

Report on an announced full follow-up
inspection of

HMP Rochester

21–25 January 2013

by HM Chief Inspector of Prisons

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the Glossary of terms on our website at: http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps_.pdf

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Introduction

Rochester is a complex institution going through considerable change. It has the appearance of two institutions in one, with an older part that comprises the original borstal, and a newer part opened in 2008. Although Rochester has long experience of managing younger offenders, from 2011 the establishment became dual purpose and now also holds a significant and growing adult category C population.

The prison is also undergoing significant management change. As an early adopter of service benchmarking and efficiency arrangements referred to as 'new ways of working', there were radical restructuring plans that envisaged substantial staff reductions to come.

This announced inspection followed up our previous visit in April 2011. Our judgement was that outcomes for prisoners at Rochester remained mixed, although overall the prison was better than it was two years ago. We retained some concerns about safety, and we evidenced insufficient progress in our assessment of respect. The provision of activity had improved markedly from a low base and was heading in the right direction. Resettlement services remained satisfactory.

Prisoners were treated reasonably well upon arrival at Rochester and perceptions of personal safety were comparable with what we find at similar establishments. The trajectory of significant indicators, such as levels of violence and use of force, was in the right direction but, along with levels of bullying, they remained too high. Strategies to reduce violence and bullying were in place but needed to be more focused and rigorous. The prison's approach to reducing violence among the younger population required improvement, although staff had moved decisively to tackle a recent brief spate of organised fighting in this group.

The prison's segregation unit was adequate but was used a lot, with a number of prisoners seeking sanctuary and unable to reintegrate back on to normal accommodation. Too many prisoners in self-harm crisis were also held in segregation without justification, although self-harming prisoners were usually well cared for. The prison's approach to security had improved significantly with procedures now applied with greater proportionality. The use of illicit drugs, however, was too high.

The quality of the environment varied greatly. The newer accommodation was good but much of the older accommodation was in a relatively poor condition. Communal areas, in particular, were dirty. Staff-prisoner relationships were mostly good, but less so in the view of some minority groups. This was perhaps unsurprising as the prison's approach to the promotion of equality and diversity was lacklustre. The provision of health services was good.

When we last inspected I described my impression of 'finding young men sleeping their way through their sentences'. At this inspection we found that the provision of activity was much improved, and there was cause for continued optimism. The management of learning and skills was now more strategic and working to an encouraging plan. Quality was better but there still remained an over-reliance on menial work. Prisoners spent less time in their cells but take-up of activity was still too low. We still found far too many prisoners on the wings during the working day doing nothing. There needed to be greater rigour in getting people to activity, getting them there on time, and getting them there for meaningful amounts of time. It will be essential to ensure prisoners are fully occupied when the prison moves to 'new ways of working' with fewer staff available to supervise.

Resettlement services remained reasonably good and would be even better if they were more effectively coordinated. All prisoners had an offender supervisor but those who were higher risk were prioritised. More work was required in supporting staff to address risk reduction. Release on temporary licence in support of resettlement was improving, and resettlement services generally were reasonably effective, especially the children and families pathway. Pre-release follow-up and coordination were weak.

Rochester is not an easy prison to run. It is a complicated and mixed institution where change feels ever present. The prison was heading in the right direction and managers seemed to be working to a clear vision and plan, although this had yet to translate fully into clear improvements in outcomes for prisoners. The prison faced a number of operational risks as it implemented its strategies which will require confident management. There was, nevertheless, some cause for optimism.

Nick Hardwick
HM Chief Inspector of Prisons

March 2013

Fact page

Task of the establishment

A closed male and young offenders' prison

Prison status

Public

Region

Kent and Sussex

Number held

644

Certified normal accommodation

658

Operational capacity

658

Date of last full inspection

14–18 February 2011

Brief history

Originally built as a prison in 1874 on a former military site above the River Medway, it was extensively rebuilt in the early 1900s as the Borstal Institute, taking its title from the adjacent village. In 1988, the prison started to operate as a remand centre for Kent courts and sentenced category C and D adult males. In March 2002, Rochester became a dedicated site for sentenced young men aged between 18 and 21. With the building of F, G, H and R wings in 2008, Rochester increased its maximum capacity to 758. In June 2011, Rochester became a dual purpose site catering for young offenders and adult category C offenders.

Short description of residential units

<i>Wing</i>	<i>Singles</i>	<i>Doubles</i>	<i>Dormitory</i>
B	93	03	1
C	65	10	1x4 dorm; 4x3dorms
D	93	03	1
E	20	47	2
F	0	30	0
G	0	30	0
H	120		
Segregation	20	2 in special accommodation	

Name of governor

Andrew Hudson

Escort contractor

GeoAmey

Health service commissioner and provider

Medway/Medway Primary Care Trust

Learning and skills provider

The Manchester College

Independent Monitoring Board chair

Godfrey Featherstone

Healthy prison summary

Introduction

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

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

HP3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

Safety prisoners, particularly the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

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

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

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

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

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

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

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

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

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

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

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

HP5 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be checked for implementation at future inspections

- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines

- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

HP6 The Inspectorate conducts follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections may be announced or unannounced and are proportionate to risk. In full follow-up inspections inspectors conduct a new inspection of the establishment and also assess whether recommendations made at the previous inspection have been achieved. They also investigate areas of serious concern identified in the previous inspection, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards. Full follow-up reports are presented as full inspection reports with a new set of recommendations. Repeated recommendations are, however, indicated within the main report, and a list of recommendations from the previous inspection, and our assessment of whether they have been achieved, is contained in the appendices.¹

Safety

HP7 Prisoners we spoke to described the transfer and reception process as respectful and supportive. Feedback from their first night experience was mainly positive but some complained that first night cells were dirty and we observed such cells during the inspection. Induction provided relevant information. The number of violent incidents had decreased but was still too high. Prisoners at risk of self-harm or suicide were well supported and the number of self-harm incidents had reduced. Security measures were proportionate and conducive to a category C regime. There were

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 Towl et al (eds), *Dictionary of Forensic Psychology*.)

inconsistencies regarding the administration of the incentives and earned privileges (IEP) scheme and quality assurance arrangements were weak. Disciplinary measures were reasonable and the use of force had fallen, but this trend needed to continue. While the segregation unit offered prisoners good support, we were not convinced all uses of segregation were justified. The mandatory drug testing (MDT) rate was high and more needed to be done to reduce the drug supply but therapeutic and clinical interventions were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

HP8 At the last inspection in 2011 we found that Rochester was not sufficiently good against this healthy prison test. We made 48 recommendations in the area of safety. At this follow-up inspection we found that 26 of the recommendations had been achieved, seven had been partially achieved, 13 had not been achieved and two were no longer relevant.

HP9 Our survey identified that a significant number of prisoners felt unsafe during transfers, but all prisoners we spoke to were more positive and stated that escort staff were respectful and that food and drink was provided at appropriate intervals.

HP10 The reception was clean and bright, and the holding room had a large window for supervision purposes. Reception staff were helpful and treated prisoners with respect. Telephone credit and reception packs were available from reception.

HP11 Most prisoners felt safe on their first night, although they complained about the dirty first night cells that also lacked furniture. Induction, which Insiders (prisoners who introduce new arrivals to prison life) and officers delivered, took place the morning after arrival and was informative.

HP12 Prisoners' perceptions of safety and victimisation were comparable to similar establishments and the number of recorded incidences of violence had significantly decreased. However, they were still too high when compared to similar prisons. Recorded incidents of bullying were also high. The thoroughness of data collation was questionable and there was evidence that incidents were under-reported. Supervision of violence reduction monitoring arrangements was inadequate. A large number of prisoners were monitored but interventions were applied inconsistently and some led to disproportionate and excessive outcomes. Proportionately, young adults were involved in more violent and antisocial behaviour than adults, although we were assured that action to quell a spate of organised fighting (a fight club culture), had been quick and decisive. The prison, however, still needed to improve its knowledge of young adults' experiences at Rochester.

HP13 The number of self-harm incidents had declined since the last inspection and was lower than in comparator prisons. Self-harm monitoring documents were well managed and reflected good individual care. Too many prisoners on self-harm monitoring documents were held in the segregation unit, and accountability concerning the removal of clothing from prisoners in crisis was inadequate.

HP14 Security arrangements were now applied more proportionately than at our last inspection; they were less restricted and facilitated better access to the regime. A high level of intelligence was processed efficiently, but follow up actions were not always swift. Strip-searching was intelligence-led and the use of closed visits was low.

- HP15 Most prisoners indicated that the IEP scheme operated fairly and consistently and IEP warnings and targets, intended to improve behaviour, were fully explained to prisoners. The basic regime for prisoners was satisfactory. Quality assurance arrangements were weak.
- HP16 The number of adjudications was slightly lower than during the last inspection but was still higher than in comparator prisons. Records of hearings were generally good and reflected sufficient investigation, and awards were fair. Adjudication standardisation meetings were held frequently but pattern and trend analysis was underdeveloped.
- HP17 The number of incidents involving the use of force had significantly decreased since the last inspection but the number was still higher than in comparator prisons. Use of special cells was also greater than in comparator prisons and we were not assured that this was always necessary. Use of handcuffs for relocation to the segregation unit was not routine. Record keeping for use of force was good, but trend analysis required improvement. Not all planned interventions were recorded on video, but there was good quality assurance in place for those that were.
- HP18 The segregation unit was used frequently, particularly to accommodate prisoners seeking sanctuary who were not subsequently reintegrated. Relationships between staff and prisoners were good and this was reflected in individual prisoner records. There was good access to the regime and many could attend corporate worship or the gym. Most prisoners had care plans. Good order or discipline reviews were timely, and there were strong links with the mental health team, but individual behaviour targets were perfunctory.
- HP19 During our inspection, 23 prisoners were receiving opiate substitution treatment – the majority on reducing doses. Many prisoners said the care and support they received was better than previous experiences. The clinical and psychosocial teams were well integrated and there was a good range of interventions. The MDT random positive rate was a concern: 10.6% for the previous six months and 24% in December. The delivery of suspicion testing was inadequate and nearly half of suspicion test requests were not completed.

Respect

- HP20 Accommodation varied greatly, from clean well-furnished newer accommodation in what was locally referred to as the bottom site, to the older wings in the top site that were less well maintained and dirty. Many cells in the old accommodation were in very poor condition. Most prisoners were positive about staff although this was less so amongst prisoners from a black and minority ethnic background. Black and minority ethnic prisoners held similarly negative perceptions of equality and diversity and we were not assured that the needs of minority groups generally were being fully met. Many young adults also reported negative experiences. Arrangements to meet prisoners' faith needs were reasonable. Prisoners expressed concerns about the complaints system and most prisoners complained about the food. We found that health care provision was reasonably good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP21 At the last inspection in 2011 we found that Rochester was reasonably good against this healthy prison test. We made 41 recommendations in the area of respect.² At this follow-up inspection we found that 21 of the recommendations had been achieved, four had been partially achieved, 15 had not been achieved and one was no longer relevant.
- HP22 The quality of the environment varied greatly with a relatively even divide between older more traditional accommodation and some newer more recently built wings. The newer wings were of a good standard with in-cell showers and landline phones.
- HP23 The old accommodation was tired and dirty, especially D and E wings, and a number of cells had broken windows. There was evidence of a mouse infestation on the older wings and little was being done to address this problem. Communal areas were in a poor condition and we observed underwear discarded on the floor and food waste and litter in the sinks. The offensive displays policy was not being enforced in older accommodation. There were an adequate number of telephones in all accommodation areas.
- HP24 Access to cleaning materials, clean clothes and laundering facilities was good and prisoners could wear their own clothes.
- HP25 Most prisoners were positive about staff, knew their personal officers and described them as helpful, although black and minority ethnic groups were more negative. Personal officers made infrequent entries in records, but the comments were usually meaningful and of a reasonable quality. Most prisoners said that staff treated them with respect, but some believed they were addressed condescendingly.
- HP26 Prisoners from a black and minority ethnic background had expressed negative perceptions of their treatment. The equality and diversity strategy had limited impact and there was no effective improvement action plan. Race monitoring highlighted a number of concerns, but generally these problems were properly investigated. Additional monitoring of activity allocations had taken place, but we found evidence that disproportionately more white prisoners than black and minority ethnic prisoners were allocated to more favoured jobs.
- HP27 The number of discrimination incident reporting forms submitted was low and concerned mainly race issues. Investigations were thorough, but many black and minority ethnic prisoners told us that they had little confidence in the process. The use of a full-time prisoner equalities representative and wing representatives was a positive initiative, appreciated by prisoners.
- HP28 Communication with prisoners from all protected characteristics was poor and in our survey, black and minority ethnic, Muslim and young adult prisoners were more negative about staff treating them with respect than others. Young adult prisoners were disproportionately over-represented in a number of key areas, such as violent incidents, adjudications and use of force; they were under-represented among prisoners released on temporary licence. The prison was not aware of these issues or taking steps to address them. Foreign national prisoners received a satisfactory service, although regular consultation was limited.

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

- HP29 In our survey, prisoners who considered themselves to have a disability were negative across a number of indicators. We were not assured that all prisoners with a disability were recorded when prisoners themselves disclosed their disability upon arrival. There was no support for Gypsy, Romany, Traveller or gay and bisexual prisoners.
- HP30 The chaplaincy was well resourced and access to weekly worship was unrestricted. A number of well-attended weekly faith classes took place. Facilities for worship were good.
- HP31 The number of complaints submitted during the previous six months was higher than we normally see. Replies usually answered the complaint in full, but we observed some curt and unhelpful responses. There was no trained legal services officer in the prison.
- HP32 Prisoners in our survey were dissatisfied with the quality of health care services but overall we considered health care to be reasonably good. Clinical governance arrangements were generally satisfactory, but a number of areas including clinical supervision and problem incident management needed improvement.
- HP33 Waiting times to see the GP were short. There was a reasonable range of nurse-led clinics, however chronic disease management needed development. The failure-to-attend rate for health care appointments was reported to be low, but the waiting lists for the dentist and podiatrist were too long. Health promotion activity was very good and included groups, one to ones and prominent displays in the health care department and on the wings. Health care rooms were of a high standard, although some infection control standards needed to improve.
- HP34 Pharmacy services were good; however we were concerned that the management of tradable medication was not robust, creating possible problems with diversion. The quality and range of mental health services was very good, including clinical psychology, day services, counselling and specialist attention deficit disorder services.
- HP35 Catering services were adequate, but most prisoners felt that the food was poor, with small, often undercooked portions. A prisoner food survey was overdue and while a food focus group had been introduced, it was too early to see if it was useful. Wing serveries in the older accommodation were unacceptably dirty and some were infested with mice. Lunch and dinner were served too early in some cases. The kitchen equipment was relatively clean and well laid out, but the floor covering was difficult to clean and appeared to be ingrained with dirt. Halal food was stored, prepared and cooked appropriately.

Purposeful activity

- HP36 Time out of cell had improved considerably. Overall, there were sufficient activity places for the size of the population but too many remained menial or unchallenging. The management of learning and skills had become more focused, effective, collaborative and strategic, but more work was still required to meet the needs of the high and rapidly increasing proportion of adult prisoners. The number of purposeful activity places had increased, but take-up was low. The allocations process was more effective, but there were some inequities in allocating prisoners to certain activities.

Prison employment was still over dependent on menial work, although some more skilled and developmental options were being introduced. Vocational teaching and learning were generally good and prisoners' achievements high. The library and its materials were good but access was poor and it was operating well below full capacity. Health promotion and gym services were good. Outcomes for prisoners were not sufficiently good against this health prison test.

HP37 At the last inspection in 2011 we found that Rochester was poor against this healthy prison test. We made 20 recommendations in the area of purposeful activity. At this follow-up inspection we found that nine of the recommendations had been achieved, seven had been partially achieved and four had not been achieved.

HP38 Time out of cell had improved considerably since our last inspection and a fully engaged prisoner could have approximately nine hours out of their cell; an unemployed prisoner could have just over six hours. Association time was better than at the last inspection and time for domestic activities was available both in the morning and afternoon; however this should have included exercise, which was often cancelled by staff in favour of landing association. During our random roll checks most prisoners were out of their cells, but too many prisoners (29%) were not in meaningful activity.

HP39 The number of purposeful activities had increased to around 650 places on week days, but the actual take-up of these places was routinely at best around 80-85% of those assigned to an activity, particularly in education. Punctuality was poor for all activities.

HP40 The management of learning, skills and work had improved considerably and well-informed and considered strategic and action planning took place. A good range of practical and effective quality improvement arrangements had been developed and implemented for learning and skills. Self-assessment and improvement action planning was sound, but the prison's overall assessment of the quality of teaching and learning was higher than the quality observed by inspectors.

HP41 The allocations process had been improved, but there was more work to do and the allocations board was not always able to ensure the consistency of some allocation practice, such as which prisoners were selected for wing work by wing staff. Data appeared to suggest that white prisoners were disproportionately and consistently allocated to certain activities that sometimes lay outside the allocation board's direct influence.

HP42 The range of intermediate level qualifications had expanded, with clearer and more structured pathways to advanced level courses on release. Too few advanced level courses were available in the prison, although the number of offenders taking distance learning and Open University options, while low, was slowly increasing. The provision was evolving, but it was still more focused on younger prisoners than adults. The range of meaningful, developmental and accredited employment activities had improved, but too much was still menial.

HP43 Data indicated that there were significant differences in achievement between some ethnic groups compared with white prisoners, but there was no clear strategy to investigate or address this imbalance.

- HP44 Teaching and learning on vocational training courses was generally good and, in some cases, very good. However the quality of teaching, learning and assessment in the majority of education sessions was variable and largely required improvement. Tutors' classroom management was generally good, as was offenders' behaviour. Induction practice had improved and the quality of information, advice and guidance was sound. Assessment and planning for individual learning was not well developed.
- HP45 Pass rates on vocational training courses and in PE were high and had improved. On education courses they were generally adequate overall and occasionally high, but in most information and communications technology and higher level functional English and maths courses, they were low. The standard of many offenders' work in vocational classes was frequently very good. For the majority of offenders working in employment workshops there remained an almost complete lack of structured opportunities to accredit or record their personal, social or employability skills development.
- HP46 The library was well organised and well stocked with useful displays. Prisoners received a helpful and informative induction, which encouraged them to join. Data was now used well to inform the library stocking policy. A good range of materials that reflected the diverse needs of the population was available; foreign language newspapers could be ordered on request. Access to the library, however, remained poor and it operated well below its full capacity.
- HP47 The promotion of healthy living and personal fitness was thorough and effective. Two trained prison 'health connectors' worked well with selected prisoners to offer tailored advice on fitness and healthy lifestyles. Physical education provision offered a wide range of recreational and accredited programmes with good opportunities for progression. Pass rates were high.

Resettlement

- HP48 Strategies and policies for resettlement, public protection and offender management were in place, but were not working cohesively and were not informed by a comprehensive needs analysis. In spite of this, these strands worked reasonably effectively. Release on temporary licence (ROTL) arrangements were developing but required more focus to improve opportunities for prisoners. All prisoners had offender supervisors and resources were appropriately directed towards the management of higher risk offenders, but more focus on risk reduction was required. No formal pre-discharge planning was in place. Reintegration needs were generally being met, but there was a noticeable gap in accredited programmes. Children and families provision was good. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP49 At the last inspection in 2011 we found that Rochester was reasonably good against this healthy prison test. We made 27 recommendations in the area of resettlement. At this follow-up inspection we found that 11 of the recommendations had been achieved, six had been partially achieved, eight had not been achieved and two were no longer relevant.
- HP50 There was no comprehensive needs analysis and the three strands of offender management, public protection and pathways underpinning effective resettlement

lacked cohesion. Efforts to increase ROTL opportunities and meaningful community work placements were positive, but required further development.

- HP51 All prisoners were allocated an offender supervisor and each had a large caseload; however, they devoted time and resources appropriately to higher risk offenders. Contact with high risk prisoners was generally sufficient, but was not always appropriately focused on risk reduction. Contact with lower risk offenders was less frequent and we were concerned that there had been no contact in some cases.
- HP52 The backlog of offender assessment system (OASys) documents had decreased, but over 60 prisoners, including many young adults, still had no OASys document or sentence plan. For those who had them, the quality of OASys documents and sentence plans was variable. Links between offender management staff and personal officers were poor. Public protection arrangements were sound. Arrangements for home detention curfew and re-categorisation were well managed but progression to open conditions for too many was slow.
- HP53 All prisoners received an initial assessment of needs focused on the resettlement pathways, but there were no formal pre-discharge follow-up to assess whether identified needs had been met prior to release.
- HP54 Depaul UK, a charitable organisation, provided a responsive accommodation service in a difficult climate. In the last six months, less than 3% of prisoners were released without an address, but significantly the majority of these were young adults. An employability programme had replaced the prison's pre-release programmes, but it was not clearly focused on preparing those who were leaving imminently.
- HP55 Health care pre-release arrangements were very good and included supporting prisoners to find a community GP, appropriate individual health promotion and liaison with community services. Support for substance users included links with Kent and London drug intervention programmes (DIPs), with regular meetings between prison and community service managers contributing to improvements in DIP service planning and provision. Opportunities for prisoners to access further community support were also available through the Rehabilitation for Addicted Prisoners Trust community network and Narcotics Anonymous.
- HP56 Finance, benefit and debt needs were assessed and there was evidence that debts were suspended or written off, which was impressive. Despite efforts prisoners could no longer open bank accounts, but plans for specialist debt advice through the Citizens Advice Bureau were well advanced.
- HP57 The children and families pathway provision was well developed and responsive to the changes in the population. The full-time family support worker was introducing some creative interventions and partnerships. The main visits hall, however, lacked any activities for children, the tea bar operated infrequently and the introduction of vending machines was unpopular with prisoners and their visitors. The information, advice and guidance centre was equipped and used for regular child-centred visits. This facility was open to all and popular.
- HP58 With the exception of the thinking skills programme, the lack of accredited programmes was a gap and sampled OASys documents and sentence plans suggested there were unmet needs.

Main concerns and recommendations

HP59 Concern: A significant number of prisoners from minority groups expressed a negative view of their treatment and access to the regime and we found evidence to support some of these perceptions.

Recommendation: Diversity and equality action plans should include strategic objectives to drive forward work across all diversity strands, identifying and meeting the needs of prisoners from all protected characteristics.

HP60 Concern: We were not assured that all incidents were being recorded accurately. Incidents had decreased since our last inspection, but the population change would have been a factor. More proactive work is required to address a large number of fights and bullying.

Recommendation: The prison should ensure that systems for reporting and recording violence and antisocial behaviour are robust and incidents of violence and bullying are reduced significantly.

HP61 Concern: Activities needed to be more meaningful and challenging and meet the identified training needs of prisoners. Greater effort was required to ensure attendance at allocated sessions. Too many training sessions were of insufficient length and too many prisoners remained on wings with little to do.

