

Report on an announced inspection of

HMP Stanford Hill

5–9 December 2011

by HM Chief Inspector of Prisons

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Introduction

Standford Hill is an open prison on the Isle of Sheppey in Kent that had previously been jointly managed as part of a 'cluster' of Isle of Sheppey prisons. While some services were still shared, Standford Hill now had its own governor and after a period of too frequent organisational and management change was now settling down and focusing on making the improvements that were required.

At the time of this announced inspection the prison held 464 adult men, 80% of whom were coming to the end of long sentences. Preparing these men for law-abiding and productive lives back in the community should have been the prison's central purpose and a key part of the job of everyone who worked there. This was not always the case. One member of staff told us that Standford Hill was 'not a resettlement prison but an open prison with a resettlement department'. Despite some good work in individual areas, resettlement work was fragmented and work to address the men's offending behaviour was too limited and of inconsistent quality. However, there were good and appropriate opportunities for men to take part in voluntary or paid work or education outside the prison and to rebuild contacts with family on home visits.

A sense of disinterest too often permeated other aspects of the prison. Staff-prisoner relationships were polite and professional but prisoners reported, and we observed very little proactive engagement by staff. Officers routinely addressed prisoners by their surnames only. It is fair to say that officers were very thin on the ground and were tied down with administrative duties. Nevertheless, the lack of positive engagement had a number of practical consequences. A surprisingly high number of prisoners reported not feeling safe. First night procedures were weak and left men who had served long sentences in closed conditions apprehensive about the much greater degree of autonomy they had at Standford Hill. Fears about safety also reflected many men's insecurity about their position at the prison and staff provided insufficient reassurance. The prison should also have been concerned about the significant drop in the number of security intelligence reports received – if staff were not engaging sufficiently with prisoners, it would obviously make it less likely that prisoners would tell them what was going on.

Prisoners told us that drugs were difficult to obtain and the positive drug testing rate was low. However, there was some evidence that diverted and other drugs which did not show up on the current range of tests were being traded; the high levels of prescribing of one divertible drug, Tramadol, needed to be addressed as a matter of urgency. There was a backlog of security searches. Nevertheless, objectively there were few violent incidents and incidents of self-harm and use of force were low. The use of Listeners was excellent.

Living conditions were generally good and there had been some recent welcome improvements to facilities. Diversity work was generally sound but the under-representation of black and minority ethnic prisoners among those working out in the community and benefitting from the better accommodation these men enjoyed was a significant concern. Health care had improved and there was a very good new health centre.

Nine out of 10 men were dissatisfied with the food – among the worst responses we have seen – and they were right to be so. Some food that was served was not fit for consumption. We observed meat products served while still frozen.

There was a good range of activity available in and out of the prison although it was not sufficiently linked to resettlement objectives. There were insufficient vocational training places in spite of a reasonably wide range of courses. The levies deducted under the Prisoners'

Earnings Act had begun to mean, in a few cases, that prisoners could no longer afford to meet the travel costs of getting to work, which meant they lost the work and the resettlement opportunities. This was counterproductive and it would have been helpful if governors had had greater discretion about whether to take a prisoner's travel costs into account when calculating their net earning from which the levy would be deducted.

Until relatively recently, Standford Hill appears to have been coasting. Outcomes are reasonable in most areas but the prison is exposed by some significant areas of concern. Reassuringly, almost nothing we said in our immediate feedback to the new governor came as a surprise and work had already started to address the concerns we identified. It was overdue and it is to be hoped that a period of more stable management will enable the prison to make the rapid progress required.

Nick Hardwick
HM Chief Inspector of Prisons

March 2012

Fact page

Task of the establishment

Standford Hill is a category D open establishment for male offenders.

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

Public

Region/Department

Kent

Number held

464

Certified normal accommodation

464

Operational capacity

464

Date of last full inspection

4–8 December 2006

Brief history

Until April 2011, Stanford Hill was part of a prison cluster, headed by a CEO. The establishment now forms part of a Sheppey group, which has restructured significantly from the former cluster arrangement. The former CEO post has been removed and the governor of Stanford Hill holds the lead governor role for the three establishments.

Short description of residential units

There are three wings:

A wing holds 192 prisoners in single cells and is the induction wing;

B wing holds 192 prisoners in single cells and mainly houses the longer-term prisoners;

C wing holds 80 prisoners in single cells and is a resettlement wing for those offenders working out.

Escort contractor

GeoAmey

Health service commissioner and providers

East & Coastal Kent PCT

Learning and skills providers

The Manchester College

Healthy prison summary

Introduction

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

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

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

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

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

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

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

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

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

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

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of

prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

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

Safety

- HP5 Many prisoners reported unfavourably on treatment by escort staff. Reception was generally well organised, with good involvement of peer workers, but first night procedures were weak. The induction process worked well. Many prisoners felt unsafe; this appeared to reflect uncertainty about their position in the prison. There were few violent incidents. The Listeners were effective but staff were insufficiently competent in the processes to support prisoners at risk of self-harm. Security was generally well managed but without a clear enough focus on the gathering and use of intelligence. Discipline was administered properly but issues arising from it needed clearer analysis. Clinical drug treatment was good, and illegal use of drugs was relatively low. Outcomes for prisoners against this healthy prison test were reasonably good.
- HP6 Most prisoners were dissatisfied with their treatment on escort, although in the escort we observed, the van was clean and staff were polite and respectful. Communication by the escort provider with the prison was poor, causing problems for reception staff. Prisoners did not receive adequate and realistic information about the establishment before arrival.
- HP7 The reception process was efficient, supported by a prisoner orderly and induction representatives, as well as a Listener. Reception closed at 4.30pm and prisoners arriving after this time were lodged in the nearby closed establishment, delaying their entry to open conditions. Although prisoners were provided with canteen packs, those arriving on a Friday could not submit a shop order sheet and had to wait almost two weeks to receive their first order. There was no dedicated first night accommodation and first night procedures were weak, with no confidential staff interview to check prisoners' vulnerability, or procedures to provide enhanced monitoring of new arrivals.
- HP8 There was a thorough and well-paced induction programme, starting on the first working day after arrival. Prisoner induction orderlies provided support, both on the wings and during the induction programme. New arrivals were allocated promptly to an activity by the weekly allocation board.
- HP9 Prisoners were more likely to feel unsafe than at other open prisons; this appeared to be due more to uncertainty about their position than to anxiety about physical risk. A safer custody survey had been conducted, with actions following. An exit survey was conducted with prisoners on the eve of their discharge, which had led to changes. The safer custody manager was proactive in investigating incidents of violence detected from security information reports (SIRs), unexplained injuries and fights. The number of investigated incidents was low. The system of anti-bullying and victim support monitoring was not used extensively and did not set explicit targets for the prisoners involved. Prisoner reporting of violence had been helped by the

appointment of two prisoner violence reduction representatives and a link officer on each wing.

- HP10 There were few incidents of self-harm. The standard of assessment, care in custody and teamwork (ACCT) processes was variable. A report on a serious attempt at suicide had been submitted to the safer custody committee but was not focused on identifying better practice which could have detected the prisoner's vulnerability. The active group of Listeners met the local Samaritans coordinator regularly and supported the training of others. The Listeners' drop-in room was a good initiative.
- HP11 The security team had been strengthened but a backlog of targeted searches was persisting. The membership of the monthly security meeting was appropriate but clear objectives were not set. The number of SIRs had dropped considerably since 2009, and the reasons had not been clearly identified. Fewer prisoners than in the previous year were being transferred out owing to security or behavioural problems. The routine strip-searching of those being transferred to another prison was disproportionate and not in line with the rest of the strategy.
- HP12 The number of adjudications had fallen over the previous two years. Facilities were adequate and the processes were administered appropriately. Adjudication paperwork was checked for quality by a governor. Monitoring of the number and reasons for adjudications was undertaken each month but no year-on-year analysis was done to identify trends and themes. The level of use of force was low. Handcuffs were not routinely used when transferring a prisoner to closed conditions.
- HP13 The prisoners receiving clinical drug treatment appreciated the service, citing regular reviews and understanding staff as the important positives. In our survey, relatively few prisoners said that it was easy to get illegal drugs.¹ Mandatory drug testing positive rates were low, although there were concerns that drugs which could not be detected were being used by prisoners, including diverted medication.

Respect

- HP14 The environment was mainly good, and some welcome improvements had been made to facilities. The incentives and earned privileges and personal officer schemes were not working well. Staff behaviour was appropriate but they did not engage sufficiently with prisoners. Food was, with reason, the focus of much discontent.

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

Diversity work was carried out with commitment but there was not thorough coverage of all its aspects. Black and minority ethnic prisoners continued to be under-represented among those working in the community. Older and foreign national prisoners received good support. Complaints were well handled and answered appropriately. Chaplaincy work was well integrated into the establishment's life. Health care provision had improved but there was an unacceptably long wait to see the dentist. Outcomes for prisoners against this healthy prison test were reasonably good.

- HP15 Some cell furniture on A and B wings was in a poor condition and keys were missing for some lockable cupboards. Communal dining tables and new or refurbished recreational equipment had been introduced. Association areas were poorly supervised and smoking went unchallenged, although the atmosphere was calm and relaxed. Food preparation facilities were limited on A and B wings. C wing was a clean and well presented accommodation unit, with good food preparation and recreation areas. All outside areas were clean and C wing had a pleasant garden.
- HP16 Most of the telephones on A & B wings were not accessible after 7.45pm, and prisoners told us that there were queues at times of high demand; more telephones were due to be installed. In our survey, prisoners reported problems with sending and receiving mail but we found that collections and deliveries every weekday were efficient.
- HP17 Until recently, prisoners had not been able to take out or bring back clothes when going on home leave; however, this policy had subsequently been reviewed and had changed. Prisoners had good access to cell cleaning materials and toiletries were freely available. The showers and toilets on A and B wings were in a poor state of repair but those on C wing were good.
- HP18 The existing incentives and earned privileges (IEP) scheme was complicated and was inconsistently applied by some staff, although a new scheme was shortly to be implemented. There was insufficient difference between the privilege levels for some prisoners. Downgrading under the scheme was based on a review but routine periodic reviews were not consistently carried out. The use of the electronic case management system to record behaviour was relatively new and not yet embedded, and management checks on entries were inadequate.
- HP19 Prisoners reported negatively about the degree of helpfulness and respect shown to them by staff. Staff generally interacted appropriately with prisoners but routinely addressed them by surname only, and most did not make time amid their administrative tasks to engage proactively with prisoners. Consultation with prisoners had been developed well, with effective wing meetings and a prisoner council which had led to action and change.
- HP20 Personal officer work had deteriorated and was weak. Few prisoners said that they had a personal officer, or (if they knew who the personal officer was) that he or she was helpful. Fewer prisoners than in other open prisons and than at the time of the previous inspection said that they had a member of staff they could turn to for help. Some wing staff found it difficult to fulfil their personal officer role.
- HP21 Food service control and management was poor, with Muslim and black and minority ethnic prisoners especially dissatisfied. The temperature of the food was not recorded, and we saw lukewarm food and frozen meat items being served. Both the

monitoring of food comments and responses to them were poor. Despite recent consultation and amendments to the prison shop list, fewer prisoners than elsewhere said that it sold a wide enough range of goods.

- HP22 Diversity staff were active and committed. The equality policy document did not specify how the diverse needs of some minority groups would be met. The number of diversity/racist incident report forms was low and investigations were thorough but there was a large backlog. There was some investigation into imbalances between ethnic groups across policies and activities but not always with clear outcomes. No organised support was offered to gay or bisexual prisoners.
- HP23 Black and minority ethnic prisoners did not generally report discriminatory behaviour but considerably more of them than their white counterparts said that they had felt threatened or intimidated by a member of staff. Black and minority ethnic prisoners continued to be under-represented among those working in the community and (consequently) among those in the better living conditions of C wing. This had been identified as a problem but no targeted action had ensued. No provision had yet been made for prisoners belonging to the Gypsy and Traveller group, although one meeting had been held.
- HP24 Although Muslim prisoners were less positive than others about some aspects of the temporary release arrangements, more than at comparator establishments said that their religious beliefs were respected.
- HP25 All foreign national prisoners were identified on induction and their immediate needs assessed. There was an effective foreign national peer support worker, and foreign national prisoners had good access to a well-resourced information centre, with literature available in several languages.
- HP26 Prisoners with disabilities were generally content with their treatment. Although a number of potential improvements had been identified, they were subject to funding approval and were not yet in place. Prisoners over 50 reported more positively across a range of indicators, including the perception of their treatment by staff and attention given to their health needs. Services and activities for older prisoners had improved and the older prisoners forum was a useful initiative.
- HP27 Application and complaint forms were freely available on residential wings. Applications were logged but responses were often not recorded. The quality of responses to complaints was respectful, informative and reasonable. The deputy governor monitored the quality of a sample of complaints and fed back to individuals and the senior management team, but information about the nature of complaints was not consistently used to identify areas for improvement.
- HP28 Legal services cover was adequate. Legal services officers and a peer worker helped prisoners to understand legal documents and write letters, and were proactive in facilitating contact with legal advisers by telephone and fax.
- HP29 The chaplaincy team was widely involved in the life of the prison. Faith facilities and provision were good. There was a well-established programme of faith-based classes and groups.
- HP30 Health care provision had improved. The new health centre was of a high standard and compliant with infection control standards. Delays in the service commissioning

process had caused uncertainty and the loss of some staff. Clinical governance was effective. Although the first-come, first-served system for accessing the GP appeared to disadvantage the less mobile, prisoners could usually access a GP within 48 hours. There was a reasonable range of primary care clinics and provision for lifelong conditions and older prisoners.

HP31 The pharmacy service was good but there was insufficient sharing of information to support the monitoring of divertible medications. Prisoners valued the optician service, which had no waiting list, but were dissatisfied with access to dental services, for which the waiting list was unacceptably long. Secondary care provision was sound. Mental health services had improved, with a reasonable range of primary and secondary care options.

Purposeful activity

HP32 There was good freedom of movement, except for most prisoners in the evening. The management of learning and skills was satisfactory, although closer links were needed with the prison industries. There were sufficient work places but not all with an appropriate resettlement function. The pay structure was confusing. Working out was well managed, although there were signs that the Prisoners' Earnings Act was having an adverse impact. There was insufficient accredited learning, and little recognition and recording of employability skills, in the industry workshops. Teaching and learning in education classes was generally satisfactory. There was insufficient motivation for prisoners to complete level 1 qualifications before working in the community. The range of qualifications available through the PE staff was good. Outcomes for prisoners against this healthy prison test were reasonably good.

HP33 Prisoners were allowed out of their cells for 13 hours a day but were locked on their spurs early in the evening, restricting their access to telephones and, where available, kitchens. There were few structured recreational evening activities. The grounds were available for outdoor exercise and prisoners were provided with outdoor clothing.

HP34 Leadership and management of learning and skills was satisfactory. There were sound structures to manage the provision, although there was still more to do. Training offered in industries was not sufficiently integrated into learning and skills work. The careers information and advice service did not effectively support all prisoners; most were seen during induction but not all had exit interviews before release. Achievements of accredited qualifications were generally satisfactory, with some good achievement on some programmes, especially PE.

HP35 There were sufficient work opportunities for the population, although not all the jobs in the prison were directed towards employment or qualifications. The working out programme was well managed but the Prisoners' Earnings Act was beginning to have an adverse effect on prisoners finding employment outside the prison by making it uneconomical to take work which incurred substantial travel costs. Risk assessment was effective. Voluntary sector placements generally provided opportunities for prisoners to develop interpersonal skills. The length of time taken for police clearances had caused some prisoners to lose work places.

HP36 There were early signs that the Prisoners' Earnings Act was having some adverse consequences.

- HP37 There was a reasonable range of vocational courses on site but an insufficient number of training places. Some voluntary placements delivered National Vocational Qualifications. There was insufficient accredited learning, and little recognition and recording of employability skills, in the industry workshops.
- HP38 The management of education was good but had not yet fully developed learning to meet individual needs, particularly English for speakers of other languages. A satisfactory but narrow range of programmes and qualifications was offered. Attendance was satisfactory. The pay structure was confusing and did not incentivise education. Teaching and learning was generally satisfactory. There was no requirement to achieve level 1 in literacy and numeracy before working out, and many wishing to work out were below that level.
- HP39 Prisoners had good access to the library, which held an appropriate range of materials. Links with education and training departments to promote learning were underdeveloped, and library staff did not track and analyse usage and impact, to ensure that the needs of all, particularly minority groups, were being met.
- HP40 A wide range of training was delivered in the gym. Access to the facilities was good during weekdays and weekends, and there was a satisfactory range of equipment.

Resettlement

- HP41 There was not a prison-wide focus on resettlement. Management of the resettlement function was not coordinated; in particular, offender management was not well linked to practical resettlement work. Offender supervisors concentrated on the minority who were on indeterminate sentences or in scope for offender management. Public protection was well managed locally but omissions by offender managers were not followed up. Needs for support on housing and financial issues were well identified and met. Opportunities to prepare for work and learning after release were reasonable but not sufficiently comprehensive. Lack of internet access was a major barrier to effective resettlement. Those with drug problems were well supported by the counselling, assessment, referral, advice and throughcare (CARAT) service but there was no alcohol programme. Visits provision was reasonable but family days were the only active support given to family life. There was almost no access to offending behaviour work. Outcomes for prisoners against this healthy prison test were not sufficiently good.
- HP42 The management of resettlement was fragmented, and there was insufficient establishment-wide focus on resettlement. Offender management and practical resettlement work were not sufficiently coordinated. Resettlement meetings were inadequate and dealt only with preparation for education, training and employment. The identification of resettlement needs during the induction process was comprehensive and was followed up by pre-discharge procedures.
- HP43 Prisoners were more negative than in comparable prisons about knowing which staff to go to for advice across the full range of resettlement pathways, and most did not feel that staff were helping them towards leading a law-abiding life after release. Some staff told us that they did not see resettlement support as an important function of the prison.

- HP44 Offender supervisors' training was up to date and quality control of offender assessment system (OASys) reports was in place but we had reservations about its effectiveness. However, they had relatively small caseloads, which did not include the majority of prisoners who were not on indeterminate sentences or in scope for offender management. Too many local OASys reviews were late. Drop-in surgeries on wings provided a useful contact point for out-of-scope prisoners, although there was no structured contact and for new arrivals there was no check on the sentence plan until the scheduled annual review. Management information systems were underdeveloped and did not influence offender supervisor activity.
- HP45 Key information on such matters as educational achievements and personal officer contacts was not adequately shared between the offender management team and other departments. Release on temporary licence and home detention curfew were appropriately used for resettlement purposes and were managed in line with expected timescales. The sequencing database provided an effective reference point for services to meet sentence planning targets.
- HP46 Local public protection arrangements were effective, and proportionate to the level of risk posed, but some community-based assessments were inadequate and there was a lack of sufficient challenge from the prison to probation trusts.
- HP47 Few prisoners were released without settled accommodation, and peer supporters were well used to help prisoners access accommodation. There were good arrangements for the early analysis of need in matters such as tenancy and debt, and referrals were made to a wide range of national services. Benefits advice and practical support in accessing banking services were available but there was almost no training on personal finance.
- HP48 The wide range of work placements helped to provide prisoners with support and opportunities to develop employability skills but some prisoners waited too long for placements. Pre-release and self-employment courses were available but support for job search provided by Jobcentre Plus was limited to weekdays, and those working out were unable to benefit from the service. Internet facilities for job search and other resettlement needs were not yet available.
- HP49 Health service staff's preparation of patients for release had improved, including assistance to find a GP if required and appropriate use of the care programme approach.
- HP50 Prisoners were positive about the counselling, assessment, referral, advice and throughcare (CARAT) service, which delivered a wide range of group modules and one-to-one sessions. The evening delivery of groups was a helpful innovation for prisoners who worked off-site. There was no therapeutic alcohol programme. Weekly compliance testing of prisoners on methadone needed review in case of unnecessary duplication.
- HP51 Visits booking arrangements had improved. Visits facilities were reasonable but there was no visitors centre on-site. There was little active support (other than release on temporary licence) for prisoners wishing to rebuild family relationships before release. Family days were available to all prisoners.
- HP52 There was negligible access to offending behaviour programmes, or to community-based provision. Although many prisoners would have completed sentence planning

targets before coming to open conditions, too many out-of-scope prisoners with identified targets to complete programmes were discharged without completing these courses. In our survey, fewer prisoners than at other open prisons and than at the time of the previous inspection felt that they had been engaged in anything likely to reduce their reoffending.

Main concerns and recommendations

HP53 Concern: First night procedures were weak, with no confidential staff interview to check prisoners' vulnerability or procedures to provide enhanced monitoring of new arrivals.

Recommendation: Clear reception and first night procedures should ensure that new arrivals are thoroughly assessed in private for risk of harm and vulnerability, provided with all they need to help them settle in and monitored on their first night.

