey responses HMP Maidstone 2011

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

Key to tables

		HMP Maidstone 2011	Cat C Trainer	HMP Maidstone 2011	HMP Maidstone 2007
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		174	5002	174	108
SECTION 1: General information					
2	Are you under 21 years of age?	0%	2%	0%	1%
3a	Are you sentenced?	100%	100%	100%	99%
3b	Are you on recall?	5%	11%	5%	6%
4a	Is your sentence less than 12 months?	2%	5%	2%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	9%	7%	9%	
5	Do you have six months or less to serve?	26%	39%	26%	16%
6	Have you been in this prison less than a month?	5%	7%	5%	5%
7	Are you a foreign national?	28%	12%	28%	13%
8	Is English your first language?	83%	91%	83%	86%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	28%	26%	28%	29%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	4%	3%	
11	Are you Muslim?	7%	11%	7%	18%
12	Are you homosexual/gay or bisexual?	7%	4%	7%	7%
13	Do you consider yourself to have a disability?	23%	15%	23%	16%
14	Is this your first time in prison?	60%	34%	60%	51%
15	Have you been in more than five prisons this time?	14%	14%	14%	
16	Do you have any children under the age of 18?	48%	52%	48%	62%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	59%	53%	59%	61%
1b	Was your personal safety during the journey good/very good?	70%	62%	70%	69%
1c	Was the comfort of the van good/very good?	17%	18%	17%	22%
1d	Was the attention paid to your health needs good/very good?	33%	32%	33%	39%
1e	Was the frequency of toilet breaks good/very good?	12%	12%	12%	19%
2	Did you spend more than four hours in the van?	8%	8%	8%	7%
3	Were you treated well/very well by the escort staff?	72%	66%	72%	82%
4a	Did you know where you were going when you left court or when transferred from another prison?	82%	83%	82%	81%
4b	Before you arrived here did you receive any written information about what would happen to you?	15%	18%	15%	10%
4c	When you first arrived here did your property arrive at the same time as you?	87%	88%	87%	92%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	14%	14%	14%	
1c	Housing problems?	15%	19%	15%	
1d	Problems contacting employers?	10%	10%	10%	
1e	Problems contacting family?	43%	43%	43%	
1f	Problems ensuring dependants were looked after?	11%	11%	11%	
1g	Money problems?	11%	15%	11%	
1h	Problems of feeling depressed/suicidal?	35%	46%	35%	
1i	Health problems?	47%	58%	47%	
1j	Problems in needing protection from other prisoners?	17%	17%	17%	
1k	Problems accessing phone numbers?	31%	35%	31%	
2	When you first arrived:				
2a	Did you have any problems?	61%	61%	61%	64%
2b	Did you have any problems with loss of property?	19%	16%	19%	9%
2c	Did you have any housing problems?	9%	17%	9%	20%
2d	Did you have any problems contacting employers?	4%	4%	4%	5%
2e	Did you have any problems contacting family?	29%	23%	29%	27%
2f	Did you have any problems ensuring dependants were being looked after?	7%	5%	7%	6%
2g	Did you have any money worries?	15%	15%	15%	19%
2h	Did you have any problems with feeling depressed or suicidal?	17%	13%	17%	23%
2i	Did you have any health problems?	26%	22%	26%	19%
2j	Did you have any problems with needing protection from other prisoners?	5%	5%	5%	9%
2k	Did you have problems accessing phone numbers?	29%	22%	29%	
3a	Were you seen by a member of health services in reception?	85%	90%	85%	80%
3b	When you were searched in reception, was this carried out in a respectful way?	76%	78%	76%	73%
4	Were you treated well/very well in reception?	66%	70%	66%	68%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	51%	53%	51%	34%
5b	Support was available for people feeling depressed or suicidal?	45%	47%	45%	24%
5c	How to make routine requests?	38%	43%	38%	28%
5d	Your entitlement to visits?	43%	47%	43%	33%
5e	Health services?	50%	60%	50%	
5f	The chaplaincy?	45%	52%	45%	