Recommendation: Sufficient high quality activity that meets prisoners' needs and better equips them for progression or training and employment on release should be provided. Work and training sessions should be of a duration that makes them useful, and attendance and punctuality should be improved.

HP62 Concern: Most of the older accommodation was in poor condition, and there was evidence of mouse infestation in communal areas. Some cells were not suitable for occupation due to broken windows and faulty ventilation vents. Some prisoners resorted to blocking gaps in their windows and vents with paper to keep out cold draughts.

Recommendation: A programme of refurbishment is required in the older accommodation with priority given to repairing broken windows. Effective pest control measures need to be implemented with immediate effect

Section 1: Safety

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

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners were generally satisfied with their treatment by the escort contractor and all prisoners we spoke to felt safe during transfers. Reception was open throughout the working day and prisoners were processed methodically.
- 1.2 Information provided in person escort records was used by reception staff to inform initial risk assessments. We did not have the opportunity to inspect any escort cellular vehicles. All prisoners we spoke to at reception during the inspection indicated that they considered themselves safe from the point of transfer to reception. In our survey, 77% of respondents compared with 81% in comparator prisons said they felt safe.
- 1.3 Some prisoners experienced journeys of almost four hours, but most were less and in line with comparators. All prisoners we spoke to had received snacks and water en route. Virtually all prisoners indicated that their property had arrived at the prison with them.
- 1.4 Late arrivals were rare and the latest arrival we witnessed was at 4pm. Reception was open at lunchtime and prisoners did not wait on escort vehicles for more than half an hour after their arrival at the prison.

Early days in custody

Expected outcomes:

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

- 1.5 Reception was clean, bright and welcoming. Interactions between staff and prisoners were good. Prisoners were processed promptly, but due to the number arriving, they were not always immediately transferred to the induction wing, which led to excessive delays in reception. Prisoners arriving were not routinely strip-searched. First night arrangements were sound and most prisoners felt safe. One wing was dedicated first night accommodation, but there were no specific first night cells. Most cells were dirty, drab and often poorly furnished. Induction provided useful and relevant information.

- 1.6 Communal areas were spacious, bright, clean and welcoming. There was one holding room containing a television and a small amount of reading material. Supervision was good as there was a large window providing a good view from the reception desk of the holding areas.
- 1.7 New arrivals were not routinely strip-searched and when they were, a private room was used. Prisoners were processed promptly, but as they were often transferred in large numbers, they remained in reception for up to four hours. In our survey, 47% of prisoners stated that they were in reception for less than two hours compared with 54% in comparator prisons. The attitudes of staff working in reception were very good and officers were friendly and good humoured.
- 1.8 All prisoners received private first night interviews. Staff we observed demonstrated a methodical, but caring manner, asking supplementary questions and giving the prisoner enough time to ask questions or reveal any concerns. There was a separate private room for health interviews. All prisoners also received a talk from Insiders (prisoners who introduce new arrivals to prison life), who gave them an overview of the prison and information about what to expect in the next 24 hours. No written information was distributed, although inspectors were shown a draft publication of a first night booklet that had been prepared by prisoners and was in the process of being verified for publication.
- 1.9 All new arrivals were given a drink and cold packed meal, which they ate in the holding room. They were also given 50p in non-repayable telephone credit to use once on the induction wing. Canteen packs were routinely offered to all new arrivals, together with information about when they could order from the canteen and when their funds would be transferred from their previous prison (usually the next working day).
- 1.10 Personal possessions arrived sealed and were thoroughly checked in the presence of the prisoner. They could get access to their property on the day of their arrival, but we were informed that any property stored later in reception could only be accessed infrequently due to low staffing numbers.
- 1.11 The first night/induction unit was on one of the older wings (D wing), but there were no dedicated first night cells. Cells for new arrivals were allocated on an ad hoc basis if they were available. Although they were usually equipped with what was required, for example a functioning television, kettle, bed pack and toiletries, they were dull, shabby and often unclean. New arrivals complained to inspectors about the state of the cells.
- 1.12 New prisoners accessed the core regime on arrival on the wing and association with other prisoners was permitted; they could also shower and use the telephone. New arrivals could also use showers even if they arrived on the wing after the usual lock-up time.
- 1.13 Staff knew who the new arrivals on their wing were; this was reinforced through a card system in the wing office. A tracked induction programme started on the day after arrival and took place over a four-day period. A check of the previous two months' tracking of new arrivals revealed that just six prisoners (3%) failed to complete the whole programme but these were not followed up.
- 1.14 Induction was delivered by staff and peer workers; Insiders provided relevant information and prisoners had plenty of opportunities to ask questions. The induction room was a shared facility, which meant there were interruptions.

Recommendations

- 1.15 First night cells should be clean, prepared and appropriately equipped for new arrivals. (Repeated recommendation 1.23)
- 1.16 All prisoners should receive induction.

Housekeeping point

- 1.17 The induction should be delivered in a suitable environment free from interruptions.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.18 There were fewer incidents of violence and bullying, but the number of incidents was still too high and there was also some evidence of under-reporting. Trend analysis required development and governance of the violence reduction strategy was inadequate. The prison had appropriately responded to a spate of organised fighting.
- 1.19 Data collated by the violence reduction officer indicated that the number of fights and assaults had declined from an average of 20 a month in 2010 to 10 a month from July to December in 2012. This was still higher than in similar prisons, and to compound matters there was evidence of under-reporting. It was arguable that the number of fights and assaults was likely to have fallen to some extent following the introduction of an older more mature population.
- 1.20 In our survey, most prisoners said they felt safe but some said that bullying was a significant problem in the older accommodation. The prison had conducted a violence reduction survey, containing responses from about a third of the population; over a quarter said they felt unsafe. There were 167 recorded incidents of bullying in the previous six months, which was much higher than in comparator prisons.
- 1.21 A continuous improvement plan directed the work of the safer custody team, but it was not strategic in its approach. The monthly safer custody meeting had identified under-reporting of incidents of violence and a trend of unexplained injuries.
- 1.22 The prison's violence reduction strategy for dealing with perpetrators had three stages. Stage one consisted of overt monitoring. Stage two resulted in warnings and IEP demotion and stage three (rarely used) was for those separated in the segregation unit due to continued violent behaviour. The different stages were very process oriented with little evidence of changing patterns of behaviour, and the governance arrangements were weak.
- 1.23 Intelligence suggested that organised fights, involving adult prisoners betting on young adults, had occurred on E wing during November 2012. Appropriate action, including disciplinary measures, had been taken to stop such incidents, and we were assured that no further

intelligence had been received since this action. We were concerned that, proportionately, young adults were involved in more violent and antisocial behaviour than adults.

- 1.24 Victims and perpetrators of antisocial behaviours were supported by offender care plans; eight were in place at the time of inspection. This was a positive initiative, delivered in the day care centre by Oxleas health care staff and focusing on anger management, relaxation and depression.

Recommendations

- 1.25 Information collated on violence and antisocial behaviour should be analysed and used more effectively to inform the strategy and ensure suitable interventions are in place and utilised.
- 1.26 Governance arrangements for the violence reduction strategy should be improved to ensure that all incidents of violence and antisocial behaviour are investigated before sanctions are applied and sanctions should not fall below those of the basic privilege level.

Self-harm and suicide

Expected outcomes:

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

- 1.27 The number of self-harm incidents was low, as was the number of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents established. Case management and the quality of individual care plans were good. There was not always sufficient justification for holding prisoners on ACCT documents in the segregation unit.
- 1.28 The number of ACCT self-harm monitoring documents established to support prisoners at risk of self-harm was 70 in the previous six months. Many had been established in response to family issues or threats to self-harm due to bullying rather than actual self-harm. The number of self-harm incidents was 43 in the previous six months, lower than in comparator prisons.
- 1.29 ACCT documentation we reviewed reflected a good standard of care and included positive staff interactions. Care plans included good support and were regularly reviewed at multidisciplinary meetings, which were well attended and timely. Daily and monthly briefing sheets for staff identified those in need of support and provided some trend analysis, which was a good initiative. The monthly safer custody meeting conducted a detailed analysis of trends and patterns, which resulted in learning points and actions.
- 1.30 Too many prisoners were managed on ACCT documents in the segregation unit and documentation did not assure us that this was always justified. The segregation unit was an inappropriate location for a constant observation cell. Ten prisoners supported by ACCT documentation had been located there in the previous six months and governance arrangements were poor. The safer cell on D wing was grubby. Staff stated that it was used frequently and yet there was very little recorded evidence.

- 1.31 In our survey, fewer prisoners than in comparator prisons said they could speak to a Listener (prisoners trained by the Samaritans to support those at risk of self-harm) when they wanted to. However, prisoners we spoke to, including 16 Listeners, were more positive. There was no Listener suite and Listeners had to see those in crisis either in their cell or on the landing, which was not always appropriate. Samaritans telephones were available.
- 1.32 There had been no deaths in custody since our last inspection. An inquest was outstanding from the last death in custody in 2004 and was due to be heard later in the year.

Recommendations

- 1.33 The constant observation cell should not be located in the segregation unit and the governance arrangements for the use of the constant observation and safer cells should be improved.
- 1.34 The prison should introduce care suites.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- 1.35 There was no formal safeguarding policy, but there were links with the local safeguarding board.

- 1.36 New arrivals identified as being at risk were seen by a member of the health care team, who assessed needs and provided guidance on services. Men identified as vulnerable had care plans and were supported by Oxleas mental health in-reach team, which was in contact with local safeguarding services in the community for continuity of care. Staff's awareness of prisoners considered vulnerable was good and they focused on relevant issues and took personal responsibility to protect prisoners at risk. There was no formal policy covering the safeguarding of prisoners at risk and, although some links had been made with the local safeguarding board this was not at a strategic level.

Recommendation

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

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

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships.

Prisoners are safe from exposure to substance misuse while in prison.

- 1.38 Security was now more proportionate. A significant number of security information reports (SIRs) were processed efficiently, although actions were not always swift. The number of closed visits was not high; however, not all were directly related to incidents connected to visits. Mandatory drug testing (MDT) rates were high and the level of suspicion testing was inadequate.
- 1.39 Security was well managed and more proportionate than at our last inspection. Access to the prison regime, including free-flow movement and corporate worship, was not now unnecessarily restrictive. All strip-searching was now intelligence-led.
- 1.40 Almost 3600 SIRs had been submitted in the previous six months, which was high for the size and type of establishment. These were processed efficiently and although target searching was not always timely, it yielded good results. Meaningful analysis took place at security and intelligence meetings, which informed and monitored appropriate objectives. There were good links between the security department and the safer custody team. The number of prisoners on closed visits was not high, although the reasons for a closed visit often did not directly relate to visits, which was inappropriate.
- 1.41 The MDT random positive rate was 10.6% for the six months to December 2012, which was relatively high for a category C establishment. The range was also wide: from 0% in August, to 24% in December. The delivery of suspicion testing was inadequate – 48% of suspicion test requests were not completed due to the redeployment of testing officers. The suspicion test positive rate for the six months to December was 35.3%. The MDT suite had been refurbished and was clean, tidy and appropriately equipped.
- 1.42 In our survey, 30% of prisoners over the age of 21 said it was easy to get drugs; 13% of under-21-year-olds said it was easy to get drugs.

Recommendations

- 1.43 Prisoners should only be placed on closed visits when there is sufficient intelligence to support this. (Repeated recommendation 7.19)
- 1.44 The mandatory drug testing (MDT) programme should be sufficiently resourced to undertake suspicion testing within the required time. (Repeated recommendation 3.69)

Incentives and earned privileges⁴

Expected outcomes:

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

- 1.45 Staff and prisoners were aware of the IEP scheme although elements were not fully understood. About half of prisoners felt they were treated fairly and a similar number thought the scheme motivated them.
- 1.46 The prison operated a standard three-tier (basic, standard, enhanced) IEP scheme. Levels of staff and prisoner awareness seemed good although arrangements concerning the issue of warnings were frequently misunderstood. About half of prisoners felt they were dealt with fairly by the scheme, which was comparable to similar prisons. Muslim prisoners and young adult prisoners expressed more negative perceptions.
- 1.47 New arrivals were placed on the standard regime unless it could be confirmed that the individual was on the enhanced regime prior to transfer. There were discernible differences between regime levels, although less than half of prisoners surveyed thought the scheme encouraged them to change their behaviour, again a finding consistent with comparators. Prisoners on the basic regime were entitled to periods of association at weekends and were able to participate in daily domestic activities. There was no evidence that managers carried out systematic checks of the IEP scheme to monitor its consistency or quality.

Recommendation

- 1.48 Managers should carry out a weekly quality check of all prisoners recorded as basic on the P-Nomis system and ensure that the IEP policy is being adhered to for them.
(Repeated recommendation 7.70)

Discipline

Expected outcomes:

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

- 1.49 Formal disciplinary procedures were mostly well managed, but the number remained high. Governance of use of force required improvement. A large number of prisoners were moved to the segregation unit; this included too many prisoners supported by ACCT documents.

⁴ In reports up to 2012, incentives and earned privileges were covered under the healthy prison area of respect. In our updated *Expectations* (Version 4, 2012) they now appear under the healthy prison area of safety.

Disciplinary procedures

- 1.50 The number of adjudications had declined since our last inspection; however, it was still much higher than in comparator prisons at 796 in the previous six months. Records, however, showed that charges were brought for offences that warranted formal disciplinary procedures. Approximately 40% of charges related to fights, assaults or disobeying an order. Records of hearings were generally good. Prisoners were given sufficient time to prepare their case and received adjournments to seek legal advice when they requested this. They could present their version of events and a good investigation took place before a finding of guilt. Punishments were fair and took account of mitigation when offered. Quality assurance measures were effective. The quarterly adjudication standardisation meeting was informed by comprehensive reports, but trend and pattern analysis was underdeveloped. For example, there had been no exploration into the disproportionate number of young adults who were subject to adjudication.

Recommendation

- 1.51 **Information collated on disciplinary charges should be analysed and used more effectively to inform strategy.**

The use of force

- 1.52 The recorded number of incidents involving force had decreased since our last inspection; however, at 96 in the previous six months, it was higher than in comparator prisons. In our survey, more respondents than in comparator prisons said they had been physically restrained in the previous six months. Full control and restraint techniques had been deployed in around a third of all incidents where force was used.
- 1.53 Relocating prisoners to the segregation unit or the use of handcuffs for relocation purposes were not routine. We found evidence that prisoners were not always debriefed after an incident. Not all planned interventions were filmed, but the quality of those that were was good. Videos we watched demonstrated real attempts to de-escalate the incident through positive staff interactions with the prisoner.
- 1.54 Special accommodation had been used 13 times in 2012 and was higher than in comparator prisons; however, the average time spent there was lower. Weak governance of use of special accommodation did not assure us that all uses were justified or that it was used for the shortest time necessary. A log that was meant to distinguish between the use of special accommodation and the constant observation cell (used with the removal of clothing) had been introduced and was located in the segregation unit; however, at the time of inspection the log did not make the distinction.
- 1.55 A use of force committee met monthly and the meeting was informed by comprehensive reports. Minutes from meetings gave few assurances that there was any meaningful analysis of the range of data in the report.

Recommendations

- 1.56 **Governance arrangements of use of force and particularly the use of special accommodation should be improved including the recording of use relating explicitly to the removal of clothing in the special cell or constant observation cell.**

- 1.57 Information collated on the use of force should be analysed and used more effectively to inform strategy.
- 1.58 All planned interventions should be video-recorded and subsequently reviewed, with appropriate action taken where necessary. (Repeated recommendation 7.43)
- 1.59 The special accommodation log should record explicitly whether use relates to the special cell or gated cell or safer cell. (Repeated recommendation 7.44)

Segregation

- 1.60 A large number of prisoners were moved to the segregation unit and in the previous six months this included 113 prisoners awarded cellular confinement, 62 prisoners for reasons of good order or discipline (GOOD), 105 awaiting adjudication and 41 seeking their own protection. Of those seeking protection around half were transferred out of the prison. New arrivals to the unit were strip-searched subject to a risk assessment. Data on segregation were collated, but not always used to identify or respond to emerging trends in usage.
- 1.61 In the previous six months, 17 prisoners on ACCT documents had been located in the segregation unit. The location of the constant observation cell was inappropriate and led to more use of segregation for prisoners on ACCT documents than was necessary. Clothing had been removed on some occasions without sufficient accountability, as justification for this was not evident (see section on self-harm and suicide prevention).
- 1.62 Communal areas were clean but the showers were grubby. The three cage-like exercise yards were enclosed in steel sheeting and contained a bench. Most cells were of an appropriate standard, but some contained offensive graffiti. Prisoners had access to an acceptable regime, including daily showers, use of telephones, exercise and, potentially, other activities. The prison operated a two-tier regime, which was linked to the IEP scheme. Level B was predominantly for those prisoners serving an award of cellular confinement who had lost the use of a television. Level A was individually assessed for those on GOOD or who needed protection. They could have access to a regime that included a television, corporate worship, in-cell education or work and the gymnasium.
- 1.63 There were frequent multidisciplinary reviews of prisoners held in the segregation unit, but the targets set were mostly perfunctory. Care and reintegration support plans were established for all prisoners who were held in segregation for over 72 hours. This support document assessed needs and referred prisoners to the day care centre run by the mental health in-reach team, which had good links with the segregation unit.
- 1.64 Relationships between staff and prisoners on the unit were good and this was reflected in sampled daily history sheets and electronic case notes.

Recommendations

- 1.65 Information collated on segregation should be analysed and used more effectively to inform strategy.
- 1.66 The communal showers in the segregation unit should be refurbished.

- 1.67 The segregation unit and, in particular, special accommodation should only be used for prisoners on assessment, care in custody and teamwork (ACCT) monitoring in exceptional and justifiable circumstances. (Repeated recommendation 7.60)
- 1.68 Good order or discipline paperwork should contain meaningful individual behaviour improvement targets.

Housekeeping point

- 1.69 Cells should be free of graffiti.

Substance misuse

Expected outcomes:

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

- 1.70 Clinical and psychosocial services were good, although clinical treatment facilities were inadequate. MDT positive confirmation reports were not routinely shared between the health care team and the integrated drug treatment system (IDTS) team. A drug strategy committee was in place but the strategy document was not up to date.
- 1.71 Twenty-three prisoners were receiving opiate substitution treatment. The ratio of prisoners on reducing doses compared with those on maintenance was good. The majority, 20, were on reducing doses and only three were on maintenance. This was in line with government strategy and guidance, which states that prisons should encourage prisoners to move into recovery and abstinence. The clinical and psychosocial teams were well integrated and had regular multidisciplinary meetings and joint reviews. They also co-facilitated some groups.
- 1.72 Prisoners were largely very pleased with the treatment provided. They said that the care and support at this prison was better than many others in the region. In our survey, significantly more than in comparator prisons said they had received help for drug and alcohol problems. Nevertheless, facilities for the administration of clinical opiate substitution medication were not sufficiently private. Medication administration sessions were also frequently rushed because the treatment room was shared with the primary health care team.
- 1.73 MDT positive confirmation results of prisoners found to be using illicit drugs on top of receiving opiate substitution were not routinely shared between primary health care and clinical IDTS nurses. The risk of overdose increased as a result.
- 1.74 A good range of psychosocial groups and one-to-one interventions were in place, delivered by the Rehabilitation for Addicted Prisoners Trust's psychosocial team. Treatments included: one-to-one key working and counselling; the Stepping Stones four-week recovery group programme, which was open to prisoners on opiate substitution; the alcohol dependency treatment programme (ADTP); a six-week recovery group programme; and Narcotics Anonymous fellowship groups. A peer support scheme was in the planning stages. Smoking cessation advice and nicotine replacement therapy were available from the primary health care team.

- 1.75 The drug and alcohol strategy committee had just started meeting again following the introduction of new service providers. Attendance by staff from some departments was sporadic. The strategy document was not up to date.

Recommendations

- 1.76 Suitable opiate substitution treatment administration facilities should be made available so that prisoners have adequate privacy and sufficient time to talk to nurses.
- 1.77 MDT positive test results data for prisoners on opiate substitution should always be shared between the primary health care team and the IDTS team.
- 1.78 The drug strategy document should include alcohol services and contain up-to-date performance measures and detailed action plans that are informed by the needs analysis. (Repeated recommendation 9.65)

Housekeeping point

- 1.79 There should be a peer support scheme to offer additional support to prisoners during and after the programme to address substance-related offending.

Section 2: Respect

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

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 Standards of accommodation varied dramatically from the old wings in poor condition located in the top part of the site to the newer good accommodation in the lower part of the site. The newer accommodation was clean and provided good in-cell facilities. The older accommodation, specifically the cells and showers, was dull, dismal and often dirty. Privacy for the in-cell toilets was satisfactory except on B wing. Prisoners were pleased that they could wear their own clothes.
- 2.2 The external environment was well maintained and relatively clean.
- 2.3 The prison consisted of eight residential units split across the site into newer (F, G, H and R wings) and older (B, C, D and E wings) accommodation. F wing was closed for refurbishment on the first day of the inspection, and R wing had recently reopened after refurbishment.
- 2.4 The newer wings were bright, clean and well kept, and in-cell furniture and facilities were good. Cells designated for two prisoners were of an adequate size and suitable. The new accommodation had in-cell telephones, which prisoners appreciated. All wings had sufficient telephones for the number of prisoners held and prisoners informed inspectors that there were rarely problems accessing them; we saw no evidence that contradicted this. Most cells had lockable cabinets and there was little evidence of graffiti. All cells had televisions and kettles and cell call bells were answered quickly.
- 2.5 In the older wings, most cells we saw were dull, dismal, and unkempt and many were dirty. There was a mouse infestation in some of the older accommodation and we saw mouse droppings on the corridor floors and in one instance in the B wing servery area. Most toilets required a full de-scaling and many cells did not have curtains; prisoners either went without or improvised with blankets. Many windows and ventilation vents were faulty and some prisoners blocked gaps with paper to keep out cold draughts; on C wing, some prisoners complained that they had to sleep in their clothes to keep warm. Graffiti, while minimal, was present on all wings. There was some offensive graffiti on the exterior door of D wing, which staff and prisoners informed us had been there for many months. All toilet cells, except those on B wing, provided adequate privacy. The toilets in B wing cells were not screened and prisoners could be seen through the observation panels. All cells had televisions and kettles, but many did not have a lockable cabinet. Cell bells were answered quickly.
- 2.6 Access to daily showers was good. Cells in the newer accommodation had in-cell showers and toilets. In the older accommodation, many shared showers were dirty and unkempt.

E wing showers smelled of urine, the drainage channels were blocked with detritus and the sluice and sink were littered with food waste and shower product packaging.