HP54 Concern: Relatively few prisoners felt that they could turn to staff for help, and uniformed officers on the wings, being few in number and largely occupied with administrative tasks, were not proactive in interacting with prisoners.

Recommendation: Staff, especially on residential units, should take the initiative in interacting with prisoners, and managers should ensure that uniformed staff are able to prioritise supervision of and engagement with prisoners.

HP55 Concern: Black and minority ethnic prisoners were consistently and significantly underrepresented among those released on temporary licence and consequently among those on the working-out scheme who had access to the better living conditions on C wing. This had not been thoroughly investigated nor had any action been taken to address the problem.

Recommendation: The imbalances between black and minority ethnic and white prisoner representation for release on temporary licence and the working-out scheme should be investigated, and action taken promptly in response to any findings.

HP56 Concern: The Prisoners' Earnings Act was beginning to have an adverse effect on prisoners finding work outside, by making it uneconomical for them to take jobs that incurred substantial travel costs.

Recommendation: In individual cases, governors should have greater discretion to authorise the deduction of legitimate travel expenses from the net weekly earnings figure used for calculating the levy due under the Prisoners' Earnings Act.

HP57 Concern: The range of vocational training was limited, available to only a small number of prisoners and not sufficiently well linked to resettlement needs. It did not sufficiently provide support or stepping stones for these prisoners wanting to progress to further training on release. In working areas such as print and recycling, prisoners developed practical skills and transferable employment skills but these were not formally recognised or accredited.

Recommendation: The prison should increase the number of vocational training places and ensure that the training is linked to resettlement needs.

HP58 Concern: The management of resettlement was fragmented, and there was insufficient establishment-wide focus on resettlement. Offender management and practical resettlement work were not sufficiently coordinated.

Recommendation: Senior managers should draw up and implement a strategy for a whole-prison focus on resettlement, including close links between offender management and delivery of the resettlement pathways.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 In our survey, prisoners were negative about escorts, although our observations were more positive. There were communication problems with the new escort contractor which resulted in prisoners arriving too late to be received.
- 1.2 In our survey, prisoners were more negative than at comparator establishments about the cleanliness and comfort of vans, their personal safety, the frequency of toilet breaks and their treatment by escort staff. However, the one van we saw arriving was clean and toilet breaks and food had been offered at the appropriate times. This was confirmed by prisoner escort records. Escort staff we observed were polite and friendly.
- 1.3 Only 18% of respondents to our survey, and few prisoners we spoke to, had received any written information about the establishment before their arrival, although this was similar to the survey comparator.
- 1.4 There had been a recent change in the escort contractor, which may have partly explained the difference between our observations and the survey findings, but reception staff told us that they were having communication problems with the new provider. The main effect of this was that escorts were arriving too late in the afternoon for prisoners to be received, at a time when staffing levels were reduced and there was no health care provision. Prisoners arriving after 4.30pm had to be lodged at a nearby closed establishment for at least one night, delaying their entry to open conditions.

Recommendations

- 1.5 The prison should provide written information about Stanford Hill to feeder establishments, for distribution to those allocated to the prison.
- 1.6 Escort vans should arrive at the prison in time for prisoners to be allowed entry.

First days in custody

Expected outcomes:

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

- 1.7 Reception staff were assisted by a prisoner orderly. Induction orderlies met new arrivals and provided them with a hot drink and written information about the prison. Reception processes were efficient but some prisoners were delayed in moving to the residential wings. There was no confidential assessment of risk or vulnerability in reception. Prisoners were provided with canteen packs but could wait almost two weeks for a prison shop delivery. There was no dedicated first night centre and first night arrangements were poor, with no confidential assessment of vulnerability or enhanced monitoring of new arrivals. The induction process started on the day after arrival and was well paced and informative. It included visits to relevant departments and was supported by prisoner orderlies. Allocation to activities was prompt.

Reception

- 1.8 The reception area was busy, mainly with prisoners going out and returning from outside work and release on temporary licence. The average number of new receptions during the six months before the inspection was just 14 a week.
- 1.9 There were three staff on duty in reception, assisted by a prisoner orderly, who provided information to new arrivals. In our survey, fewer prisoners than at comparator establishments (64% versus 75%) said that they were treated well in reception, and this was also worse than the figure at the time of the previous inspection (83%). Staff and the orderly in reception were polite and efficient, and the group of recently arrived prisoners confirmed that this had been their experience. Prisoners were provided with a hot drink and met induction orderlies from the residential units, including a Listener. They were also given written information about the prison, which new arrivals had found useful.
- 1.10 Some prisoners told us about delays in moving from reception to the residential units, and reception staff agreed that this was sometimes a problem owing to staff being otherwise engaged. Although a residential officer came to reception to photograph prisoners and complete their identity cards, the opportunity to undertake a structured assessment of their vulnerability or anxiety in private was not taken (see section on first night).
- 1.11 Reception processes, including reconciliation of property, supply of prison clothing and bedding and a health care assessment were conducted efficiently. All prisoners were provided with a canteen pack, smoker's pack and telephone credit, according to their needs.
- 1.12 Some prisoners told us that because they had arrived on a Friday afternoon, they had missed the issue of canteen at their previous establishment and had not been in time to submit an order at Stanford Hill; this meant that they had had to wait almost two weeks before receiving prison shop goods. Staff told us that new arrivals in this position could obtain more reception packs but prisoners were not aware of this facility.

Recommendation

- 1.13 Prisoners should be moved promptly to residential units once reception procedures have been completed.

First night

- 1.14 There was no dedicated first night accommodation. Prisoners were allocated to A or B wing, usually according to the length of their sentence but sometimes based on the availability of space.
- 1.15 There were no documented first night procedures and we found such processes generally weak. Newly arrived prisoners told us that although they had had the support of induction orderlies who had taken them from reception to their accommodation, their contact with residential staff on their first night had been minimal. They had been given a key to their room and then had no other interaction with staff. There was no confidential meeting with a first night officer to assess prisoners' vulnerability and no enhanced observations. This was reflected in our survey results in which fewer than at comparator establishments and than at the time of the previous inspection (86% versus 92% and 96%, respectively) said that they had felt safe on their first night (see main recommendation HP53).
- 1.16 Most new arrivals told us that they had been provided with everything they needed and that their cells had been well prepared. In our survey, fewer prisoners than at comparator establishments said that they had had the opportunity to take a shower, make a free telephone call or get something to eat on their first night. Some prisoners told us that this was because of a lack of direction being provided from staff on their first night.

Induction

- 1.17 In our survey, 95% of respondents said that they had been on an induction course and 68% that it had covered everything they needed to know, both of which were in line with the respective comparators.
- 1.18 Induction comprised a three-day programme which started on the first working day after arrival. Induction sessions for groups at different stages in the process were held in separate classrooms. The programme was well paced and varied, and included structured presentations, written information and an assessment of resettlement needs, which were recorded in a portfolio. It also included visits to various departments and was supported by a group of three prisoner induction orderlies, who conducted some sessions and were available to deal with any queries. The programme lacked individual interviews to address prisoners' concerns about being in an open establishment or any issues of vulnerability. The two officers managing the programme were aware of this deficit and were reviewing the format, using a survey of prisoners completing induction.
- 1.19 There was a weekly meeting to allocate prisoners to activities promptly, using the information obtained during induction.

Recommendation

- 1.20 The induction programme should include individual interviews to address prisoners' concerns about the establishment and issues of vulnerability.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 A and B wings were spacious, with new furnishings in association areas. Cells were adequate, although some furniture required repair or replacement. Prisoners had a key to their rooms and there was a staff call bell at the end of each landing, although some prisoners had not been told how to use it. Cooking facilities on A and B wings were limited to one toaster but more facilities were awaiting installation. Supervision of wings was inadequate and we observed prisoners smoking openly on the landings. C wing contained clean, well equipped accommodation. There was effective prisoner consultation through wing meetings and a prisoner council. There were insufficient telephones on the A and B wing landings but more had been ordered. Mail collection and delivery arrangements were adequate but there was no log of when legal mail was opened in error. Prisoners wore their own clothing and laundry facilities had been improved. A restriction on taking a change of clothing on home leave had been rescinded. Cell cleaning materials and toiletries were freely available. The showers and toilet blocks on A and B wings required refurbishment.

Accommodation and facilities

- 2.2 External areas of the prison were clean and spacious. A and B wings were identical in design, with two spurs of three landings containing single cells. They were light and spacious, with good areas for dining out and for association. These had been equipped with tables and soft seating, and some recreational equipment, both new and reconditioned. C wing housed prisoners who worked outside the prison and was of modular construction, with single rooms arranged along corridors. It was clean and well decorated.
- 2.3 Cells on A and B wings were adequate in size and clean, although some were in a poor state of decoration. Some cell furniture was in a poor condition and keys were missing for some lockable cupboards. Each prisoner had a key to his own cell and could access toilet and washing facilities at all times. Cooking facilities on these wings were limited to one toaster, which was only available to most prisoners until the evening roll check (see section on time out of cell). C wing had excellent cooking and recreational facilities.
- 2.4 A range of information notices was displayed on these wings, including the minutes of consultation meetings. A call bell was located at the end of each landing but many prisoners we spoke to had not known of its existence until some time after their arrival and were not aware of how to summon staff.
- 2.5 Supervision of residential areas was not adequate. On several occasions we found prisoners smoking openly in public areas, contrary to prison regulations. However, during our evening and night visits the wings were calm and quiet.
- 2.6 Consultation with prisoners was well developed; wing meetings identified matters which could be resolved locally, and agreed issues were taken to the prison council. Managers had been

open to prisoners' views and some changes had resulted, including increased access to town visits for A wing, improved access to telephones and plans to improve cooking facilities.

- 2.7 In our survey, 20% of respondents, worse than the 11% comparator, said that they had problems getting access to telephones, and prisoners told us of long queues when PIN credit was added. On A and B wings, most telephones were located in the common area between the spurs, so were not available after 7.45pm. Only one telephone on each landing was accessible during wing association but an additional one had been ordered for each landing and was due to be installed.
- 2.8 In our survey, 32% of respondents reported problems with sending or receiving mail. We found that processes for the collection and delivery of mail, including on Saturdays, were good. Legally privileged mail was identified but no log was kept of when it was opened in error. Staff told us that this rarely happened but in our survey more prisoners than the comparator (33% versus 27%) said that legal mail had been opened when they were not there.

Recommendations

- 2.9 All prisoners should be told how to summon staff at all times of the day.
- 2.10 There should be adequate cooking facilities on each landing of A and B wings.
- 2.11 Residential areas should be supervised effectively and breaches of prison regulations challenged.
- 2.12 Prisoners should have access to sufficient telephones.

Housekeeping point

- 2.13 A log should be kept of legally privileged mail which has been opened in error and this should be monitored by the manager responsible.

Clothing and possessions

- 2.14 Prisoners were allowed to wear their own clothes but there was a good supply of prison clothing freely available from the clothing exchange store. Clothing could be handed in by visitors and purchased from catalogues.
- 2.15 There was a central laundry for A and B wings. There had been a problem with clothing being returned damp but this had been resolved and the system was working well. C wing had its own laundry room.
- 2.16 Property was held securely behind reception and there were no delays in prisoners gaining access to stored property or items which had been purchased or handed in at visits.
- 2.17 Prisoners had complained that they were not allowed to take clothing out to, or bring different items back from, home leave. This rule had been introduced to free staff up to allow more temporary releases; however, it had subsequently been reviewed, and a limited range of clothing was being allowed out.

- 2.18 There was a wide range of discharge clothing, although we were told that it was rarely required, and two types of bags were issued for discharged prisoners' possessions.

Hygiene

- 2.19 Levels of hygiene were good. In our survey, 99% of respondents said that they were able to shower every day and 87% that they received cell cleaning materials every week, both figures being better than at comparable establishments. A good stock of toiletries was freely available and others could be purchased from the prison shop list.
- 2.20 The showers and toilets on A and B wings were in a poor state of repair. Those on C wing were excellent, with a high standard of cleanliness and adequate privacy.
- 2.21 Clean bedding was provided weekly and prisoners could purchase duvets and curtains.

Recommendation

- 2.22 The showers and toilets on A and B wings should be kept clean and in a good state of repair.

Staff–prisoner relationships

Expected outcomes:

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

- 2.23 Prisoners were negative about staff but we observed polite and attentive interactions. There was little interaction initiated by staff and prisoners felt that staff did not have time to attend to their needs. Staff routinely referred to prisoners by surname only.
- 2.24 In our survey, only 58% of respondents, against the 75% comparator, said that there was a member of staff they could turn to for help, and 63%, against the 72% comparator, that most staff treated them with respect. This negative view was also repeated in our groups. However, we observed some respectful and attentive interaction between staff and prisoners, although prisoners were routinely referred to by their surname alone. Staff expected prisoners to be more independent and resourceful than in closed conditions, which might have created a mismatch between the expectations of staff and those of prisoners.
- 2.25 There were few staff around the prison and not many opportunities to engage with prisoners. One prisoner told us that staff were generally polite and friendly if he engaged with them but that they rarely took the initiative to converse or interact. During our observation of association, there were three staff supervising a wing of 190 prisoners. These officers had preparation for the next day and other administrative duties to complete, so remained for the most part in the wing office (see section on time out of cell). Not only did this reduce the amount of pro-social engagement with prisoners, but it also led to poor supervision and enforcement of standards of behaviour (see main recommendation HP54 and section on accommodation and facilities).

Personal officers

Expected outcomes:

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

- 2.26 The personal officer scheme was weak and had deteriorated over the previous few years. Some staff found it difficult to manage the personal officer role, with little structured contact possible. Recording was inconsistent and not always detailed enough. Prisoners were negative about the scheme.
- 2.27 The weaknesses of the existing personal officer scheme continued and implementation had deteriorated since the previous inspection. We were told that there were difficulties in implementing a traditional personal officer scheme with relatively few wing staff to take on the role. Only 43% of our survey respondents knew who their personal officer was, against the 67% comparator and 54% at the time of the previous inspection, and only 59%, against the 74% comparator and 75% at the time of the previous inspection, said that he or she was helpful. Staff were frustrated at the limited time they had for personal officer work. Contact, on the whole, was unstructured and achieved little.
- 2.28 The negative findings in our survey mirrored those of the prison's own survey undertaken in October 2011, in which three-quarters of prisoners had said that they had not been told who their personal officer was on arrival, and 70% that they had not helped them.
- 2.29 The P-Nomis electronic case record system showed inconsistencies in recording by personal officers. Few entered comments frequently enough and too many entries were vague and not focused on the achievement of sentence plan targets. Management oversight and quality assurance were underdeveloped.

Recommendations

- 2.30 **A more effective personal officer scheme should be implemented.**
- 2.31 **Managers should exercise effective oversight and quality assurance of the personal officer scheme.**

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Although prisoners responding to our survey were negative about safety, there were few incidents of violence or bullying, although some prisoners experienced uncertainty in adjusting to open conditions. There was an up-to-date violence reduction strategy, and there was good prisoner consultation through an exit survey. Governance of the strategy was through a safer custody meeting and a continuous development plan. There were prisoner safer custody representatives and a link officer on each wing. The monitoring of perpetrators and victims of bullying was rudimentary and did not set behavioural targets for the former.
- 3.2 In our survey, 20% of respondents, worse than the 15% comparator, said that they had ever felt unsafe in the prison and 10%, against the 4% comparator, that they currently felt unsafe. Prisoners we spoke to told us that there were few physical threats to their safety, although one said that he had seen assaults over debt but that this was a rare occurrence. However, many reported feeling uncertain and anxious at times because of their unfamiliarity with open conditions, which could be experienced as feeling unsafe.
- 3.3 There was a comprehensive violence reduction strategy, which had been updated in September 2011 and contained practical guidance for staff. Governance was through a bimonthly safer custody meeting. Attendance was reasonable, including representation from key departments such as security, health care, the chaplaincy and the Independent Monitoring Board (IMB). A continuous development plan for safer custody was considered at the meeting and kept the delivery of the strategy on course.
- 3.4 Support for violence reduction was provided by two prisoner representatives and a link officer on each wing. Their pictures were displayed on wing noticeboards but the prisoner representatives told us that they were rarely approached directly and that their role was mainly in advising safer custody staff about their observations of safety in the prison.
- 3.5 Consultation with prisoners and staff about violence reduction was good. There had been a staff survey in 2010 which identified potential improvements to safety, and this was followed by implementation of a prisoner exit survey. It was administered by the prisoner representatives on the night before a prisoner's discharge and had elicited useful information about potential hotspots, such as medication queues and the gym, which had resulted in remedial action.
- 3.6 The safer custody manager obtained information about incidents from security information reports (SIRs), assaults, fights and injury reports. The number of incidents of violence reported, including acts of self-harm, was low. In the six months before the inspection, there had been 15 investigations, of which five had led to continuing monitoring on suspicion of bullying behaviour.

- 3.7 There was a formal system of monitoring those suspected of bullying but it was rarely used. In the year to date, there had been six incidents investigated, leading to nine monitoring books being opened following an interview with the safer custody manager. The system was unsophisticated and limited to a period of observation and review without recording of behavioural targets. Further management of bullying behaviour had not been developed because prisoners proven to have bullied others were transferred to closed conditions.
- 3.8 Prisoners believed to have been victims of bullying were monitored and given advice.

Recommendation

- 3.9 Prisoners who are being monitored on suspicion of bullying should be set behavioural targets.

Good practice

- 3.10 *A violence reduction exit survey of discharged prisoners was conducted on the eve of their departure.*

Self-harm and suicide

Expected outcomes:

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

- 3.11 Levels of self-harm were low and all concerns were reported to the safer custody meeting. The quality of assessment, care in custody and teamwork (ACCT) supervision was variable and staff training not up to date. There had been no deaths in custody since the previous inspection. Reports of serious self-harm incidents were not sufficiently analytical. The Listener group was experienced and well supported. There was a dedicated Listener room in the chaplaincy, where they ran an informal drop-in session every week.
- 3.12 Levels of self-harm were low, with just five assessment, care in custody and teamwork (ACCT) documents opened in the year to date. In the safer custody meeting, all concerns and actions taken were reported and shared but most had led to providing advice about the support available, rather than starting formal procedures.
- 3.13 The quality of the ACCT documents we examined was variable. We found examples of inadequate targets, poor attendance at reviews and little interaction with the prisoner recorded. Although there were quality checks of ACCT documents, there was no improvement strategy.
- 3.14 Few staff had up-to-date training in ACCT procedures but the safer custody manager was due to undertake a course in training delivery and had provided a limited amount of refresher training to staff.

- 3.15 There had been no deaths in custody since the previous inspection. There had been one serious suicide attempt by a prisoner, who had been transferred to closed conditions for observation. The safer custody manager maintained contact with him and had agreed a plan for his future management. She provided a report to the safer custody committee but it was mainly descriptive and did not analyse improvements which could be made to identify potential self-harm incidents.
- 3.16 There was an experienced group of Listeners, most of whom had undertaken the role previously, at other prisons. As well as providing a service in the prison, Listeners were used by the Samaritans to provide training in other establishments and they were participating in a fundraising walk on the weekend after the inspection.
- 3.17 The level of formal callouts for Listeners was low, at around eight a month, but they regularly provided informal support at the direct request of prisoners they encountered during the day. There was a dedicated Listener room in the chaplaincy but most sessions took place in prisoners' cells. They provided an informal drop-in session every week in the chaplaincy and were assigned as buddies to prisoners on ACCT management. They felt well supported by regular meetings with the safer custody manager and supervision from the Samaritans.

Recommendations

- 3.18 There should be a strategy to improve the quality of assessment, care in custody and teamwork (ACCT) practice which includes robust monitoring by managers and staff training.
- 3.19 Serious incidents of self-harm should be analysed by the safer custody committee, to identify improvements in the care of such prisoners.

Good practice

- 3.20 *The Listeners provided a weekly informal drop-in session for prisoners.*

Applications and complaints

Expected outcomes:

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

- 3.21 Application and complaint forms were freely available. Applications were logged but there was often no record of the response. Responses to complaints were timely and of good quality. Complaint responses were quality checked, and the nature of complaints was reported to the senior management team but this was not used systematically to improve the regime.
- 3.22 The applications and complaints processes were well understood by prisoners and staff. Application forms of different types were freely available on all residential wings, and in our survey 96% of respondents said that it was easy to get an application form, which was better than the 91% comparator.