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	55%	84%	55%	71%
6b	The opportunity to have a shower?	44%	40%	44%	42%
6c	The opportunity to make a free telephone call?	29%	47%	29%	49%
6d	Something to eat?	75%	76%	75%	71%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	30%	46%	30%	49%
7b	Someone from health services?	70%	76%	70%	64%
7c	A Listener/Samaritans?	21%	29%	21%	17%
8	Did you have access to the prison shop/canteen within the first 24 hours?	11%	19%	11%	19%
9	Did you feel safe on your first night here?	77%	83%	77%	68%
10	Have you been on an induction course?	98%	93%	98%	88%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	77%	65%	77%	44%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	60%	48%	60%	43%
1b	Attend legal visits?	60%	53%	60%	48%
1c	Obtain bail information?	15%	17%	15%	8%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	42%	41%	42%	41%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	81%	59%	81%	64%
3b	Are you normally able to have a shower every day?	98%	92%	98%	100%
3c	Do you normally receive clean sheets every week?	90%	79%	90%	85%
3d	Do you normally get cell cleaning materials every week?	93%	73%	93%	82%
3e	Is your cell call bell normally answered within five minutes?	52%	39%	52%	37%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69%	70%	69%	73%
3g	Can you normally get your stored property, if you need to?	44%	29%	44%	22%
4	Is the food in this prison good/very good?	34%	28%	34%	17%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	46%	45%	37%
6a	Is it easy/very easy to get a complaints form?	79%	86%	79%	71%
6b	Is it easy/very easy to get an application form?	94%	90%	94%	75%
7	Have you made an application?	97%	89%	97%	90%

Main comparator and comparator to last time

Key to tables

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	67%	60%	67%	46%
8b	Do you feel applications are dealt with promptly (within seven days)?	57%	52%	57%	31%
9	Have you made a complaint?	50%	54%	50%	56%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	20%	34%	20%	26%
10b	Do you feel complaints are dealt with promptly (within seven days)?	42%	39%	42%	26%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	30%	24%	30%	32%
10c	Were you given information about how to make an appeal?	26%	30%	26%	27%
12	Is it easy/very easy to see the Independent Monitoring Board?	45%	34%	45%	51%
13	Are you on the enhanced (top) level of the IEP scheme?	60%	57%	60%	54%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	55%	51%	42%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	48%	51%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	5%	5%	4%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	10%	11%	10%
13a	Do you feel your religious beliefs are respected?	57%	55%	57%	50%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	58%	59%	65%
14	Are you able to speak to a Listener at any time if you want to?	75%	60%	75%	68%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	86%	73%	86%	76%
15b	Do most staff, in this prison, treat you with respect?	83%	74%	83%	68%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	34%	31%	34%	45%
2	Do you feel unsafe in this prison at the moment?	14%	14%	14%	27%
4	Have you been victimised by another prisoner?	27%	18%	27%	30%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	12%	9%	12%	16%
5b	Hit, kicked or assaulted you?	4%	5%	4%	6%
5c	Sexually abused you?	1%	1%	1%	1%
5d	Victimised you because of your race or ethnic origin?	8%	4%	8%	6%
5e	Victimised you because of drugs?	1%	2%	1%	3%
5f	Taken your canteen/property?	7%	4%	7%	8%
5g	Victimised you because you were new here?	5%	4%	5%	4%
5h	Victimised you because of your sexuality?	2%	1%	2%	2%
5i	Victimised you because you have a disability?	2%	2%	2%	3%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	6%
5k	Victimised you because of your age?	5%	2%	5%	
5l	Victimised you because you were from a different part of the country?	2%	5%	2%	7%
5m	Victimised you because of your offence/crime?	13%	3%	13%	
5n	Victimised you because of gang related issues?	3%	3%	3%	