- 2.7 Cell inspections took place across the site but were not effective. We saw some evidence of cell deficiencies being reported on the Planet FM intranet system (the process for notifying the prison works/maintenance department), but staff informed us that there was little hope of them being addressed. There was no programme of in-cell painting and the prison had no immediate plans to refurbish any of the older wings.
- 2.8 The prison had an offensive displays policy, but this was poorly enforced. Wing notice boards contained relevant up-to-date information, but generally in English only, although the main prison rules board on each wing had information translated into several languages.
- 2.9 Incoming mail was processed by a dedicated team of censors with 5% checked randomly and delivered to the wings on the day it was received. Many prisoners we spoke to were disgruntled with the delay in both incoming and outgoing mail. However, the postmarks of letters we saw did not support the perception that mail was unduly delayed.
- 2.10 The prison clothing we saw was of good quality, and prisoners could wear their own clothes if they wished. The amount of clothing issued at the weekly kit exchange was acceptable. All wings (except B wing) had wing laundries that allowed prisoners' clothes to be cleaned at least once a week. Some prisoners complained that access to their stored property was poor. In our survey, just 17% of prisoners said that access was good compared with 29% in comparator prisons.

Recommendations

- 2.11 **There should be a programme of cell painting and maintenance to ensure cells are of a decent standard.** (Repeated recommendation 2.13)
- 2.12 **B wing cell toilet areas should be adequately screened to provide privacy.** (Repeated recommendation 2.14)
- 2.13 **The prison should ensure that effective pest control measures are in place.**

Housekeeping points

- 2.14 All prisoners should be issued with keys for the lockable cabinets, and those in cells with privacy locks should be issued with keys. (Repeated recommendation 2.12)
- 2.15 Regular cell inspections should be meaningful and ensure that graffiti is eradicated and cells kept clean.
- 2.16 Laundry facilities for prisoners should be introduced on B wing.
- 2.17 The cleanliness of the shower rooms in the older accommodation should be improved.

Staff-prisoner relationships

Expected outcomes:

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

- 2.18 Prisoners had a generally positive view of their relationships with staff. We saw good interactions between staff and prisoners but there were complaints that some staff treated adult prisoners in a condescending manner. Prisoners were consulted through a prisoner council meeting.
- 2.19 In groups, prisoners were positive about most staff but described some as condescending as they believed they had not adapted well to the introduction of adults into what had been a young offender institution. We did not see any interactions/evidence that confirmed this. Most staff appeared to address prisoners by their preferred names and conversations were polite and supportive.
- 2.20 The prison had a personal officer policy although staff and prisoners seemed to have limited knowledge of it. Staff entries in prisoner electronic case notes were reasonably constructive, but there was little evidence that wing staff engaged with formal sentence planning or offender management processes.
- 2.21 The prison had a prisoner council made up of wing representatives elected by their peers. The council met monthly with staff representatives from a variety of departments.

Recommendations

- 2.22 The prison should develop a strategy that focuses on developing trust and respect between staff and prisoners. (Repeated recommendation 2.34)
- 2.23 The personal officer scheme should be re-launched with the emphasis on better interaction between staff and prisoners to ensure a more rounded view of individual prisoners and with links to the offender management unit further developed. (Repeated recommendation 2.40)

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

2.24 Management of equality and diversity was weak, lacking focus and drive. Supervisory meetings and monitoring were ineffective. Prisoners from black and minority ethnic groups had very negative perceptions of their treatment. There was no meaningful consultation with them.

Strategic management

- 2.25 The prison's equality and diversity strategy was well laid out and easy to understand, but not many actions identified in it were undertaken. There was an accompanying equality improvement action plan, but this was at best a perfunctory 'to do' list, with many action points that were not relevant to equality and diversity. The action plan did not cover any of the protected characteristics.
- 2.26 A senior manager took the lead on equality and diversity, supported by a principal officer and two full-time equality officers. The prison had a full-time equality prisoner representative, whom prisoners appreciated, and each wing had a prisoner representative. The prisoner equality representative's role was to act as a conduit between the prison and prisoners on equality matters and to support wing representatives.
- 2.27 An equality and diversity team (EAT) meeting was held every month; it was well attended by staff and prisoner representatives. The agenda was very limited and did not cover each protected characteristic. The meeting minutes reflected a reactive rather than a proactive approach to drive forward equality and diversity at the establishment.
- 2.28 Systematic monitoring and analysis of race equality treatment (SMART) data were collated on a monthly basis and analysed by the two equality officers prior to the EAT meeting. Black and minority ethnic prisoners had been identified as having been out of range, specifically relating to the incentives and earned privileges scheme, complaints and release on temporary licence (ROTL). The prison had carried out a thorough and detailed investigation into the reasons why the data were out of range for specific minority groups, but we found that investigations only took place after the data had been out of range for a prolonged period and were not carried out quickly enough.
- 2.29 The prison gathered activity allocation data monthly, which were available at the EAT meeting. The data were not interrogated, and we found that they had indicated that white prisoners were allocated to more favourable jobs over a prolonged period. For example, disproportionately more white than black and minority ethnic prisoners were allocated to garden and outside work. The prison had not focused on this.
- 2.30 Prisoners had submitted 17 discrimination incident reporting forms in the previous six months, fewer than in comparable prisons. Investigations were thorough and completed in a timely manner. Many black and minority ethnic prisoners we spoke to said they had little confidence in the reporting system as the secure box was opened by a uniformed member of staff (see section on complaints).
- 2.31 The prison formulated a comprehensive database of prisoners who were either convicted of a discriminatory offence or had displayed discriminatory behaviour while in custody. This was a joint initiative between the security and the EAT and was available to all staff. There were no interventions to challenge prisoners who engaged in racist behaviour.

- 2.32 Most staff had been on Challenge It Change It diversity training. The prison had held a number of events to celebrate different cultures but these were only open to staff. The prison said prisoners were not involved because of budgetary concerns.

Recommendation

- 2.33 **There should be formal interventions to challenge prisoners who engage in racist behaviour.** (Repeated recommendation 4.19)

Protected characteristics

- 2.34 Black and minority ethnic prisoners accounted for 42% of the population. In our survey they were negative across a range of indicators, including feeling safe and victimisation. All those we spoke to had a negative view of their treatment and access to the regime. We found evidence to support some of these perceptions. For example, in our survey, prisoners who were Muslim, from a black and minority ethnic group or under the age of 21 all reported more negatively than their counterparts about staff treating them with respect. This was reiterated by prisoners we spoke to, and a small number of staff we spoke to agreed with this view. However, we also found evidence that dispelled some of these perceptions, specifically the perception of some black and minority ethnic prisoners that allocation to the resettlement wing (H wing) was unfairly balanced in favour of white prisoners. There were no consultation groups for black and minority ethnic prisoners to alleviate these perceptions.
- 2.35 Thirty-eight prisoners identified themselves as being from a Gypsy, Romany or Traveller background. There was no provision or specific consultation with these prisoners.
- 2.36 The prison held around 60 foreign national prisoners at a time. A separate foreign national policy set out how the prison would manage this group of prisoners. It included interpretation, governance and support, and gave prisoners the opportunity to make a free telephone call. The actions outlined in the policy were being achieved and foreign national prisoners we spoke to were broadly satisfied with their treatment. The UK Border Agency (UKBA) attended the prison every month and Migrant Helpline held two surgeries a month. Two consultative meetings were held with foreign national prisoners during 2012, but these took place too far apart to be meaningful.
- 2.37 At the time of the inspection, two prisoners were being detained post-sentence by a matter of weeks; we were assured that foreign national prisoners who had completed their sentence were moved to a local prison for re-allocation expeditiously, and that the prison worked with UKBA at the earliest stage to make a decision on the prisoners' future.
- 2.38 Muslim prisoners accounted for around 17% of the population. In our survey, they were negative across a range of indicators, including feeling safe and victimisation. In our survey, 15% of Muslim prisoners, compared with 1% of their non-Muslim counterparts said they had been victimised by staff because of their religion and or religious beliefs.
- 2.39 Prisoners who considered themselves to have a disability were asked to complete a self-disclosure form at reception; 1% of the population had done this. Our survey suggested that approximately 18% of the population considered themselves to have a disability and we were not assured that the process of identifying prisoners with a disability was effective. Prisoners in our survey who considered themselves to have a disability were negative across a number of indicators. We were assured that a personal emergency evacuation plan was in place for the one prisoner requiring one, and it was well thought out and understood by staff.

- 2.40 Although there were no formal procedures for prisoners with a disability, we found evidence of good informal work between various departments, including health care, to ensure specific needs were met. Two consultative meetings were held with older prisoners during 2012, but they took place too far apart to lead to meaningful action.
- 2.41 Young adult prisoners aged 21 and under made up over 40% of the population. They were fully integrated across all the wings. In our survey, they were more negative than older prisoners across a range of indicators. We found that they were disproportionately over-represented in key areas within the violence reduction strategy and under-represented in ROTL. The prison was unaware of this and had not consulted this age group.
- 2.42 In our survey, 1% of respondents identified themselves as gay or bisexual, although the prison did not keep up-to-date accurate records. There was no support for these prisoners.

Recommendations

- 2.43 The prison should work to understand the negative perceptions of minority groups, introduce regular and meaningful consultation with them and include prisoners in celebratory cultural events.
- 2.44 Support mechanisms for gay and bisexual prisoners should be developed. (Repeated recommendation 4.45)

Housekeeping point

- 2.45 Procedures for identifying prisoners with disabilities should be reviewed.

Faith and religious activity

Expected outcomes:

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

2.46 A well-resourced chaplaincy offered a range of worship and faith-based classes in suitable venues.

2.47 The chaplaincy was well resourced, and a Catholic chaplain was being appointed. The chaplaincy was well integrated and delivered good provision for all faiths, including corporate worship and pastoral care. In our survey, disabled, black and minority ethnic and Muslim respondents were positive about their access to a faith leader. In addition, 46% of prisoners (53% in comparator prisons) said that it was easy to attend religious services. We found that access to religious services was unrestricted and those who wished to attend did. Multi-faith facilities were good, although the room was used for other purposes, often clashing with Muslim faith classes. The prison had worked to alleviate this issue. The chapel was large and adequate for worship and classes. There was a wide range of religious study groups and other activities.

Complaints

Expected outcomes:

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

2.48 Complaints were generally well managed and most prisoners were content with the process, although some felt uneasy that a uniformed member of staff emptied the complaints boxes.

2.49 There had been 1,170 complaints during the previous six months, which was high. Most prisoners we spoke to were generally content with the process, although some felt uneasy that the night orderly officer emptied the complaints box, because some complaints may have referred to their colleagues. Complaint forms were readily available on residential wings and boxes were accessible and locked. Most replies we reviewed had been completed in a timely manner and had addressed the complaint. Preferred names were often used in the replies and most were fair, although we observed a small number of curt replies. Investigations were usually carried out by staff of an appropriate grade depending on the complaint raised. In our survey, 30% of respondents, (39% in comparator prisons) said that complaints were dealt with quickly. We reviewed over 40 completed complaint forms and found a small number that were out of date. The prison was aware of this and good records were kept. Quality assurance was undertaken by the head of corporate services.

Recommendation

2.50 The complaint boxes should be emptied by the complaints clerk. (Repeated recommendation 3.45)

Legal rights

Expected outcomes:

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

2.51 The legal services provision was ineffective.

2.52 The prison did not have a trained legal services officer and had been without one for almost two years. We were informed that this was due to the unavailability of a national training course. The offender management unit (OMU) dealt with some issues but there was a general belief that demand would be low due to the category of the prison or that someone else, in particular wing staff, would deal with the problem.

Housekeeping point

2.53 The prison should provide a trained legal services officer.

Health services

Expected outcomes:

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

2.54 Prisoners in our survey were generally dissatisfied with the quality of health care services. The range, access to and quality of services that we observed were reasonably good. Health promotion, mental health and dental services were very good. Clinical supervision and problem incident management needed significant development. Pharmacy services were good, but some aspects of general medicines management were weak.

Governance arrangements

- 2.55 NHS Kent and Medway Primary Care Trust commissioned health services. Primary health care was provided by HMP Rochester; a new provider was due to take over from September 2013. The tendering process, which had extended over several years, had had a negative effect on staff morale and service development. The partnership board was well attended, but only met twice yearly rather than quarterly. The well-attended quarterly clinical governance meeting covered all key areas. An additional monthly joint health care meeting for senior managers of each health area, the pharmacy and GPs improved interdepartmental communication. The health delivery plan was informed by a current health needs assessment (although this did not include oral health), but lacked performance measures outlining responsibilities and timescales. Problem incidents were reported, monitored and reviewed at governance meetings, but investigations were too slow, generating a risk of repeat incidents as root causes were not identified promptly and addressed. Service user feedback informed service development.
- 2.56 A senior nurse-qualified discipline officer was responsible for primary care. A qualified nurse was on duty from 7.45am to 8pm Monday to Thursday and from 7.45am to 5pm Friday to Sunday. There were no staff vacancies. All staff had regular appraisals, credentials were checked and mandatory training was up to date. There was no clinical supervision policy and no one was receiving clinical supervision. The prison role change to include adults generated new health needs, including lifelong conditions and older persons care. There was no training needs analysis but training in lifelong conditions had started.
- 2.57 SystmOne electronic clinical records were of good quality, but care planning was underdeveloped. A full range of electronic clinical policies, including communicable disease management and information sharing, was accessible.
- 2.58 There were separate health care units on the top and bottom sites, which were easily accessible from the wings. In our survey, prisoners reported equal access to primary care, but expressed greater dissatisfaction with the quality of care received than prisoners in comparator prisons. Prisoners we spoke to gave mixed responses. We observed some excellent interactions, but also several that were poor.

- 2.59 Most health care rooms were of a high standard, except the waiting room in the health care unit on the top site, which was covered in graffiti; not all areas on both sites complied with infection control requirements.
- 2.60 There was too much emergency health care equipment and it was not held in the same place, which meant there could be delays while equipment was collected; it also meant that staff could attend to prisoners without a full kit. Equipment was checked every few weeks, but some items had expired. Additional defibrillators were located around the prison for night staff to access, but checks had not occurred for four months. There were always first-aid trained staff at night-time, but not all were trained to operate a defibrillator.
- 2.61 There were no lead staff for older people or adult safeguarding policy, but there were some good initiatives including a regularly updated register of vulnerable prisoners, which all staff accessed. Several vulnerable prisoners had medical alert cards to use at night to ensure prompt medical intervention, which was good practice. Specialist equipment for occupational therapy and physiotherapy was available.
- 2.62 The prison's complaints system, which was insufficiently confidential, was used for health complaints. There were 104 complaints about health care in 2012, mainly around prescribing, appointment access and staff attitudes. The complaint responses sampled were courteous and timely.
- 2.63 Two dedicated health promotion staff gave a detailed induction health talk and distributed a supporting booklet available in several languages. There was no health promotion action group or strategy; however there was an excellent range of health promotion activities, including groups promoting healthy eating, healthy relationships and smoking cessation, supported by vibrant health care and wing displays. Barrier protection was available. Prisoners had access to age-appropriate screening, immunisation and vaccination programmes.

Recommendations

- 2.64 There should be a clear protocol for identifying, reporting, investigating and reviewing serious and problem incidents.
- 2.65 Health care emergency response equipment should be reviewed, rationalised and checked regularly.
- 2.66 A senior nurse should be responsible for the strategic development of older prisoner services.
- 2.67 The governor should ensure there is a whole-prison health promotion strategy.

Housekeeping points

- 2.68 The health delivery plan should include oral health needs and have clear performance measures, designated responsibilities and timescales.
- 2.69 All clinical staff should access regular, documented clinical supervision within an agreed supervision policy.
- 2.70 There should be a training needs analysis to inform a training action plan to address all skill, attitude and knowledge deficits.

- 2.71 Complaints around health care should be confidential.

Good practice

- 2.72 *Medical alert cards were issued to vulnerable prisoners for use at night to ensure prompt medical intervention.*

Delivery of care (physical health)

- 2.73 All new prisoners received a comprehensive reception assessment in a pleasant private medical room. Consent to liaise with key services to ensure continuity of care was obtained. Those requiring follow-up care were referred promptly. Interpretation services were available.
- 2.74 Medway Medical Practice provided the out-of-hours' and GP services. Prisoners got access to health care by placing an application in a dedicated box, which health care administration staff emptied every weekday. Prisoners could approach discipline staff to contact the health care department for acute problems. All prisoners requesting GP appointments were triaged by nurses. Nurse triage clinics ran daily using an electronic triage form, which identified the recommended medication for common conditions. The extensive range of medications available under patient group directions (PGDs) (which enable nurses to supply and administer prescription-only medicine) reduced the need for GP appointments and improved prisoners' access to timely interventions. There were no agreed triage algorithms (flowcharts that advise on an agreed care pathway) but most nurses had received training.
- 2.75 The waiting time for GP appointments was 72 hours with urgent appointments available daily Monday to Saturday. The nurse clinics available included well-man, asthma, and sexual health, but lifelong condition management needed development. Specialist clinics were provided by an optician, dentist, podiatrist and nurse specialists in diabetes and hepatology. Telemedicine equipment was available but unused. The reported failure-to-attend rate was low. The waiting lists for the podiatrist and dentist were too long. Medical prescriptive gym sessions were available.
- 2.76 The limited range of visiting specialists and diagnostics increased the demand for the four external health appointment slots available daily. There was no system for monitoring secondary referral waiting times or cancellations or for ensuring all referrals had received appointments, which may have contributed to prisoners' complaints about secondary care access. Prisoners awaiting external appointments were placed on medical hold, ensuring continuity of care.

Recommendations

- 2.77 Triage algorithms should be used to support and standardise nurses' clinical decision-making.
- 2.78 Patients with lifelong conditions should receive regular reviews that generate an evidence-based care plan.

Housekeeping point

- 2.79 There should be robust systems for managing secondary health care referrals.

Pharmacy

- 2.80 Pharmacy services were provided by Kent Prisons Pharmacy Services. In our survey, fewer prisoners than those in similar prisons were prescribed medication (36% compared to 46%), of whom 89% had their medication in possession, equivalent to the comparator. Prisoners' medication was supplied in a timely manner with appropriate written information. Pharmacy medicines management and clinical governance procedures were generally good; however controlled drugs were supplied through requisitions, which were signed by nurses – this did not meet legal requirements. The drugs and therapeutics committee met quarterly and ratified policies, but did not receive aggregated pharmacy prescribing data. There were no regular pharmacy audits and no pharmacy-led clinics.
- 2.81 There was a current in-possession policy. We were concerned that the routine prescribing of tradable medication in possession created a risk that medication would be diverted, particularly as not all patients had secure in-cell storage facilities (see housekeeping point 2.14). In-possession risk assessments were completed in reception and recorded on SystemOne. The prison prescribing formularies were evidence based. The use of PGDs was monitored by the pharmacy, and nurses had been appropriately trained. There was a mechanism for supplying medication out of hours.
- 2.82 Patients attended the health care department three times a day for medication, with prison officer supervision. Medication was administered through a gate into open areas with privacy screens, but some discussions could be overhead. Patients requiring supervised night medication received it on the wing at 7.30pm Monday to Thursday only, but on Friday to Sunday this took place too early at 3.30pm. We observed medication due for collection inappropriately left out in treatment rooms between treatment times and overnight. Patients signed for weekly in-possession medication only. The SystemOne administration records viewed were complete.

Recommendations

- 2.83 Prisoners should be able to see a pharmacist.
- 2.84 The prescribing and administration of potentially tradable medication should reflect best practice guidelines.
- 2.85 All medication should be stored securely and Nursing and Midwifery Council medication management guidance should be followed consistently.

Housekeeping points

- 2.86 Controlled drug requisitions should have a doctor's signature.
- 2.87 The pharmacy should provide the drugs and therapeutics committee with aggregated prescribing data for analysis, including data on tradable medicines.
- 2.88 The pharmacist should audit medication administered over the counter regularly.
- 2.89 All medication should be administered at an appropriate time for best therapeutic effect.

Dentistry

- 2.90 Dental services were provided by Weymouth Dental Practice. In our survey, prisoners were less satisfied with dentistry than those in comparator prisons (33% compared with 43%). The dental consultations we observed were very good. NHS-equivalent dental treatment was available. There had been no oral needs assessment (see governance arrangements).
- 2.91 There were four clinics a week, including emergency and holiday cover. Prisoners who were in pain were triaged by the primary care unit and received emergency dental appointments. Waiting times for assessment and treatment was reported to be six weeks, but the waiting lists appeared too long with 40 awaiting assessment and 38 awaiting treatment.
- 2.92 Prisoners were given verbal and written advice on oral health. The dental surgery complied fully with best practice standards. All dental equipment was appropriately maintained and certified. Dental waste was subject to professional disposal. The primary care trust inspected the surgery in 2010.

Delivery of care (mental health)

- 2.93 Mental health staff reported providing bespoke mental health training to 79 discipline staff (48%) in 2012. Discipline staff said they had good links with mental health staff. Mental health staff saw most prisoners on their wing to support them in their 'home' environment and to maintain good communication with wing staff.
- 2.94 Integrated primary and secondary mental health services were provided by Oxleas Mental Health Trust. In our survey, more prisoners with mental health problems than the comparator reported receiving help (68% compared with 50%). Clinical governance arrangements were robust, with good risk management, training, clinical supervision and appraisal systems. The mental health team had a rich skills mix, including counselling, clinical psychology, occupational therapy, forensic psychiatry and learning disability. Additional specialisms were available as needed. Patients with complex needs were managed using the care programme approach (mental health services for individuals diagnosed with a mental illness). In 2012, one patient was transferred to external mental health services within the Department of Health two-week transfer guidelines.
- 2.95 Mental health nurses worked Monday to Saturday. Nurses carried caseloads of between five and 20 primary and secondary patients. Patients could self-refer or be referred by any staff member. A nurse triaged all referrals, checked clinical records and liaised with prison staff and community services to inform assessments. Twelve patients used day services. Mental health nurses attended the segregation unit every day, saw each prisoner and participated in all segregation reviews.

Catering

Expected outcomes:

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

- 2.96 Prisoners were overwhelmingly negative about the quality and quantity of food. Wing serveries on the older wings were unhygienic. Lunch and evening meals were served too early. Consultation with prisoners was adequate but a food survey was overdue.
- 2.97 The kitchen was well maintained and reasonably well equipped, but dirt had become ingrained. Halal certificates were in place and there were separate storage and preparation areas, as well as separate utensils, for halal food. Up to 16 prisoners worked in the kitchen on a rota basis. Nine were taking the national vocational qualification (NVQ) in food preparation and cooking at level 1. All staff and prisoners were appropriately trained and wore the correct clothing.
- 2.98 Each wing had its own servery. Those on the older site were very dirty, had food on the floor and were infested with mice. Those on the newer wings were clean and well maintained. Prisoners serving meals were correctly dressed.
- 2.99 Menus operated on a four-week cycle. Prisoners were negative about both the quality and quantity of the food. In our survey, only 16% of respondents, compared with 29% in comparator prisons, said that the food was good. Despite this, in the previous six months very few formal complaints had been received. Menus were balanced, offered variety and catered for special diets, including vegan, vegetarian and others.
- 2.100 Lunch was served at 11.30am and dinner at 4.30pm, both of which were too early. A cold 'grab bag' containing a baguette, yoghurt, packet of crisps, fruit and fruit juice was served for lunch Monday to Thursday from the wing serveries. Breakfast packs were issued on the morning they were to be consumed. Prisoners could dine in or out of their cells.
- 2.101 A food survey was issued twice a year and had a reasonable return rate, although it had been six months since the last survey and it was overdue. Catering was also discussed regularly at the prisoner council meeting, which was routinely attended by a member of the catering team and a new food focus group had been introduced. Food comments books were available on all wings and comments from prisoners on the whole were negative.