- 3.23 Applications were logged on the individual prisoner's electronic record so that progress could be checked if the prisoner enquired. However, in the records which we examined, there was no indication that a response had been received, so it was not possible to gauge the timeliness of responses. In our survey, only 65% of respondents said that applications were dealt with within seven days, which was worse than the 70% comparator.
- 3.24 Complaint forms were available on residential units, next to the posting box, which was emptied daily by the complaints clerk. In the six months before the inspection, 405 complaints had been submitted; these related to a range of departments but a large number every month concerned catering and offender management. The timeliness of responses to complaints was monitored appropriately. In the six months before the inspection, only seven responses had been late (1.8%). Three complaints to external prisons had been late and reminders had been sent. Although the analysis of complaint types was reported to the senior management team, complaints data were not used to identify areas for improvement.
- 3.25 The deputy governor had started sampling complaints approximately three months before the inspection, to review the quality of responses. She had identified issues of disrespectfulness and failure fully to address the matter raised in some responses, and had fed her findings back to managers and staff. This appeared to have had a considerable effect; the complaints in the sample that we examined from this period were generally of good quality and took prisoners' complaints seriously.
- 3.26 There was an active IMB in the prison and its services were well advertised on residential units.

Recommendations

- 3.27 **Prisoners should receive a response to an application within seven days and this should be recorded.**
- 3.28 **An analysis of complaints should be used to identify improvements to be made to the regime.**

Legal rights

Expected outcomes:

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

3.29 Effective support was given to prisoners in exercising their legal rights.

3.30 Two trained legal services officers were allocated sufficient time to undertake this role, in spite of periodic redeployment to other duties. A well-equipped office held a comprehensive supply of information. The officers assisted prisoners who had difficulty in understanding and completing legal documents, and a peer supporter also helped prisoners with writing letters. There was a fax machine in the office which could be used to send and receive legal documents.

3.31 The two legal visits booths afforded reasonable privacy and comfort, and legal visits took place on mornings when no domestic visits were held. In cases of over-booking, the legal services

officers arranged an extra visit in an interview room. Resettlement day release was readily given when a prisoner needed to meet his legal team to discuss his case. The 'access to justice' laptop facility was managed effectively in cooperation with HMP Swaleside.

Faith and religious activity

Expected outcomes:

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

3.32 The chaplaincy team was well integrated into the regime. Areas dedicated to worship were appropriate, although there were limited facilities in the chapel area for Muslims to wash before prayers. Resources for worship were generally good and the chaplaincy also provided a range of classes. Prisoners were able to celebrate the major religious festivals and good links had been made with external faith communities.

3.33 The coordinating chaplain was the only full-time member of the chaplaincy team and was supported by a range of part-time and sessional chaplains. The team was well integrated into the regime and attended several multidisciplinary meetings.

3.34 The team provided good pastoral care and a range of classes on three evenings a week. Recently, four prisoners had attended a Freedom4 weekend, run by the Free on the Inside charity, aimed at helping prisoners to build good relationships in the community. The team accommodated family pastoral visits for prisoners who had suffered bereavements or relationship difficulties. They also facilitated private telephone calls where appropriate. All prisoners had access to corporate worship. Prisoners were able to celebrate the major religious festivals and good links had been made with external faith communities.

3.35 The Muslim chaplain was shared with HMP Elmley, and led Friday prayers at the establishment. The multi-faith room was appropriate for holding these but ablutions for Muslim prisoners were not satisfactory, consisting of a single shower tray and hose pipe next to urinals in the prisoners' toilet. We were told that a bid had been submitted to convert a toilet for this purpose.

3.36 Chaplaincy meetings were held quarterly and included a standing agenda item on specific faith issues. Action points were progressed. There was no prison visitors scheme but the chaplaincy team was able to identify volunteer mentors who could support prisoners while at the establishment or on their release.

Recommendation

3.37 There should be dedicated ablution facilities for Muslim prisoners.

Substance use

Expected outcomes:

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

- 3.38 The number of prisoners on the integrated drug treatment system (IDTS) was low but they were all satisfied with the service. The IDTS treatment room was small and in need of improvements in infection control measures. Mandatory drug testing (MDT) positive rates were low but there were concerns that drugs which could not be detected were being used by prisoners, including diverted medication. MDT and compact-based drug tests were conducted by the same officers but there was an appropriate level of separation between the two types of test. Alcohol breath testing was conducted on suspicion only.

Clinical management

- 3.39 The integrated drug treatment system (IDTS) was organised across what had been the Sheppey cluster of prisons and was currently referred to as a 'group' with specialist nurses attending the prison for medication administration and reviews. The IDTS treatment room was also used for storage and administration of medications and as a staff rest room, and was too small. The methadone measuring equipment had been washed but left to dry on a rack alongside domestic crockery. While staff members were careful in how they used the room, cross-contamination of clinical and domestic components was a daily risk. Several fixtures and fittings – for example, the sink and taps – did not comply with infection control standards.
- 3.40 Four prisoners were receiving reducing doses of opiate substitution treatment at the time of the inspection. They all reported high levels of satisfaction with the service, citing regular reviews and understanding staff as the important positives.

Recommendation

- 3.41 The integrated drug treatment system treatment room should be subject to an infection control audit and should not be used for non-treatment purposes.

Drug testing

- 3.42 In our survey, 19% of prisoners said that it was easy to get illegal drugs in the prison, which was better than the 35% comparator. The random mandatory drug testing (MDT) positive rate quoted for the six months from April to September 2011 was 3.6%. In the same period, 136 suspicion tests had been conducted, with a low average positive rate of 20.8%. Nevertheless, the synthetic cannabinoid and herbal mixture known as Spice was cited by staff as a serious problem in the prison. Prisoners told us that prescribed tramadol, gabapentin and dihydrocodeine were also frequently diverted (see paragraph 5.39). Spice, tramadol and gabapentin were not, however, currently on the panel of MDT tests, which might have explained the relatively low suspicion testing positive rate.

- 3.43 The same two officers covered all MDT and compact-based drug tests, although there were two separate testing suites. Both suites were clean and tidy forensic environments. Prisoners we spoke to understood clearly the difference between the two types of test.
- 3.44 Alcohol breath tests were conducted at the gate but on suspicion only – mostly when prisoners returned from time off-site. In the six months from April to September 2011, 13 positive breathalyser tests had been conducted.

Recommendation

- 3.45 The range of drugs covered by mandatory drug testing should be widened to include the most commonly diverted medications, including tramadol and gabapentin.

Section 4: Diversity

Expected outcomes:

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

- 4.1 There was a proactive diversity team but the diversity policy was not sufficiently wide ranging. Diversity and race equality action team meetings took place quarterly and were reasonably well attended but not all the diversity strands were discussed in detail. Ethnic monitoring was weak. Investigations into reports of discriminatory or racist behaviour were good but too many were overdue.
- 4.2 A senior officer managed both safer custody and diversity but there was a full-time diversity coordinator. The diversity team was proactive but the diversity policy did not specify how the needs of some minority groups would be met (see below). Ethnic monitoring was weak.
- 4.3 Diversity and race equality action team (DREAT) meetings took place quarterly, chaired by the deputy governor. These were reasonably well attended but not all the diversity strands were discussed in detail and others had not been considered or developed. There was an action plan and programme of equality impact assessments.

Race equality

- 4.4 In our survey, considerably fewer black and minority ethnic prisoners than their white counterparts felt that they were treated with respect by most staff but this group did not generally report discriminatory behaviour. Prisoner consultation relied heavily on the diversity representatives. There had been no thorough investigation into the under-representation of black and minority ethnic prisoners across some activity areas, and there was no understanding of the reasons for this, and no action plan to address the issue.
- 4.5 Black and minority ethnic prisoners accounted for 44% of the prison population. In our survey, considerably fewer black and minority ethnic prisoners than their white counterparts felt that they were treated with respect by most staff but this group did not generally report discriminatory behaviour. However, more of them than their white counterparts said that they had felt threatened or intimidated by a member of staff.
- 4.6 In the preceding 12 months, black and minority ethnic prisoners had been under-represented among those released on temporary licence and, consequently, among those on the working-out scheme who had access to the better living conditions of C wing. The prison was aware of this problem but there had been no meaningful analysis to explain the reasons for this or action plan to address the issue. This issue had also been identified in equality impact assessments, which were due to be repeated (see main recommendation HP55).
- 4.7 Prisoner consultation relied heavily on the diversity representatives. The diversity coordinator and peer support worker hosted the black and minority ethnic/equality focus groups. These were a useful barometer of prisoners' perceptions but only three had taken place during 2011 and, other than the diversity coordinator, lacked any management input. No provision had yet

been made for the 29 prisoners belonging to the Gypsy and Traveller group, although one meeting had been held recently.

Managing racist incidents

- 4.8 Investigations following the submission of complaints about discriminatory or racist behaviour were good although, from a combination of 17 diversity and racist incident report forms submitted since the beginning of 2011, only seven investigations had been completed.

Religion

- 4.9 There was no specific policy or action plan relating to religion, although more prisoners than at comparator establishments said that their religious beliefs were respected. In our survey, Muslim prisoners were less positive than others about access to release on temporary licence.

- 4.10 There was no specific policy or action plan relating to religion. However, in our survey more prisoners than at comparator establishments (63% versus 58%) said that their religious beliefs were respected, although Muslim prisoners were less positive than their non-Muslim counterparts about information on, and access to, some forms of temporary release. We spoke to a number of Muslim prisoners, some of whom had been able to celebrate the feast of Eid while on home leave or a town visit. Observance of Ramadan had been facilitated effectively in the prison, and Muslim prisoners could invite a friend to the Eid celebrations.

Foreign nationals

- 4.11 There was a comprehensive and current foreign national prisoners policy. The foreign nationals coordinator and peer support worker were effective. All foreign national prisoners were seen on induction and an initial assessment of their status needs was made. A range of translated material was available but little information in languages other than English was displayed on noticeboards.

- 4.12 At the time of the inspection, there were 22 foreign national prisoners. There was a comprehensive and current policy, and services for these prisoners were good. The foreign nationals coordinator also undertook the role of legal services officer. There was also a foreign national prisoner peer supporter and one prisoner representative on each wing. A dedicated foreign nationals room, containing a range of information in several languages, was provided on B wing, and the peer supporter was based there. Little information in languages other than English was displayed on noticeboards.

- 4.13 All new foreign national prisoners were seen by the peer support worker, who made an initial assessment of their needs. Any prisoner requiring legal advice or more specific advice was referred to the foreign nationals coordinator. The UK Border Agency visited the establishment when the prison contacted them about individual cases; the most recent visit had occurred in March 2011. At the time of the inspection, there were no prisoners held exclusively under immigration powers.

- 4.14 Foreign national prisoners were able to send airmail letters free of charge and received a free five-minute telephone call in lieu of visits. This information was provided to new foreign national prisoners by the peer support worker.

Recommendation

- 4.15 Information for prisoners displayed on noticeboards should be in a range of appropriate languages.

Disability and older prisoners

- 4.16 There was no disability strategy but the diversity coordinator was enthusiastic and proactive. Some reasonable adjustments had been made for prisoners with disabilities but there was no care planning. A disability survey of the establishment had taken place and a number of improvements had been identified, subject to funding. Older prisoners reported favourably on their treatment by staff and the attention given to their health needs but those over retirement age still had to pay for their television. The older prisoners forum was a good initiative but lacked the support of managers.
- 4.17 Services for older prisoners and those with a disability had improved but remained underdeveloped and there was no disability strategy. However, such prisoners were generally content with their treatment, and some reasonable adjustments had been made, although more were required and there was no care planning. The role of disability liaison officer was undertaken by the diversity coordinator, who was enthusiastic and proactive. A simple needs assessment was carried out for every new prisoner by the diversity peer support worker and appropriate referrals were made to the coordinator, and subsequently to health services staff in some cases. A database was maintained of those declaring a disability. At the time of the inspection, seven prisoners had a personal emergency evacuation plan (PEEP) and appointed buddy. Staff were aware of the prisoners who needed assistance in the event of an evacuation.
- 4.18 A comprehensive survey of the prison's disability needs had taken place in conjunction with the local council and a number of adjustments had been identified, subject to the future availability of funding.
- 4.19 There were 75 prisoners over the age of 50. In our survey, older prisoners reported more positively than their younger counterparts across a range of indicators, including their treatment by staff and the attention given to their health needs. The older prisoners forum took place regularly. It was chaired by the diversity coordinator and attended by the health care manager. It generated useful discussion but there was a lack of management support. There was no action plan or needs analysis. Those over retirement age still had to pay for their television.

Recommendations

- 4.20 The improvements and adjustments identified in the prison disability survey should be implemented.
- 4.21 Prisoners over 65 should not have monies deducted for their television rental.

Gender and sexual orientation

4.22 There was no policy on sexual orientation and little publicity to recognise this diversity strand. Gay prisoners felt that there was little support for them.

4.23 There was no specific policy for gay and transgender prisoners and, although this diversity strand appeared as a standing agenda item in the DREAT minutes, it was rarely discussed in detail. One prisoner had identified as bisexual in the prison's healthy prison survey, conducted before the inspection. No support was offered to such prisoners and there was little publicity to recognise this diversity strand and enforce a zero-tolerance approach to homophobia.

Recommendation

4.24 Information on support networks for prisoners who identify as gay/bisexual or transgender should be publicised, alongside a statement declaring a zero-tolerance approach to discrimination based on sexual orientation.

Section 5: Health services

Expected outcomes:

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

5.1 Health care provision had improved. The new health centre was of a high standard and compliant with infection control standards. Delays in the service commissioning process had caused uncertainty and the loss of some staff. Clinical governance was effective. Prisoners were critical of the first-come, first-served system for accessing the GP, which appeared to disadvantage the less mobile, although prisoners could usually access a GP within 48 hours. There was a reasonable range of primary care clinics and provision for lifelong conditions and older prisoners. The pharmacy service was good, although monitoring of divertible medications required enhancement. Prisoners valued the optician service and there was no waiting list. Prisoners were dissatisfied with access to dental services, and the waiting list was unacceptably long. Secondary care provision was sound, with good access to hospital appointments. Mental health services had improved, with a reasonable range of primary and secondary care options.

General

- 5.2 Health services were commissioned by Eastern and Coastal Kent NHS Primary Care Trust (PCT) and were provided by the prison. The service commissioner had put the services out to tender and the process was under way at the time of the inspection. The provision of health services was informed by a health needs assessment, which had been completed in 2011. The prison had previously been a part of the Sheppey prisons cluster, which had ceased to exist and was now referred to as a 'group', and several health care functions were shared, including strategic management and governance.
- 5.3 There was good partnership working and regular partnership board meetings, which were well attended. The meeting received regular reports on a range of performance indicators, such as audit, complaints, compliments and sensitive performance indicators. The Department of Health Prison Health Performance and Quality Indicators self-assessment had been completed in 2010 and 2011, and the self-rating demonstrated areas of progress and concern. One self-reported area of concern was a lack of screening for potential learning disability; the prison was considering how to rectify this. There was a Sheppey prisons health development plan, 2011, which drew together strategic and governance actions.
- 5.4 In our survey, prisoners were generally less satisfied with health care than those at comparator establishments and than at the time of the previous inspection. Those over the age of 50 were more positive than their younger counterparts about health care. Fewer prisoners from black and ethnic and Muslim backgrounds than their white and non-Muslim counterparts, respectively, said that it was easy to see a doctor. We observed health services staff being respectful and professional with prisoners.
- 5.5 The Wright Medical Centre was close to the accommodation wings. It contained several consultation and treatment rooms, a pharmacy room, a waiting area and administrative offices. The walls were sound-proofed so that consultations could not be overheard. The building was

of a high standard and was cleaned regularly. Regular hygiene audits (similar to NHS infection control audits) demonstrated few areas for improvement and there was a cleaning standards action plan. We observed the clinical areas to be compliant with good standards of infection control.

- 5.6 The health care manager was the lead for the health care of older prisoners. An older prisoners screening tool had been created and was in use. An over-50s health care forum had begun in 2011, administered by the equality peer support worker. A protocol had been agreed with the gym which included provision for exercise for those so referred.
- 5.7 New prisoners were given a printed guide to the health care department in reception. This was comprehensive and available in several languages. As it contained no illustrations, it was not suitable for prisoners with reading difficulties. A professional telephone interpreting service was available for prisoners with little use of English, although it was rarely required.

Recommendation

- 5.8 All prisoners should be screened for learning difficulties on arrival.

Housekeeping point

- 5.9 The health care information guide should be developed to include visual enhancements.

Clinical governance

- 5.10 There was a policy for clinical governance. There were regular clinical governance meetings, at which clinical data for the prison were monitored and discussed.
- 5.11 A senior nurse was the health services manager. There was a team of registered nurses and an administrator. The staffing complement had been re-profiled in 2011, with a resultant loss of a nursing post; this had increased the workload for remaining staff. Due to uncertainties over the future staffing profile post-tender, and delays in recruitment to vacancies, the nurses were covering a pharmacy vacancy, which reduced their availability for other activities. In addition, the SystmOne super-user/clinical auditor had transferred to another vacancy in the prison, leaving the nurses to cover some of these duties. This meant that there was little capacity for further clinical developments. The nursing service was reliant on agency staff, as there was a chronic inability to recruit permanent nursing staff, although the agency staff were regular and so there was good service continuity. Problems with recruitment were appropriately entered on the service risk register.
- 5.12 Clinical staff members' registration details were logged by the manager, and their mandatory training requirements were in date and attendances recorded. There was access to continuing professional development and the senior nurse manager had recently become a nurse prescriber. There was a policy for clinical supervision and a cascade model of supervision, which occurred monthly. There was a clinical supervision folder in the staff room, containing useful information. Receipt of clinical supervision was recorded.
- 5.13 Occupational therapy equipment could be acquired from the PCT community store following assessment by the community occupational therapy service for prisoners requiring assistance with mobility. Continence aids such as urinary catheters were available.

- 5.14 Emergency resuscitation equipment was available in a grab bag in the health centre. The bag contained portable oxygen, airway support equipment and other items. An emergency drugs pack and automatic external defibrillator (AED) were located near the grab bag. AEDs were additionally sited in the A wing control room and gym. The equipment was checked routinely, except for the one on A wing, which was dusty and had not been checked since July 2011. On A wing, only two wing-based staff had been trained to use the AED, so it was not always possible to have a trained person available at all times. While there was a plan to introduce training, the presence of AED equipment for deployment by untrained staff represented a potential risk.
- 5.15 Paper-based clinical documents were scanned into SystmOne. Patient records were comprehensive and the care planning and template functions of this electronic patient record system were used, particularly for prisoners with lifelong conditions. There was an archive room for paper clinical records. The retrieval, use and storage of clinical records complied with Caldicott principles and the requirements of the Data Protection Act. There was a PCT protocol for information sharing between the health care department and other agencies.
- 5.16 Evidence-based clinical reference materials, including those issued by the National Institute for Clinical Excellence (NICE), were available to staff, as were copies of relevant National Service Frameworks. Patients' treatment plans reflected the evidence base. The senior manager and other senior nurses for the group sampled the content of records on an ad hoc basis.
- 5.17 There was a patient forum, which met regularly. Prisoners were represented by health peer support workers, although every prisoner received a personal invitation to attend the meetings. Occasional patient surveys were used to inform the group, including a prison survey, which had been conducted in October 2011. The survey contained criticisms and praise about health services. Most of the criticisms were about dental services. Patient forum minutes were displayed in the health care waiting room. Service responses and actions taken following consultations with service users were publicised in the waiting room and on the wings.
- 5.18 In the health centre waiting room was a leaflet for patients, entitled 'How do I complain?'. Prisoners with concerns about health services were encouraged to discuss them with health peer support workers; most issues were resolved at this stage. A log of the concerns was kept by health services staff but this informal resolution stage was not linked to the complaints system. Unresolved issues were taken to the prisoner health care forum, or individuals could make comments or complain during their visits to the health centre, or in writing via the prison complaints system. Prison complaint forms were available on the wings and could be posted at the health centre. There had been one complaint in the previous six months about access to the dental service; the response to this had been focused and professional. Registering a complaint in the prison complaints system triggered monitoring by the PCT patient advisory and liaison service (PALS). Prisoners also had access to the independent complaints advisory service (ICAS).
- 5.19 Health services staff made use of the PCT policies and procedures, which were available electronically and in print. There was a policy on the control of communicable diseases, which contained guidance on what to do in the event of the outbreak of a communicable disease and contingency plans for pandemic influenza.

Recommendations

- 5.20 **Staff should be trained in the use of automatic external defibrillators (AEDs). AEDs should be cleaned and checked regularly, and a record should be kept of such checks.**

- 5.21 The log of informally resolved prisoner issues should be linked to the formal complaints system.

Housekeeping point

- 5.22 The ad hoc sampling of clinical records should be regularised in a programme of clinical audit.