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	21%	22%	21%	30%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	9%	10%	9%	14%
7b	Hit, kicked or assaulted you?	1%	3%	1%	2%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	9%	5%	9%	9%
7e	Victimised you because of drugs?	2%	3%	2%	1%
7f	Victimised you because you were new here?	4%	5%	4%	7%
7g	Victimised you because of your sexuality?	1%	1%	1%	0%
7h	Victimised you because you have a disability?	2%	2%	2%	0%
7i	Victimised you because of your religion/religious beliefs?	2%	3%	2%	6%
7j	Victimised you because of your age?	3%	2%	3%	
7k	Victimised you because you were from a different part of the country?	2%	4%	2%	6%
7l	Victimised you because of your offence/crime?	10%	4%	10%	
7m	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	61%	39%	61%	28%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	26%	21%	26%	29%
10	Have you ever felt threatened or intimidated by a member of staff in here?	21%	19%	21%	31%
11	Is it easy/very easy to get illegal drugs in this prison?	20%	32%	20%	44%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	57%	38%	57%	
1b	Is it easy/very easy to see the nurse?	62%	61%	62%	
1c	Is it easy/very easy to see the dentist?	30%	14%	30%	
1d	Is it easy/very easy to see the optician?	17%	18%	17%	
2	Are you able to see a pharmacist?	61%	53%	61%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	37%	52%	37%	55%
3b	The nurse?	74%	65%	74%	71%
3c	The dentist?	41%	46%	41%	27%
3d	The optician?	52%	47%	52%	47%
4	The overall quality of health services?	42%	46%	42%	48%

Main comparator and comparator to last time

Key to tables

		HMP Maidstone 2011	Cat C Trainer	HMP Maidstone 2011	HMP Maidstone 2007
	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				
Health services continued					
5	Are you currently taking medication?	53%	44%	53%	33%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	91%	87%	91%	91%
7	Do you feel you have any emotional wellbeing/mental health issues?	28%	25%	28%	
For those with emotional wellbeing/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	31%	35%	31%	
8b	A doctor?	28%	31%	28%	
8c	A nurse?	11%	18%	11%	
8d	A psychiatrist?	24%	16%	24%	
8e	The mental health in-reach team?	28%	33%	28%	
8f	A counsellor?	17%	11%	17%	
9a	Did you have a drug problem when you came into this prison?	10%	21%	10%	10%
9b	Did you have an alcohol problem when you came into this prison?	11%	14%	11%	2%
10a	Have you developed a drug problem since you have been in this prison?	1%	9%	1%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	97%	89%	97%	
12	Have you received any help or intervention while in this prison?	93%	79%	93%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	100%	78%	100%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	4%	21%	4%	10%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	6%	16%	6%	9%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	94%	60%	94%	33%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP Maidstone 2011	Cat C Trainer	HMP Maidstone 2011	HMP Maidstone 2007
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	84%	63%	84%	
1b	Vocational or skills training?	19%	20%	19%	
1c	Education (including basic skills)?	27%	30%	27%	
1d	Offending Behaviour Programmes?	13%	17%	13%	
2ai	Have you had a job while in this prison?	91%	87%	91%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	48%	46%	48%	
2bi	Have you been involved in vocational or skills training while in this prison?	78%	77%	78%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	69%	67%	69%	
2ci	Have you been involved in education while in this prison?	80%	83%	80%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	70%	68%	70%	
2di	Have you been involved in offending behaviour programmes while in this prison?	74%	76%	74%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	55%	60%	55%	
3	Do you go to the library at least once a week?	53%	48%	53%	19%
4	On average, do you go to the gym at least twice a week?	60%	54%	60%	40%
5	On average, do you go outside for exercise three or more times a week?	57%	51%	57%	28%
6	On average, do you spend ten or more hours out of your cell on a weekday?	14%	14%	14%	15%
7	On average, do you go on association more than five times each week?	78%	76%	78%	77%
8	Do staff normally speak to you most of the time/all of the time during association?	27%	19%	27%	13%
SECTION 8: Resettlement					
1	Do you have a personal officer?	89%	75%	89%	88%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	66%	62%	66%	59%
For those who are sentenced:					
3	Do you have a sentence plan?	82%	69%	82%	49%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	42%	57%	42%	55%
5	Can you achieve some/all of your sentence plan targets in this prison?	60%	70%	60%	59%
6	Are there plans for you to achieve some/all your targets in another prison?	28%	37%	28%	40%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	33%	32%	33%	
8	Do you feel that any member of staff has helped you to prepare for release?	19%	18%	19%	
9	Have you had any problems with sending or receiving mail?	41%	40%	41%	36%
10	Have you had any problems getting access to the telephones?	17%	24%	17%	21%
11	Did you have a visit in the first week that you were here?	21%	22%	21%	21%
12	Did you receive one or more visits in the last week?	38%	30%	38%	36%