Recommendations

- 2.102 All serveries should be kept clean and well maintained. (Repeated recommendation 8.8)
- 2.103 Lunch should be served no earlier than 12 noon and dinner no earlier than 5pm. (Repeated recommendation 8.9)

Housekeeping point

- 2.104 Twice yearly food surveys should be undertaken on time.

Purchases

Expected outcomes:

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

2.105 For most prisoners canteen arrangements were satisfactory. The range of items for minority groups was insufficient.

2.106 The prison shop arrangements were reasonably effective. Consultation took place at the prisoner consultative meeting and changes were made to the canteen list where possible. Many prisoners complained that prices were not in line with their wages; however the prices conformed to the national contract. In our survey, only 33% of black and minority ethnic prisoners and 23% of Muslim prisoners said the shop sold a wide enough range of goods to meet their needs. Religious items were available, but there were not enough cultural products on the canteen list. Prisoners from minority groups were not specifically consulted. New arrivals were offered a smokers' pack, as well as a second top-up pack if they had missed the canteen cut off point, which was reasonable. Prisoners could make purchases from a small number of catalogues and order newspapers and magazines weekly.

Recommendation

2.107 Prices for prison shop items should reflect the level of prison wages. (Repeated recommendation 8.18)

Housekeeping point

2.108 Prisoners from minority groups should be consulted on what canteen products should be available to meet their needs.

Section 3: Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

3.1 There was good access to time out of cell, although too many prisoners were not engaged in purposeful activity. Exercise was often cancelled and exercise yards were drab. Access to association was adequate.

3.2 Time out of cell for all prisoners was reasonable. A fully engaged prisoner could receive nine hours out of their cell and an unemployed prisoner just over six hours. For those prisoners who did not attend work, there was a period of unlock in the morning and afternoon for exercise or landing association. We found that exercise was cancelled too often in favour of landing association. During our random roll checks, all prisoners except those who needed to stay in their cells for medical reasons were unlocked, but we found that of those unlocked, 29% were not meaningfully engaged. In our survey, 29% of respondents, compared with 47% in comparator prisons, said that could exercise three or more times a week. There was no scheduled exercise for fully employed prisoners. Exercise yards were stark. Association took place on three evenings a week and lasted for one and three-quarter hours. Association facilities were adequate.

Recommendations

3.3 All prisoners should have access to exercise. (Repeated recommendation 6.9)

3.4 The environment and amenities in exercise yards should be improved. (Repeated recommendation 6.10)

Learning and skills and work activities

Expected outcomes:

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

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

- 3.5 The management of learning and skills had become more focused, effective, collaborative and strategic, but much more work was still required to meet the needs of the significant and rapidly increasing proportion of adult prisoners. The number of purposeful activity places had increased, but take up was low. The allocations process was more effective, but there were some inequities in allocating prisoners to certain activities. Prison employment was still overdependent on menial work, although some more skilled and developmental options were being introduced. Vocational teaching and learning were generally good and prisoners' achievements were high. The quality of classroom teaching in education needed to improve as did prisoners' pass rates. The library and its materials were good but access was poor, and it was operating well below full capacity.
- 3.6 Ofsted⁷ made the following assessments about the learning and skills and work provision:
- Outcomes for prisoners engaged in learning and skills and work activities:
Requires improvement
 Quality of learning and skills and work activities (including the quality of teaching, training, learning and assessment):
Requires improvement
 Effectiveness of leadership and management of learning and skills and work activities:
Requires improvement

Management of learning and skills and work

- 3.7 The management arrangements for learning, skills and work had improved considerably; this included some considered strategic and action planning. However, the pace of change and improvement was not keeping up with rapid changes in the age, category and skills profile of the prisoners. Nevertheless, the prison regime and education provider were working collaboratively and effectively together to introduce new training, education and work opportunities relevant to adult prisoners, although much was at an early stage.
- 3.8 A good range of practical and effective quality improvements had been developed and implemented for learning and skills since the previous inspection. Self-assessment and improvement action planning were sound and took good account of prisoners' views to identify and initiate improvements. The system for observing and assessing the quality of teaching and learning was well structured, well planned and practised against sound and consistent guidelines. However, the prison's assessment that teaching and learning were consistently of a very high quality across education, training and physical education (PE) was wholly undermined by its identification of a number of critical areas for improvement, not least teaching techniques to promote all prisoners' learning and progress and planning for individual learning. Inspectors observed good and occasionally better teaching and learning in vocational training, but a much more mixed picture elsewhere.
- 3.9 The allocations process had been improved, but more consistency was needed. An allocations board had been established since the last inspection and the allocation of prisoners to education sessions in particular was based on a system that recognised and sought to meet prisoners' individual needs in a much more transparent and fair way. However, the allocations board was not always directly involved in some allocations, for example, the allocation of

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

prisoners to wing work and certain other activities, which generally comprised a significant proportion of the total available.

- 3.10 Prison data for the past year indicated that white prisoners were disproportionately allocated to activities outside the allocation board's direct influence. Pass rate data indicated that there were some significant differences in achievement between certain ethnic groups in comparison with white prisoners. While this was identified by the prison in its self-assessment, no strategy had been devised to investigate the causes of these differences or to redress them.

Recommendations

- 3.11 The profile of teaching and learning should be reviewed and a more accurate assessment made of the true picture of its quality in each relevant activity area taking into account, for example, the thoroughness of observation practice and assessment, the impact of teaching on learning and planning for individual learning.
- 3.12 There should be clear, consistently applied and robust procedures for the allocation of prisoners to all activities, whether education, training or work, in order to ensure consistency of practice, fairness, equality and transparency.
- 3.13 Appropriate strategies should be devised and implemented to identify the causes of and eliminate the differences in the pass rates of minority groups.

Provision of activities

- 3.14 The number of purposeful activity places had increased to around 650 each weekday and was a reasonable match against the total number of prisoners, but the actual take up of these places was low. On average, only around 80-85% of those assigned to an activity, particularly in education, actually attended. Despite some improvements, the range and level of education courses offered were not well suited to adult prisoners. Plans for further expansion and improvement were advanced, but required further review to match the fast-changing prisoner profile. Attendance at education sessions during the inspection was low, particularly in functional skills classes, but good in vocational training. Punctuality was poor for all activities in the mornings with slow movement from cells to and from activities. Prisoners ultimately spent only two hours in the morning and less than two hours in the afternoon in learning, skills or employment. The prison had firm plans to reduce the frequency of prisoner movements and extend the working day significantly from April 2013 onwards.
- 3.15 The range of intermediate level qualifications had increased, with clearer and more structured pathways to advanced level courses for prisoners after their release. Too few advanced level courses were available within the prison. However, the number of prisoners taking distance learning and Open University options was slowly increasing and prisoners received good support to succeed.
- 3.16 The range of accredited employment activities had improved, notably in the gardens and kitchens, but too much employment was still menial and failed to provide prisoners with real opportunities to develop personal, social or employability skills. A programme to develop these skills had been piloted in three workshops during 2012 with modest success, and was being reintroduced in 2013. The closure of one particularly dull employment option was imminent, and new options with skills development opportunities were being introduced; these made good use of external links with charities and employers and built on some existing and successful subcontracting relationships.

Recommendations

- 3.17 The range of education and training courses should be developed further to match the adult and category profile of the prison.
- 3.18 The number of advanced level education and training courses should be increased in line with adult prisoners' needs, skills and expectations.
- 3.19 Employment with opportunities for meaningful personal, social and employability skills development should become the norm in all prison workshops.
- 3.20 Punctuality should be monitored closely for signs of improvement following the introduction of the revised working day.

Quality of provision

- 3.21 Teaching, learning and assessment on vocational training and PE courses were good and in a few areas, such as the teaching of practical skills in barbering, outstanding. This was reflected in prisoners' generally high retention and pass rates. However the quality of teaching, learning and assessment in the majority of classroom-based education sessions was variable and largely required improvement. This too was reflected in prisoners' pass rates which ranged from high to low. The vast majority of prisoners who attended education or vocational training sessions were keen to learn and to develop and apply their skills.
- 3.22 In the better education sessions, relaxed and confident tutors promoted learning well through a good use of a wide range of techniques and activities, which engaged and motivated prisoners. Trained peer mentors were frequently used well to support prisoners' individual learning, for example in music technology, employability and English for speakers of other languages classes. Tutors' classroom management was good as was, for the most part, prisoners' behaviour.
- 3.23 In the less effective sessions, teachers did not ask enough questions to check on and develop learning. In others, they talked too much and involved prisoners too little. Some teachers relied too heavily on ploughing through worksheets. Many of these sessions, observed by inspectors, rarely built on or related to prisoners' skills, experiences or interests. In broad terms, the assessment and planning for individual learning in education was often weak. Individual learning plans (ILPs) were not used well and meant different things to different tutors. In any event, completed ILPs were little more than an outline record of activity or work done. Entry level education courses were not always planned well enough to make the best use of time and some finished early. By contrast vocational training sessions were too short to allow prisoners to complete set tasks, although they generally made rapid progress in their learning.
- 3.24 Overall, all teaching and training staff were very experienced in their subject areas, at least adequately qualified and generally had good industry expertise, which prisoners recognised and valued. The computers and software used for teaching and learning were industry standard, although some software was outdated. Facilities were generally spacious enough for the number of prisoners and activities planned. Learning resources were adequate.
- 3.25 Induction arrangements for learning and skills activities had improved. The quality of the individual elements of information, advice and guidance for prisoners was adequate, but not sufficiently joined up to provide prisoners with an integrated and consistently informed learning

and skills development pathway. Equality and diversity were not promoted adequately within and across the learning and skills curriculum, except during PE sessions.

Recommendations

- 3.26 The prison should raise the quality of teaching, learning and assessment, notably in education, through a development programme that identifies and shares consistent good practice with all teaching staff; it should also ensure that individual teachers' professional development needs are met.
- 3.27 Strategies to incorporate themes relating to equality and diversity seamlessly within the curriculum should be devised and implemented.

Education and vocational achievements

- 3.28 Pass rates on vocational training courses and in PE were high and had improved. Most prisoners on these courses made good progress and were demonstrably proud of their achievements. The standard of most prisoners' work in vocational classes was frequently very good, notably in barbering, stonemasonry, carpentry and brickwork and on accredited PE courses. Pass rates on education courses were generally adequate, and occasionally high, but in most information and communications technology (ICT) and higher level functional skills English and maths courses pass rates were low.

Recommendation

- 3.29 The pass rates on education courses in ICT and functional skills courses at intermediate and higher levels should be improved significantly from their current and historical low levels.

Library

- 3.30 The library service, run by Medway Council, was managed effectively, although it was underused. The collection and use of data to plan and monitor the library service had significantly improved since the last inspection. Data included an analysis of prisoners' attendance and loan profiles, and were used well to inform the library stocking policy. All prisoners received a useful and informative library induction, which had not been the case at the previous inspection.
- 3.31 A wide and diverse range of fiction and non-fiction titles were stocked, together with large print and audio books, easy readers, current legal and Prison Service reference materials, magazines and newspapers. Books were available in 17 languages, but no foreign language newspapers were available, although these could be ordered on request. The library did not stock CDs or DVDs to loan to prisoners. Prisoners could use eight computers linked to two printers to learn driving theory, touch typing, brain training and courses in foreign languages. The book loss rate was relatively low at around 5%.
- 3.32 Access to the library remained poor. In our survey, only 24% of prisoners reported visiting the library at least once a week, against 50% in comparator prisons. The library was not open long enough during the week and there was no evening or weekend opening. Although physical

access arrangements had improved, a new appointments system was not working well and restricted the number of prisoners who could visit.

Recommendation

- 3.33 The prison should review and improve the appointments systems so that all prisoners have good, equitable access to the library.

Physical education and healthy living

Expected outcomes:

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

- 3.34 PE facilities were well maintained, extensive and prisoners' access was good. PE offered a wide range of recreational and accredited programmes and pass rates on the accredited programmes were high. The promotion of healthy living and personal fitness was thorough and effective. Links with the health care department were good. Two trained prison 'health connectors' worked well with selected prisoners to offer tailored advice on fitness and healthy lifestyles. PE staff were experienced, enthusiastic and acted as good role models.
- 3.35 PE arrangements were good. Prisoners' induction to PE was thorough with a strong focus on health and safety. During weekdays, weekends and evenings, prisoners had good access to well-equipped gymnasiums and well maintained indoor facilities for group and individual work and outdoor facilities for team games. Since the last inspection the outside all-weather pitch had been repaired and the closed gym reopened.
- 3.36 The PE provision was well managed. Twice yearly surveys of prisoners' needs and interests were carried out and improvements made as a result. The needs and interests of prisoners were met well through a wide range of recreational and accredited programmes, which included circuit and weight training, football, basketball, badminton, tennis and spin cycling. Pass rates on the accredited PE programmes offered at entry through to advanced level were high at over 90% and had increased over the past three years. The PE department had had some success in supporting former prisoners into employment and self-employment in the sports and fitness industry outside the prison.
- 3.37 Staff were highly experienced and appropriately qualified and many had achieved further specialist sports qualifications while working at the prison. They acted as good role models and encouraged prisoners to become involved in health and fitness. Healthy living and personal fitness were promoted well. Two trained prisoner 'health connectors' worked with prisoners to offer tailored advice on fitness and healthy lifestyles. Good links with the health care department had led to effective individual remedial training programmes for those with specific injuries.

Section 4: Resettlement

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

Strategic management of resettlement

Expected outcomes:

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

- 4.1 The strategic management of resettlement lacked cohesion and was not informed by a needs analysis. Arrangements for prisoners to be released on licence to work in the community had improved but required further development.
- 4.2 Separate comprehensive policies covered offender management, public protection and resettlement pathways but they lacked cohesion. There was no comprehensive needs analysis that drew on important sources of data, including offender assessment system (OASys) documents and the induction pathway assessment system (iPAS) tool, to inform service provision. In isolation, the departments worked reasonably well, but communication between them was too informal and had an adverse impact on the service provided to some prisoners, particularly arrangements for release. The reducing reoffending group met bimonthly but focused only on pathway work and was attended infrequently by a representative from offender management/public protection.
- 4.3 Provision for prisoners to work outside the prison through release on temporary licence (ROTL) had improved since the last inspection. On average 14 prisoners achieved ROTL every day, but this was still insufficient to meet the needs of the population, which included in excess of 70 category D prisoners whom the prison was struggling to transfer to open conditions. The prison had made great efforts to secure consistent and meaningful community and work placements despite the difficulties of the current economic climate.

Recommendations

- 4.4 A comprehensive needs analysis should be completed and used to inform the development of service provision.
- 4.5 Additional community work placements should be found to meet the needs of the population.
- 4.6 The transfer of category D prisoners to open establishments should be expedited.

Offender management and planning

Expected outcomes:

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

- 4.7 Resettlement needs were identified during induction, and referrals were made to appropriate service providers. All prisoners were allocated an offender supervisor who prioritised their own caseloads and generally dedicated more time to higher risk offenders. Some offender supervisors were not confident enough or competent to identify and challenge risk factors. The backlog of OASys (offender assessment system) documents had decreased but the quality was variable and a significant number of lower risk prisoners had no OASys documents or sentence plans. Processes around home detention curfew (HDC), ROTL and recategorisation were well managed. The management of indeterminate sentence prisoners and public protection arrangements were sound.
- 4.8 All new arrivals had their resettlement needs assessed during induction by peer mentors using the induction pathway assessment system (iPAS) tool. Assessments were fairly comprehensive and covered each of the resettlement pathways. Referrals were made to appropriate departments or agencies where a need was identified.
- 4.9 At the time of the inspection approximately 160 of the population of 647 were formally in scope for offender management (prisoners serving 12 months or more and classified as posing a high risk to the public), although all prisoners continued to be allocated an offender supervisor. Each offender supervisor was supported by a case administrator and the offender supervision team comprised two probation services officers, six officers and a probation officer. Cases were allocated alphabetically across the team. Individual caseloads ran in excess of 90 including 20-30 in-scope prisoners.
- 4.10 We were advised that all in-scope prisoners had an OASys assessment and sentence plan, but found that a prolific offender had neither. There was still a backlog of OASys documents and approximately 60 out-of-scope cases (those not subject to offender management arrangements), which included a large number of young adults, had no assessment or sentence plan.
- 4.11 Offender supervisors continued to prioritise their own caseloads and most resources were appropriately directed at higher risk cases. In-scope cases we sampled reflected OASys and sentence plans of varying quality. Offender supervisors were knowledgeable about prisoners they managed and they had a reasonably good understanding of the role they performed. Offender supervisors were expected to contact their high risk prisoners every month, and while this was mostly achieved, contact was not always appropriately focused on risk. Sentence plans often included targets relating to interventions that were not available at Rochester, but there was little evidence of prisoners being transferred to other prisons to achieve sentence planning objectives.
- 4.12 Offender supervisors were expected to have initial contact with out-of-scope prisoners shortly after their arrival, after which contact was dictated on a needs basis or by application. Records for many of these prisoners reflected no initial or subsequent contact and we were concerned that there had been no review or needs assessment prior to discharge for prisoners being released.

- 4.13 In our survey, fewer prisoners than in comparator prisons said that offender managers, personal officers or staff from other departments were working with them to achieve sentence planning targets. Sentence planning arrangements varied. For in-scope prisoners evidence suggested that contributions from community-based probation service offender managers, either through attendance or via videoconferencing, was reasonable. Arrangements for out-of-scope prisoners invariably involved just the offender supervisor and the prisoner. Contributions from other departments and personal officers were rare. There was little evidence of any effective links between personal officers and the offender management team.
- 4.14 Quality assurance arrangements for OASys were adequate and were completed by the probation officer, who offered individual feedback to offender supervisors. A 10% sample was also checked by the offender management principal officer each month. There was no further regular monitoring or checking of case files and no consistent supervision of staff or casework management.
- 4.15 The management of HDC and ROTL applications was good. Approximately 56% of the prisoners eligible for HDC in the six months prior to the inspection had been granted it. The resettlement unit had moved to H wing, which had increased its capacity. Criteria were published and used appropriately to progress prisoners eligible and suitable for ROTL. Around 40 prisoners who were eligible for ROTL currently lived there and were progressed through four stages, starting with supervised absences through to paid employment.

Recommendations

- 4.16 **All prisoners should have a completed an up-to-date OASys assessment.** (Repeated recommendation 9.19)
- 4.17 **Sentence planning boards should include contributions from all relevant departments.** (Repeated recommendation 9.20)
- 4.18 **All offender supervisors should receive regular reviews and personal development support, particularly around risk reduction, through supervision and casework management.**

Public protection

- 4.19 The public protection policy was up to date and covered key issues. Screening procedures were appropriate. At the time of the inspection, 30 prisoners were identified as requiring letter and/or telephone monitoring for child protection purposes or because of harassment. Across the establishment, 271 prisoners were identified as subject to multi-agency public protection arrangements (MAPPA), although 242 had not yet been allocated a level.
- 4.20 An inter-departmental risk management team meeting met monthly. All new arrivals considered to be high risk, those subject to restrictions or monitoring and MAPPA prisoners were considered by the meeting six months and two months prior to their release. Offender supervisors continued to carry out work on public protection for prisoners they managed and cases we sampled were of a reasonable quality.

Categorisation

- 4.21 Recategorisation reviews were timely and all prisoners received one every six months. An average of 70 review boards were convened monthly and approximately 40% of prisoners were recategorised to category D. At the time of the inspection there were 74 category D prisoners and the prison struggled to secure sufficient spaces in the open estate to allow them to progress (see section on strategic management of resettlement).

Indeterminate sentence prisoners

- 4.22 The prison did not take mandatory or discretionary life-sentenced prisoners. At the time of the inspection, there were three prisoners on indeterminate sentences for public protection, all of whom were managed by the probation officer offender supervisor. Documentation sampled revealed that their cases were managed appropriately. There continued to be no facilities or provision specifically for this small group.

Reintegration planning

Expected outcomes:

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

- 4.23 Most resettlement pathways were addressed. Work on children and families was particularly well developed, but there were too few interventions to meet needs around attitudes, thinking and behaviour. The lack of a formal pre-discharge interview meant pathway work was not properly coordinated or reviewed to ensure that prisoners' identified needs were met prior to release.

- 4.24 Between July and December 2012, the prison released 340 prisoners. We were not assured that all in-scope prisoners received a pre-release meeting with their offender supervisor. There were no formal pre-discharge arrangements to assess prisoners' needs prior to release and referrals made during the induction process through the iPAS were not reviewed.

Recommendation

- 4.25 **All prisoners should have a pre-release assessment, informed by contributions from departments across the establishment, before their release.**

Accommodation

- 4.26 Depaul UK, a youth homelessness charity, provided accommodation services and consistently worked with up to 80 prisoners at any one time. All new arrivals had their needs assessed with referrals made to Depaul UK where appropriate. The organisation's staff also attended induction and accepted referrals at other times. The service was publicised widely, but in our survey fewer prisoners than in comparator prisons said they knew who they should speak to

for help with accommodation. Depaul UK maintained good links with accommodation providers in the community and approximately 97% of prisoners were released with accommodation to go to.

Education, training and employment

- 4.27 Two trained prisoners provided an effective introduction to the education, training and employment pathways as part of the first day of the prison induction. The prison routinely exceeded its targets for education, training and employment after prisoners' release. In the year to date, around 50% of those released had secured entry to education, training or employment. The number of prisoners eligible for and taking part in ROTL had increased, although it remained low at around 14 prisoners on most days. The prison acknowledged the need to increase the number of prisoners attending further education (FE) college courses and to further strengthen links with employers, training providers and the FE sector.

Recommendation

- 4.28 **Further links should be developed with employers, external training providers and education establishments to support prisoners in applying for and going on to courses when they leave.** (Repeated recommendation 9.41)

Health care

- 4.29 Health care pre-release arrangements were very good. The health promotion workers saw all prisoners within two weeks of their release and offered individual health promotion and barrier protection. They also liaised with community services and organised take-home medication. Discharge planning for patients with complex mental health needs started several months prior to release and involved community services and family members. There was a current palliative care policy.

Drugs and alcohol

- 4.30 Links with Kent and London drug intervention programmes (DIPs) were good, with regular meetings between prison and community service managers contributing to improvements in DIP service planning and provision. Prisoners could also receive community support through the Rehabilitation for Addicted Prisoners Trust (RAPt) community network and Narcotics Anonymous. Prisoners received information on harm minimisation from nursing and psychosocial staff at reception through to release.