Good practice

- 5.23 *Opportunities for service user participation in the development of health services had a high profile, and feedback on actions following consultations was well publicised.*

Primary care

- 5.24 Before the transfer of prisoners to the establishment, the health care department contacted the sending prison to inform it of the health services available at Standford Hill, to avoid the inappropriate transfer of patients and to ensure continuity of care for pre-existing medical conditions. The reception process included a confidential consultation with a registered nurse in a dedicated room. A reception health screen was used to determine immediate health needs and the prisoner was invited to sign a consent form for the acquisition and sharing of health-related information with his GP and other relevant agencies. Following screening, the prisoner was invited to attend a well-man assessment within three days, which included the use of standardised SystemOne templates or health rating tools, as appropriate.
- 5.25 Prisoners could also apply for an appointment by using an application form posted on the wings. This system was rarely used, as prisoners tended to visit the health centre and make appointments, which were booked instantly. Prisoners wishing to see a doctor told us that they had to do a 'hundred-yard dash' to get an appointment on a first-come, first-served basis. When all GP appointments were taken, prisoners could see a nurse or were offered a GP appointment for the following day. The longest waiting time to see a GP was 48 hours and urgent slots were reserved each day on the GP list which could be allocated after triage. We observed the system and we confirmed that it disadvantaged the less mobile prisoners, as the fitter ones ran to the health centre from their wings.
- 5.26 Primary care services were available from 8.30am to 4.15pm during the week. Prisoners could see a nurse at any time during the day but complained that published closing times, variously 4.30pm and 5pm, were later than the time at which the health centre door was locked, at 4.15pm.
- 5.27 There was a range of primary care clinics, led by GPs and nurses. These included daily nurse-led clinics, GP surgeries three times a week and a variety of treatment clinics in the afternoons, including dressings, podiatry and smoking cessation. Physiotherapy could be accessed at Sheppey Hospital. There was an evening sexual health clinic once a week, to enable access for prisoners who worked out of the prison during the day. Nurses used triage to prioritise cases. Triage algorithms were not used but clinical guidelines were available for nurses to refer to.
- 5.28 Age-related screening activities were under way for the under-25s and over-50s, including chlamydia screening and senior well-man consultations, respectively. There was participation in national screening programmes for the general population, such as the detection of chronic heart disease, and bowel and prostate cancers. Active immunisation programmes included

hepatitis B, influenza for high-risk groups and meningitis C. Lifelong conditions such as asthma and diabetes were monitored and treated on an individual basis, and the health care department participated in the PCT quality outcomes framework auditing. There was no waiting list to see a nurse or optician, and failures to attend for all health care appointments were relatively uncommon. Out-of-hours GP services were provided by the South-East out-of-hours GPs on-call. In practice, health services staff at HMP Elmley were contacted first, as they were able to access SystmOne and provide informed advice, so GP out-of-hours services were used infrequently.

- 5.29 There was a health promotion action group, which was implementing an action plan. Health promotion literature was freely available in reception and in the health centre waiting room. Health promotion posters were displayed in the gym and on the wings. The availability of barrier protection and lubricant was advertised at reception and in the health centre waiting area.

Pharmacy

- 5.30 The pharmacy room was located in the Wright Medical Centre. It had two lockable doors but at times during the inspection both doors were unlocked. This could represent a security risk, as sometimes patients had access to the outside corridor.
- 5.31 Prescriptions were generated on SystmOne and faxed through to HMP Rochester for supply. Systems for the supply, transport and storage of medicines were good. Medicines ordered before noon would usually be delivered on the same day. Stock items and heat-sensitive products were stored appropriately. The temperature ranges of the refrigerators were recorded regularly.
- 5.32 Administration of medication was by nursing staff once a day. Most patients were on in-possession medication. As part of the in-possession assessment, the patient had to sign a compact, and we found copies of these attached to the patient's SystmOne record. Records of medicine administration were entered onto SystmOne by the nursing staff; we examined a few of these and found no anomalies. In-possession risk assessments we looked at had been scanned into SystmOne but some appeared to have gaps where 'NA' had been put, instead of a yes or no answer. Controlled drugs were usually supplied as stock from HMP Rochester, and these were ordered using standard ordering forms.
- 5.33 The pharmacist and pharmacy technician visited the establishment monthly to carry out spot checks and formal checks, with a report every quarter. There were no pharmacy-led clinics. The pharmacist had recently become an independent prescriber and was hoping to hold clinics in the future.
- 5.34 A system was available for patients to request repeat medication, and this was similar to that used in the community. Patients being discharged or transferred were usually given medicines in possession, unless contraindicated by their risk assessment. Peer support workers could collect medications on behalf of those who worked out, subject to a risk assessment and compact agreement. The establishment had the facility for printing medication prescription forms for use in the community on discharge.
- 5.35 Patient group directions (PGDs) were in place and used by nursing staff, allowing patients to have access to more potent medications than would otherwise be available without a prescriber. Some of the PGDs found in the pharmacy room were overdue for review, although

the pharmacist said that they had been extended at a recent medicines and therapeutics committee meeting.

- 5.36 Emergency drugs were kept in a sealed container next to the resuscitation kit in the health centre. The contents were checked regularly, although when we opened the emergency drugs pack, we found medications inside (including intravenous phenytoin – an anticonvulsant) which were not listed on the outside of the kit.
- 5.37 Some medicines were available as special sick, and there was a specific formulary available for this purpose. Records of medicines given were recorded on SystmOne, to which the pharmacy had access. The pharmacist told us that she reviewed these on an ad hoc basis during her visits. Medicines issued under one of the PGDs were also issued from the special sick stock cabinet. An audit trail showed the medications that had been issued to individual patients. Levels of stock, and expiry dates were monitored by the nursing staff, although we found no documentary evidence for this during the inspection.
- 5.38 A medicines and therapeutics committee met quarterly and included representatives from some of the other prisons in the group, and sometimes representatives from the PCT. Although prescribing data were available on the computer, this was not often discussed at the meetings, owing to the pressure of business from other prisons in the group. Standard operating procedures were in place but most did not appear to have clear review or implementation dates. A written confirmation that staff had read the standard operating procedures could not be found. Controlled drug procedures were present and signed by staff, and had clear implementation and review dates.
- 5.39 SystmOne was capable of generating reports using prescribing data, although this did not appear to be done frequently. The prescribing of tramadol appeared to be relatively high, and the pharmacist was concerned about this. It was understood that patients were being prescribed this medication instead of other, more potent analgesics.

Recommendations

- 5.40 The door to the pharmacy room should be kept locked at all times, unless access is required.
- 5.41 Standard operating procedures should have clear implementation and review dates, and evidence should be kept to show that staff have received training on those relevant to their roles.
- 5.42 Prescribing data should be used to demonstrate value for money, promote effective medicines management and check trends in the prescribing of divertible medications.

Housekeeping points

- 5.43 The administration of paracetamol to all prisoners at reception should be subject to clinical audit.
- 5.44 Only necessary items should be kept in the emergency drugs resuscitation kits. Regular date checks should be carried out for all stock medicines, and clear retrievable records should be kept for this.

Good practice

- 5.45 *Health peer support workers collected medications for prisoners who worked out, so that they did not have to interrupt their work schedule to get to a health centre.*

Dentistry

- 5.46 In our survey and our groups, prisoners expressed considerable dissatisfaction with access to dental services. At the time of the inspection, there was a waiting list of 104 patients, who had been waiting an average of 16 weeks, with one prisoner waiting longer than a year. A plan had been introduced to eradicate the waiting list. However, even if the plan proved successful, it would add another three months to the waiting time of 50% of the prisoners.
- 5.47 Dental surgeries were held twice a week and a full range of treatments were available. Prisoners told us that the quality of the service they received was good. The dental suite was modern, with radiographic and other expected facilities. However, the space was small and dominated by the dental chair. SystemOne was in use but the computer was located in the decontamination room because of limited space in the surgery. The decontamination facilities complied with current regulations, including the separation of dental amalgam. Dental waste had to be transported via a general corridor because there was no communicating door or hatch between the surgery and decontamination room. Waste was stored and removed by a specialist contractor. Dental instruments were supplied by the local hospital clinical sterile supplies department.
- 5.48 The PCT community dental services manager visited the site regularly to monitor the environment. Records were readily available concerning staff qualifications and training, equipment safety checks and PCT inspections, the most recent of which had occurred in 2009. PCT policies on pertinent issues such as staff induction, infection control and vulnerable adults had been enhanced and made relevant by the addition of local protocols for use in the dental surgery.

Recommendation

- 5.49 **The waiting time to see the dentist should be assertively managed, to achieve equivalence to the primary care trust target (PCT) for dental services waiting time in the community.**

Housekeeping point

- 5.50 The transportation of dental waste between the surgery and decontamination room should be subject to an infection control audit.

Secondary care

- 5.51 Prisoners requiring secondary care, diagnostics and treatment attended the general hospitals on the Isle of Sheppey and Maidstone. Release on temporary licence, initiated by the health care department, was used to permit attendance at external appointments. Telemedicine facilities, while available, were underused.

Mental health

- 5.52 Oxleas NHS Mental Health Foundation Trust provided an integrated primary and secondary in-reach service using a stepped care approach. Within this model, there was a draft pathway for referral and the treatment of prisoners with common and more serious mental health problems, of which there were nine at the time of the inspection. Nurses, psychology assistants and forensic psychiatrists were routinely available to patients. Several nurses on the primary care team also had mental health qualifications. Nurses provided advice and support to prisoners subject to assessment, care in custody and teamwork (ACCT) procedures. About 22% of uniformed officers had received some training to recognise and take appropriate action for prisoners with mental health problems.
- 5.53 There was a reasonable range of primary mental care opportunities for prisoners, including self-help books from the health care department and the library, one-to-one support using brief solution-based approaches, and access to counselling services. There was an agreed and funded service modernisation programme for mental health, and phase 2 was due to start in April 2012. We were told that a range of improving access to psychological therapy (IAPT) services would become available at that time, including access to group activities and specialist interventions for persons with conditions such as personality disorder.
- 5.54 Patients who required inpatient mental health care were transferred to HMP Elmley.
- 5.55 A bereavement counselling service was also provided, although staff and prisoners agreed that the service needed to be extended to include more generic counselling.

Recommendation

- 5.56 **Generic counselling services should be provided.**

Section 6: Activities

Time out of cell

Expected outcomes:

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

- 6.1 Prisoners had keys to their cells, so were never locked away but were confined to their wings after 7.45pm and to their cells after 9.30pm (10.30pm on C wing). Association was poorly supervised and there was little interaction between staff and prisoners. There were few structured recreational evening activities.
- 6.2 Prisoners had keys to their cells and could move freely on their wings to use toilet facilities at all times but were otherwise confined to their cells from 9.30pm to 6am on A and B wings; prisoners on these wings were confined to their landings from 7.45pm, which restricted their access to telephones, association areas and cooking facilities (see section on accommodation and facilities). On C wing, prisoners were confined to their cells one hour later, to allow for late returns from work.
- 6.3 Association areas were reasonably equipped. We found that association was generally calm and relaxed but poorly supervised (see section on accommodation and facilities). We observed little interaction between staff and prisoners during association (see main recommendation HP54). Staff said that they had too much administrative work to do, limiting the amount of time that they could spend with prisoners. Only 7% of respondents to our survey, against the 18% comparator, said that staff normally spoke to them during association. Prisoners complained to us that they were bored and that no activity was provided during the evenings, such as recreational education.
- 6.4 Although they could all leave their cells for more than 13 hours a day, in our survey only 34% of respondents said that they spent 10 or more hours out of their cells on weekdays, and this was in spite of nearly all prisoners being involved in a daytime activity.
- 6.5 Prisoners had access to the spacious grounds at all association times, and C wing had a pleasant garden. They were provided with outdoor clothing, so that they could exercise in the fresh air during inclement weather.

Recommendation

- 6.6 Prisoners should be provided with more structured activity during association periods.

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of

sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

6.7 There were sufficient purposeful activity places to meet the needs of the population. There was a narrow range of accredited vocational training programmes linked to employment opportunities. Opportunities for linking accredited learning and skills to employment in the industry workshops were underdeveloped. Links between individual learning plans and sentence plans had improved but the sequencing and work allocation processes had not been fully integrated. Learning and skills was managed satisfactorily and there was a clear management structure. The working out scheme was well managed and the risk assessment process was effective. Achievement of qualifications was good on vocational training but only satisfactory on most education programmes. The quality of learning and skills provision was satisfactory and there were around 150 education places, mainly part time. The library provided a good, accessible resource.

Leadership and management

6.8 The management of learning and skills overall was satisfactory. Many changes had taken place among senior staff over recent months and there was now a clear and well-informed management structure. Roles and responsibilities were clear, although some of the processes had not been fully established and industries were not sufficiently integrated with learning and skills. All relevant staff had been vetted and had received, or were in the process of receiving, appropriate clearance.

6.9 There were effective links between the Offender Learning and Skills Service (OLASS) provider and the prison. The learning and skills self-assessment reports formed part of the prison's strategic planning. There was an action plan with improvement targets overseen by a quality improvement group. The percentage of prisoners participating in learning and skills had increased since the previous inspection but still remained low, at 45% of those prisoners who remained in the prison each day. Approximately 120 prisoners were engaged in additional training opportunities or unpaid and paid work in the community.

6.10 The head of learning and skills worked across the Sheppey group of prisons and was responsible for monitoring the OLASS-funded education contract delivered by The Manchester College, and the prison-delivered training. Links between the prison support teams for sentence planning and allocation to work activities were satisfactory but not fully integrated with resettlement (see section on vocational training).

6.11 The careers information and advice service provider, Tribal, had a clearly defined structure for the delivery of the service. Most prisoners received appropriate guidance during induction (see below).

Recommendation

6.12 **Quality improvement processes should be fully established, to ensure that the highest quality of learning and skills is available.**

Induction

- 6.13 The induction programme delivered adequate information about the opportunities available in education, training and work. The initial assessment of literacy, numeracy and language support needs was satisfactory, although too many prisoners below level 1 were not prioritised for support before engaging in external work or employment in prison industry workshops.

Recommendation

- 6.14 **The prison should ensure that prisoners below level 1 for literacy and numeracy should be prioritised and supported to develop appropriate skills before engaging in employment in external work or in prison industry workshops.**

Work

- 6.15 There were sufficient work opportunities for the population, and most prisoners engaged in work. Approximately 25% of prisoners were out of the establishment on college courses, or in unpaid or paid placements. The range of activities was reasonable and the allocation process satisfactory but activities were not fully integrated. Minimum levels of literacy and numeracy were not considered when allocating prisoners to workshops, although individual support was available in some workshops. All prisoners were encouraged to work in the prison while waiting to work out. Up to 15 prisoners worked as cleaners on the wings, although not all had been appropriately trained, and prisoners were also employed as orderlies in the gym and the library. Gym orderlies and health trainers were appropriately trained.
- 6.16 In the print workshop, prisoners operated a number of printing processes, replicating normal working practice, and received in-house certificates of competence. Prisoners were also employed in horticulture, maintaining garden machinery and a range of recycling workshops, but employability skills gained were not recognised.
- 6.17 The rates of pay were confusing and the pay policy was not up to date. Most prisoners at work could earn around £22 a week, with some achieving bonuses and wages up to £35 in the rag-cutting workshop. Retired prisoners were paid only £5 a week. Prisoners were disadvantaged for attending education, receiving only £18 a week.
- 6.18 Voluntary placements and paid work in the community were well managed, with effective risk assessment processes. Where possible, prisoners were well matched to placements which provided them with the opportunity to develop a range of employability and social skills. For example, placements, with a local community care centre had been valuable in developing high-quality work for prisoners and additional National Vocational Qualifications (NVQs).
- 6.19 The Prisoners' Earnings Act was beginning to have an adverse effect on prisoners finding employment outside, by making it uneconomical for them to take jobs which incurred substantial travel expenses. The Prisoners' Earnings Act now required 40% of a prisoner's net earnings (over £20 per week) from external employment to be deducted as a levy towards Victim Support; governors were only permitted to mitigate this requirement in 'very exceptional circumstances'. More than one prisoner was finding that after necessary expenses, such as travel, they were significantly out of pocket. This was beginning to limit the realistic scope for prisoners to find jobs (e.g. near enough to their home) which could provide continuity of employment after release.

Recommendations

- 6.20 The prison should ensure that employability skills developed in the workshops, working out and work placements are effectively recorded and formally recognised.
- 6.21 The pay structure should be revised and ensure that those attending education are not disadvantaged.

Vocational training

- 6.22 The number of training places was limited although the range of different courses was reasonable, and the training was not sufficiently well linked to resettlement needs (see main recommendation HP57). All qualifications were at foundation level, although nine learners attended local colleges and universities for specialist higher-level courses. The quality of training was good. Achievements for vocational courses run by the PE department were excellent, and were also high on forklift truck operations. There was 100% retention and achievement on short employment-related courses, including Construction Skills Certification Scheme (CSCS) awards, first aid, health trainers and plant operators. The information technology qualifications (ITQ) programme was well planned and success rates were satisfactory. Learning plans in other training areas were not used well to ensure that learners had clear targets and that their progress was recorded during each learning session.
- 6.23 The facilities for British Institute of Cleaning Sciences training were poor but once on the programme, prisoners were able to progress to the highest levels, and some even became assessors.

Recommendation

- 6.24 The prison should improve the industrial cleaning training environment and provide sufficient training to ensure that all wing cleaners are qualified and that sufficient opportunities are available to deliver training to higher levels.

Housekeeping point

- 6.25 There should be learning plans and records of progress maintained in all training areas.

Education

- 6.26 Education classes were delivered in an excellent new building, and were available on a full- and part-time basis, providing a total of 150 places. However, despite improvements in attendance, only about 80% of places were filled. There were drop-in information and communications technology (ICT) sessions on some evenings. Achievement in externally accredited qualifications in literacy, numeracy and ICT were satisfactory. Learners' attendance in education classes was satisfactory overall, at 79%, but there were frequent absences during lessons, which at times had a negative impact on lesson planning and continuity of learning.
- 6.27 Teaching and learning were only satisfactory, although there were examples of interesting activities and individual coaching. Relationships between learners and tutors were good, and teaching staff were appropriately qualified and experienced, but lessons were not sufficiently well planned to meet individual needs. Some weaker sessions lacked a sufficient range of

teaching methods, were over-reliant on paper-based resources and lacked pace and challenge for more able learners. Teachers did not have sufficient access to information learning technology to enhance teaching and learning.

- 6.28 The use of individual learning plans was variable, with only some containing appropriate targets, and the results from the assessment of literacy and numeracy were not used sufficiently well to plan learning. The tracking of progress by tutors was satisfactory.
- 6.29 The education provision was narrow and focused mainly on supporting learners' literacy and numeracy needs up to intermediate level, and employability studies. 'Outreach' learning in literacy and numeracy was available to prisoners in vocational training and work but accommodation was limited. There was inadequate support for prisoners undertaking Open University studies and the planning of English for speakers of other languages (ESOL) provision was weak, in spite of efforts to improve it. The prison promoted education opportunities appropriately. Working arrangements between the prison, The Manchester College and Tribal had led to improved collaboration and monitoring of learners' progress, and further improvements were planned. Education was well promoted in the prison and working arrangements with Manchester College and Tribal had led to improvement of educational outcomes for prisoners.
- 6.30 The Manchester College had carried out an effective analysis of data to obtain information on the achievements of different groups of learners. However, it did not analyse data sufficiently well to ensure equality of participation.

Recommendations

- 6.31 The prison should improve the quality of teaching delivered to learners and provide opportunities to share best practice and ensure that teaching and learning is of the highest quality.
- 6.32 Teachers should be provided with sufficient access to information technology to provide appropriate education sessions.
- 6.33 The prison should better coordinate the planning of education and training for individual prisoners, to enhance their employment opportunities while in prison.
- 6.34 The results from literacy and numeracy assessments should be used more effectively to plan individual learning.
- 6.35 The prison should broaden and embed the education provision to focus more on resettlement opportunities and should ensure that the English for speakers of other languages provision meets the needs of those requiring support.

Housekeeping point

- 6.36 Prisoners attending lessons should be required to remain in the session once it has started.

Library

- 6.37 The library was managed well by Kent County Council. It was open every day of the week and during the evenings, and access for prisoners was good. Library staff were supported by five prisoner orderlies.
- 6.38 There was an adequate range of books and access to interlibrary loans. The library also stocked audio books, legal references and foreign language books. English language and some overseas newspapers were available.
- 6.39 In our survey, 61% of prisoners said that they visited the library at least once a week, which was better than the 56% comparator but worse than at the time of the previous inspection (68%). Library data could not be used to confirm the usage of the service or identify the groups of prisoners accessing the facilities. The library participated in an annual book reading challenge but few other activities were organised. Links with education and training departments to promote learning were underdeveloped. One computer was available for word processing, driving test theory and career guidance.

Recommendation

- 6.40 The prison should develop further links between the library and education and training departments, to improve the promotion of learning and skills.