Main comparator and comparator to last time

Key to tables

		HMP Maidstone 2011	Cat C Trainer	HMP Maidstone 2011	HMP Maidstone 2007
	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				
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	77%	52%	77%	
14	Have you been helped to maintain contact with family/friends while in this prison?	40%	37%	40%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	25%	17%	25%	
15c	Avoiding bad relationships?	23%	13%	23%	
15d	Finding a job on release?	38%	36%	38%	33%
15e	Finding accommodation on release?	39%	38%	39%	39%
15f	With money/finances on release?	33%	26%	33%	27%
15g	Claiming benefits on release?	44%	39%	44%	29%
15h	Arranging a place at college/continuing education on release?	25%	25%	25%	15%
15i	Accessing health services on release?	29%	27%	29%	33%
15j	Opening a bank account on release?	33%	26%	33%	25%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	13%	11%	13%	
16c	Avoiding bad relationships?	6%	12%	6%	
16d	Finding a job?	47%	44%	47%	43%
16e	Finding accommodation?	38%	38%	38%	40%
16f	Money/finances?	26%	31%	26%	47%
16g	Claiming benefits?	30%	27%	30%	35%
16h	Arranging a place at college/continuing education?	17%	20%	17%	30%
16i	Accessing health services?	19%	16%	19%	23%
16j	Opening a bank account?	23%	30%	23%	34%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	59%	55%	59%	57%

Diversity Analysis



Key question responses (ethnicity and nationality) HMP Maidstone 2011

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		47	124	48	122
1.3	Are you sentenced?	98%	100%	98%	100%
1.7	Are you a foreign national?	80%	9%		
1.8	Is English your first language?	62%	91%	44%	98%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			76%	7%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	3%	2%	3%
1.11	Are you Muslim?	22%	1%	13%	4%
1.12	Do you consider yourself to have a disability?	11%	29%	11%	29%
1.13	Is this your first time in prison?	57%	61%	70%	57%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	36%	33%	35%	32%
2.3	Were you treated well/very well by the escort staff?	73%	71%	70%	72%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	68%	87%	73%	85%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	40%	45%	39%	45%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	38%	34%	39%	33%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	49%	46%	45%	47%
3.2a	Did you have any problems when you first arrived?	68%	58%	64%	59%
3.3a	Were you seen by a member of health care staff in reception?	74%	89%	81%	88%
3.3b	When you were searched in reception, was this carried out in a respectful way?	61%	84%	55%	85%
3.4	Were you treated well/very well in reception?	59%	69%	62%	68%
3.7b	Did you have access to someone from health care within the first 24 hours?	66%	70%	67%	71%
3.9	Did you feel safe on your first night here?	54%	85%	59%	83%
3.10	Have you been on an induction course?	96%	99%	96%	99%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	65%	58%	60%	60%

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national 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				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	78%	83%	76%	83%
4.3b	Are you normally able to have a shower every day?	98%	98%	100%	97%
4.3e	Is your cell call bell normally answered within five minutes?	48%	55%	43%	54%
4.4	Is the food in this prison good/very good?	24%	39%	19%	40%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	34%	50%	28%	52%
4.6a	Is it easy/very easy to get a complaints form?	64%	85%	67%	85%
4.6b	Is it easy/very easy to get an application form?	90%	96%	88%	96%
4.9	Have you made a complaint?	58%	47%	53%	49%
4.13	Are you on the enhanced (top) level of the IEP scheme?	69%	57%	67%	57%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	55%	43%	54%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	32%	58%	37%	56%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	4%	15%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	10%	17%	9%
4.17a	Do you feel your religious beliefs are respected?	61%	56%	67%	53%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	67%	57%	73%	55%
4.18	Are you able to speak to a Listener at any time if you want to?	62%	81%	62%	83%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	91%	78%	91%
4.19b	Do most staff, in this prison, treat you with respect?	67%	91%	69%	90%
5.1	Have you ever felt unsafe in this prison?	58%	25%	51%	28%
5.2	Do you feel unsafe in this prison at the moment?	33%	7%	24%	9%
5.4	Have you been victimised by another prisoner?	27%	27%	24%	30%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	21%	4%	15%	6%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	2%	0%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	1%	2%	3%
5.6	Have you been victimised by a member of staff?	42%	12%	39%	13%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	31%	2%	28%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national 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				
5.7h	Have you been victimised because you have a disability? (By staff)	2%	2%	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	1%	2%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	27%	25%	20%	29%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	36%	15%	36%	16%
5.11	Is it easy/very easy to get illegal drugs in this prison?	27%	18%	20%	20%
6.1a	Is it easy/very easy to see the doctor?	49%	59%	49%	61%
6.1b	Is it easy/ very easy to see the nurse?	61%	62%	55%	66%
6.2	Are you able to see a pharmacist?	54%	63%	51%	64%
6.5	Are you currently taking medication?	36%	61%	32%	64%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	26%	29%	19%	31%
7.1a	Are you currently working in the prison?	80%	84%	84%	85%
7.1b	Are you currently undertaking vocational or skills training?	13%	21%	19%	19%
7.1c	Are you currently in education (including basic skills)?	37%	23%	38%	22%
7.1d	Are you currently taking part in an offending behaviour programme?	11%	14%	9%	15%
7.3	Do you go to the library at least once a week?	41%	58%	50%	55%
7.4	On average, do you go to the gym at least twice a week?	87%	49%	79%	51%
7.5	On average, do you go outside for exercise three or more times a week?	57%	59%	54%	59%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	11%	16%	11%	16%
7.7	On average, do you go on association more than five times each week?	58%	86%	62%	86%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	29%	26%	28%	27%
8.1	Do you have a personal officer?	91%	89%	94%	88%
8.9	Have you had any problems sending or receiving mail?	51%	36%	40%	40%
8.10	Have you had any problems getting access to the telephones?	11%	17%	15%	17%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Maidstone 2011