Finance, benefit and debt

- 4.31 Needs were primarily assessed during induction through the iPAS tool. Some staff who worked in the information, advice and guidance (IAG) centre had been trained by the Citizens Advice Bureau (CAB) to deliver basic finance and debt advice. They wrote to creditors and, in the year to the end of December 2012, had impressively written off or suspended over £60,000 in court fines and over £74,000 in other debts, including mobile phone and credit card debts.
- 4.32 Arrangements to help prisoners open bank accounts had stopped just before the inspection and despite commendable efforts this provision had not yet been replaced. At the time of the

inspection there was no independent specialist debt advice available, but plans and funding to commence work with the CAB were well advanced and it was anticipated that the organisation would deliver advice two days a month from February 2013. A well-accessed money management course was available through the education department.

Children, families and contact with the outside world

- 4.33 Arrangements under this pathway were well developed and had been broadly responsive to the changes in the population. The reasonably well-maintained visitors' centre was outside the prison and was open prior to and at the end of visit sessions, but there was nowhere for visitors to purchase a hot drink. Afternoon visits were available for up to two hours on Mondays to Thursdays and on Saturdays and Sundays. Visitors told us they felt they were treated well and said there were usually no undue delays in visits starting. Visits could be booked in a variety of ways, including by visitors in person at the prison.
- 4.34 The visits hall accommodated up to 31 open visits and there was another facility for prisoners subject to closed visits. The hall was bright and clean and fixed furniture was comfortable and provided reasonable privacy. Prisoners no longer wore bibs and staff supervision was relaxed and not intrusive. A decision had been taken to remove the previously unsupervised play area in favour of table top activities, but these were not in place during the inspection. We were told that the refreshments bar was only opened infrequently and had mainly been replaced by vending machines, which we observed to be unreliable. Prisoners and their visitors were dissatisfied with the new play facility and refreshments arrangements.
- 4.35 Weekly family visits sessions were open to all prisoners, subject to satisfactory security risk assessments, regardless of their incentives and earned privileges scheme level. These took place in the well equipped IAG centre, which was suitable for child-focused visits; take up of these visits was good.
- 4.36 A full-time family support worker was developing the provision with partner agencies and available services included Storybook Dads, the Bumps to Babies programme, family mediation, CREATE (a child-centred creative writing group) and Parentis, a parenting course aimed specifically at young adults. A more appropriate parenting course aimed at adults was also being developed.

Recommendation

- 4.37 Visitors should be able to purchase hot drinks in the visitors' centre and the provision of activities and refreshments in the main visits hall should be reviewed.

Attitudes, thinking and behaviour

- 4.38 Other than the drug and alcohol programmes run by RAPt (see section on drugs and alcohol), the thinking skills programme (TSP) was the only available accredited intervention. There lacked a comprehensive needs analysis to better inform provision. Sampled OASys and sentence plans contained targets to complete interventions that were not available at Rochester. Conversations with offender supervisors confirmed that prisoners' needs were not met consistently.
- 4.39 At the time of the inspection 56 prisoners had completed the TSP since the start of the financial year. A further 24 had completed a course in controlling anger and learning to

manage it (CALM), but this was no longer available and we were not assured that the need for this programme had diminished. Waiting lists for the TSP were not excessive but were well managed and prioritised appropriately. A pilot of the chaplaincy-run Sycamore Tree victim awareness course had begun, involving a group of young adults, but funding for future courses was not yet available and there was no provision for adult prisoners. Few prisoners were transferred to other prisons to meet intervention or course requirements set out in their sentence plans.

Recommendation

- 4.40 The prison should ensure that the availability of offending behaviour programmes matches the needs of prisoners as identified in a needs analysis. (Repeated recommendation 9.92)

Section 5: Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

-
- 5.1 Diversity and equality action plans should include strategic objectives to drive forward work across all diversity strands, identifying and meeting the needs of prisoners from all protected characteristics. (HP59)
 - 5.2 The prison should ensure that systems for reporting and recording violence and antisocial behaviour are robust and incidents of violence and bullying are reduced significantly. (HP60)
 - 5.3 Sufficient high quality activity that meets prisoners' needs and better equips them for progression or training and employment on release should be provided. Work and training sessions should be of a duration that makes them useful, and attendance and punctuality should be improved. (HP61)
 - 5.4 A programme of refurbishment is required in the older accommodation with priority given to repairing broken windows. Effective pest control measures need to be implemented with immediate effect. (HP62)

Recommendation

To NOMS

-
- 5.5 The transfer of category D prisoners to open establishments should be expedited. (4.6)

Recommendations

To the governor

Early days in custody

- 5.6 First night cells should be clean, prepared and appropriately equipped for new arrivals. (1.15, repeated recommendation 1.23)
- 5.7 All prisoners should receive induction. (1.16)

Bullying and violence reduction

- 5.8 Information collated on violence and antisocial behaviour should be analysed and used more effectively to inform the strategy and ensure suitable interventions are in place and utilised. (1.25)

- 5.9 Governance arrangements for the violence reduction strategy should be improved to ensure that all incidents of violence and antisocial behaviour are investigated before sanctions are applied and sanctions should not fall below those of the basic privilege level. (1.26)

Self-harm and suicide

- 5.10 The constant observation cell should not be located in the segregation unit and the governance arrangements for the use of the constant observation and safer cells should be improved. (1.33)
- 5.11 The prison should introduce care suites. (1.34)

Safeguarding

- 5.12 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to further develop local safeguarding processes. (1.37)

Security

- 5.13 Prisoners should only be placed on closed visits when there is sufficient intelligence to support this. (1.43, repeated recommendation 7.19)
- 5.14 The mandatory drug testing (MDT) programme should be sufficiently resourced to undertake suspicion testing within the required time. (1.44, repeated recommendation 3.69)

Incentives and earned privileges

- 5.15 Managers should carry out a weekly quality check of all prisoners recorded as basic on the P-Nomis system and ensure that the IEP policy is being adhered to for them. (1.48, repeated recommendation 7.70)

Discipline

- 5.16 Information collated on disciplinary charges should be analysed and used more effectively to inform strategy. (1.51)
- 5.17 Governance arrangements of use of force and particularly the use of special accommodation should be improved including the recording of use relating explicitly to the removal of clothing in the special cell or constant observation cell. (1.56)
- 5.18 Information collated on the use of force should be analysed and used more effectively to inform strategy. (1.57)
- 5.19 All planned interventions should be video-recorded and subsequently reviewed, with appropriate action taken where necessary. (1.58, repeated recommendation 7.43)
- 5.20 The special accommodation log should record explicitly whether use relates to the special cell or gated cell or safer cell. (1.59, repeated recommendation 7.44)

- 5.21 Information collated on segregation should be analysed and used more effectively to inform strategy. (1.65)
- 5.22 The communal showers in the segregation unit should be refurbished. (1.66)
- 5.23 The segregation unit and, in particular, special accommodation should only be used for prisoners on assessment, care in custody and teamwork (ACCT) monitoring in exceptional and justifiable circumstances. (1.67, repeated recommendation 7.60)
- 5.24 Good order or discipline paperwork should contain meaningful individual behaviour improvement targets. (1.68)

Substance misuse

- 5.25 Suitable opiate substitution treatment administration facilities should be made available so that prisoners have adequate privacy and sufficient time to talk to nurses. (1.76)
- 5.26 MDT positive test results data for prisoners on opiate substitution should always be shared between the primary health care team and the IDTS team. (1.77)
- 5.27 The drug strategy document should include alcohol services and contain up-to-date performance measures and detailed action plans that are informed by the needs analysis. (1.78, repeated recommendation 9.65)

Residential units

- 5.28 There should be a programme of cell painting and maintenance to ensure cells are of a decent standard. (2.11, repeated recommendation 2.13)
- 5.29 B wing cell toilet areas should be adequately screened to provide privacy. (2.12, repeated recommendation 2.14)
- 5.30 The prison should ensure that effective pest control measures are in place. (2.13)

Staff-prisoner relationships

- 5.31 The prison should develop a strategy that focuses on developing trust and respect between staff and prisoners. (2.22, repeated recommendation 2.34)
- 5.32 The personal officer scheme should be re-launched with the emphasis on better interaction between staff and prisoners to ensure a more rounded view of individual prisoners and with links to the offender management unit further developed. (2.23, repeated recommendation 2.40)

Equality and diversity

- 5.33 There should be formal interventions to challenge prisoners who engage in racist behaviour. (2.33, repeated recommendation 4.19)

- 5.34 The prison should work to understand the negative perceptions of minority groups, introduce regular and meaningful consultation with them and include prisoners in celebratory cultural events. (2.43)
- 5.35 Support mechanisms for gay and bisexual prisoners should be developed. (2.44, repeated recommendation 4.45)

Complaints

- 5.36 The complaint boxes should be emptied by the complaints clerk. (2.50, repeated recommendation 3.45)

Health services

- 5.37 There should be a clear protocol for identifying, reporting, investigating and reviewing serious and problem incidents. (2.64)
- 5.38 Health care emergency response equipment should be reviewed, rationalised and checked regularly. (2.65)
- 5.39 A senior nurse should be responsible for the strategic development of older prisoner services. (2.66)
- 5.40 The governor should ensure there is a whole-prison health promotion strategy. (2.67)
- 5.41 Triage algorithms should be used to support and standardise nurses' clinical decision-making. (2.77)
- 5.42 Patients with lifelong conditions should receive regular reviews that generate an evidence-based care plan. (2.78)
- 5.43 Prisoners should be able to see a pharmacist. (2.83)
- 5.44 The prescribing and administration of potentially tradable medication should reflect best practice guidelines. (2.84)
- 5.45 All medication should be stored securely and Nursing and Midwifery Council medication management guidance should be followed consistently. (2.85)

Catering

- 5.46 All serveries should be kept clean and well maintained. (2.102, repeated recommendation 8.8)
- 5.47 Lunch should be served no earlier than 12 noon and dinner no earlier than 5pm. (2.103, repeated recommendation 8.9)

Purchases

- 5.48 Prices for prison shop items should reflect the level of prison wages. (2.107, repeated recommendation 8.18)

Time out of cell

- 5.49 All prisoners should have access to exercise. (3.3, repeated recommendation 6.9)
- 5.50 The environment and amenities in exercise yards should be improved. (3.4, repeated recommendation 6.10)

Learning and skills and work activities

- 5.51 The profile of teaching and learning should be reviewed and a more accurate assessment made of the true picture of its quality in each relevant activity area taking into account, for example, the thoroughness of observation practice and assessment, the impact of teaching on learning and planning for individual learning. (3.11)
- 5.52 There should be clear, consistently applied and robust procedures for the allocation of prisoners to all activities, whether education, training or work, in order to ensure consistency of practice, fairness, equality and transparency. (3.12)
- 5.53 Appropriate strategies should be devised and implemented to identify the causes of and eliminate the differences in the pass rates of minority groups. (3.13)
- 5.54 The range of education and training courses should be developed further to match the adult and category profile of the prison. (3.17)
- 5.55 The number of advanced level education and training courses should be increased in line with adult prisoners' needs, skills and expectations. (3.18)
- 5.56 Employment with opportunities for meaningful personal, social and employability skills development should become the norm in all prison workshops. (3.19)
- 5.57 Punctuality should be monitored closely for signs of improvement following the introduction of the revised working day. (3.20)
- 5.58 The prison should raise the quality of teaching, learning and assessment, notably in education, through a development programme that identifies and shares consistent good practice with all teaching staff; it should also ensure that individual teachers' professional development needs are met. (3.26)
- 5.59 Strategies to incorporate themes relating to equality and diversity seamlessly within the curriculum should be devised and implemented. (3.27)
- 5.60 The pass rates on education courses in ICT and functional skills courses at intermediate and higher levels should be improved significantly from their current and historical low levels. (3.29)
- 5.61 The prison should review and improve the appointments systems so that all prisoners have good, equitable access to the library. (3.33)

Strategic management of resettlement

- 5.62 A comprehensive needs analysis should be completed and used to inform the development of service provision. (4.4)
- 5.63 Additional community work placements should be found to meet the needs of the population. (4.5)

Offender management and planning

- 5.64 All prisoners should have a completed an up-to-date OASys assessment. (4.16, repeated recommendation 9.19)
- 5.65 Sentence planning boards should include contributions from all relevant departments. (4.17, repeated recommendation 9.20)
- 5.66 All offender supervisors should receive regular reviews and personal development support, particularly around risk reduction, through supervision and casework management. (4.18)

Reintegration planning

- 5.67 All prisoners should have a pre-release assessment, informed by contributions from departments across the establishment, before their release. (4.25)
- 5.68 Further links should be developed with employers, external training providers and education establishments to support prisoners in applying for and going on to courses when they leave. (4.28, repeated recommendation 9.41)
- 5.69 Visitors should be able to purchase hot drinks in the visitors' centre and the provision of activities and refreshments in the main visits hall should be reviewed. (4.37)
- 5.70 The prison should ensure that the availability of offending behaviour programmes matches the needs of prisoners as identified in a needs analysis. (4.40, repeated recommendation 9.92)

Housekeeping points

Early days in custody

- 5.71 The induction should be delivered in a suitable environment free from interruptions. (1.17)

Discipline

- 5.72 Cells should be free of graffiti. (1.69)

Substance misuse

- 5.73 There should be a peer support scheme to offer additional support to prisoners during and after the programme to address substance-related offending. (1.79)

Residential units

- 5.74 All prisoners should be issued with keys for the lockable cabinets, and those in cells with privacy locks should be issued with keys. (2.14, repeated recommendation 2.12)
- 5.75 Regular cell inspections should be meaningful and ensure that graffiti is eradicated and cells kept clean. (2.15)
- 5.76 Laundry facilities for prisoners should be introduced on B wing. (2.16)
- 5.77 The cleanliness of the shower rooms in the older accommodation should be improved. (2.17)

Equality and diversity

- 5.78 Procedures for identifying prisoners with disabilities should be reviewed. (2.45)

Legal rights

- 5.79 The prison should provide a trained legal services officer. (2.53)

Health services

- 5.80 The health delivery plan should include oral health needs and have clear performance measures, designated responsibilities and timescales. (2.68)
- 5.81 All clinical staff should access regular, documented clinical supervision within an agreed supervision policy. (2.69)
- 5.82 There should be a training needs analysis to inform a training action plan to address all skill, attitude and knowledge deficits. (2.70)
- 5.83 Complaints around health care should be confidential. (2.71)
- 5.84 There should be robust systems for managing secondary health care referrals. (2.79)
- 5.85 Controlled drug requisitions should have a doctor's signature. (2.86)
- 5.86 The pharmacy should provide the drugs and therapeutics committee with aggregated prescribing data for analysis, including data on tradable medicines. (2.87)
- 5.87 The pharmacist should audit medication administered over the counter regularly. (2.88)
- 5.88 All medication should be administered at an appropriate time for best therapeutic effect. (2.89)

Catering

- 5.89 Twice yearly food surveys should be undertaken on time. (2.104)

Purchases

- 5.90 Prisoners from minority groups should be consulted on what canteen products should be available to meet their needs. (2.108)

Example of good practice

- 5.91 Medical alert cards were issued to vulnerable prisoners for use at night to ensure prompt medical intervention. (2.72)

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Kieron Taylor	Team leader
Gary Boughen	Inspector
Andrew Lund	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Alissa Redmond	Research officer
Alice Reid	Research officer
Amy Radford	Research trainee

Specialist inspectors

Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Elizabeth Tysoe	Health services inspector
Helen Boniface	Pharmacist
Ian Roberts	Care Quality Commission
Nick Crombie	Ofsted team leader
Alistair Pearson	Ofsted inspector
Linda Truscott	Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety	
Prisoners, particularly the most vulnerable, are held safely.	
At the last inspection, in 2011, procedures to manage a prisoner's admission and induction at Rochester were reasonable, although there were some delays in reception and first night cells on E wing were in a poor condition. In our survey, most indicators suggested that prisoners felt safe but there had been a consistent significant level of recorded violence and bullying. There were initiatives to minimise the potential for violence but some of these were too risk averse and needed to be more sophisticated to avoid unnecessary restrictions to prisoners' movement and access to the regime. Prisoners in self-harm crisis were generally well cared for, although many of those being monitored had been placed in segregation or, worse, special accommodation. Conditions in segregation were good but its use was generally too high. Uses of force and special accommodation were also quite high and we were not assured that they were always justified. Illicit drug use was very low. The prison was not sufficiently good against this healthy prison test.	
Main recommendations	
The prison should, in consultation with prisoners, review the current strategies to create a safer environment, and reduce levels of violence in the prison. (HP48)	Partially achieved
Governance of the use of force, including use of special accommodation, should be improved. (HP49)	Partially achieved
Use of the segregation unit should be reduced. (HP50)	Partially achieved
Recommendations	
Reception should remain open over lunchtimes when prisoners are expected to arrive. (1.5)	Achieved
Prisoners should not wait on vehicles for long periods after arrival in the prison. (1.6)	Achieved
All holding rooms should be appropriately supervised when occupied. (1.14)	Achieved
New arrivals should spend less time being processed in reception. (1.15)	Partially achieved
Prisoners should receive their in-cell property on the day of their arrival. (1.16)	Achieved
A first night strategy should be in place. (1.22)	Partially achieved
First night cells should be clean, prepared and appropriately equipped for new arrivals. (1.23)	Not achieved (Repeated rec, 1.15)
Prisoners on the induction programme should remain unlocked when they are not actively engaged with modules. (1.28)	Achieved
There should be procedures to ensure that the induction programme is fully completed by all new prisoners. (1.29)	Achieved

The range of violence reduction monitoring data collated should be extended to include all local indicators of violence, and data should be analysed over time to identify trends and ensure an appropriate response. (3.17)	Partially achieved
There should be interventions for perpetrators to challenge and address the underlying causes of bullying and violent behaviour. (3.18)	Achieved
All identified victims of violence and bullying should be properly supported, and formal reintegration care planning should be developed for victims placed on restrictions. (3.19)	Achieved
The safer custody committee should make regular detailed analysis of patterns and trends for prisoners self-harming or in crisis, and this should be reflected in the meeting minutes. (3.32)	Achieved
The constant observation cell should not be located in the segregation unit. (3.33)	Not achieved
Assessment, care in custody and teamwork (ACCT) self-harm monitoring case reviews should always be multidisciplinary and include health care input. (3.34)	Achieved
Professional interpreting services should always be used for foreign national prisoners in crisis who have limited or no English. (3.35)	Achieved
The procedures for Listener access to prisoners in crisis at night should be clarified with staff and prisoners. (3.36)	Achieved
The safer cell should be deep cleaned and made more habitable. (3.37)	Not achieved
Actions requested on security information reports should be completed within appropriate timescales. (7.15)	Not achieved
There should be more meaningful analysis of the monthly intelligence report, which should be used to inform appropriate security objectives. (7.16)	Achieved
All prisoners placed on the restrictions list should have a formal care, support and reintegration plan. (7.17)	Achieved
Exclusions should only be applied if there is intelligence on individuals or information related to corporate worship that supports the exclusion. (7.18)	No longer relevant
Prisoners should only be placed on closed visits when there is sufficient intelligence to support this. (7.19)	Not achieved (Repeated rec, 1.43)
Prisoners should only be strip-searched after visits when there is intelligence to support this. (7.20)	Achieved
Rules should be applied consistently by all staff. (7.21)	Not achieved
Adjudicators should ensure that all charges are appropriately investigated before reaching a verdict for adjudications and minor reports. (7.29)	Achieved
Mitigation offered in adjudications or minor reports should be recorded and taken into account with any finding of guilt. (7.30)	Achieved
A formal quality assurance procedure for adjudication and minor report documentation should be introduced. (7.31)	Achieved
Adjudication standardisation meetings should take place more frequently and be attended by relevant personnel. (7.32)	Achieved
Data collected on minor reports should be improved. (7.33)	No longer relevant
Any use of a baton should be independently investigated to give assurance that its use is appropriate and proportionate. (7.42)	Achieved
All planned interventions should be video-recorded and subsequently reviewed, with appropriate action taken where necessary. (7.43)	Not achieved (Repeated rec, 1.58)
The special accommodation log should record explicitly whether use relates to the special cell or gated or safer cell. (7.44)	Not achieved (Repeated rec, 1.59)
The communal showers and toilets in the segregation unit should be refurbished. (7.55)	Not achieved

Good order or discipline paperwork to authorise segregation should be completed thoroughly and contain individualised behaviour improvement targets. (7.56)	Partially achieved
The differential regime operated in the segregation unit should be reviewed and access to in-cell power should not be restricted. (7.57)	Achieved
Personal officers should record regular and constructive engagement with prisoners in case notes. (7.58)	Achieved
Data gathered on segregation should be analysed for patterns and trends and used to take appropriate action on any concerns highlighted. (7.59)	Not achieved
The segregation unit and, in particular, special accommodation should only be used for prisoners on assessment, care in custody and teamwork (ACCT) monitoring in exceptional and justifiable circumstances. (7.60)	Not achieved (Repeated rec, 1.67)
Prisoners on the basic regime should be allowed a period of association weekly. (7.69)	Achieved
Managers should carry out a weekly quality check of all prisoners recorded as basic on the P-Nomis system and ensure that the IEP policy is being adhered to for them. (7.70)	Not achieved (Repeated rec, 1.48)
The establishment should explore the introduction of self-help groups, such as Narcotics Anonymous. (3.64)	Achieved
Prisoners should have access to smoking cessation advice and nicotine replacement therapy without undue delay. (3.65)	Achieved
The mandatory drug testing (MDT) programme should be sufficiently resourced to undertake suspicion testing within the required time. (3.69)	Not achieved (Repeated rec, 1.44)
MDT facilities should be refurbished to create an adequate testing and waiting environment. (3.70)	Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, environmental standards were mixed and reflected the relative age of the accommodation blocks. Communal areas were generally well maintained but standards in cells were often poor. Staff-prisoner relationships were reasonable, although prisoners expressed some negative perceptions. The personal officer scheme was limited in its impact. The application of the incentives and earned privileges (IEP) scheme required improvement. There were good structures to promote diversity although some strands and the analysis of management information required more development. Prisoners from minority groups, however, had generally positive perceptions. Prisoners were negative about the quality of the food, and arrangements for the serving of breakfast and lunch were poor. Applications and complaints procedures were good. The prison was supported by an enthusiastic and engaged chaplaincy. Health care provision was generally good. The prison was reasonably good against this healthy prison test.