Physical education and health promotion

Expected outcomes:

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

- 6.41 The PE department was well resourced and prisoners had good access to the gym, which was open before and after work, during the day for specific courses and at weekends. Prisoners had opportunities to participate in recreational sessions and a range of regularly run courses. Half of the gym was usable for limited racket sports, with the other half holding weight training equipment. Remedial and recovery from injury PE sessions were run regularly by the qualified health trainers. The outdoor football pitch was well used for a range of sporting activities.
- 6.42 Access to gym activity was well promoted through the regular prison induction programme. Prisoners underwent a gym induction, which included manual handling, first aid and an introduction to the safe use of the equipment. Medical checks were conducted by PE staff, and links with the health care department to support prisoners through exercise referral and rehabilitation from injury were satisfactory, with the involvement of health trainers.
- 6.43 The PE department was well maintained, clean, and well managed. It was managed by a senior officer and four officers. Prisoners with appropriate qualifications were well used as orderlies. Half of the gym could be used for short tennis or badminton, with the other half being taken up with the weight training equipment. The outdoor football pitch was well used for team

sports and competitions. Broken equipment was repaired promptly but there was no budgeted rolling replacement plan for cardiovascular equipment. Potable water was available in the training locations.

- 6.44 All prisoners could use the facilities before and after work, at weekends and for specific sessions during the afternoons. Sessions aimed at the over-40s and those who had not previously engaged in strenuous exercise were run daily by health trainers.
- 6.45 Prisoners trained as health trainers fulfilled many of the roles of gym instructors but were not all able to obtain this qualification or gain other, higher-level qualifications which could help support their future employability. They also worked with local community groups, including those with disabilities and a chronic pain sufferers group. Staff from the working out programme did not liaise with prisoners or staff in the gym to identify resettlement opportunities for the well-qualified prisoners.
- 6.46 Sufficient showers and changing facilities were available. Prisoners wore their own training clothing and footwear for all indoor activities. Appropriate risk assessments were conducted for all activities, and there were few accidents during PE sessions. Appropriate records of incidents were maintained and well managed.

Recommendations

- 6.47 A budgetary and usage plan should be instigated, to ensure that items of gym equipment are replaced at appropriate intervals before they fail.
- 6.48 Additional employment qualifications should be introduced for prisoners to train as gym instructors.

Housekeeping point

- 6.49 Staff from the working out programme should liaise with prisoners or staff in the gym to identify resettlement opportunities for the well-qualified prisoners.

Section 7: Good order

Security and rules

Expected outcomes:

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

7.1 Adequate resources were allocated to the security team and staff were not cross-deployed. Some targeted searching had not been completed, owing to staff shortages. Monthly security meetings were held but specific objectives were not clearly defined. The number of security information reports submitted had reduced considerably over the previous two years but the reasons for this were unclear. Strip-searching was generally based on a risk assessment but those being transferred to another prison were strip-searched routinely. Aspects of dynamic security were hindered by the lack of interactions between staff and prisoners. Rules were generally applied fairly and consistently and prisoners were clearly informed about them.

Security

- 7.2 The security department consisted of one full-time principal officer, who managed two senior officers, one officer and an operational support grade. The team had been increased by one officer since the previous inspection, and they were not routinely cross-deployed.
- 7.3 Searching resources were taken from the main staff group but not all targeted searching had been done – this was attributed to long-term sick absence. For example, in October 2011, 22 targeted searches had been required but only 16 had been carried out. Two extra staff had been identified to alleviate the pressure. Missed searches were not logged or monitored month on month to identify issues. Strip-searching of prisoners was normally based on a risk assessment. However, those being transferred to another establishment were routinely strip-searched.
- 7.4 The monthly security meeting had appropriate membership and was chaired by the head of security. An intelligence report was used to inform discussions, although specific security objectives developed through an analysis of the intelligence were not always clearly set out or communicated to staff across the prison. Staff were not aware of the specific objectives for the month. Dynamic security was hindered by a lack of interaction between staff and prisoners during association time (see paragraph 2.25).
- 7.5 Security information reports (SIRs) were of adequate quality and were acted on appropriately and promptly. Since 2009, the number of SIRs submitted each year had fallen considerably, from 782 in April to August 2009, to 489 in the same period in 2011. The reasons for this reduction were unclear. SIRs were monitored each month but there was little long-term analysis of trends and issues. Security staff had links with the violence reduction team, and the police liaison officer contributed to community workplace risk assessments and other intelligence-led work. Risk assessments for allocation to work in the prison were not informed by a security report.

- 7.6 The number of prisoners transferred out to a category C prison as a result of behavioural or security problems had reduced by half since the previous year. This reflected the change in the prison population, with more long-term prisoners and a commitment to managing difficult and challenging behaviour. The number of absconds had also reduced by half in this period but the number of prisoners failing to return from release on temporary licence was at a similar level.

Rules

- 7.7 Although the rules were not displayed on noticeboards on the wings, prisoners were fully aware of them. Rules were applied fairly and consistently, with the exception of the issuing of incentives and earned privileges (IEP) warnings, which sometimes reflected an inconsistent approach. An explanation of the rules was included in induction and prisoners were aware of the behaviour that was expected of them. Those on the enhanced level of the IEP scheme who were working in the community could reside on C wing, where the rules were less stringent and prisoners had more freedom.

Recommendations

- 7.8 The reduction in the number of security information reports should be further investigated and appropriate action taken if necessary.
- 7.9 All strip-searching should be based on a risk assessment.

Housekeeping points

- 7.10 Missed searches should be logged and monitored.
- 7.11 All staff should be aware of the specific security objectives for the month.
- 7.12 The risk assessment for work in the prison should be informed by a security report.

Discipline

Expected outcomes:

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

- 7.13 The number of adjudications was reasonable and similar to that at other open prisons. Hearings were well managed and paperwork completed in sufficient detail. Monitoring was limited and did not track issues and themes year on year. All completed paperwork was quality assured. Decisions to suspend temporary release were now rightly separate from the adjudication process. There was little use of force and written records of incidents were adequately detailed but not always appropriately certified.

Disciplinary procedures

- 7.14 The number of adjudications had reduced over the previous two years and was currently comparable with that in other open prisons. There had been 214 adjudications between January and October 2011. The main reasons for adjudications were the possession of unauthorised articles such as mobile telephones and the use of drugs and alcohol.
- 7.15 Monitoring was undertaken at the quarterly adjudications standardisation meeting but data were not aggregated year on year to identify any issues or trends. Adjudications were monitored by race and ethnicity, and no issues of over-representation had been noted.
- 7.16 An adequate number of adjudication liaison officers was in post. They had been appropriately trained and attended the quarterly meeting when possible. Tariffs were regularly reviewed and mainly consisted of loss of canteen or earnings. The awards we reviewed were appropriate, as was the use of the independent adjudicator for more serious breaches of rules. Charges were dismissed when appropriate.
- 7.17 The adjudications we observed were managed appropriately. The room used for the hearings was satisfactory and provided adequate confidentiality. The prisoner was involved in the hearing and it was ensured that he understood the charge. Hearings were adjourned when necessary, to enable the prisoner to seek legal advice.
- 7.18 Completed paperwork was checked by a governor, and any issues found were reported back to those managing the hearings. However, a log of quality assurance was not kept. Adjudication records were of good quality and fully recorded the details of the hearing. The punishments given were clearly recorded, although reports from other departments tended to lack detail and report only on basic compliance.
- 7.19 Until recently, the policy had been to suspend permission for community work for all prisoners found guilty at adjudication but this had led some prisoners to feel that the punishments were over-harsh. The two processes were now separate, although those prisoners removed from community work still viewed it as part of the adjudication punishment.

Housekeeping point

- 7.20 A log of the quality assurance of adjudications should be kept, to monitor issues and trends.

The use of force

- 7.21 The level of use of force was low, with seven in 2010 and three in the year to date. All instances had been unplanned. There was no segregation unit and no special accommodation. There had been examples over recent years of prisoners going into a closed prison segregation unit but being transferred back to open conditions at the earliest opportunity.
- 7.22 A use of force coordinator collated information for the senior management team and the security meetings. Use of force records had been completed thoroughly. However, in some cases the person authorising the use of force had also signed to certify its use. Paperwork was checked by the coordinator and issues were reported back to officers.
- 7.23 Batons were not carried and handcuffs had only been used following a risk assessment.

Housekeeping point

- 7.24 The person certifying the use of force paperwork should not be the same person who authorised its use.

Incentives and earned privileges

Expected outcomes:

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

- 7.25 Managers had recognised the weaknesses of the current incentives and earned privileges scheme and had developed a new one which aimed to reduce the amount of paperwork and improve consistency of application. Prisoners felt that there was not enough difference between the standard and enhanced levels. There was inconsistent use of the current scheme and little effective management oversight.
- 7.26 Over 90% of prisoners were on the enhanced level of the IEP scheme and at the time of the inspection no prisoners were on the basic level. Not all enhanced level prisoners could access the additional benefits of the 'enhanced' living units, and many felt that there were not enough differences between the standard and enhanced levels. Prisoners retained their IEP status on arrival at the establishment following confirmation on the P-Nomis electronic case record system.
- 7.27 A good analysis of the weaknesses of the current IEP scheme had led to a thorough review and the development of a simpler scheme, which aimed to reduce the inconsistencies in its application, standardise the issuing of warnings and minimise the amount of paperwork required. This was due to be implemented in January 2012.
- 7.28 Warnings were inconsistently used, and not always recorded. Some prisoners had not been told when a negative entry had been made about them. Just under a third of prisoners replying to the prison's survey in October 2011 had said that staff did not challenge inappropriate behaviour, and some had said that some prisoners retained their enhanced status in spite of a number of warnings. There was no clear evidence of routine reviews taking place every six months.
- 7.29 There was insufficient management oversight and quality assurance of the IEP system. The use of P-Nomis to record warnings and reviews was relatively new and the quality of entries was not consistently good.

Recommendations

- 7.30 The use and recording of warnings under the incentives and earned privileges (IEP) scheme should be consistent.
- 7.31 Routine IEP reviews should take place as specified in the policy.

7.32 Managers should systematically check compliance and quality in the use of the IEP scheme.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Prisoners' perceptions of the quality of food were poor, and food safety arrangements were inadequate. Wing-based catering facilities were limited and some of the food observed was poorly prepared.
- 8.2 Food was prepared at nearby HMP Elmley and delivered in heated trolleys by van. There was no record of any temperature control beyond the loading of food onto the vans. Prisoners told us about, and we witnessed, some food being served lukewarm, and some meat products we observed were still frozen at the point of service. Food probes were available but catering staff and prisoners told us that they had been out of action for over a year. Chips were cooked on-site in the serveries but this was often done around two hours before service, so that the quality had deteriorated by the time they were served (see recommendation 8.10).
- 8.3 In our survey, only 10% of prisoners said that the food was good or very good, against the 39% comparator and 20% at the time of the previous inspection. Black and minority ethnic and Muslim prisoners were more dissatisfied than white and non-Muslim prisoners, respectively. Prisoners (and some staff) told us that the quality of the food and the way it was managed was a major issue.
- 8.4 Serveries were clean and prisoners appropriately dressed during the serving of meals. We were told by catering staff that some of the equipment (mainly freezers) had been out of action for around a year.
- 8.5 Caterers from HMP Elmley managed the serveries and we were not assured that the prisoners working there were adequately supervised. Stanford Hill managers shared the same concerns and were addressing this issue.
- 8.6 Meals were ordered on a pre-select basis in a four-week menu cycle. Symbols were provided to assist prisoners who were unable to read but we were told that the symbols did not always change when the menu was updated, potentially causing serious health, religious or cultural issues.
- 8.7 Catering facilities on the wings were inadequate and consisted mainly of toasters, some wings also having a microwave oven. There was no teaching of basic catering skills in preparation for release. Dining in association had recently been introduced, and had proved popular with prisoners.
- 8.8 Breakfast packs were issued on the day before consumption and many remained unused because of their poor quality.
- 8.9 Consultation took place at the general prisoners' forum, where we heard much discussion about food and also a comment that the food had improved, 'from abysmal to just poor'. Food

comment books were not readily available and, where comments had been made, there was an inadequate level of response, if any.

Recommendations

- 8.10 Catering arrangements should ensure that food is served at the right temperature and fit to eat.
- 8.11 Serveries should be managed effectively and the equipment in them maintained properly.
- 8.12 Self-cook facilities should be provided on all wings.
- 8.13 Breakfast packs should be of adequate quality and should be issued on the day of consumption.

Housekeeping points

- 8.14 The symbols on the menu sheets should accurately match the item listed.
- 8.15 Food comment books should be readily available at serveries and comments responded to appropriately.

Prison shop

Expected outcomes:

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

- 8.16 Access to the shop by newly arrived prisoners took too long. Too many prisoners were dissatisfied about the range of goods available, in spite of recent consultation and amendments. Delivery arrangements were adequate. There was good access to information about accounts.
- 8.17 Delivery arrangements were adequate, and mistakes were rectified quickly. However, only 8%, against the 18% comparator and 22% at the time of the previous inspection, said that they had had access to the shop within 24 hours of arrival. While prisoners returning from home leave could submit a late shop order form, those arriving at the establishment could not and some had to wait two weeks to receive an order; however, they were issued with reception packs.
- 8.18 Fewer prisoners (44%) than the average for open prisons (51%) said that the shop sold a wide enough range of goods. This was the same as at the time of the previous inspection, in spite of recently improved consultation and amendments to the local product list. The list we saw appeared to provide adequately for minority groups and included healthy options. Prisoners complained about the cost of some products.
- 8.19 DHL staff were not invited to the consultation meetings. The range of catalogues was limited but prisoners could buy items when on home leave and have them sent in. They could also have items handed in by visitors. Newspapers and magazines could be ordered.

Recommendations

- 8.20 Prisoners should have access to the prison shop within 24 hours of arrival at the establishment.
- 8.21 Prisoners' dissatisfaction with the range of goods available should be explored further and appropriate action taken to make improvements.

Housekeeping point

- 8.22 DHL staff should be invited to attend the shop consultation meetings.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 There was no strategic oversight across the range of resettlement. Meetings were restricted to issues surrounding the employment, training and education pathway. The resettlement policy document lacked an action plan and did not cover all of the pathways.
- 9.2 Resettlement services were fragmented, as the offender management unit (OMU) and the resettlement pathway teams operated independently. Programme provision was negligible, with only a few prisoners completing offence-related work in the community and, along with public protection, remained under the control of centrally managed 'group' services. A needs analysis had been completed for the group in 2010 but this had included only a 6% (27 prisoners) contribution from Stanford Hill and so was not sufficiently representative to inform provision.
- 9.3 The resettlement policy outlined the services that were available at the prison and was appropriately focused on release on temporary licence (ROTL) procedures to support education, training and employment and also the developing and maintaining of family links. There was, however, no mention of mental and physical health and there were no regular structured meetings to support pathway provision beyond a quality improvement group which had been established to focus primarily on the education, training and employment pathway and work-based activities in the prison. There was no supporting action plan, and little sharing of information with other departments in the prison.
- 9.4 Specific resettlement needs were initially identified by means of a recently introduced induction passport and were further assessed by the well-trained resettlement peer workers around eight to 12 weeks before discharge. Completed passports were filed in the OMU but there was no overall analysis of the collective data to influence resettlement service provision or to monitor how many prisoners actually completed the passport process. In our survey and in our groups, prisoners were negative about their access to help with resettlement issues and about staff assisting them in working towards leading a law-abiding life after release. There were, on average, over 300 individual contacts each month between the resettlement team and prisoners.
- 9.5 There was insufficient establishment-wide focus on resettlement and we were told by a number of staff that 'Stanford Hill was not a resettlement prison but an open prison with a resettlement department'.

Recommendations

- 9.6 There should be a single overarching resettlement strategy, based on a recent needs analysis.

- 9.7 Information from induction passports should be used to influence resettlement service provision.

Offender management and planning

Expected outcomes:

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

- 9.8 In-scope and indeterminate-sentenced prisoners received regular support and contact from the offender supervisor team. Too many offender assessment system (OASys) reviews for other prisoners were late and contact with offender supervisors for most prisoners was inadequate. Release on temporary licence and home detention curfew arrangements were good.

Sentence planning and offender management

- 9.9 There were 51 prisoners in scope for offender management, some of whom were indeterminate-sentenced prisoners (ISPs), and, in general, offender managers were engaged and conducted offender assessment system offender assessment system (OASys) reviews on time. Offender supervisors, all of whom were fully trained, had relatively small caseloads and were able to concentrate most of their efforts on these prisoners. There was no clear mechanism for chasing up late reviews on the part of offender managers. ROTL was sometimes used to facilitate the attendance of prisoners at community probation offices for this purpose but the video-conferencing suite was underused as a resource for such reviews. The remaining 300+ prisoners received a much poorer service, with no early review of sentence plan targets, and planned contact with offender supervisors was restricted to annual sentence anniversary reviews and ROTL applications. This could leave some prisoners for up to 12 months with sentence plan targets that were either unachievable or irrelevant.
- 9.10 A drop-in offender supervisor surgery was run on two of the residential wings. A new system had recently been introduced, whereby all arriving prisoners' sentence plans were recorded on a 'sequencing database', which was used to inform the employment, training and education and activities staff when allocating work. Nearly 20% of OASys reviews that were the responsibility of the prison were overdue and the underdeveloped management information systems did not readily identify these issues. Offender supervisors were based in one of two buildings and the two managers were located in a further two locations, away from the offender supervisors, further fragmenting the resettlement function.
- 9.11 In an attempt to meet the needs of out-of-scope prisoners and to motivate them to complete sentence plans, each of them received a cover note explaining that it was his responsibility to address remaining targets and that failure to do so could jeopardise future ROTL or home detention curfew (HDC) opportunities. This was further supported by a letter to relevant functions which highlighted individual needs. While this was a good initiative, it could not replace face-to-face motivational work by offender supervisors.
- 9.12 The out-of-scope sentence plans we reviewed contained mostly appropriate targets and, although there were quality control systems to monitor 10% of OASys records, we were not convinced that the managers involved were sufficiently able to identify deficiencies in offender supervisor contributions.

- 9.13 Of a sample of 20 case files for in-scope prisoners, only half contained a clear record of the work carried out and all the relevant documentation. In most cases, the OMU file did not contain detailed information of assessments or progress reports from other functions, such as the education department or personal officers. In less than half of the records, the prisoner had been able to participate meaningfully in the sentence planning process. Interventions had usually been delivered in line with the sentence plan and had taken place before arrival at the establishment, and for a small number there was a plan to deliver a named programme on licence. Victim awareness work had been undertaken in 15 cases and there was a plan for this to be delivered on licence in one case.
- 9.14 ROTL was used extensively to support resettlement and to facilitate community- and employment-based activities. There had been 12,803 applications for ROTL in the six months before the inspection, of which almost 98% had been granted, with only four failures. In our survey, more prisoners than at comparator prisons and than at the time of the previous inspection said that they had access to ROTL (76 % versus 64% and 43%, respectively). HDC arrangements were sound and most prisoners' applications were processed on time, when the prison was not kept waiting for external information. Of 110 applications since April 2011, 96% had been granted.

Recommendations

- 9.15 All prisoners should have an initial review of sentence plans on arrival and be supported by planned contact with offender supervisors.
- 9.16 Offender supervisor managers should be trained and supported to ensure adequate quality control of offender assessment system (OASys) reviews.
- 9.17 All relevant staff should be able to access comprehensive offender management records.
- 9.18 Prisoners should be fully involved in the timely review of their sentence plans and in setting appropriate objectives.

Public protection

- 9.19 Public protection was based on a sound policy and was delivered centrally for all three Sheppey prisons by a separate functional team. The head of the OMU chaired the local monthly public protection board, which promoted communication between the central public protection team and the Standford Hill offender management team. The quality of most community-based assessments and plans was inadequate and there was little evidence of action taken to remedy deficiencies.
- 9.20 Processes for screening, assessing and managing risks of harm were robust; most prisoners were low risk. A member of the central public protection team visited the establishment weekly to pick up any issues and there was good contact between the locally based probation officers and their manager to facilitate immediate support where necessary. When prisoners were deemed to have been transferred to the establishment inappropriately, owing to the risk they posed, they were quickly transferred to HMP Elmley.
- 9.21 Of the 20 in-scope cases we reviewed, only seven contained an adequate risk management plan. Two had not been completed within six months of sentence; six had not been completed in the required format; in 10 cases the roles and responsibilities of those involved were unclear

and in 11 the planned responses were unclear or inadequate. Many did not describe how the objectives in the sentence plan would address risk-of-harm issues, and did not pay sufficient attention to the risks that the prisoner posed while in custody. Many had been written either pre-sentence or before the prisoner's arrival at the establishment. Despite the small caseloads of offender supervisors, there was little attention to the quality of offender managers' contributions and little challenge made when issues were identified.