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		40	131
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	12%	32%
1.8	Is English your first language?	95%	80%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	12%	31%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	3%
1.11	Are you Muslim?	5%	7%
1.14	Is this your first time in prison?	41%	66%
2.1d	Was the attention paid to your health needs good/very good?	33%	32%
2.3	Were you treated well/very well by the escort staff?	74%	72%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	83%	82%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	47%	42%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	32%	36%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	50%	46%
3.2a	Did you have any problems when you first arrived?	72%	57%
3.3a	Were you seen by a member of health care staff in reception?	83%	87%
3.3b	When you were searched in reception, was this carried out in a respectful way?	80%	75%
3.4	Were you treated well/very well in reception?	72%	65%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	70%	69%
3.9	Did you feel safe on your first night here?	76%	77%
3.10	Have you been on an induction course?	98%	99%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	63%	59%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	80%	83%
4.3b	Are you normally able to have a shower every day?	98%	98%
4.3e	Is your cell call bell normally answered within five minutes?	36%	58%
4.4	Is the food in this prison good/very good?	34%	35%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	46%
4.6a	Is it easy/very easy to get a complaints form?	80%	79%
4.6b	Is it easy/very easy to get an application form?	92%	94%
4.9	Have you made a complaint?	49%	49%
4.13	Are you on the enhanced (top) level of the IEP scheme?	54%	63%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	52%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	51%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	2%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	13%
4.17a	Do you feel your religious beliefs are respected?	54%	57%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	58%
4.18	Are you able to speak to a Listener at any time if you want to?	88%	72%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	84%	87%
4.19b	Do most staff, in this prison, treat you with respect?	90%	82%
5.1	Have you ever felt unsafe in this prison?	33%	33%
5.2	Do you feel unsafe in this prison at the moment?	13%	12%
5.4	Have you been victimised by another prisoner?	35%	24%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	7%
5.5i	Victimised you because you have a disability?	10%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	2%
5.6	Have you been victimised by a member of staff?	20%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	9%
5.7h	Victimised you because you have a disability?	7%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	2%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	36%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	23%	20%
5.11	Is it easy/very easy to get illegal drugs in this prison?	23%	19%
6.1a	Is it easy/very easy to see the doctor?	63%	55%
6.1b	Is it easy/ very easy to see the nurse?	63%	61%
6.2	Are you able to see a pharmacist?	59%	63%
6.5	Are you currently taking medication?	88%	41%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	44%	22%
7.1a	Are you currently working in the prison?	87%	82%
7.1b	Are you currently undertaking vocational or skills training?	18%	20%
7.1c	Are you currently in education (including basic skills)?	20%	29%
7.1d	Are you currently taking part in an offending behaviour programme?	10%	14%
7.3	Do you go to the library at least once a week?	46%	55%
7.4	On average, do you go to the gym at least twice a week?	41%	65%
7.5	On average, do you go outside for exercise three or more times a week?	54%	58%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	8%	16%
7.7	On average, do you go on association more than five times each week?	80%	77%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	37%	24%
8.1	Do you have a personal officer?	87%	90%
8.9	Have you had any problems sending or receiving mail?	39%	39%
8.10	Have you had any problems getting access to the telephones?	10%	17%