Main recommendation

The prison should develop and monitor an action plan to evaluate patterns and trends in ethnic monitoring to address the differential impact of the regime on black and minority ethnic prisoners. (HP51)

Not achieved

Recommendations

All prisoners should be issued with keys for the lockable cabinets, and those in cells with privacy locks should be issued with keys. (2.12)

Partially achieved
(Repeated housekeeping point,

	2.14)
There should be a programme of cell painting and maintenance to ensure cells are of a decent standard. (2.13)	Not achieved (Repeated rec, 2.11)
B wing cell toilet areas should be adequately screened to provide privacy. (2.14)	Not achieved (Repeated rec, 2.12)
The processing of incoming and outgoing mail should be expedited. (2.15)	Achieved
The prison should allow prisoners to wear their own clothes. (2.24)	Achieved
Laundry facilities for prisoners should be introduced on B, D and E wings. (2.25)	Partially achieved
The prison should develop a strategy that focuses on developing trust and respect between staff and prisoners. (2.34)	Not achieved (Repeated rec, 2.22)
The personal officer scheme should be relaunched with the emphasis on better interaction between staff and prisoners to ensure a more rounded view of individual prisoners and with links to the offender management unit further developed. (2.40)	Not achieved (Repeated rec, 2.23)
Diversity and equality action plans should include strategic objectives to drive forward work across all diversity strands. (4.9)	Not achieved
Prison monitoring should include other elements of diversity, including disability, age and particularly religion. (4.10)	Partially achieved
There should be formal interventions to challenge prisoners who engage in racist behaviour. (4.19)	Not achieved (Repeated rec, 2.33)
The prison should work with the UK Border Agency to ensure that decisions to deport and maintain detention after sentence expiry are made and communicated to prisoners well before the end of sentence. (4.34)	Achieved
All foreign national prisoners should be able to make a free monthly international telephone call irrespective of whether they receive visits. (4.35)	Achieved
The diversity team should work collaboratively with other key departments, particularly health care and learning and skills, to ensure there are follow-up assessments for all prisoners who self-disclose a disability and appropriate action to meet identified needs. (4.42)	Achieved
Support mechanisms for gay and bisexual prisoners should be developed. (4.45)	Not achieved (Repeated rec, 2.44)
All prisoners who wish to do so should be able to attend corporate worship. (3.56)	Achieved
The complaint boxes should be emptied by the complaints clerk. (3.45)	Not achieved (Repeated rec, 2.50)
Hand washing facilities should be provided in the reception health care room. (5.6)	Not achieved
There should be a full health care staff skill mix review to ensure there are enough appropriately qualified nursing, administrative and support staff to deliver the service. (5.20)	Not achieved
Regular health care team meetings should be held and minuted. (5.21)	Achieved
Health care appointments should be managed by administrative rather than nursing staff. (5.22)	Achieved
Emergency equipment should be checked regularly and the checks documented. (5.23)	Achieved
There should be a dedicated health care prisoner forum to address any prisoner concerns about health services delivery. (5.24)	Achieved
The head of health care and the mental health in-reach team service manager should investigate our survey findings to determine the cause of prisoner dissatisfaction with some aspects of health service delivery, including mental health. (5.33)	Achieved

Nursing staff should use standardised triage forms to ensure consistency of treatment and outcomes. (5.34)	Achieved
The pharmacist should undertake regular audit of medicines administered under the over-the-counter formulary. (5.40)	Not achieved
The last medicines administration of the day should be at 8pm. Nursing staff should be on duty to give the prisoners the medication at the correct time. (5.41)	Partially achieved
Medicine administration should be documented on to SystmOne at the time of administration, including occasions when the prisoner has refused medication. (5.42)	Achieved
The PCT and provider GPs should be encouraged to attend the medicines and therapeutics committee regularly. (5.43)	Achieved
Patient group directions should be reviewed and brought up to date. (5.44)	Achieved
Additional dental sessions should be provided to reduce the waiting list. (5.52)	Achieved
A new dental health needs assessment should be completed before the commissioning of the new dental surgery. (5.53)	No longer relevant
The mental health in-reach team manager should hold service user groups to determine the cause of prisoner dissatisfaction with mental health services. (5.64)	Achieved
All serveries should be kept clean and well maintained. (8.8)	Not achieved (Repeated rec, 2.102)
Lunch should be served no earlier than 12 noon and dinner no earlier than 5pm. (8.9)	Not achieved (Repeated rec, 2.103)
Prisoners should be able to dine in association. (8.10)	Achieved
The way in which the 'grab bag' lunches are distributed should be reviewed. (8.11)	Achieved
Breakfast should be served on the morning that it is to be consumed. (8.12)	Achieved
Prices for prison shop items should reflect the level of prison wages. (8.18)	Not achieved (Repeated rec, 2.107)
New arrivals should be able to access the prison shop within their first 24 hours. (8.19)	Achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2011, time out of cell was very poor. Prisoners were insufficiently engaged in purposeful activity and there was significant underemployment. The allocation of prisoners to activity was poor and failed to provide assurance about equality of access. Punctuality and attendance were problematic, and we found more than a quarter of the population locked in their cell during the working part of the day. Too many work opportunities were mundane, unchallenging and lacked a training element. There were too few vocational training places but standards of work were satisfactory. The learning and skills curriculum was adequate but there were limited opportunities for progression. PE provision was good with high levels of participation. The prison was poor against this healthy prison test.

Main recommendations

The amount of time that prisoners spend out of their cells should be increased. (HP52)	Achieved
The prison should increase the number of full-time purposeful activity places to meet the needs of all prisoners. (HP53)	Partially achieved

Recommendations	
There should be greater clarity, discipline and rigour in the application of the published core day, and routines should be adhered to. (6.7)	Achieved
Association sessions should be of longer duration. (6.8)	Achieved
All prisoners should have access to exercise. (6.9)	Not achieved (Repeated rec, 3.3)
The environment and amenities in exercise yards should be improved. (6.10)	Not achieved (Repeated rec, 3.4)
Appropriate quality improvement arrangements should be further established across the provision of learning and skills. (6.15)	Achieved
There should be better use of equality and diversity data to identify appropriate action to close the achievement gaps between ethnic groups. (6.16)	Partially achieved
There should be clear and robust procedures, including security input, for the allocation of prisoners to activities that ensure fairness and transparency. (6.17)	Partially achieved
There should be a clear pay policy that makes explicit the circumstances in which pay can be deducted from prisoners. (6.18)	Achieved
The induction to learning and skills should be improved to stimulate prisoners' interests and, particularly, to promote distance learning courses better. (6.20)	Partially achieved
The data on activity places should be improved to identify accurate attendance figures across the provision. (6.22)	Achieved
Attendance and punctuality across all learning and skills areas should be improved to ensure prisoners make full use of activity time. (6.23)	Not achieved
Skills developed by prisoners in work areas with no accreditation should be recognised and recorded. (6.24)	Not achieved
There should be more education courses above level 2. (6.28)	Partially achieved
The pass rates on education courses should continue to be improved. (6.29)	Partially achieved
Data on prisoners' library use should be collected, analysed and used to inform the provision. (6.32)	Achieved
All prisoners should receive a library induction. (6.33)	Achieved
There should be better access to the library for all prisoners, particularly those in the newer wings. (6.34)	Partially achieved
There should be urgent repairs to the outside all-weather pitch and the closed gym reopened as soon as possible. (6.40)	Achieved

Resettlement

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

At the last inspection, in 2011, The strategic management of resettlement was appropriate, although the offender management and public protection elements needed greater emphasis and the lack of a prisoner needs analysis was a significant omission. The iPAS (induction pathways assessment system) initial assessment, combined with the pre-release passport review, enabled meaningful planning of individual resettlement needs. Offender management structures were appropriate, although there was a backlog of OASys (offender assessment system) assessments. The quality of engagement by offender supervisors was variable. The resettlement unit, although positive, still offered external work opportunities for very few prisoners. Public protection arrangements were reasonable. Resettlement pathway work was generally good, especially that oriented to children and families. The prison was

reasonably good against this healthy prison test.	
Main recommendations	
Opportunities for prisoners in the resettlement unit to undertake community placements should be increased. (HP54)	Partially achieved
The prison should extend opportunities for prisoners to work outside the prison on release on temporary licence (ROTL). (HP55)	Partially achieved
Recommendations	
There should be an annual needs assessment of prisoners, which should be used to inform service development. (9.6)	Not achieved
Details of work undertaken by the offender management unit should be clearly identified and outlined in a policy document to inform practitioners and other departments. (9.18)	Achieved
All prisoners should have a completed an up-to-date OASys (offender assessment system) assessment. (9.19)	Not achieved (Repeated rec, 4.16)
Sentence planning boards should include contributions from all relevant departments. (9.20)	Not achieved (Repeated rec, 4.17)
Offender managers should actively participate in sentence planning meetings, monitor and manage the implementation of objectives, and maintain sufficient contact with prisoners. (9.21)	Partially achieved
There should be regular casework supervision for all offender supervisors to ensure effective and consistent provision. (9.22)	Partially achieved
Appropriate prisoners should be assessed for and progress to the resettlement unit at the earliest opportunity. (9.23)	Achieved
The interdepartmental risk management team should, where possible, review prisoners subject to multi-agency public protection arrangements (MAPPA) six months before their release and as regularly as required thereafter. (9.30)	Achieved
There should be an additional community resettlement worker, funding permitting. (9.37)	Not achieved
Further links should be developed with external training providers and education establishments to support prisoners in applying for and going into courses when they leave. (9.41)	Partially achieved (Repeated rec, 4.28)
An up-to-date and relevant palliative care policy should be produced without undue delay. (9.45)	Achieved
Further specialist debt management for prisoners with significant debt should be provided. (9.51)	Achieved
The prison should reintroduce the money management programme. (9.52)	Achieved
The drug strategy committee should meet regularly and all relevant departments and service providers should attend. (9.64)	Partially achieved
The drug strategy document should include alcohol services and contain up-to-date performance measures and detailed action plans that are informed by the needs analysis. (9.65)	Not achieved (Repeated rec, 1.78)
CARAT (counselling, assessment, referral, advice and throughcare) officers should not be diverted to operational duties. (9.66)	No longer relevant
CARAT and integrated drug treatment system (IDTS) services should gather user feedback to inform future provision, such as designated gym sessions. (9.67)	Achieved
Prisoners receiving opiate substitute treatment should not be prevented from undertaking the P-ASRO programme solely on these grounds. (9.68)	Achieved
There should be a peer support scheme to offer additional support to	Not achieved

prisoners during and after the P-ASRO programme. (9.69)	
Visitors should be able to book their next visit while they are at the prison. (9.82)	Achieved
Prisoners should not have to wear bibs during visits. (9.83)	Achieved
The children's play area should be staffed during visits. (9.84)	No longer relevant
The prison should survey prisoners to ascertain why many did not feel the prison supported their maintenance of contact with family and friends. (9.85)	Achieved
The prison should ensure that the availability of offending behaviour programmes matches the need of prisoners as identified in a needs analysis. (9.92)	Not achieved (Repeated rec, 4.40)
Subject to risk assessment, prisoners should be able to have release on temporary licence to attend offending behaviour programmes in the community not available at the prison. (9.93)	Not achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18-20 yr olds	21 and over	%
Sentenced	185	428	94.4
Recall	5	29	5.3
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Total	190	457	100

Sentence	18-20 yr olds	21 and over	%
Unsentenced	0	0	0
Less than 6 months	1	0	0.2
6 months to less than 12 months	6	0	0.9
12 months to less than 2 years	40	23	9.7
2 years to less than 4 years	86	139	34.8
4 years to less than 10 years	56	259	48.7
10 years and over (not life)	1	33	5.3
ISPP			
Life		3	0.5
Total	190	457	100

Age	Number of prisoners	%
Please state minimum age		
Under 21 years	190	29.4
21 years to 29 years	242	37.4
30 years to 39 years	106	16.4
40 years to 49 years	77	11.9
50 years to 59 years	25	3.9
60 years to 69 years	6	0.9
70 plus years	1	0.2
Please state maximum age		
Total	647	100

Nationality	18-20 yr olds	21 and over	%
Not stated	1	3	0.6
British	162	438	92.7
Foreign nationals	27	16	6.6
Total	190	457	100

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Cat A	0	0	0
Cat B	0	0	0
Cat C	0	338	52.2
Cat D	0	74	11.4

Other – YOI Closed	190	45	36.3
Total	190	457	100

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
British	93	282	58
Irish	3	5	1.2
Gypsy/Irish Traveller	0	9	1.4
Other white	6	14	3.1
<i>Mixed</i>			
White and black Caribbean	6	15	3.2
White and black African	1	2	0.5
White and Asian	2	2	0.6
Other mixed	4	8	1.9
<i>Asian or Asian British</i>			
Indian	2	7	1.4
Pakistani	2	2	0.6
Bangladeshi	4	3	1.1
Chinese	0	2	0.3
Other Asian	6	6	1.9
<i>Black or black British</i>			
Caribbean	21	44	10
African	24	22	7.1
Other black	7	28	5.4
<i>Other ethnic group</i>			
Arab	0	0	0
Other ethnic group	4	2	0.9
Code missing	5	1	0.9
<i>Not stated</i>	0	3	0.5
Total	190	457	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	25	100	19.3
Roman Catholic	40	102	21.9
Other Christian denominations	24	39	9.7
Muslim	44	66	17
Sikh	1	4	0.8
Hindu	1	3	0.6
Buddhist	0	12	1.9
Jewish	1	2	0.5
Other	0	4	0.6
No religion	54	119	26.7
Not stated	0	6	0.9
Total	190	457	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	27	4.2	46	7.1
1 month to 3 months	49	7.6	81	12.5
3 months to 6 months	41	6.3	212	32.8
6 months to 1 year	58	9	85	13.1

1 year to 2 years	15	2.3	30	4.5
2 years to 4 years	0	0	3	0.5
4 years or more	0	0	0	0
Total	190	29.4	457	70.6

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total				

Main offence	The prison are unable to disaggregate the data for 18-20 year old and 21 and over so data is for the whole population		
Violence against the person	147		
Sexual offences	0		
Burglary	115		
Robbery	157		
Theft and handling	18		
Fraud and forgery	3		
Drugs offences	169		
Other offences	38		
Civil offences	0		
Offence not recorded/holding warrant	0		
Total	647		

Appendix IV: 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 17 December 2012 the prisoner population at HMP Rochester was 647. The sample size was 200. Overall, this represented 31% of the prisoner population.

Selecting the sample

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

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Four respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. One respondent was interviewed.

Methodology

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

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

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

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

Response rates

In total, 178 respondents completed and returned their questionnaires. This represented 28% of the prison population. The response rate was 89%. In addition to the four respondents who refused to complete a questionnaire, seven questionnaires were not returned and 11 were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2012 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 40 category C trainer prisons since April 2007.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2012 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2012 survey between those who are aged 21 and under and those over 21.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, ie 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 as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

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

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

Survey summary

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	51 (29%)	
	<i>21 - 29</i>	69 (39%)	
	<i>30 - 39</i>	24 (13%)	
	<i>40 - 49</i>	22 (12%)	
	<i>50 - 59</i>	8 (4%)	
	<i>60 - 69</i>	3 (2%)	
	<i>70 and over</i>	1 (1%)	
Q1.3	Are you sentenced?		
	<i>Yes</i>	154 (87%)	
	<i>Yes - on recall</i>	24 (13%)	
	<i>No - awaiting trial</i>	0 (0%)	
	<i>No - awaiting sentence</i>	0 (0%)	
	<i>No - awaiting deportation</i>	0 (0%)	
Q1.4	How long is your sentence?		
	Not sentenced	0 (0%)	
	<i>Less than 6 months</i>	1 (1%)	
	<i>6 months to less than 1 year</i>	7 (4%)	
	<i>1 year to less than 2 years</i>	26 (15%)	
	<i>2 years to less than 4 years</i>	55 (32%)	
	<i>4 years to less than 10 years</i>	71 (41%)	
	<i>10 years or more</i>	10 (6%)	
	<i>IPP (indeterminate sentence for public protection)</i>	1 (1%)	
	<i>Life</i>	1 (1%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	9 (5%)	
	<i>No</i>	168 (95%)	
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	174 (99%)	
	<i>No</i>	1 (1%)	
Q1.7	Do you understand written English?		
	<i>Yes</i>	173 (99%)	
	<i>No</i>	2 (1%)	
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/Scottish/Northern Irish).....</i>	106 (60%)	<i>Asian or Asian British - Chinese..</i> 0 (0%)
	<i>White - Irish</i>	4 (2%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	4 (2%)	<i>Mixed race - white and black Caribbean</i>
	<i>Black or black British - Caribbean</i>	25 (14%)	<i>Mixed race - white and black African</i>
	<i>Black or black British - African</i>	17 (10%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 2 (1%)

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

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

Yes.....	7 (4%)
No.....	162 (96%)

Q1.10 What is your religion?

<i>None</i>	54 (31%)	<i>Hindu</i>	1 (1%)
<i>Church of England</i>	48 (28%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	27 (16%)	<i>Muslim</i>	32 (18%)
<i>Protestant</i>	0 (0%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	3 (2%)	<i>Other</i>	2 (1%)
<i>Buddhist</i>	5 (3%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	174 (99%)
<i>Homosexual/gay</i>	1 (1%)
<i>Bisexual</i>	0 (0%)

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

Yes.....	31 (18%)
No.....	143 (82%)

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

Yes.....	8 (5%)
No.....	169 (95%)

Q1.14 Is this your first time in prison?

Yes.....	60 (34%)
No.....	117 (66%)

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

Yes.....	73 (41%)
No.....	103 (59%)

Section 2: Courts, transfers and escorts

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

<i>Less than 2 hours</i>	103 (58%)
<i>2 hours or longer</i>	60 (34%)
<i>Don't remember</i>	14 (8%)

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

<i>My journey was less than two hours</i>	103 (59%)
Yes.....	53 (30%)
No.....	16 (9%)
<i>Don't remember</i>	3 (2%)

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

<i>My journey was less than two hours</i>	103 (58%)
---	-----------

Yes	5 (3%)
No.....	63 (36%)
Don't remember	6 (3%)

Q2.4 On your most recent journey here, was the van clean?

Yes	124 (70%)
No.....	46 (26%)
Don't remember	6 (3%)

Q2.5 On your most recent journey here, did you feel safe?

Yes	134 (77%)
No.....	34 (19%)
Don't remember	7 (4%)

Q2.6 On your most recent journey here, how were you treated by the escort staff?

Very well.....	35 (20%)
Well.....	78 (44%)
Neither.....	47 (27%)
Badly.....	7 (4%)
Very badly	5 (3%)
Don't remember	5 (3%)

**Q2.7 Before you arrived, were you given anything or told that you were coming here?
(Please tick all that apply to you.)**

Yes, someone told me	110 (62%)
Yes, I received written information.....	56 (31%)
No, I was not told anything.....	21 (12%)
Don't remember	1 (1%)

Q2.8 When you first arrived here did your property arrive at the same time as you?

Yes	164 (92%)
No.....	12 (7%)
Don't remember.....	2 (1%)

Section 3: Reception, first night and induction

Q3.1 How long were you in reception?

Less than 2 hours	84 (47%)
2 hours or longer.....	79 (44%)
Don't remember	15 (8%)

Q3.2 When you were searched, was this carried out in a respectful way?

Yes	147 (84%)
No	15 (9%)
Don't remember	13 (7%)

Q3.3 Overall, how were you treated in reception?

Very well.....	34 (19%)
Well.....	91 (51%)
Neither.....	39 (22%)
Badly.....	9 (5%)
Very badly	4 (2%)
Don't remember	0 (0%)

- Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|--|----------|--|----------|
| <i>Loss of property</i> | 28 (16%) | <i>Physical health</i> | 19 (11%) |
| <i>Housing problems</i> | 38 (22%) | <i>Mental health</i> | 20 (11%) |
| <i>Contacting employers</i> | 4 (2%) | <i>Needing protection from other prisoners</i> | 4 (2%) |
| <i>Contacting family</i> | 19 (11%) | <i>Getting phone numbers</i> | 27 (16%) |
| <i>Childcare</i> | 2 (1%) | <i>Other</i> | 2 (1%) |
| <i>Money worries</i> | 27 (16%) | Did not have any problems | 71 (41%) |
| <i>Feeling depressed or suicidal</i> | 13 (7%) | | |
- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|--|----------|
| Yes | 40 (23%) |
| No..... | 63 (36%) |
| Did not have any problems | 71 (41%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|---------------------------------------|-----------|
| <i>Tobacco</i> | 147 (83%) |
| <i>A shower</i> | 33 (19%) |
| <i>A free telephone call</i> | 104 (58%) |
| <i>Something to eat</i> | 126 (71%) |
| <i>PIN phone credit</i> | 127 (71%) |
| <i>Toiletries/ basic items</i> | 69 (39%) |
| Did not receive anything | 4 (2%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| <i>Chaplain</i> | 102 (60%) |
| <i>Someone from health services</i> | 130 (76%) |
| <i>A Listener/Samaritans</i> | 57 (34%) |
| <i>Prison shop/canteen</i> | 38 (22%) |
| Did not have access to any of these | 20 (12%) |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| <i>What was going to happen to you</i> | 89 (52%) |
| <i>What support was available for people feeling depressed or suicidal</i> | 71 (41%) |
| <i>How to make routine requests (applications)</i> | 90 (52%) |
| <i>Your entitlement to visits</i> | 83 (48%) |
| <i>Health services</i> | 104 (60%) |
| <i>Chaplaincy</i> | 86 (50%) |
| Not offered any information | 37 (22%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|-----------------------------|-----------|
| Yes | 147 (84%) |
| No..... | 19 (11%) |
| <i>Don't remember</i> | 10 (6%) |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- | | |
|---|-----------|
| Have not been on an induction course | 20 (11%) |
| <i>Within the first week</i> | 131 (74%) |
| <i>More than a week</i> | 20 (11%) |
| <i>Don't remember</i> | 7 (4%) |

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course..... 20 (11%)
 Yes 96 (55%)
 No..... 42 (24%)
 Don't remember 17 (10%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?
Did not receive an assessment..... 20 (12%)
 Within the first week 87 (50%)
 More than a week 45 (26%)
 Don't remember 21 (12%)

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?	22 (13%)	44 (26%)	44 (26%)	30 (18%)	8 (5%)	20 (12%)
Attend legal visits?	24 (16%)	51 (33%)	30 (19%)	7 (5%)	4 (3%)	38 (25%)
Get bail information?	9 (6%)	17 (12%)	28 (20%)	12 (9%)	14 (10%)	61 (43%)

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 28 (16%)
 Yes 67 (39%)
 No..... 78 (45%)

Q4.3 Can you get legal books in the library?
 Yes 65 (37%)
 No..... 6 (3%)
 Don't know 103 (59%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	132 (76%)	38 (22%)	4 (2%)
Are you normally able to have a shower every day?	170 (97%)	4 (2%)	2 (1%)
Do you normally receive clean sheets every week?	158 (90%)	14 (8%)	4 (2%)
Do you normally get cell cleaning materials every week?	130 (75%)	37 (21%)	6 (3%)
Is your cell call bell normally answered within five minutes?	71 (41%)	75 (43%)	29 (17%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	121 (70%)	49 (28%)	2 (1%)
If you need to, can you normally get your stored property?	30 (17%)	100 (58%)	43 (25%)

Q4.5	What is the food like here?		
	Very good.....	2	(1%)
	Good.....	26	(15%)
	Neither.....	48	(28%)
	Bad.....	44	(25%)
	Very bad.....	54	(31%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	Have not bought anything yet/don't know	5	(3%)
	Yes.....	76	(44%)
	No.....	93	(53%)
Q4.7	Can you speak to a Listener at any time if you want to?		
	Yes.....	93	(53%)
	No.....	16	(9%)
	Don't know.....	65	(37%)
Q4.8	Are your religious beliefs respected?		
	Yes.....	90	(52%)
	No.....	16	(9%)
	Don't know/N/A.....	68	(39%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?		
	Yes.....	90	(51%)
	No.....	6	(3%)
	Don't know/N/A.....	80	(45%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend	41	(24%)
	Very easy.....	34	(20%)
	Easy.....	45	(26%)
	Neither.....	13	(8%)
	Difficult.....	9	(5%)
	Very difficult.....	3	(2%)
	Don't know.....	28	(16%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	154	(89%)	
	No.....	17	(10%)	
	Don't know.....	3	(2%)	
Q5.2	Please answer the following questions about applications:			
	<i>(If you have not made an application please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are <i>applications</i> dealt with fairly?	7 (4%)	86 (52%)	71 (43%)
	Are <i>applications</i> dealt with quickly (within seven days)?	7 (5%)	68 (44%)	80 (52%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	107	(64%)	
	No.....	25	(15%)	

Don't know 36 (21%)

Q5.4 Please answer the following questions about complaints:

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

	Not made one	Yes	No
Are complaints dealt with fairly?	67 (39%)	34 (20%)	71 (41%)
Are complaints dealt with quickly (within seven days)?	67 (40%)	30 (18%)	69 (42%)

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

Yes 27 (17%)
No 136 (83%)

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

Don't know who they are 37 (23%)
Very easy 17 (10%)
Easy 33 (20%)
Neither 42 (26%)
Difficult 22 (13%)
Very difficult 13 (8%)

Section 6: Incentive and earned privileges scheme

Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is 6 (4%)
Yes 93 (54%)
No 49 (29%)
Don't know 23 (13%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is 6 (4%)
Yes 78 (47%)
No 67 (40%)
Don't know 15 (9%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?