- 9.22 Eighteen of the cases in the sample met the criteria for multi-agency public protection arrangements (MAPPAs). In nine cases, the MAPPA process had not yet been activated because the prisoner had more than six months to serve to their anticipated date of release. The offender manager had not always referred eligible prisoners to MAPPA, and the offender supervisor had not escalated such cases as a concern, either to the offender manager or their own line manager.
- 9.23 In most applicable cases (13 out of 14), there had been insufficient management oversight of the offender supervisor's contribution to the assessment, planning and management of prisoners posing a risk of harm to others. Management oversight of the offender supervisor's contribution to the assessment, planning and management of child protection issues had also been inadequate in three out of four relevant cases.

Recommendations

- 9.24 Issues with missing or inadequate assessments and plans should be immediately challenged with the relevant probation trust.
- 9.25 Risk management plans should describe how objectives in the sentence plan will address risk of harm issues and protect actual and potential victims, taking into account the risks that the prisoner poses while in custody.
- 9.26 Release dates for prisoners eligible for multi-agency public protection arrangements (MAPPAs) should be monitored by the prison to ensure that all such prisoners are identified to the relevant MAPPA at least six months before release.
- 9.27 The risk of harm assessment should be thoroughly reviewed on reception and updated when required.
- 9.28 There should be effective management oversight of offender supervisors' contributions to public protection and child protection work.

Indeterminate-sentenced prisoners

- 9.29 The 49 ISP prisoners (25 lifers and 24 serving indeterminate sentences for public protection) received regular contact with the appropriately trained offender supervisors. There was a monthly ISP forum, which was an open meeting, with no set agenda, where prisoners could raise issues with the head of the OMU. There were no lifer days to assist them in understanding their risk reduction and reintegration issues. Despite the close attention of offender supervisors and the forums, ISP prisoners told us that they felt unsupported and that the prison lacked any specific support mechanisms for them.

Recommendations

- 9.30 Specific family days for indeterminate-sentenced prisoners (ISPs) should be introduced.
- 9.31 The poor perception of support services for ISPs should be explored and remedial action taken.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.32 Pathway provision was generally good, although there was inadequate internet access. The resettlement team included well-trained peer mentors. Accommodation and finance issues were well managed. There was a good service for job seeking but support for finding employment was not available to those out on work placements. The health care department preparations for release had improved, including assistance to find a GP if required and appropriate use of the care programme approach.
- 9.33 The resettlement unit had recently been renamed from the previous information, advice and guidance unit; this had caused confusion and went some way to explaining the poor opinion of prisoners about resettlement provision. The unit consisted of a manager, a senior officer, two officers and six peer resettlement workers. The peer workers were well trained and most had achieved a resettlement services-based level 3 National Vocational Qualification (NVQ).
- 9.34 There was no pre-release course other than 'preparation for work' training, nor access to the internet to facilitate the many online services (see recommendation 9.38). Prisoners generally had free access to resettlement services and there had been a recent publicity campaign on the wings to promote the team. However, for many prisoners new to open conditions, a new expectation of taking greater personal responsibility created some difficulties, and in our survey only 13%, against a comparator of 22%, said that they had received any information on what to expect at an open prison.
- 9.35 Forces veterans were identified at the induction stage, and the Soldiers, Sailors, Airmen and Families Association (SSAFA) attended the prison fortnightly and made referrals to a number of forces-based charities to assist ex-servicemen with resettlement issues.

Accommodation

- 9.36 The excellent access to accommodation services meant that, on average, less than one prisoner per month was released without suitable accommodation. Assistance with tenancy issues was provided to prisoners on arrival, and the trained peer workers invited prisoners to

attend the resettlement unit up to 12 weeks before release to identify any resettlement issues. Access to telephones assisted the team to develop good relationships with housing authorities across the region and they were well focused on the difficulties surrounding resettlement to some of the London boroughs.

Education, training and employment

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

- 9.37 The wide range of work placements helped to develop employability skills. However, some prisoners waited too long to access placements. The length of time taken for police clearances had caused some prisoners to lose work places. Tribal provided a good service for job seeking but prisoners were hampered by the lack of access to the internet and not all prisoners received exit interviews before release. Jobcentre Plus support was limited and those working out during the day were unable to access this support in the evenings and at weekends. Some informal support was provided by wing officers. Self-employment courses and pre-release programmes dealing with interview techniques, writing CVs and disclosure, provided by The Manchester College, had been recently introduced.

Recommendations

- 9.38 Prisoners should be allowed regulated access to the internet for resettlement purposes.
- 9.39 The careers information and advice service provided by Tribal should ensure that all prisoners are given exit interviews before release.
- 9.40 The prison should provide better access to Jobcentre Plus support for those working out.

Mental and physical health

- 9.41 Nurses used P-Nomis to identify the names of prisoners being released in the following week, and invited prisoners to a pre-release health check, whether or not they were in treatment. Those in treatment were given take-home medication and summaries of care to be passed to their GPs. All prisoners were given a pack containing health promotion materials, condoms and information on where to find essential health care facilities in their areas, including GPs and dentists, if required. The pre-release check was recorded on a template on SystemOne.
- 9.42 There was an end-of-life care policy, based on the Liverpool end-of-life pathway, and access to the primary care trust palliative care link nurse for those needing more specialist support. The Sheppey group of prisons had produced a pain control management guide, which was clear and instructive.
- 9.43 Members of the in-reach team acted as case managers for the purposes of the care programme approach (CPA). There were three patients on the CPA at the time of the inspection. Case conferences were held as required by the CPA, although it was not possible for CPA key workers from outside of the South-East to attend. Consideration was being given to the use of video-conferencing in some circumstances.

Finance, benefit and debt

- 9.44 The provision of specialist finance advice had ceased with the ending of the Shelter contract earlier in 2011. Owing to the nature of the prison, most finance issues surrounding debt, suspension of bank accounts and credit agreement issues had been dealt with at other establishments. However, these issues were included in the initial screening process and assistance was provided where necessary.
- 9.45 Pre-release advice on access to benefits was available from Jobcentre Plus staff, who attended the prison daily.
- 9.46 There were almost no financial training opportunities; only a small section on finance was included in a business course run by the education provider.
- 9.47 Bank accounts were available via the 'Unlock' scheme with The Cooperative Bank, and, on average, eight such accounts were established each month. Prisoners on stage 2 of the working out scheme could open a bank account.

Recommendations

- 9.48 **Specialist finance advice should be made available.**
- 9.49 **Training in budget management and general finance should be provided.**

Drugs and alcohol

- 9.50 The Sheppey group-based drug and alcohol strategy was too generalised. Prisoners found the counselling, assessment, referral, advice and throughcare (CARAT) service helpful. There was no on-site alcohol programme. Twelve-step fellowship meetings were available on-site, and longer-term programmes were available within the Sheppey group, although this involved a transfer back to closed conditions. All prisoners had to sign compact-based drug testing compacts for monthly testing, while integrated drug treatment system clients were tested weekly.
- 9.51 There was an up-to-date drug and alcohol strategy for the Sheppey group, although it lacked specificity for the issues faced by Standford Hill as an open prison. For example, the policies and procedures for alcohol breath testing were not fully described.
- 9.52 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by one uniformed and two Rehabilitation of Addicted Prisoners trust (RAPt) staff, with a team caseload of 147 in treatment and 93 out of treatment.
- 9.53 Prisoners we spoke to were positive about their CARAT workers, saying that they often went to them for help, even with issues not directly connected with substance misuse.
- 9.54 The CARAT team had widened the range of group modules and one-to-one sessions normally covered by the integrated drug treatment system (IDTS), to include a five-day relapse prevention course. In our survey, more respondents than at comparator establishments (95%

against 82%) found their drug or alcohol interventions helpful. The evening delivery of groups and 12-step fellowship groups was a helpful innovation for prisoners who worked off-site.

- 9.55 There was no regular delivery of accredited or longer-term substance misuse-related courses or programmes but prisoners could transfer to HMP Swaleside to access the Building Skills for Recovery four-week programme, the RAPt 12-step, six-month drug programme and the RAPt 12-step six-week alcohol programme. This option was not commonly taken up, as it meant transferring back to closed conditions. A two-week therapeutic alcohol course had previously been delivered by workers from the Rubicon agency in Maidstone but had been discontinued for lack of funding. Alcoholics Anonymous and Narcotics Anonymous fellowship meetings were available, and 12-step programme graduates held their own weekly support meeting.
- 9.56 All prisoners were required to take part in compact-based drug testing (CBDT) as a condition of being in category D conditions. Positive test rates were very low, at 1.58% for the six months from April to September 2011. Prisoners receiving IDTS clinical treatment complained that they were required to be CBDT tested weekly, whereas all other prisoners were tested monthly. As there were regular clinical tests, in addition to the option of suspicion testing and the usual monthly CBDT, the weekly testing regime appeared unnecessary.
- 9.57 The CBDT facility was in a separate building to the MDT suite and was a clean and tidy forensic environment.

Recommendations

- 9.58 **The drug and alcohol strategy should be reviewed to include issues specifically faced by Standford Hill as an open prison, including the policy and procedures for alcohol breath testing.**
- 9.59 **A therapeutic alcohol programme should be reintroduced.**
- 9.60 **The principle of weekly compact-based drug testing of prisoners on methadone should be subject to regular risk assessment and review.**

Children and families of offenders

- 9.61 Visits facilities were reasonable but there was no visitors centre and little support beyond a few well-organised family days to promote family ties.
- 9.62 Visits took place on every afternoon except Monday and Friday. In February 2011 prisoners had become responsible for booking their own visits, up to 14 days in advance, via a local application. The prisoners and visitors we spoke to were happy with the change to this arrangement.
- 9.63 Visits started at 2pm but visitors could gain access to a small but comfortable waiting area next to the visits room from 1.30pm. A comprehensive social visits policy was displayed for visitors but there was no visitors centre. We were told that visitors could use the visitors centres at nearby HMPs Elmley and Swaleside but this information was not publicised to visitors. A bus service was provided by a private company to bring visitors from London on Wednesdays and Saturdays. Visitors were permitted entrance up until 3.15pm and could hand in several items of property for prisoners.

- 9.64 The visits hall had been refurbished, and was bright, with comfortable seating and tables to accommodate 34 visits. Space was provided adjacent to two tables for use by visitors using wheelchairs. In the warmer months, visits could be taken in the enclosed garden area, where picnic benches were provided. Refreshments were available and children could entertain themselves in a small play area; there was no adult supervision. Staffing of the visits room was proportionate.
- 9.65 All prisoners could apply for a family day. Three had taken place during 2011 and, on average, catered for 15 prisoners and their children; a further day was planned during the upcoming Christmas school holidays. The programme of events for children and families was impressive and feedback from families and prisoners was positive. There were no formal courses for prisoners relating to parental skills and relationships. An attempt had been made to engage prisoners through the provision of a one-day workshop run by Relate, although the perceived stigma associated with the need to participate meant that there had been little interest in this and it had not taken place. The Storybook Dads scheme had recently started but there seemed to be little interest in the scheme.
- 9.66 The prison had recently conducted a visitors survey and 22 questionnaires had been returned. Although the results had not yet been evaluated, those that we examined were generally complimentary about their treatment by staff. This perception was at odds with the results of our survey, in which fewer prisoners than in other category D prisons (64% versus 70%) said that they and their family/friends had been treated well or very well by visits staff.

Recommendations

- 9.67 The visitors waiting room should open at least one hour before the advertised start time of visits.
- 9.68 Prisoners should be offered the opportunity to undertake courses to improve parental skills and relationships.

Housekeeping points

- 9.69 The 'information for prisoners, families and friends' booklet should provide accurate, up-to-date information.
- 9.70 Visitors should be made aware that they can use the visitors centre at HMPs Elmley and Swaleside.

Attitudes, thinking and behaviour

- 9.71 This was the least developed pathway and had been neglected in recent years.
- 9.72 We were told that no offending behaviour programmes had been run for over 18 months but that they could be run as needed from the resources of the Sheppey prison group. Research into outstanding sentence plans had revealed the need for programmes in thinking skills, anger management and victim awareness but to date there were no firm plans to deliver them. Although many prisoners would have completed sentence planning targets before coming to open conditions, too many determinate-sentenced prisoners were discharged with unmet needs for treatment or training. There were some opportunities for prisoners to attend

programmes in the community on licence, although in 2011 only three prisoners had undertaken such courses. In our survey, only 47% of prisoners felt that they had been engaged in anything likely to reduce their reoffending, against the 60% comparator and 72% at the time of the previous inspection.

Recommendation

- 9.73 An appropriate number of offending behaviour courses should be provided to meet the identified needs of prisoners.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

-
- 10.1 Clear reception and first night procedures should ensure that new arrivals are thoroughly assessed in private for risk of harm and vulnerability, provided with all they need to help them settle in and monitored on their first night. (HP53)
 - 10.2 Staff, especially on residential units, should take the initiative in interacting with prisoners, and managers should ensure that uniformed staff are able to prioritise supervision of and engagement with prisoners. (HP54)
 - 10.3 The imbalances between black and minority ethnic and white prisoner representation for release on temporary licence and the working-out scheme should be investigated, and action taken promptly in response to any findings. (HP55)
 - 10.4 The prison should increase the number of vocational training places and ensure that the training is linked to resettlement needs. (HP57)
 - 10.5 Senior managers should draw up and implement a strategy for a whole-prison focus on resettlement, including close links between offender management and delivery of the resettlement pathways. (HP58)

Main recommendation

To NOMS

-
- 10.6 In individual cases, governors should have greater discretion to authorise the deduction of legitimate travel expenses from the net weekly earnings figure used for calculating the levy due under the Prisoners' Earnings Act. (HP56)

Recommendation

To NOMS

-
- 10.7 The range of drugs covered by mandatory drug testing should be widened to include the most commonly diverted medications, including tramadol and gabapentin. (3.45)

Recommendation

To GeoAmey

-
- 10.8 Escort vans should arrive at the prison in time for prisoners to be allowed entry. (1.6)

Courts, escorts and transfers

- 10.9 The prison should provide written information about Stanford Hill to feeder establishments, for distribution to those allocated to the prison. (1.5)

First days in custody: reception

- 10.10 Prisoners should be moved promptly to residential units once reception procedures have been completed. (1.13)

First days in custody: induction

- 10.11 The induction programme should include individual interviews to address prisoners' concerns about the establishment and issues of vulnerability. (1.20)

Residential units: accommodation and facilities

- 10.12 All prisoners should be told how to summon staff at all times of the day. (2.9)
- 10.13 There should be adequate cooking facilities on each landing of A and B wings. (2.10)
- 10.14 Residential areas should be supervised effectively and breaches of prison regulations challenged. (2.11)
- 10.15 Prisoners should have access to sufficient telephones. (2.12)

Residential units: hygiene

- 10.16 The showers and toilets on A and B wings should be kept clean and in a good state of repair. (2.22)

Personal officers

- 10.17 A more effective personal officer scheme should be implemented. (2.30)
- 10.18 Managers should exercise effective oversight and quality assurance of the personal officer scheme. (2.31)

Bullying and violence reduction

- 10.19 Prisoners who are being monitored on suspicion of bullying should be set behavioural targets. (3.9)

Self-harm and suicide

- 10.20 There should be a strategy to improve the quality of assessment, care in custody and teamwork (ACCT) practice which includes robust monitoring by managers and staff training. (3.18)
- 10.21 Serious incidents of self-harm should be analysed by the safer custody committee, to identify improvements in the care of such prisoners. (3.19)

Applications and complaints

- 10.22 Prisoners should receive a response to an application within seven days and this should be recorded. (3.27)
- 10.23 An analysis of complaints should be used to identify improvements to be made to the regime. (3.28)

Faith and religious activity

- 10.24 There should be dedicated ablution facilities for Muslim prisoners. (3.37)

Substance use: clinical management

- 10.25 The integrated drug treatment system treatment room should be subject to an infection control audit and should not be used for non-treatment purposes. (3.41)

Diversity: foreign nationals

- 10.26 Information for prisoners displayed on noticeboards should be in a range of appropriate languages. (4.15)

Diversity: disability and older prisoners

- 10.27 The improvements and adjustments identified in the prison disability survey should be implemented. (4.20)
- 10.28 Prisoners over 65 should not have monies deducted for their television rental. (4.21)

Diversity: gender and sexual orientation

- 10.29 Information on support networks for prisoners who identify as gay/bisexual or transgender should be publicised, alongside a statement declaring a zero-tolerance approach to discrimination based on sexual orientation. (4.24)

Health services: general

- 10.30 All prisoners should be screened for learning difficulties on arrival. (5.8)

Health services: clinical governance

- 10.31 Staff should be trained in the use of automatic external defibrillators (AEDs). AEDs should be cleaned and checked regularly, and a record should be kept of such checks. (5.20)
- 10.32 The log of informally resolved prisoner issues should be linked to the formal complaints system. (5.21)

Health services: pharmacy

- 10.33 The door to the pharmacy room should be kept locked at all times, unless access is required. (5.40)
- 10.34 Standard operating procedures should have clear implementation and review dates, and evidence should be kept to show that staff have received training on those relevant to their roles. (5.41)
- 10.35 Prescribing data should be used to demonstrate value for money, promote effective medicines management and check trends in the prescribing of divertible medications. (5.42)

Health services: dentistry

- 10.36 The waiting time to see the dentist should be assertively managed, to achieve equivalence to the primary care trust target (PCT) for dental services waiting time in the community. (5.49)

Health services: mental health

- 10.37 Generic counselling services should be provided. (5.56)

Time out of cell

- 10.38 Prisoners should be provided with more structured activity during association periods. (6.6)

Learning and skills and work activities: leadership and management

- 10.39 Quality improvement processes should be fully established, to ensure that the highest quality of learning and skills is available. (6.12)

Learning and skills and work activities: induction

- 10.40 The prison should ensure that prisoners below level 1 for literacy and numeracy should be prioritised and supported to develop appropriate skills before engaging in employment in external work or in prison industry workshops. (6.14)

Learning and skills and work activities: work

- 10.41 The prison should ensure that employability skills developed in the workshops, working out and work placements are effectively recorded and formally recognised. (6.20)

- 10.42 The pay structure should be revised and ensure that those attending education are not disadvantaged. (6.21)

Learning and skills and work activities: vocational training

- 10.43 The prison should improve the industrial cleaning training environment and provide sufficient training to ensure that all wing cleaners are qualified and that sufficient opportunities are available to deliver training to higher levels. (6.24)

Learning and skills and work activities: education

- 10.44 The prison should improve the quality of teaching delivered to learners and provide opportunities to share best practice and ensure that teaching and learning is of the highest quality. (6.31)
- 10.45 Teachers should be provided with sufficient access to information technology to provide appropriate education sessions. (6.32)
- 10.46 The prison should better coordinate the planning of education and training for individual prisoners, to enhance their employment opportunities while in prison. (6.33)
- 10.47 The results from literacy and numeracy assessments should be used more effectively to plan individual learning. (6.34)
- 10.48 The prison should broaden and embed the education provision to focus more on resettlement opportunities and should ensure that the English for speakers of other languages provision meets the needs of those requiring support. (6.35)

Learning and skills and work activities: library

- 10.49 The prison should develop further links between the library and education and training departments, to improve the promotion of learning and skills. (6.40)

Physical education and health promotion

- 10.50 A budgetary and usage plan should be instigated, to ensure that items of gym equipment are replaced at appropriate intervals before they fail. (6.47)
- 10.51 Additional employment qualifications should be introduced for prisoners to train as gym instructors. (6.48)

Security and rules

- 10.52 The reduction in the number of security information reports should be further investigated and appropriate action taken if necessary. (7.8)
- 10.53 All strip-searching should be based on a risk assessment. (7.9)

Incentives and earned privileges

- 10.54 The use and recording of warnings under the incentives and earned privileges (IEP) scheme should be consistent. (7.30)
- 10.55 Routine IEP reviews should take place as specified in the policy. (7.31)
- 10.56 Managers should systematically check compliance and quality in the use of the IEP scheme. (7.32)

Catering

- 10.57 Catering arrangements should ensure that food is served at the right temperature and fit to eat. (8.10)
- 10.58 Serveries should be managed effectively and the equipment in them maintained properly. (8.11)
- 10.59 Self-cook facilities should be provided on all wings. (8.12)
- 10.60 Breakfast packs should be of adequate quality and should be issued on the day of consumption. (8.13)

Prison shop

- 10.61 Prisoners should have access to the prison shop within 24 hours of arrival at the establishment. (8.20)
- 10.62 Prisoners' dissatisfaction with the range of goods available should be explored further and appropriate action taken to make improvements. (8.21)

Strategic management of resettlement

- 10.63 There should be a single overarching resettlement strategy, based on a recent needs analysis. (9.6)
- 10.64 Information from induction passports should be used to influence resettlement service provision. (9.7)

Offender management and planning: sentence planning and offender management

- 10.65 All prisoners should have an initial review of sentence plans on arrival and be supported by planned contact with offender supervisors. (9.15)
- 10.66 Offender supervisor managers should be trained and supported to ensure adequate quality control of offender assessment system (OASys) reviews. (9.16)