Diversity Analysis - Age Key question responses (age - over 50) HMP Maidstone 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	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		
Number of completed questionnaires returned		55	117
1.3	Are you sentenced?	100%	99%
1.7	Are you a foreign national?	9%	36%
1.8	Is English your first language?	96%	77%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	5%	38%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%
1.11	Are you Muslim?	0%	10%
1.13	Do you consider yourself to have a disability?	36%	18%
1.14	Is this your first time in prison?	62%	59%
2.1d	Was the attention paid to your health needs good/very good?	38%	30%
2.3	Were you treated well/very well by the escort staff?	78%	69%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	83%	81%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	44%	43%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	29%	38%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	46%	46%
3.2a	Did you have any problems when you first arrived?	59%	62%
3.3a	Were you seen by a member of health care staff in reception?	86%	85%
3.3b	When you were searched in reception, was this carried out in a respectful way?	83%	73%

Diversity Analysis - Age

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		
3.4	Were you treated well/very well in reception?	67%	66%
3.7b	Did you have access to someone from health care within the first 24 hours?	71%	68%
3.9	Did you feel safe on your first night here?	83%	73%
3.10	Have you been on an induction course?	98%	98%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	57%	62%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	85%	79%
4.3b	Are you normally able to have a shower every day?	98%	98%
4.3e	Is your cell call bell normally answered within five minutes?	52%	51%
4.4	Is the food in this prison good/very good?	37%	33%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	42%
4.6a	Is it easy/very easy to get a complaints form?	91%	73%
4.6b	Is it easy/very easy to get an application form?	98%	92%
4.9	Have you made a complaint?	51%	50%
4.13	Are you on the enhanced (top) level of the IEP scheme?	59%	61%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	49%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	2%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	13%
4.17a	Do you feel your religious beliefs are respected?	69%	50%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	68%	54%

Diversity Analysis - Age

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4.18	Are you able to speak to a Listener at any time if you want to?	82%	72%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	90%	84%
4.15b	Do most staff, in this prison, treat you with respect?	92%	79%
5.1	Have you ever felt unsafe in this prison?	35%	34%
5.2	Do you feel unsafe in this prison at the moment?	5%	18%
5.4	Have you been victimised by another prisoner?	31%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	8%
5.5i	Victimised you because you have a disability?	2%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	3%
5.5k	Have you been victimised because of your age? (By prisoners)	9%	3%
5.6	Have you been victimised by a member of staff?	13%	24%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	10%
5.7h	Victimised you because you have a disability?	0%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	2%
5.7j	Have you been victimised because of your age? (By staff)	0%	4%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	34%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	13%	25%
5.11	Is it easy/very easy to get illegal drugs in this prison?	17%	21%
6.1a	Is it easy/very easy to see the doctor?	54%	57%
6.1b	Is it easy/ very easy to see the nurse?	57%	63%

Diversity Analysis - Age

Key to tables

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6.2	Are you able to see a pharmacist?	57%	62%
6.5	Are you currently taking medication?	66%	48%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	23%	31%
7.1a	Are you currently working in the prison?	85%	83%
7.1b	Are you currently undertaking vocational or skills training?	17%	20%
7.1c	Are you currently in education (including basic skills)?	24%	29%
7.1d	Are you currently taking part in an offending behaviour programme?	9%	15%
7.3	Do you go to the library at least once a week?	52%	52%
7.4	On average, do you go to the gym at least twice a week?	44%	66%
7.5	On average, do you go outside for exercise three or more times a week?	67%	52%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	15%	13%
7.7	On average, do you go on association more than five times each week?	83%	75%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	30%	25%
8.1	Do you have a personal officer?	87%	90%
8.9	Have you had any problems sending or receiving mail?	45%	39%
8.10	Have you had any problems getting access to the telephones?	15%	17%