Yes 12 (7%)
No 160 (93%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?

I have not been to segregation in the last 6 months 120 (75%)
Very well 5 (3%)
Well 11 (7%)
Neither 7 (4%)
Badly 12 (8%)
Very badly 5 (3%)

Section 7: Relationships with staff

Q7.1 Do most staff treat you with respect?

Yes 128 (75%)

	No.....	42 (25%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	125 (77%)
	No.....	38 (23%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	48 (28%)
	No.....	122 (72%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	6 (4%)
	Never.....	37 (22%)
	Rarely.....	41 (24%)
	Some of the time.....	60 (36%)
	Most of the time.....	18 (11%)
	All of the time.....	7 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	60 (36%)
	In the first week.....	49 (29%)
	More than a week.....	32 (19%)
	Don't remember.....	27 (16%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/I have not met him/her	60 (35%)
	Very helpful.....	27 (16%)
	Helpful.....	38 (22%)
	Neither.....	26 (15%)
	Not very helpful.....	9 (5%)
	Not at all helpful.....	10 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes.....	49 (29%)
	No.....	121 (71%)
Q8.2	Do you feel unsafe now?	
	Yes.....	18 (11%)
	No.....	148 (89%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	121 (72%)
	Everywhere.....	8 (5%)
	Segregation unit.....	5 (3%)
	Association areas.....	16 (10%)
	Reception area.....	2 (1%)
	At the gym.....	3 (2%)
	In an exercise yard.....	5 (3%)
	At work.....	11 (7%)
	During movement.....	20 (12%)
	At education.....	9 (5%)
	At mealtimes.....	10 (6%)
	At health services.....	5 (3%)
	Visits area.....	4 (2%)
	In wing showers.....	16 (10%)
	In gym showers.....	6 (4%)
	In corridors/stairwells.....	6 (4%)
	On your landing/wing.....	14 (8%)
	In your cell.....	8 (5%)
	At religious services.....	1 (1%)

Q8.4	Have you been victimised by other prisoners here?	
	Yes	36 (21%)
	No.....	134 (79%)
Q8.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends).....</i>	12 (7%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	14 (8%)
	<i>Sexual abuse.....</i>	0 (0%)
	<i>Feeling threatened or intimidated.....</i>	16 (9%)
	<i>Having your canteen/property taken.....</i>	5 (3%)
	<i>Medication.....</i>	6 (4%)
	<i>Debt.....</i>	9 (5%)
	<i>Drugs</i>	3 (2%)
	<i>Your race or ethnic origin</i>	2 (1%)
	<i>Your religion/religious beliefs.....</i>	2 (1%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others.....</i>	7 (4%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age.....</i>	3 (2%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here.....</i>	8 (5%)
	<i>Your offence/crime</i>	3 (2%)
	<i>Gang related issues</i>	7 (4%)
Q8.6	Have you been victimised by staff here?	
	Yes	44 (26%)
	No.....	124 (74%)
Q8.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends).....</i>	10 (6%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	4 (2%)
	<i>Sexual abuse.....</i>	2 (1%)
	<i>Feeling threatened or intimidated.....</i>	16 (10%)
	<i>Medication.....</i>	3 (2%)
	<i>Debt.....</i>	3 (2%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	7 (4%)
	<i>Your religion/religious beliefs.....</i>	5 (3%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others.....</i>	5 (3%)
	<i>You are from a Traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age.....</i>	3 (2%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here.....</i>	4 (2%)
	<i>Your offence/ crime</i>	8 (5%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	106 (70%)
	Yes.....	24 (16%)

No..... 22 (14%)

Section 9: Health services

- Q9.1 How easy or difficult is it to see the following people?**
- | | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|-------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor | 15 (9%) | 16 (10%) | 47 (29%) | 30 (18%) | 40 (25%) | 15 (9%) |
| The nurse | 12 (8%) | 26 (16%) | 72 (45%) | 29 (18%) | 15 (9%) | 6 (4%) |
| The dentist | 18 (12%) | 6 (4%) | 12 (8%) | 19 (12%) | 43 (28%) | 58 (37%) |
- Q9.2 What do you think of the quality of the health service from the following people?**
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|-------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor | 17 (10%) | 19 (12%) | 43 (27%) | 36 (22%) | 30 (19%) | 17 (10%) |
| The nurse | 13 (8%) | 22 (14%) | 59 (37%) | 37 (23%) | 17 (11%) | 10 (6%) |
| The dentist | 44 (29%) | 13 (9%) | 23 (15%) | 30 (20%) | 18 (12%) | 24 (16%) |
- Q9.3 What do you think of the overall quality of the health services here?**
- | | |
|------------------------|----------|
| <i>Not been</i> | 11 (7%) |
| <i>Very good</i> | 16 (10%) |
| <i>Good</i> | 53 (33%) |
| <i>Neither</i> | 42 (26%) |
| <i>Bad</i> | 21 (13%) |
| <i>Very bad</i> | 19 (12%) |
- Q9.4 Are you currently taking medication?**
- | | |
|-----------|-----------|
| Yes | 60 (36%) |
| No..... | 105 (64%) |
- Q9.5 If you are taking medication, are you allowed to keep some/all of it in your own cell?**
- | | |
|------------------------------------|-----------|
| <i>Not taking medication</i> | 105 (63%) |
| <i>Yes, all my meds</i> | 47 (28%) |
| <i>Yes, some of my meds</i> | 7 (4%) |
| <i>No</i> | 7 (4%) |
- Q9.6 Do you have any emotional or mental health problems?**
- | | |
|-----------|-----------|
| Yes | 42 (25%) |
| No..... | 123 (75%) |
- Q9.7 Are you being helped/supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?**
- | | |
|--|-----------|
| <i>Do not have any emotional or mental health problems</i> | 123 (75%) |
| Yes | 27 (17%) |
| No..... | 13 (8%) |

Section 10: Drugs and alcohol

- Q10.1 Did you have a problem with drugs when you came into this prison?**
- | | |
|-----------|-----------|
| Yes | 35 (21%) |
| No..... | 134 (79%) |
- Q10.2 Did you have a problem with alcohol when you came into this prison?**
- | | |
|-----------|-----------|
| Yes | 26 (15%) |
| No..... | 142 (85%) |

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	30 (18%)
	<i>Easy</i>	12 (7%)
	<i>Neither</i>	17 (10%)
	<i>Difficult</i>	5 (3%)
	<i>Very difficult</i>	12 (7%)
	<i>Don't know</i>	93 (55%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	13 (8%)
	<i>Easy</i>	10 (6%)
	<i>Neither</i>	16 (9%)
	<i>Difficult</i>	8 (5%)
	<i>Very difficult</i>	14 (8%)
	<i>Don't know</i>	108 (64%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	10 (6%)
	<i>No</i>	159 (94%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	3 (2%)
	<i>No</i>	165 (98%)
Q10.7	Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not/do not have a drug problem</i>	128 (79%)
	<i>Yes</i>	26 (16%)
	<i>No</i>	9 (6%)
Q10.8	Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	142 (88%)
	<i>Yes</i>	15 (9%)
	<i>No</i>	5 (3%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/did not receive help</i>	129 (79%)
	<i>Yes</i>	29 (18%)
	<i>No</i>	5 (3%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	
						<i>Very difficult</i>	
	Prison job	10 (6%)	29 (17%)	61 (37%)	18 (11%)	36 (22%)	12 (7%)
	Vocational or skills training	29 (19%)	16 (10%)	52 (33%)	19 (12%)	26 (17%)	14 (9%)
	Education (including basic skills)	25 (16%)	22 (14%)	68 (43%)	22 (14%)	15 (9%)	7 (4%)

Offending behaviour programmes	44 (29%)	14 (9%)	33 (21%)	23 (15%)	24 (16%)	16 (10%)
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Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

Not involved in any of these	28 (17%)
Prison job	109 (66%)
Vocational or skills training.....	30 (18%)
Education (including basic skills).....	42 (25%)
Offending behaviour programmes.....	14 (8%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	22 (15%)	46 (32%)	63 (44%)	12 (8%)
Vocational or skills training	39 (35%)	44 (39%)	19 (17%)	10 (9%)
Education (including basic skills)	32 (27%)	61 (52%)	19 (16%)	6 (5%)
Offending behaviour programmes	41 (38%)	39 (36%)	16 (15%)	12 (11%)

Q11.4 How often do you usually go to the library?

Don't want to go	30 (18%)
Never.....	60 (36%)
Less than once a week.....	35 (21%)
About once a week.....	31 (19%)
More than once a week.....	9 (5%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

Don't use it	70 (42%)
Yes.....	63 (38%)
No.....	32 (19%)

Q11.6 How many times do you usually go to the gym each week?

Don't want to go	23 (14%)
0.....	16 (10%)
1 to 2.....	65 (39%)
3 to 5.....	56 (34%)
More than 5.....	6 (4%)

Q11.7 How many times do you usually go outside for exercise each week?

Don't want to go	39 (24%)
0.....	33 (20%)
1 to 2.....	45 (27%)
3 to 5.....	24 (15%)
More than 5.....	23 (14%)

Q11.8 How many times do you usually have association each week?

Don't want to go	6 (4%)
0.....	5 (3%)
1 to 2.....	6 (4%)
3 to 5.....	78 (48%)
More than 5.....	67 (41%)

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

Less than 2 hours	10 (6%)
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2 to less than 4 hours.....	17 (10%)
4 to less than 6 hours.....	36 (22%)
6 to less than 8 hours.....	43 (26%)
8 to less than 10 hours.....	24 (15%)
10 hours or more.....	14 (8%)
Don't know	21 (13%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	61 (37%)
	No.....	102 (63%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	98 (60%)
	No.....	66 (40%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	32 (20%)
	No.....	132 (80%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	14 (9%)
	Very easy	17 (10%)
	Easy.....	46 (28%)
	Neither.....	27 (17%)
	Difficult.....	32 (20%)
	Very difficult.....	21 (13%)
	Don't know	5 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	0 (0%)
	Yes	130 (83%)
	No.....	27 (17%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	Not sentenced/N/A	27 (17%)
	No contact.....	50 (31%)
	Letter.....	48 (30%)
	Phone	25 (16%)
	Visit	35 (22%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	103 (66%)
	No.....	53 (34%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	0 (0%)
	Yes.....	113 (69%)

No..... 50 (31%)

Q13.5 How involved were you in the development of your sentence plan?
Do not have a sentence plan/not sentenced..... 50 (31%)
 Very involved..... 31 (19%)
 Involved..... 38 (24%)
 Neither..... 13 (8%)
 Not very involved..... 8 (5%)
 Not at all involved..... 21 (13%)

Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)
Do not have a sentence plan/ not sentenced..... 50 (32%)
 Nobody..... 52 (33%)
 Offender supervisor..... 40 (26%)
 Offender manager..... 30 (19%)
 Named/ personal officer..... 10 (6%)
 Staff from other departments..... 14 (9%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?
Do not have a sentence plan/not sentenced..... 50 (31%)
 Yes..... 76 (48%)
 No..... 17 (11%)
 Don't know..... 16 (10%)

Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?
Do not have a sentence plan/not sentenced..... 50 (31%)
 Yes..... 15 (9%)
 No..... 68 (42%)
 Don't know..... 28 (17%)

Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?
Do not have a sentence plan/not sentenced..... 50 (31%)
 Yes..... 37 (23%)
 No..... 34 (21%)
 Don't know..... 40 (25%)

Q13.10 Do you have a needs based custody plan?
 Yes..... 9 (6%)
 No..... 76 (47%)
 Don't know..... 76 (47%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
 Yes..... 25 (16%)
 No..... 134 (84%)

Q13.12 Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)

	<i>Do not need help</i>	Yes	No
Employment	33 (22%)	42 (28%)	77 (51%)
Accommodation	36 (24%)	41 (27%)	75 (49%)
Benefits	33 (22%)	39 (26%)	78 (52%)
Finances	34 (23%)	29 (20%)	83 (57%)
Education	36 (25%)	35 (25%)	71 (50%)

Drugs and alcohol 45 (31%) 41 (29%) 57 (40%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced 0 (0%)
Yes 87 (54%)
No 74 (46%)

Main comparator and comparator to last time



Prisoner survey responses HMP Rochester 2012

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

Key to tables

	Any percentage highlighted in green is significantly better	HMP Rochester 2012	Category C training prisons comparator
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		178	6164
SECTION 1: General information			
1.2	Are you under 21 years of age?	29%	2%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	14%	9%
1.4	Is your sentence less than 12 months?	5%	6%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	10%
1.5	Are you a foreign national?	5%	11%
1.6	Do you understand spoken English?	99%	99%
1.7	Do you understand written English?	99%	98%
1.8	Are you from a minority ethnic group (Including all those who did not tick white British, white Irish or white other categories)?	36%	25%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%
1.1	Are you Muslim?	19%	12%
1.11	Are you homosexual/gay or bisexual?	1%	3%
1.12	Do you consider yourself to have a disability?	18%	17%
1.13	Are you a veteran (ex-armed services)?	5%	6%
1.14	Is this your first time in prison?	34%	37%
1.15	Do you have any children under the age of 18?	42%	52%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	34%	45%
For those who spent two or more hours in the escort van:			
2.2	Were you offered anything to eat or drink?	74%	70%
2.3	Were you offered a toilet break?	7%	9%
2.4	Was the van clean?	70%	67%
2.5	Did you feel safe?	77%	81%
2.6	Were you treated well/very well by the escort staff?	64%	68%
2.7	Before you arrived here were you told that you were coming here?	62%	61%
2.7	Before you arrived here did you receive any written information about coming here?	31%	18%
2.8	When you first arrived here did your property arrive at the same time as you?	92%	89%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	47%	54%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	82%
3.3	Were you treated well/very well in reception?	71%	72%
	When you first arrived:		
3.4	Did you have any problems?	59%	61%
3.4	Did you have any problems with loss of property?	16%	17%
3.4	Did you have any housing problems?	22%	15%
3.4	Did you have any problems contacting employers?	2%	3%
3.4	Did you have any problems contacting family?	11%	21%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	3%
3.4	Did you have any money worries?	16%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	7%	13%
3.4	Did you have any physical health problems?	11%	11%
3.4	Did you have any mental health problems?	12%	11%
3.4	Did you have any problems with needing protection from other prisoners?	2%	4%
3.4	Did you have problems accessing phone numbers?	16%	19%
	For those with problems:		
3.5	Did you receive any help/ support from staff in dealing with these problems?	39%	39%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	83%	79%
3.6	A shower?	19%	33%
3.6	A free telephone call?	58%	43%
3.6	Something to eat?	71%	69%
3.6	PIN phone credit?	71%	53%
3.6	Toiletries/ basic items?	39%	46%

Key to tables

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	60%	53%
3.7	Someone from health services?	77%	72%
3.7	A Listener/Samaritans?	34%	34%
3.7	Prison shop/ canteen?	22%	17%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	52%	53%
3.8	Support was available for people feeling depressed or suicidal?	41%	46%
3.8	How to make routine requests?	52%	45%
3.8	Your entitlement to visits?	48%	46%
3.8	Health services?	61%	57%
3.8	The chaplaincy?	50%	51%
3.9	Did you feel safe on your first night here?	84%	83%
3.10	Have you been on an induction course?	89%	93%
	For those who have been on an induction course:		
3.11	Did the course cover everything you needed to know about the prison?	62%	66%
3.12	Did you receive an education (skills for life) assessment?	88%	85%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	39%	49%
4.1	Attend legal visits?	49%	53%
4.1	Get bail information?	18%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	41%
4.3	Can you get legal books in the library?	37%	45%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	76%	64%
4.4	Are you normally able to have a shower every day?	97%	92%
4.4	Do you normally receive clean sheets every week?	90%	81%
4.4	Do you normally get cell cleaning materials every week?	75%	75%
4.4	Is your cell call bell normally answered within five minutes?	41%	41%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	71%
4.4	Can you normally get your stored property, if you need to?	17%	29%
4.5	Is the food in this prison good/very good?	16%	29%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	54%	58%
4.8	Are your religious beliefs are respected?	52%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	59%
4.10	Is it easy/very easy to attend religious services?	46%	53%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	88%	85%
	For those who have made an application:		
5.2	Do you feel applications are dealt with fairly?	55%	62%
5.2	Do you feel applications are dealt with quickly (within seven days)?	46%	52%
5.3	Is it easy to make a complaint?	64%	63%
	For those who have made a complaint:		
5.4	Do you feel complaints are dealt with fairly?	32%	34%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	30%	39%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%	17%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	31%	31%
SECTION 6: Incentives and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	5%
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/ well by staff?	40%	43%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	75%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	30%
7.4	Do staff normally speak to you most of the time/all of the time during association?	15%	21%
7.5	Do you have a personal officer?	64%	75%
	For those with a personal officer:		
7.6	Do you think your personal officer is helpful/very helpful?	59%	64%

Main comparator and comparator to last time

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	29%	31%
8.2	Do you feel unsafe now?	11%	13%
8.4	Have you been victimised by other prisoners here?	21%	20%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	7%	9%
8.5	Hit, kicked or assaulted you?	8%	5%
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	9%	12%
8.5	Taken your canteen/property?	3%	4%
8.5	Victimised you because of medication?	4%	3%
8.5	Victimised you because of debt?	5%	3%
8.5	Victimised you because of drugs?	2%	2%
8.5	Victimised you because of your race or ethnic origin?	1%	3%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%
8.5	Victimised you because of your nationality?	2%	2%
8.5	Victimised you because you were from a different part of the country?	4%	4%
8.5	Victimised you because you are from a Traveller community?	1%	1%
8.5	Victimised you because of your sexual orientation?	1%	1%
8.5	Victimised you because of your age?	2%	2%
8.5	Victimised you because you have a disability?	2%	2%
8.5	Victimised you because you were new here?	5%	4%
8.5	Victimised you because of your offence/crime?	2%	4%
8.5	Victimised you because of gang related issues?	4%	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 8: Safety continued			
8.6	Have you been victimised by staff here?	26%	25%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	6%	10%
8.7	Hit, kicked or assaulted you?	3%	2%
8.7	Sexually abused you?	1%	1%
8.7	Threatened or intimidated you?	10%	11%
8.7	Victimised you because of medication?	2%	3%
8.7	Victimised you because of debt?	2%	2%
8.7	Victimised you because of drugs?	1%	3%
8.7	Victimised you because of your race or ethnic origin?	4%	5%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%
8.7	Victimised you because of your nationality?	2%	3%
8.7	Victimised you because you were from a different part of the country?	3%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%
8.7	Victimised you because of your age?	2%	2%
8.7	Victimised you because you have a disability?	2%	2%
8.7	Victimised you because you were new here?	3%	4%
8.7	Victimised you because of your offence/crime?	5%	4%
8.7	Victimised you because of gang related issues?	2%	2%
	For those who have been victimised by staff or other prisoners:		
8.8	Did you report any victimisation that you have experienced?	52%	38%

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 9: Health services			
9.1	Is it easy/very easy to see the doctor?	39%	35%
9.1	Is it easy/very easy to see the nurse?	61%	58%
9.1	Is it easy/very easy to see the dentist?	12%	14%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:		
9.2	The doctor?	43%	50%
9.2	The nurse?	56%	62%
9.2	The dentist?	33%	43%
9.3	The overall quality of health services?	46%	45%
9.4	Are you currently taking medication?	36%	46%
	For those currently taking medication:		
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	89%	86%
9.6	Do you have any emotional well being or mental health problems?	25%	25%
	For those who have problems:		
9.7	Are you being helped or supported by anyone in this prison?	68%	50%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	21%	23%
10.2	Did you have a problem with alcohol when you came into this prison?	15%	17%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	29%
10.4	Is it easy/very easy to get alcohol in this prison?	14%	18%
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	2%	6%
	For those with drug or alcohol problems:		
10.7	Have you received any support or help with your drug problem while in this prison?	74%	63%
10.8	Have you received any support or help with your alcohol problem while in this prison?	75%	62%
	For those who have received help or support with their drug or alcohol problem:		
10.9	Was the support helpful?	85%	81%