- 10.67 All relevant staff should be able to access comprehensive offender management records. (9.17)
- 10.68 Prisoners should be fully involved in the timely review of their sentence plans and in setting appropriate objectives. (9.18)

Offender management and planning: public protection

- 10.69 Issues with missing or inadequate assessments and plans should be immediately challenged with the relevant probation trust. (9.24)
- 10.70 Risk management plans should describe how objectives in the sentence plan will address risk of harm issues and protect actual and potential victims, taking into account the risks that the prisoner poses while in custody. (9.25)
- 10.71 Release dates for prisoners eligible for multi-agency public protection arrangements (MAPPA) should be monitored by the prison to ensure that all such prisoners are identified to the relevant MAPPA at least six months before release. (9.26)
- 10.72 The risk of harm assessment should be thoroughly reviewed on reception and updated when required. (9.27)
- 10.73 There should be effective management oversight of offender supervisors' contributions to public protection and child protection work. (9.28)

Offender management and planning: indeterminate-sentenced prisoners

- 10.74 Specific family days for indeterminate-sentenced prisoners (ISPs) should be introduced. (9.30)
- 10.75 The poor perception of support services for ISPs should be explored and remedial action taken. (9.31)

Resettlement pathways: education, training and employment

- 10.76 Prisoners should be allowed regulated access to the internet for resettlement purposes. (9.38)
- 10.77 The careers information and advice service provided by Tribal should ensure that all prisoners are given exit interviews before release. (9.39)
- 10.78 The prison should provide better access to Jobcentre Plus support for those working out. (9.40)

Resettlement pathways: finance, benefit and debt

- 10.79 Specialist finance advice should be made available. (9.48)
- 10.80 Training in budget management and general finance should be provided. (9.49)

Resettlement pathways: drugs and alcohol

- 10.81 The drug and alcohol strategy should be reviewed to include issues specifically faced by Standford Hill as an open prison, including the policy and procedures for alcohol breath testing. (9.58)
- 10.82 A therapeutic alcohol programme should be reintroduced. (9.59)
- 10.83 The principle of weekly compact-based drug testing of prisoners on methadone should be subject to regular risk assessment and review. (9.60)

Resettlement pathways: children and families of offenders

- 10.84 The visitors waiting room should open at least one hour before the advertised start time of visits. (9.67)
- 10.85 Prisoners should be offered the opportunity to undertake courses to improve parental skills and relationships. (9.68)

Resettlement pathways: attitudes, thinking and behaviour

- 10.86 An appropriate number of offending behaviour courses should be provided to meet the identified needs of prisoners. (9.73)

Housekeeping points

Residential units: accommodation and facilities

- 10.87 A log should be kept of legally privileged mail which has been opened in error and this should be monitored by the manager responsible. (2.13)

Health services: general

- 10.88 The health care information guide should be developed to include visual enhancements. (5.9)

Health services: clinical governance

- 10.89 The ad hoc sampling of clinical records should be regularised in a programme of clinical audit. (5.22)

Health services: pharmacy

- 10.90 The administration of paracetamol to all prisoners at reception should be subject to clinical audit. (5.43)

- 10.91 Only necessary items should be kept in the emergency drugs resuscitation kits. Regular date checks should be carried out for all stock medicines, and clear retrievable records should be kept for this. (5.44)

Health services: dentistry

- 10.92 The transportation of dental waste between the surgery and decontamination room should be subject to an infection control audit. (5.50)

Learning and skills and work activities: vocational training

- 10.93 There should be learning plans and records of progress maintained in all training areas. (6.25)

Learning and skills and work activities: education

- 10.94 Prisoners attending lessons should be required to remain in the session once it has started. (6.36)

Physical education and health promotion

- 10.95 Staff from the working out programme should liaise with prisoners or staff in the gym to identify resettlement opportunities for the well-qualified prisoners. (6.49)

Security and rules

- 10.96 Missed searches should be logged and monitored. (7.10)
- 10.97 All staff should be aware of the specific security objectives for the month. (7.11)
- 10.98 The risk assessment for work in the prison should be informed by a security report. (7.12)

Discipline: disciplinary procedures

- 10.99 A log of the quality assurance of adjudications should be kept, to monitor issues and trends. (7.20)

Discipline: the use of force

- 10.100 The person certifying the use of force paperwork should not be the same person who authorised its use. (7.24)

Catering

- 10.101 The symbols on the menu sheets should accurately match the item listed. (8.14)
- 10.102 Food comment books should be readily available at serveries and comments responded to appropriately. (8.15)

Prison shop

10.103 DHL staff should be invited to attend the shop consultation meetings. (8.22)

Resettlement pathways: children and families of offenders

10.104 The 'information for prisoners, families and friends' booklet should provide accurate, up-to-date information. (9.69)

10.105 Visitors should be made aware that they can use the visitors centre at HMPs Elmley and Swaleside. (9.70)

Examples of good practice

Bullying and violence reduction

10.106 A violence reduction exit survey of discharged prisoners was conducted on the eve of their departure. (3.10)

Self-harm and suicide

10.107 The Listeners provided a weekly informal drop-in session for prisoners. (3.20)

Health services: clinical governance

10.108 Opportunities for service user participation in the development of health services had a high profile, and feedback on actions following consultations was well publicised. (5.23)

Health services: pharmacy

10.109 Health peer support workers collected medications for prisoners who worked out, so that they did not have to interrupt their work schedule to get to a health centre. (5.45)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Martin Kettle	Team leader
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Michael Calvert	Inspector
Sam Booth	Senior researcher
Jess Broughton	Researcher
Nalini Sharma	Researcher

Specialist inspectors

Paul Tarbuck	Health services inspector
Paul Roberts	Drugs inspector
Simon Denton	Pharmacist
Bob Cowdrey	Ofsted inspector
Martin Hughes	Ofsted inspector
Richard Beaumont	Ofsted inspector
Helen Davies	HMI Probation
Nigel Scarff	HMI Probation
David Cohen	HMI Probation
Katie Ryan	HMI Probation
Ian Craig	CQC

Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	441	99.3
Recall	0	3	0.7
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	0	444	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	0	0
Less than 6 months	0	1	0.2
6 months to less than 12 months	0	7	1.5
12 months to less than 2 years	0	23	5.1
2 years to less than 4 years	0	56	12.6
4 years to less than 10 years	0	261	58.7
10 years and over (not life)	0	49	11
ISPP	0	22	4.9
Life	0	25	5.6
Total	0	444	100

Age	Number of prisoners	%
Please state minimum age	21	
Under 21 years	0	0
21 years to 29 years	132	29.7
30 years to 39 years	134	30.2
40 years to 49 years	103	23.2
50 years to 59 years	51	11.5
60 years to 69 years	22	4.9
70 plus years	2	0.4
Please state maximum age	78	
Total	444	100

Nationality	18–20-year-olds	21 and over	%
British	0	422	95
Foreign nationals	0	22	5
Total	0	444	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	0	0
Category B	0	0	0
Category C	0	0	0
Category D	0	444	100

Other	0	0	0
Total	0	444	100

Ethnicity	18-20-year-olds	21 and over	%
<i>White</i>	0	19	4.2
British	0	247	55.6
Irish	0	4	0.9
Other White	0	18	4
<i>Mixed</i>	0		
White and Black Caribbean	0	8	1.8
White and Black African	0	1	0.2
White and Asian	0	0	0
Other mixed	0	4	0.9
<i>Asian or Asian British</i>	0	17	3.8
Indian	0	7	1.5
Pakistani	0	6	1.3
Bangladeshi	0	2	0.45
Other Asian	0	0	0
<i>Black or Black British</i>	0	0	0
Caribbean	0	51	11.4
African	0	25	5.6
Other Black	0	25	5.6
<i>Chinese or other ethnic group</i>	0	0	0
Chinese	0	0	0
Other ethnic group	0	5	1.1
Not stated	0	5	1.1
Total	0	444	100

Religion	18-20-year-olds	21 and over	%
Baptist	0	2	0.4
Church of England	0	131	29.5
Roman Catholic	0	87	19.5
Other Christian denominations	0	36	8.1
Muslim	0	62	13.9
Sikh	0	9	2
Hindu	0	3	0.6
Buddhist	0	12	2.7
Jewish	0	1	0.2
Other	0	2	0.4
No religion	0	99	22.2
Total	0	444	100

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	55	12.3
1 month to 3 months	0	0	85	19.1
3 months to 6 months	0	0	109	24.5
6 months to 1 year	0	0	131	29.5
1 year to 2 years	0	0	63	14.1
2 years to 4 years	0	0	0	
4 years or more	0	0	1	0.2
Total	0	0	444	100

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	0	0
1 month to 3 months	0	0	0	0
3 months to 6 months	0	0	0	0
6 months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	0	0	0	0

Main offence	18–20-year-olds	21 and over	%
Violence against the person	0	48	10.8
Sexual offences	0	0	0
Burglary	0	34	7.65
Robbery	0	46	10.3
Theft and handling	0	7	1.5
Fraud and forgery	0	10	2.25
Drugs offences	0	154	34.6
Other offences	0	46	10.3
Civil offences	0		0
Offence not recorded/holding warrant	0	99	22.2
Total	0	444	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 7 November 2011, the prisoner population at HMP Stanford Hill was 457. The sample size was 174. Overall, this represented 38% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties.

Methodology

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

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

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

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

Response rates

In total, 148 respondents completed and returned their questionnaires. This represented 32% of the prison population. The response rate was 85%. In addition to the one respondent who refused to complete a questionnaire, 11 questionnaires were not returned and six were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in open male prisons. This comparator is based on all responses from prisoner surveys carried out in 12 open male prisons since March 2007.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Stanford Hill in 2006.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.

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

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

Summary

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

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

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

Summary of prisoner survey results

Section 1: About you

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.2	How old are you?		
	<i>Under 21</i>	0	(0%)
	<i>21 - 29</i>	52	(36%)
	<i>30 - 39</i>	39	(27%)
	<i>40 - 49</i>	30	(21%)
	<i>50 - 59</i>	17	(12%)
	<i>60 - 69</i>	8	(5%)
	<i>70 and over</i>	0	(0%)
Q1.3	Are you on recall?		
	<i>Yes</i>	4	(3%)
	<i>No</i>	134	(97%)
Q1.4	How long is your sentence?		
	<i>Less than 6 months</i>	1	(1%)
	<i>6 months to less than 1 year</i>	7	(5%)
	<i>1 year to less than 2 years</i>	6	(4%)
	<i>2 years to less than 4 years</i>	20	(14%)
	<i>4 years to less than 10 years</i>	81	(55%)
	<i>10 years or more</i>	16	(11%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	12	(8%)
	<i>Life</i>	4	(3%)
Q1.5	Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)		
	<i>6 months or less</i>	57	(43%)
	<i>More than 6 months</i>	76	(57%)
Q1.6	How long have you been in this prison?		
	<i>Less than 1 month</i>	11	(7%)
	<i>1 to less than 3 months</i>	23	(16%)
	<i>3 to less than 6 months</i>	22	(15%)
	<i>6 to less than 12 months</i>	34	(23%)
	<i>12 months to less than 2 years</i>	33	(22%)
	<i>2 to less than 4 years</i>	17	(12%)
	<i>4 years or more</i>	7	(5%)
Q1.7	Are you a foreign national (i.e. do not hold UK citizenship)?		
	<i>Yes</i>	6	(4%)
	<i>No</i>	140	(96%)
Q1.8	Is English your first language?		
	<i>Yes</i>	133	(93%)
	<i>No</i>	10	(7%)
Q1.9	What is your ethnic origin?		
	<i>White - British</i>	76	(52%)
	<i>White - Irish</i>	4	(3%)
	<i>Asian or Asian British - Bangladeshi</i>	0	(0%)
	<i>Asian or Asian British - other</i>	1	(1%)

White - other	2 (1%)	Mixed heritage - white and black Caribbean	6 (4%)
Black or black British - Caribbean	22 (15%)	Mixed heritage - white and black African	2 (1%)
Black or black British - African	7 (5%)	Mixed heritage - white and Asian	1 (1%)
Black or black British - other	4 (3%)	Mixed heritage - other	3 (2%)
Asian or Asian British - Indian	6 (4%)	Chinese	1 (1%)
Asian or Asian British - Pakistani	7 (5%)	Other ethnic group	3 (2%)

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

Yes	6 (4%)
No	140 (96%)

Q1.11 What is your religion?

None	36 (24%)	Hindu	2 (1%)
Church of England	44 (30%)	Jewish	1 (1%)
Catholic	20 (14%)	Muslim	22 (15%)
Protestant	5 (3%)	Sikh	5 (3%)
Other Christian denomination	4 (3%)	Other	4 (3%)
Buddhist	4 (3%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight	144 (99%)
Homosexual/gay	0 (0%)
Bisexual	1 (1%)
Other	0 (0%)

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

Yes	13 (9%)
No	135 (91%)

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

0	1	2 to 5	More than 5
84 (57%)	17 (12%)	33 (22%)	13 (9%)

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

1	2 to 5	More than 5
6 (4%)	126 (86%)	15 (10%)

Q1.16 Do you have any children under the age of 18?

Yes	82 (56%)
No	65 (44%)

Section 2: Courts, transfers and escorts

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

	Very good	Good	Neither	Bad	Very bad	Don't remember	N/A
The cleanliness of the van?	7 (5%)	57 (41%)	28 (20%)	27 (20%)	10 (7%)	6 (4%)	3 (2%)
Your personal safety during the journey?	10 (7%)	56 (42%)	37 (28%)	17 (13%)	9 (7%)	2 (1%)	3 (2%)
The comfort of the van?	0 (0%)	13 (9%)	16 (11%)	44 (31%)	64 (46%)	0 (0%)	3 (2%)
The attention paid to your health needs?	2 (1%)	32 (24%)	50 (37%)	20 (15%)	25 (18%)	0 (0%)	7 (5%)
The frequency of toilet breaks?	1 (1%)	11 (8%)	21 (15%)	25 (18%)	59 (42%)	1 (1%)	21 (15%)

Q2.2	How long did you spend in the van?					
	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>	
	12 (8%)	50 (35%)	64 (45%)	13 (9%)	4 (3%)	
Q2.3	How did you feel you were treated by the escort staff?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	17 (12%)	65 (45%)	38 (27%)	14 (10%)	5 (3%)	4 (3%)
Q2.4	Please answer the following questions about when you first arrived here:					
			<i>Yes</i>	<i>No</i>	<i>Don't remember</i>	
	Did you know where you were going when you left court or when transferred from another prison?		123 (84%)	20 (14%)	3 (2%)	
	Before you arrived here did you receive any written information about what would happen to you?		25 (18%)	113 (80%)	3 (2%)	
	When you first arrived here did your property arrive at the same time as you?		132 (94%)	8 (6%)	0 (0%)	

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)					
	<i>Didn't ask about any of these</i>	58 (43%)	<i>Money worries</i>	20 (15%)		
	<i>Loss of property</i>	18 (13%)	<i>Feeling depressed or suicidal</i>	40 (30%)		
	<i>Housing problems</i>	26 (19%)	<i>Health problems</i>	59 (44%)		
	<i>Contacting employers</i>	15 (11%)	<i>Needing protection from other prisoners</i>	15 (11%)		
	<i>Contacting family</i>	40 (30%)	<i>Accessing phone numbers</i>	27 (20%)		
	<i>Ensuring dependants were being looked after</i>	18 (13%)	<i>Other</i>	4 (3%)		
Q3.2	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)					
	<i>Didn't have any problems</i>	66 (52%)	<i>Money worries</i>	16 (13%)		
	<i>Loss of property</i>	13 (10%)	<i>Feeling depressed or suicidal</i>	12 (9%)		
	<i>Housing problems</i>	15 (12%)	<i>Health problems</i>	23 (18%)		
	<i>Contacting employers</i>	8 (6%)	<i>Needing protection from other prisoners</i>	4 (3%)		
	<i>Contacting family</i>	23 (18%)	<i>Accessing phone numbers</i>	19 (15%)		
	<i>Ensuring dependants were looked after</i>	5 (4%)	<i>Other</i>	4 (3%)		
Q3.3	Please answer the following questions about reception:					
			<i>Yes</i>	<i>No</i>	<i>Don't remember</i>	
	Were you seen by a member of health services?		136 (92%)	12 (8%)	0 (0%)	
	When you were searched, was this carried out in a respectful way?		115 (80%)	22 (15%)	6 (4%)	
Q3.4	Overall, how well did you feel you were treated in reception?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	24 (16%)	70 (48%)	33 (22%)	9 (6%)	8 (5%)	3 (2%)
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)					
	<i>Information about what was going to happen to you</i>	67 (47%)				
	<i>Information about what support was available for people feeling depressed or suicidal</i> ..	53 (37%)				
	<i>Information about how to make routine requests</i>	63 (44%)				
	<i>Information about your entitlement to visits</i>	71 (50%)				
	<i>Information about health services</i>	83 (58%)				

Information about the chaplaincy..... 63 (44%)
Not offered anything..... 44 (31%)

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

A smokers/non-smokers pack..... 125 (85%)
 The opportunity to have a shower..... 72 (49%)
 The opportunity to make a free telephone call..... 59 (40%)
 Something to eat..... 100 (68%)
Did not receive anything..... 12 (8%)

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

Chaplain or religious leader..... 60 (41%)
 Someone from health services..... 125 (86%)
 A Listener/Samaritans..... 31 (21%)
Did not meet any of these people..... 17 (12%)

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

Yes..... 12 (8%)
 No..... 136 (92%)

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

Yes..... 124 (86%)
 No..... 14 (10%)
 Don't remember..... 7 (5%)

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

Have not been on an induction course..... 7 (5%)
 Within the first week..... 137 (93%)
 More than a week after my arrival..... 1 (1%)
 Don't remember..... 3 (2%)

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

Have not been on an induction course..... 7 (5%)
 Yes..... 93 (65%)
 No..... 40 (28%)
 Don't remember..... 4 (3%)

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?	31 (22%)	48 (34%)	24 (17%)	16 (11%)	6 (4%)	15 (11%)
Attend legal visits?	15 (12%)	45 (35%)	21 (16%)	8 (6%)	5 (4%)	36 (28%)

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..... 35 (24%)
 Yes..... 48 (33%)
 No..... 61 (42%)

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

	Yes	No	Don't know	N/A
Are you normally able to have a shower every day?	143 (99%)	2 (1%)	0 (0%)	0 (0%)

Do you normally receive clean sheets every week?	111 (77%)	13 (9%)	8 (6%)	12 (8%)
Do you normally get cell cleaning materials every week?	124 (87%)	15 (10%)	3 (2%)	1 (1%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	104 (75%)	35 (25%)	0 (0%)	0 (0%)
Can you normally get your stored property if you need to?	70 (50%)	38 (27%)	25 (18%)	7 (5%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
1 (1%)	14 (9%)	11 (7%)	36 (24%)	86 (58%)

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

Have not bought anything yet	5 (3%)
Yes	63 (43%)
No	77 (53%)

Q4.6 Is it easy or difficult to get:

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	56 (39%)	67 (46%)	10 (7%)	5 (3%)	0 (0%)	7 (5%)
An application form	65 (46%)	69 (49%)	4 (3%)	1 (1%)	0 (0%)	1 (1%)

Q4.7 Have you made an application?

Yes	128 (90%)
No	14 (10%)

Q4.8 Please answer the following questions concerning applications: (If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	14 (11%)	84 (64%)	34 (26%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	14 (10%)	79 (58%)	43 (32%)

Q4.9 Have you made a complaint?

Yes	45 (31%)
No	102 (69%)

Q4.10 Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	102 (69%)	15 (10%)	30 (20%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	102 (71%)	21 (15%)	21 (15%)
Were you given information about how to make an appeal?	66 (51%)	23 (18%)	40 (31%)

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

Not made a complaint	102 (71%)
Yes	12 (8%)
No	30 (21%)

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
24 (17%)	23 (16%)	42 (29%)	40 (28%)	8 (6%)	6 (4%)

Q4.13 Please answer the following questions about your religious beliefs?

	Yes	No	<i>Don't know/N/A</i>
Do you feel your religious beliefs are respected?	89 (63%)	21 (15%)	32 (23%)

Are you able to speak to a religious leader of your faith in private if you want to? 88 (66%) 6 (4%) 40 (30%)

Q4.14 Can you speak to a listener at any time if you want to?

Yes 81 (56%)	No 3 (2%)	<i>Don't know</i> 60 (42%)
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Q4.15 Please answer the following questions about staff in this prison?

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	83 (58%)	60 (42%)
Do most staff treat you with respect?	89 (63%)	53 (37%)

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes.....	29 (20%)
No.....	117 (80%)

Q5.2 Do you feel unsafe in this prison at the moment?