Main comparator and comparator to last time

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Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities		
Is it very easy/ easy to get into the following activities:		
11.1 A prison job?	54%	43%
11.1 Vocational or skills training?	44%	37%
11.1 Education (including basic skills)?	57%	50%
11.1 Offending behaviour programmes?	31%	20%
Are you currently involved in any of the following activities:		
11.2 A prison job?	66%	61%
11.2 Vocational or skills training?	18%	18%
11.2 Education (including basic skills)?	25%	29%
11.2 Offending behaviour programmes?	9%	14%
11.3 Have you had a job while in this prison?	85%	84%
For those who have had a prison job while in this prison:		
11.3 Do you feel the job will help you on release?	38%	44%
11.3 Have you been involved in vocational or skills training while in this prison?	65%	76%
For those who have had vocational or skills training while in this prison:		
11.3 Do you feel the vocational or skills training will help you on release?	60%	61%
11.3 Have you been involved in education while in this prison?	73%	81%
For those who have been involved in education while in this prison:		
11.3 Do you feel the education will help you on release?	71%	63%
11.3 Have you been involved in offending behaviour programmes while in this prison?	62%	73%
For those who have been involved in offending behaviour programmes while in this prison:		
11.3 Do you feel the offending behaviour programme(s) will help you on release?	58%	55%
11.4 Do you go to the library at least once a week?	24%	50%
11.5 Does the library have a wide enough range of materials to meet your needs?	38%	50%
11.6 Do you go to the gym three or more times a week?	37%	38%
11.7 Do you go outside for exercise three or more times a week?	29%	47%
11.8 Do you go on association more than five times each week?	41%	78%
11.9 Do you spend ten or more hours out of your cell on a weekday?	9%	15%
SECTION 12: Friends and family		
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	37%	36%
12.2 Have you had any problems with sending or receiving mail?	60%	44%
12.3 Have you had any problems getting access to the telephones?	20%	26%
12.4 Is it easy/ very easy for your friends and family to get here?	39%	25%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference		
SECTION 13: Preparation for release			
For those who are sentenced:			
13.1	Do you have a named offender manager (home probation officer) in the probation service?	83%	83%
For those who are sentenced what type of contact have you had with your offender manager:			
13.2	No contact?	38%	33%
13.2	Contact by letter?	36%	37%
13.2	Contact by phone?	19%	24%
13.2	Contact by visit?	27%	35%
13.3	Do you have a named offender supervisor in this prison?	66%	68%
For those who are sentenced:			
13.4	Do you have a sentence plan?	69%	72%
For those with a sentence plan:			
13.5	Were you involved/very involved in the development of your plan?	62%	56%
Who is working with you to achieve your sentence plan targets:			
13.6	Nobody?	48%	45%
13.6	Offender supervisor?	38%	35%
13.6	Offender manager?	28%	27%
13.6	Named/ personal officer?	9%	14%
13.6	Staff from other departments?	13%	18%
For those with a sentence plan:			
13.7	Can you achieve any of your sentence plan targets in this prison?	70%	68%
13.8	Are there plans for you to achieve any of your targets in another prison?	13%	21%
13.9	Are there plans for you to achieve any of your targets in the community?	33%	28%
13.10	Do you have a needs based custody plan?	6%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	18%
For those that need help do you know of anyone in this prison who can help you on release with the following:			
13.12	Employment?	35%	36%
13.12	Accommodation?	35%	41%
13.12	Benefits?	33%	42%
13.12	Finances?	26%	30%
13.12	Education?	33%	39%
13.12	Drugs and alcohol?	42%	46%
For those who are sentenced:			
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	54%	56%

Diversity analysis



Key question responses (ethnicity and religion) HMP Rochester 2012

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		63	114	32	141
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	11%	2%	19%	2%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	98%	99%	100%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			91%	24%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	6%	0%	5%
1.1	Are you Muslim?	46%	3%		
1.12	Do you consider yourself to have a disability?	18%	18%	16%	19%
1.13	Are you a veteran (ex-armed services)?	2%	6%	3%	5%
1.14	Is this your first time in prison?	27%	38%	35%	33%
2.6	Were you treated well/very well by the escort staff?	57%	68%	38%	70%
2.7	Before you arrived here were you told that you were coming here?	54%	67%	47%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	89%	60%	90%
3.3	Were you treated well/very well in reception?	67%	73%	60%	73%
3.4	Did you have any problems when you first arrived?	66%	55%	74%	56%
3.7	Did you have access to someone from health care when you first arrived here?	68%	81%	58%	81%
3.9	Did you feel safe on your first night here?	81%	85%	69%	87%
3.10	Have you been on an induction course?	86%	91%	81%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	42%	28%	42%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	69%	80%	61%	79%
4.4	Are you normally able to have a shower every day?	98%	96%	97%	97%
4.4	Is your cell call bell normally answered within five minutes?	38%	42%	33%	42%
4.5	Is the food in this prison good/very good?	8%	21%	6%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	33%	50%	23%	49%
4.7	Are you able to speak to a Listener at any time if you want to?	43%	59%	32%	58%
4.8	Do you feel your religious beliefs are respected?	56%	49%	60%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	44%	65%	48%
5.1	Is it easy to make an application?	87%	89%	78%	91%
5.3	Is it easy to make a complaint?	63%	64%	57%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	55%	54%	40%	57%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	50%	31%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	8%	10%	7%
7.1	Do most staff, in this prison, treat you with respect?	69%	79%	57%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	80%	73%	78%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	14%	16%	11%	16%
7.4	Do you have a personal officer?	69%	62%	69%	63%
8.1	Have you ever felt unsafe here?	22%	33%	21%	30%
8.2	Do you feel unsafe now?	5%	14%	7%	12%
8.3	Have you been victimised by other prisoners?	15%	25%	14%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	2%	14%	4%	10%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%	0%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	3%	0%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	3%	0%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	24%	28%	47%	22%
8.7	Have you ever felt threatened or intimidated by staff here?	2%	14%	4%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	1%	22%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	1%	15%	1%
8.7	Have you been victimised because of your nationality? (By staff)	3%	1%	7%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	3%	0%	2%
9.1	Is it easy/very easy to see the doctor?	46%	35%	31%	41%
9.1	Is it easy/ very easy to see the nurse?	63%	61%	54%	64%
9.4	Are you currently taking medication?	28%	41%	26%	38%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	12%	33%	7%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	26%	25%	25%	25%
11.2	Are you currently working in the prison?	61%	69%	68%	65%
11.2	Are you currently undertaking vocational or skills training?	17%	18%	28%	16%
11.2	Are you currently in education (including basic skills)?	33%	21%	25%	26%
11.2	Are you currently taking part in an offending behaviour programme?	7%	9%	11%	8%
11.4	Do you go to the library at least once a week?	28%	21%	22%	25%
11.6	do you go to the gym three or more times a week?	37%	38%	37%	38%
11.7	Do you go outside for exercise three or more times a week?	31%	27%	37%	27%
11.8	On average, do you go on association more than five times each week?	44%	41%	41%	42%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	7%	9%	12%	8%
12.2	Have you had any problems sending or receiving mail?	55%	63%	64%	59%
12.3	Have you had any problems getting access to the telephones?	16%	21%	17%	20%

Diversity Analysis



Key question responses (disability, under 21) HMP Rochester 2012

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners under the age of 21	Prisoners aged 21 and over
	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		31	143		51	127
1.3	Are you sentenced?	100%	100%		100%	100%
1.5	Are you a foreign national?	0%	6%		6%	5%
1.6	Do you understand spoken English?	100%	99%		100%	99%
1.7	Do you understand written English?	100%	99%		100%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	35%	36%		34%	37%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	16%	1%		4%	4%
1.1	Are you Muslim?	16%	19%		18%	19%
1.12	Do you consider yourself to have a disability?				16%	19%
1.13	Are you a veteran (ex-armed services)?	6%	4%		2%	6%
1.14	Is this your first time in prison?	26%	36%		49%	28%
2.6	Were you treated well/very well by the escort staff?	68%	63%		61%	65%
2.7	Before you arrived here were you told that you were coming here?	55%	63%		55%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	86%		78%	87%
3.3	Were you treated well/very well in reception?	78%	70%		72%	70%
3.4	Did you have any problems when you first arrived?	87%	53%		60%	59%
3.7	Did you have access to someone from health care when you first arrived here?	77%	77%		73%	78%
3.9	Did you feel safe on your first night here?	69%	87%		82%	84%
3.10	Have you been on an induction course?	87%	90%		88%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	22%	43%		37%	40%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	68%	78%	78%	75%
4.4	Are you normally able to have a shower every day?	97%	97%	96%	97%
4.4	Is your cell call bell normally answered within five minutes?	45%	39%	42%	40%
4.5	Is the food in this prison good/very good?	17%	16%	14%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	44%	53%	40%
4.7	Are you able to speak to a Listener at any time if you want to?	52%	53%	62%	50%
4.8	Do you feel your religious beliefs are respected?	61%	49%	53%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	48%	45%	54%
5.1	Is it easy to make an application?	87%	89%	88%	89%
5.3	Is it easy to make a complaint?	72%	63%	58%	66%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	55%	43%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	49%	52%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	7%	8%	7%
7.1	Do most staff, in this prison, treat you with respect?	71%	76%	69%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	76%	77%	79%	76%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	23%	13%	10%	17%
7.4	Do you have a personal officer?	61%	65%	59%	66%
8.1	Have you ever felt unsafe here?	42%	27%	23%	31%
8.2	Do you feel unsafe now?	21%	9%	6%	13%
8.3	Have you been victimised by other prisoners?	35%	18%	17%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	26%	6%	13%	8%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	1%	2%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	0%	4%	0%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	1%	2%	2%
8.5	Have you been victimised because of your age? (By prisoners)	6%	1%	2%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	10%	0%	0%	3%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	27%	26%	25%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	8%	9%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	5%	4%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	3%	6%	2%
8.7	Have you been victimised because of your nationality? (By staff)	4%	1%	2%	2%
8.7	Have you been victimised because of your age? (By staff)	4%	1%	6%	0%
8.7	Have you been victimised because you have a disability? (By staff)	10%	0%	0%	3%
9.1	Is it easy/very easy to see the doctor?	27%	41%	40%	38%
9.1	Is it easy/ very easy to see the nurse?	49%	65%	62%	61%
9.4	Are you currently taking medication?	67%	30%	23%	42%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	66%	17%	30%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	30%	25%	13%	30%
11.2	Are you currently working in the prison?	78%	64%	47%	73%
11.2	Are you currently undertaking vocational or skills training?	13%	18%	11%	22%
11.2	Are you currently in education (including basic skills)?	22%	27%	30%	24%
11.2	Are you currently taking part in an offending behaviour programme?	16%	7%	9%	8%
11.4	Do you go to the library at least once a week?	31%	23%	23%	25%
11.6	Do you go to the gym three or more times a week?	28%	40%	34%	39%
11.7	Do you go outside for exercise three or more times a week?	34%	27%	32%	27%
11.8	On average, do you go on association more than five times each week?	41%	42%	53%	37%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	15%	7%	9%	8%
12.2	Have you had any problems sending or receiving mail?	62%	60%	62%	59%
12.3	Have you had any problems getting access to the telephones?	31%	17%	21%	19%

Main comparator and comparator to last time



Prisoner survey responses HMP Rochester 2012

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

Key to tables

		HMP Rochester Prisoners under the age of 21	Young adult prisons comparator
	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		51	1878
SECTION 1: General information			
1.2	Are you under 21 years of age?	100%	83%
1.3	Are you sentenced?	100%	86%
1.3	Are you on recall?	14%	6%
1.4	Is your sentence less than 12 months?	13%	31%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	7%
1.5	Are you a foreign national?	6%	12%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	34%	38%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%
1.1	Are you Muslim?	18%	18%
1.11	Are you homosexual/gay or bisexual?	0%	2%
1.12	Do you consider yourself to have a disability?	16%	10%
1.13	Are you a veteran (ex-armed services)?	2%	4%
1.14	Is this your first time in prison?	49%	44%
1.15	Do you have any children under the age of 18?	18%	23%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	35%	37%
For those who spent two or more hours in the escort van:			
2.2	Were you offered anything to eat or drink?	81%	61%
2.3	Were you offered a toilet break?	14%	9%
2.4	Was the van clean?	63%	62%
2.5	Did you feel safe?	78%	85%
2.6	Were you treated well/very well by the escort staff?	61%	63%
2.7	Before you arrived here were you told that you were coming here?	55%	83%
2.7	Before you arrived here did you receive any written information about coming here?	41%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	96%	86%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Rochester Prisoners under the age of 21	Young adult prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	51%	84%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	77%
3.3	Were you treated well/very well in reception?	72%	59%
	When you first arrived:		
3.4	Did you have any problems?	60%	60%
3.4	Did you have any problems with loss of property?	12%	14%
3.4	Did you have any housing problems?	20%	18%
3.4	Did you have any problems contacting employers?	2%	6%
3.4	Did you have any problems contacting family?	12%	24%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	3%
3.4	Did you have any money worries?	20%	19%
3.4	Did you have any problems with feeling depressed or suicidal?	10%	12%
3.4	Did you have any physical health problems?	2%	1%
3.4	Did you have any mental health problems?	12%	3%
3.4	Did you have any problems with needing protection from other prisoners?	2%	8%
3.4	Did you have problems accessing phone numbers?	18%	20%
	For those with problems:		
3.5	Did you receive any help/ support from staff in dealing with these problems?	29%	30%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	92%	90%
3.6	A shower?	20%	43%
3.6	A free telephone call?	67%	64%
3.6	Something to eat?	72%	75%
3.6	PIN phone credit?	72%	50%
3.6	Toiletries/basic items?	47%	34%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Rochester Prisoners under the age of 21	Young adult prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
When you first arrived here did you have access to the following people:			
3.7	The chaplain or a religious leader?	58%	59%
3.7	Someone from health services?	73%	75%
3.7	A Listener/Samaritans?	42%	26%
3.7	Prison shop/canteen?	19%	11%
When you first arrived here were you offered information about any of the following:			
3.8	What was going to happen to you?	52%	50%
3.8	Support was available for people feeling depressed or suicidal?	54%	49%
3.8	How to make routine requests?	58%	41%
3.8	Your entitlement to visits?	58%	52%
3.8	Health services?	66%	60%
3.8	The chaplaincy?	58%	52%
3.9	Did you feel safe on your first night here?	82%	77%
3.10	Have you been on an induction course?	88%	90%
For those who have been on an induction course:			
3.11	Did the course cover everything you needed to know about the prison?	68%	57%
3.12	Did you receive an education (skills for life) assessment?	86%	67%
SECTION 4: Legal rights and respectful custody			
In terms of your legal rights, is it easy/very easy to:			
4.1	Communicate with your solicitor or legal representative?	37%	38%
4.1	Attend legal visits?	54%	49%
4.1	Get bail information?	26%	20%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	34%	38%
4.3	Can you get legal books in the library?	28%	35%
For the wing/unit you are currently on:			
4.4	Are you normally offered enough clean, suitable clothes for the week?	78%	52%
4.4	Are you normally able to have a shower every day?	96%	70%
4.4	Do you normally receive clean sheets every week?	94%	75%
4.4	Do you normally get cell cleaning materials every week?	74%	58%
4.4	Is your cell call bell normally answered within five minutes?	42%	41%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	57%
4.4	Can you normally get your stored property if you need to?	21%	35%
4.5	Is the food in this prison good/very good?	14%	24%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	41%
4.7	Are you able to speak to a Listener at any time if you want to?	62%	43%
4.8	Are your religious beliefs are respected?	53%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	45%	58%
4.10	Is it easy/very easy to attend religious services?	52%	60%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Rochester Prisoners under the age of 21	Young adult prisons comparator	
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 5: Applications and complaints			
5.1	Is it easy to make an application?	88%	83%
	For those who have made an application:		
5.2	Do you feel applications are dealt with fairly?	53%	59%
5.2	Do you feel applications are dealt with quickly (within seven days)?	53%	46%
5.3	Is it easy to make a complaint?	58%	71%
	For those who have made a complaint:		
5.4	Do you feel complaints are dealt with fairly?	21%	33%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	17%	41%
5.5	Have you ever been prevented from making a complaint when you wanted to?	13%	14%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	23%	24%
SECTION 6: Incentives and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	55%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	16%
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/ well by staff?	0%	55%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	69%	66%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	79%	71%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	25%	33%
7.4	Do staff normally speak to you most of the time/all of the time during association?	10%	21%
7.5	Do you have a personal officer?	59%	73%
	For those with a personal officer:		
7.6	Do you think your personal officer is helpful/very helpful?	62%	59%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Rochester Prisoners under the age of 21	Young adult prisons comparator
	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 8: Safety			
8.1	Have you ever felt unsafe here?	23%	36%
8.2	Do you feel unsafe now?	6%	15%
8.4	Have you been victimised by other prisoners here?	17%	21%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	6%	11%
8.5	Hit, kicked or assaulted you?	9%	8%
8.5	Sexually abused you?	0%	2%
8.5	Threatened or intimidated you?	13%	8%
8.5	Taken your canteen/property?	4%	6%
8.5	Victimised you because of medication?	9%	3%
8.5	Victimised you because of debt?	0%	3%
8.5	Victimised you because of drugs?	0%	2%
8.5	Victimised you because of your race or ethnic origin?	2%	3%
8.5	Victimised you because of your religion/religious beliefs?	4%	2%
8.5	Victimised you because of your nationality?	2%	2%
8.5	Victimised you because you were from a different part of the country?	2%	6%
8.5	Victimised you because you are from a Traveller community?	2%	1%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	2%	1%
8.5	Victimised you because you have a disability?	0%	2%
8.5	Victimised you because you were new here?	4%	7%
8.5	Victimised you because of your offence/crime?	2%	4%
8.5	Victimised you because of gang related issues?	6%	5%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Rochester Prisoners under the age of 21	Young adult prisons comparator
	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 8: Safety continued			
8.6	Have you been victimised by staff here?	25%	26%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	6%	13%
8.7	Hit, kicked or assaulted you?	4%	5%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	9%	15%
8.7	Victimised you because of medication?	2%	4%
8.7	Victimised you because of debt?	2%	1%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	4%	6%
8.7	Victimised you because of your religion/religious beliefs?	6%	4%
8.7	Victimised you because of your nationality?	2%	3%
8.7	Victimised you because you were from a different part of the country?	4%	5%
8.7	Victimised you because you are from a Traveller community?	2%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	6%	2%
8.7	Victimised you because you have a disability?	0%	2%
8.7	Victimised you because you were new here?	0%	6%
8.7	Victimised you because of your offence/crime?	6%	4%
8.7	Victimised you because of gang related issues?	0%	3%
	For those who have been victimised by staff or other prisoners:		
8.8	Did you report any victimisation that you have experienced?	50%	34%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Rochester Prisoners under the age of 21	Young adult prisons comparator
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 9: Health services		
9.1 Is it easy/very easy to see the doctor?	40%	43%
9.1 Is it easy/very easy to see the nurse?	62%	62%
9.1 Is it easy/very easy to see the dentist?	18%	18%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:		
9.2 The doctor?	46%	61%
9.2 The nurse?	51%	65%
9.2 The dentist?	34%	45%
9.3 The overall quality of health services?	48%	54%
9.4 Are you currently taking medication?	23%	23%
For those currently taking medication:		
9.5 Are you allowed to keep possession of some or all of your medication in your own cell?	90%	86%
9.6 Do you have any emotional well being or mental health problems?	30%	21%
For those who have problems:		
9.7 Are you being helped or supported by anyone in this prison?	78%	38%
SECTION 10: Drugs and alcohol		
10.1 Did you have a problem with drugs when you came into this prison?	21%	28%
10.2 Did you have a problem with alcohol when you came into this prison?	13%	23%
10.3 Is it easy/very easy to get illegal drugs in this prison?	13%	18%
10.4 Is it easy/very easy to get alcohol in this prison?	9%	14%
10.5 Have you developed a problem with drugs since you have been in this prison?	0%	4%
10.6 Have you developed a problem with diverted medication since you have been in this prison?	0%	2%
For those with drug or alcohol problems:		
10.7 Have you received any support or help with your drug problem while in this prison?	78%	78%
10.8 Have you received any support or help with your alcohol problem while in this prison?	61%	100%
For those who have received help or support with their drug or alcohol problem:		
10.9 Was the support helpful?	100%	82%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Rochester Prisoners under the age of 21	Young adult prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	50%	53%
11.1	Vocational or skills training?	47%	56%
11.1	Education (including basic skills)?	59%	65%
11.1	Offending behaviour programmes?	35%	47%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	47%	36%
11.2	Vocational or skills training?	11%	20%
11.2	Education (including basic skills)?	30%	39%
11.2	Offending behaviour programmes?	9%	10%
11.3	Have you had a job while in this prison?	71%	73%
	For those who have had a prison job while in this prison:		
11.3	Do you feel the job will help you on release?	34%	52%
11.3	Have you been involved in vocational or skills training while in this prison?	58%	71%
	For those who have had vocational or skills training while in this prison:		
11.3	Do you feel the vocational or skills training will help you on release?	59%	67%
11.3	Have you been involved in education while in this prison?	72%	85%
	For those who have been involved in education while in this prison:		
11.3	Do you feel the education will help you on release?	64%	69%
11.3	Have you been involved in offending behaviour programmes while in this prison?	55%	66%
	For those who have been involved in offending behaviour programmes while in this prison:		
11.3	Do you feel the offending behaviour programme(s) will help you on release?	62%	54%
11.4	Do you go to the library at least once a week?	23%	39%
11.5	Does the library have a wide enough range of materials to meet your needs?	34%	50%
11.6	Do you go to the gym three or more times a week?	34%	25%
11.7	Do you go outside for exercise three or more times a week?	32%	47%
11.8	Do you go on association more than five times each week?	53%	50%
11.9	Do you spend ten or more hours out of your cell on a weekday?	9%	8%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	45%	44%
12.2	Have you had any problems with sending or receiving mail?	62%	52%
12.3	Have you had any problems getting access to the telephones?	21%	34%
12.4	Is it easy/ very easy for your friends and family to get here?	43%	47%

Main comparator and comparator to last time

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SECTION 13: Preparation for release			
For those who are sentenced:			
13.1	Do you have a named offender manager (home probation officer) in the probation service?	77%	87%
For those who are sentenced what type of contact have you had with your offender manager:			
13.2	No contact?	50%	31%
13.2	Contact by letter?	28%	32%
13.2	Contact by phone?	8%	25%
13.2	Contact by visit?	25%	37%
13.3	Do you have a named offender supervisor in this prison?	52%	85%
For those who are sentenced:			
13.4	Do you have a sentence plan?	66%	64%
For those with a sentence plan:			
13.5	Were you involved/very involved in the development of your plan?	59%	61%
Who is working with you to achieve your sentence plan targets:			
13.6	Nobody?	50%	34%
13.6	Offender supervisor?	32%	50%
13.6	Offender manager?	36%	33%
13.6	Named/personal officer?	11%	25%
13.6	Staff from other departments?	7%	15%
For those with a sentence plan:			
13.7	Can you achieve any of your sentence plan targets in this prison?	76%	80%
13.8	Are there plans for you to achieve any of your targets in another prison?	11%	16%
13.9	Are there plans for you to achieve any of your targets in the community?	31%	25%
13.10	Do you have a needs based custody plan?	7%	4%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	19%
For those that need help do you know of anyone in this prison who can help you on release with the following:			
13.12	Employment?	31%	59%
13.12	Accommodation?	33%	37%
13.12	Benefits?	25%	46%
13.12	Finances?	21%	38%
13.12	Education?	34%	54%
13.12	Drugs and alcohol?	33%	53%
For those who are sentenced:			
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	55%	57%