Yes.....	14 (10%)
No.....	132 (90%)

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	117 (84%)	<i>At meal times</i>	6 (4%)
<i>Everywhere</i>	6 (4%)	<i>At health services</i>	3 (2%)
<i>Segregation unit</i>	0 (0%)	<i>Visit's area</i>	1 (1%)
<i>Association areas</i>	6 (4%)	<i>In wing showers</i>	8 (6%)
<i>Reception area</i>	0 (0%)	<i>In gym showers</i>	3 (2%)
<i>At the gym</i>	4 (3%)	<i>In corridors/stairwells</i>	5 (4%)
<i>In an exercise yard</i>	3 (2%)	<i>On your landing/wing</i>	12 (9%)
<i>At work</i>	2 (1%)	<i>In your cell</i>	8 (6%)
<i>During movement</i>	3 (2%)	<i>At religious services</i>	1 (1%)
<i>At education</i>	3 (2%)		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes.....	9 (6%)
No.....	137 (94%)

Q5.5 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>	5 (3%)	<i>Because of your sexuality</i>	1 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (2%)	<i>Because you have a disability</i>	1 (1%)
<i>Sexual abuse</i>	1 (1%)	<i>Because of your religion/religious beliefs</i>	2 (1%)
<i>Because of your race or ethnic origin</i> .	1 (1%)	<i>Because of your age</i>	1 (1%)
<i>Because of drugs</i>	3 (2%)	<i>Being from a different part of the country than others</i>	3 (2%)
<i>Having your canteen/property taken</i> ...	2 (1%)	<i>Because of your offence/crime</i>	1 (1%)
<i>Because you were new here</i>	1 (1%)	<i>Because of gang related issues</i>	1 (1%)

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

Yes.....	30 (21%)
No.....	115 (79%)

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

<i>Insulting remarks (about you or your family or friends)</i>	16 (11%)	<i>Because you have a disability</i>	1 (1%)
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<i>Physical abuse (being hit, kicked or assaulted).....</i>	2 (1%)	<i>Because of your religion/religious beliefs.....</i>	4 (3%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your age.....</i>	5 (4%)
<i>Because of your race or ethnic origin.....</i>	2 (1%)	<i>Being from a different part of the country than others.....</i>	4 (3%)
<i>Because of drugs.....</i>	2 (1%)	<i>Because of your offence/crime.....</i>	7 (5%)
<i>Because you were new here.....</i>	10 (7%)	<i>Because of gang related issues.....</i>	3 (2%)
<i>Because of your sexuality.....</i>	1 (1%)		

Q5.8 If you have been victimised by prisoners or staff, did you report it?
Not been victimised..... 111 (78%)
 Yes..... 10 (7%)
 No..... 22 (15%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
 Yes..... 9 (6%)
 No..... 133 (94%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?
 Yes..... 22 (15%)
 No..... 120 (85%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
20 (14%)	6 (4%)	14 (10%)	4 (3%)	4 (3%)	92 (66%)

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people?

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	15 (10%)	7 (5%)	32 (22%)	9 (6%)	48 (33%)	34 (23%)
The nurse	14 (10%)	24 (17%)	69 (50%)	16 (12%)	12 (9%)	4 (3%)
The dentist	24 (17%)	3 (2%)	13 (9%)	8 (6%)	37 (26%)	58 (41%)
The optician	31 (22%)	7 (5%)	17 (12%)	17 (12%)	33 (24%)	35 (25%)

Q6.2 Are you able to see a pharmacist?
 Yes..... 34 (26%)
 No..... 96 (74%)

Q6.3 What do you think of the quality of the health service from the following people?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	26 (18%)	20 (14%)	49 (34%)	17 (12%)	16 (11%)	17 (12%)
The nurse	14 (10%)	19 (13%)	47 (33%)	20 (14%)	18 (13%)	24 (17%)
The dentist	56 (40%)	8 (6%)	18 (13%)	17 (12%)	16 (11%)	25 (18%)
The optician	56 (41%)	10 (7%)	23 (17%)	22 (16%)	10 (7%)	17 (12%)

Q6.4 What do you think of the overall quality of the health services here?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	13 (9%)	12 (8%)	31 (22%)	30 (21%)	28 (19%)	30 (21%)

Q6.5 Are you currently taking medication?
 Yes..... 68 (47%)
 No..... 77 (53%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?
Not taking medication..... 77 (53%)
 Yes..... 67 (46%)
 No..... 1 (1%)

Q6.7	Do you feel you have any emotional wellbeing/mental health issues?			
	Yes	16	(11%)	
	No	128	(89%)	
Q6.8	Are your emotional wellbeing/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	Do not have any issues/not receiving any help	133	(94%)	
	Doctor	9	(6%)	
	Nurse	5	(4%)	
	Psychiatrist.....	3	(2%)	
	Mental health in-reach team.....	4	(3%)	
	Counsellor.....	2	(1%)	
	Other	1	(1%)	
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes		No
	Drugs	16	(11%)	126
	Alcohol	12	(9%)	128
				(91%)
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes	5	(3%)	
	No	140	(97%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes	21	(15%)	
	No	2	(1%)	
	Did not/do not have a drug or alcohol problem	120	(84%)	
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?			
	Yes	20	(14%)	
	No	4	(3%)	
	Did not/do not have a drug or alcohol problem	120	(83%)	
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes	18	(13%)	
	No	1	(1%)	
	Did not have a problem/have not received help	124	(87%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes		No
	Drugs	2	(1%)	127
				13
				(9%)
				(89%)
	Alcohol	2	(1%)	129
				10
				(7%)
				(91%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes	11	(8%)	
	No	3	(2%)	
	N/A	125	(90%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)		
	Prison job	112	(77%)
	Vocational or skills training	23	(16%)
	Education (including basic skills)	35	(24%)
	Offending behaviour programmes	6	(4%)
	Not involved in any of these	8	(5%)

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

	Not been involved	Yes	No	Don't know
Prison job	11 (9%)	43 (34%)	61 (48%)	11 (9%)
Vocational or skills training	29 (29%)	42 (42%)	21 (21%)	9 (9%)
Education (including basic skills)	21 (19%)	57 (53%)	17 (16%)	13 (12%)
Offending behaviour programmes	30 (31%)	24 (25%)	32 (33%)	10 (10%)

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

Don't want to go	13 (9%)
Never.....	13 (9%)
Less than once a week.....	27 (19%)
About once a week.....	35 (25%)
More than once a week.....	52 (37%)
Don't know.....	2 (1%)

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

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
15 (10%)	14 (10%)	6 (4%)	16 (11%)	48 (33%)	41 (28%)	6 (4%)

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
6 (4%)	9 (6%)	23 (16%)	30 (21%)	63 (45%)	9 (6%)

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

Less than 2 hours.....	3 (2%)
2 to less than 4 hours.....	12 (8%)
4 to less than 6 hours.....	12 (8%)
6 to less than 8 hours.....	38 (26%)
8 to less than 10 hours.....	21 (15%)
10 hours or more.....	49 (34%)
Don't know.....	9 (6%)

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
4 (3%)	2 (1%)	4 (3%)	4 (3%)	112 (78%)	17 (12%)

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

Do not go on association	8 (6%)
Never.....	54 (38%)
Rarely.....	47 (33%)
Some of the time.....	22 (16%)
Most of the time.....	5 (4%)
All of the time.....	5 (4%)

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

Still have not met him/her	82 (57%)
In the first week.....	27 (19%)
More than a week.....	23 (16%)
Don't remember.....	12 (8%)

Q8.2 How helpful do you think your personal officer is?

Do not have a personal officer/ still have not met him/her	Very helpful	Helpful	Neither	Not very helpful	Not at all helpful
82 (57%)	20 (14%)	16 (11%)	17 (12%)	2 (1%)	6 (4%)

Q8.3	Do you have a sentence plan/OASys?				
	Yes.....				109 (78%)
	No.....				30 (22%)
Q8.4	How involved were you in the development of your sentence plan?				
	<i>Do not have a sentence plan/OASys</i>				30 (22%)
	<i>Very involved</i>				31 (23%)
	<i>Involved</i>				35 (26%)
	<i>Neither</i>				11 (8%)
	<i>Not very involved</i>				16 (12%)
	<i>Not at all involved</i>				14 (10%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?				
	<i>Do not have a sentence plan/OASys</i>				30 (23%)
	Yes.....				75 (58%)
	No.....				25 (19%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?				
	<i>Do not have a sentence plan/OASys</i>				30 (22%)
	Yes.....				27 (20%)
	No.....				81 (59%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?				
	Yes.....				30 (22%)
	No.....				108 (78%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes.....				21 (15%)
	No.....				117 (85%)
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes.....				46 (32%)
	No.....				85 (59%)
	<i>Don't know</i>				12 (8%)
Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....				28 (19%)
	No.....				115 (80%)
	<i>Don't know</i>				1 (1%)
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				10 (7%)
	Yes.....				72 (50%)
	No.....				52 (36%)
	<i>Don't remember</i>				9 (6%)
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	10 (7%)	86 (62%)	38 (28%)	3 (2%)	1 (1%)
Q8.13	How are you and your family/ friends treated by visits staff?				
	<i>Not had any visits</i>				37 (26%)
	<i>Very well</i>				27 (19%)
	<i>Well</i>				39 (28%)
	<i>Neither</i>				25 (18%)
	<i>Badly</i>				2 (1%)
	<i>Very badly</i>				1 (1%)
	<i>Don't know</i>				10 (7%)

Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?	
	Yes.....	67 (48%)
	No.....	73 (52%)
Q8.15	Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)	
	<i>Don't know who to contact</i>	53 (42%)
	<i>Maintaining good relationships</i>	22 (17%)
	<i>Avoiding bad relationships</i>	13 (10%)
	<i>Finding a job on release</i>	49 (39%)
	<i>Finding accommodation on release</i> .	41 (33%)
	<i>Help with your finances in preparation for release</i>	29 (23%)
	<i>Claiming benefits on release</i>	49 (39%)
	<i>Arranging a place at college/continuing education on release</i>	29 (23%)
	<i>Continuity of health services on release</i>	26 (21%)
	<i>Opening a bank account</i>	49 (39%)
Q8.16	Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)	
	<i>No problems</i>	66 (50%)
	<i>Maintaining good relationships</i>	12 (9%)
	<i>Avoiding bad relationships</i>	6 (5%)
	<i>Finding a job on release</i>	50 (38%)
	<i>Finding accommodation on release</i> .	42 (32%)
	<i>Help with your finances in preparation for release</i>	23 (17%)
	<i>Claiming benefits on release</i>	30 (23%)
	<i>Arranging a place at college/continuing education on release</i>	18 (14%)
	<i>Continuity of health services on release</i>	18 (14%)
	<i>Opening a bank account</i>	29 (22%)
Q8.17	Have you been provided with information on the following:	
		Yes No
	ROTL (temporary release)	115 (84%) 22 (16%)
	Facility licence (outside work, education)	60 (48%) 66 (52%)
	Resettlement licence (other outside activities such as arranging accommodation, work, family visits)	66 (52%) 61 (48%)
	Earned community visits (town visits)	86 (67%) 43 (33%)
Q8.18	Have you had access to the following:	
		Yes No
	ROTL (temporary release)	103 (76%) 32 (24%)
	Facility licence (outside work, education)	47 (40%) 71 (60%)
	Resettlement licence (other outside activities such as arranging accommodation, work, family visits)	54 (44%) 69 (56%)
	Earned community visits (town visits)	77 (62%) 47 (38%)
Q8.19	Please answer the following questions on resettlement:	
		Yes No
	Were you given up to date information about this prison before you came here?	18 (13%) 120 (87%)
	Were you helped to prepare for open conditions before you came here (increased responsibility, freedom etc)?	23 (17%) 113 (83%)
	Do you feel you have been given greater responsibility here than when you were in closed conditions?	96 (72%) 38 (28%)
	Have you been on a preparation for release course?	14 (11%) 119 (89%)
	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	62 (47%) 70 (53%)
	Is this prison near your home area or intended release address?	62 (46%) 73 (54%)

Main comparator and comparator to last time



Prisoner survey responses HMP Standford Hill 2011

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

Key to tables

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Number of completed questionnaires returned		148	1288	148	90
SECTION 1: General information					
2	Are you under 21 years of age?	0%	2%	0%	0%
3	Are you on recall?	3%	3%	3%	4%
4	Is your sentence less than 12 months?	6%	10%	6%	19%
5	Do you have six months or less to serve?	43%	51%	43%	69%
6	Have you been in this prison less than a month?	8%	11%	8%	15%
7	Are you a foreign national?	4%	4%	4%	9%
8	Is English your first language?	93%	94%	93%	93%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	44%	24%	44%	40%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	3%	4%	
11	Are you Muslim?	15%	11%	15%	11%
12	Are you homosexual/gay or bisexual?	1%	1%	1%	0%
13	Do you consider yourself to have a disability?	9%	10%	9%	14%
14	Is this your first time in prison?	57%	50%	57%	48%
15	Have you been in more than five prisons this sentence/remand time?	10%	14%	10%	
16	Do you have any children under the age of 18?	56%	54%	56%	65%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	46%	56%	46%	70%
1b	Was your personal safety during the journey good/very good?	49%	62%	49%	74%
1c	Was the comfort of the van good/very good?	9%	15%	9%	17%
1d	Was the attention paid to your health needs good/very good?	25%	34%	25%	42%
1e	Was the frequency of toilet breaks good/very good?	9%	12%	9%	20%
2	Did you spend more than four hours in the van?	9%	8%	9%	6%
3	Were you treated well/very well by the escort staff?	57%	69%	57%	84%
4a	Did you know where you were going when you left court or when transferred from another prison?	84%	88%	84%	89%
4b	Before you arrived here did you receive any written information about what would happen to you?	18%	19%	18%	15%
4c	When you first arrived here did your property arrive at the same time as you?	94%	93%	94%	86%

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SECTION 3: Reception, first night and induction					
3	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	14%	13%	14%	33%
1c	Housing problems?	19%	18%	19%	37%
1d	Problems contacting employers?	11%	10%	11%	28%
1e	Problems contacting family?	30%	44%	30%	67%
1f	Problems ensuring dependants were looked after?	14%	11%	14%	34%
1g	Money problems?	15%	14%	15%	22%
1h	Problems of feeling depressed/suicidal?	30%	39%	30%	46%
1i	Health problems?	44%	55%	44%	69%
1j	Problems in needing protection from other prisoners?	11%	13%	11%	39%
1k	Problems accessing phone numbers?	20%	37%	20%	
	When you first arrived:				
2a	Did you have any problems?	48%	45%	48%	55%
2b	Did you have any problems with loss of property?	10%	8%	10%	15%
2c	Did you have any housing problems?	12%	13%	12%	18%
2d	Did you have any problems contacting employers?	6%	3%	6%	7%
2e	Did you have any problems contacting family?	18%	14%	18%	18%
2f	Did you have any problems ensuring dependants were being looked after?	4%	4%	4%	8%
2g	Did you have any money worries?	13%	12%	13%	18%
2h	Did you have any problems with feeling depressed or suicidal?	9%	8%	9%	7%
2i	Did you have any health problems?	18%	15%	18%	9%
2j	Did you have any problems with needing protection from other prisoners?	3%	2%	3%	0%
2k	Did you have problems accessing phone numbers?	15%	13%	15%	
3a	Were you seen by a member of health services in reception?	92%	89%	92%	94%
3b	When you were searched in reception, was this carried out in a respectful way?	80%	83%	80%	82%
4	Were you treated well/very well in reception?	64%	75%	64%	83%
	On your day of arrival, were you offered information on the following:				
5a	What was going to happen to you?	47%	60%	47%	60%
5b	Support was available for people feeling depressed or suicidal?	37%	47%	37%	52%
5c	How to make routine requests?	44%	52%	44%	44%
5d	Your entitlement to visits?	50%	57%	50%	66%
5e	Health services?	58%	65%	58%	
5f	The chaplaincy?	44%	52%	44%	

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SECTION 3: Reception, first night and induction continued				
On your day of arrival, were you offered any of the following:				
6a A smokers/non-smokers pack?	85%	78%	85%	94%
6b The opportunity to have a shower?	49%	63%	49%	57%
6c The opportunity to make a free telephone call?	40%	52%	40%	53%
6d Something to eat?	68%	76%	68%	73%
Within the first 24 hours did you meet any of the following people:				
7a The chaplain or a religious leader?	41%	36%	41%	65%
7b Someone from health services?	86%	84%	86%	77%
7c A Listener/Samaritans?	21%	18%	21%	47%
8 Did you have access to the prison shop/canteen within the first 24 hours?	8%	18%	8%	22%
9 Did you feel safe on your first night here?	86%	92%	86%	96%
10 Have you been on an induction course?	95%	97%	95%	97%
For those who have been on an induction course:				
11 Did the course cover everything you needed to know about the prison?	68%	72%	68%	75%
SECTION 4: Legal rights and respectful custody				
In terms of your legal rights, is it easy/very easy to:				
1a Communicate with your solicitor or legal representative?	57%	61%	57%	47%
1b Attend legal visits?	46%	51%	46%	46%
2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	27%	33%	27%
For the wing/unit you are currently on:				
3a Are you normally able to have a shower every day?	99%	97%	99%	100%
3b Do you normally receive clean sheets every week?	77%	78%	77%	83%
3c Do you normally get cell cleaning materials every week?	87%	69%	87%	73%
3d Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	78%	75%	74%
3e Can you normally get your stored property if you need to?	50%	49%	50%	68%
4 Is the food in this prison good/very good?	10%	39%	10%	20%
5 Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	51%	44%	44%
6a Is it easy/very easy to get a complaints form?	85%	85%	85%	94%
6b Is it easy/very easy to get an application form?	96%	91%	96%	93%
7 Have you made an application?	90%	83%	90%	87%

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SECTION 4: Legal Rights and Respectful Custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	71%	73%	71%	71%
8b	Do you feel applications are dealt with promptly (within seven days)?	65%	70%	65%	59%
9	Have you made a complaint?	31%	27%	31%	42%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	33%	37%	33%	49%
10b	Do you feel complaints are dealt with promptly (within seven days)?	50%	46%	50%	45%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	29%	23%	29%	12%
10c	Were you given information about how to make an appeal?	18%	17%	18%	32%
12	Is it easy/very easy to see the Independent Monitoring Board?	46%	41%	46%	50%
13a	Do you feel your religious beliefs are respected?	63%	58%	63%	61%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	66%	61%	66%	68%
14	Are you able to speak to a Listener at any time if you want to?	56%	55%	56%	63%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	58%	75%	58%	72%
15b	Do most staff in this prison treat you with respect?	63%	72%	63%	81%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	20%	15%	20%	18%
2	Do you feel unsafe in this prison at the moment?	10%	4%	10%	2%
4	Have you been victimised by another prisoner?	6%	7%	6%	10%
Since you have been here, has another prisoner:					
5a	Made insulting remarks about you, your family or friends?	3%	4%	3%	7%
5b	Hit, kicked or assaulted you?	2%	1%	2%	2%
5c	Sexually abused you?	1%	0%	1%	0%
5d	Victimised you because of your race or ethnic origin?	1%	2%	1%	1%
5e	Victimised you because of drugs?	2%	0%	2%	1%
5f	Taken your canteen/property?	1%	1%	1%	1%
5g	Victimised you because you were new here?	1%	2%	1%	1%
5h	Victimised you because of your sexuality?	1%	0%	1%	0%
5i	Victimised you because you have a disability?	1%	1%	1%	0%
5j	Victimised you because of your religion/religious beliefs?	1%	1%	1%	2%
5k	Victimised you because of your age?	1%	1%	1%	
5l	Victimised you because you were from a different part of the country?	2%	1%	2%	5%
5m	Victimised you because of your offence/crime?	1%	1%	1%	
5n	Victimised you because of gang related issues?	1%	1%	1%	

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	21%	15%	21%	17%
	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	11%	6%	11%	8%
7b	Hit, kicked or assaulted you?	1%	1%	1%	0%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	1%	3%	1%	4%
7e	Victimised you because of drugs?	1%	1%	1%	2%
7f	Victimised you because you were new here?	7%	5%	7%	4%
7g	Victimised you because of your sexuality?	1%	0%	1%	0%
7h	Victimised you because you have a disability?	1%	1%	1%	0%
7i	Victimised you because of your religion/religious beliefs?	3%	2%	3%	5%
7j	Victimised you because of your age?	3%	1%	3%	
7k	Victimised you because you were from a different part of the country?	3%	2%	3%	1%
7l	Victimised you because of your offence/crime?	5%	2%	5%	
7m	Victimised you because of gang related issues?	2%	1%	2%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	31%	22%	31%	31%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	6%	9%	6%	12%
10	Have you ever felt threatened or intimidated by a member of staff in here?	16%	15%	16%	13%
11	Is it easy/very easy to get illegal drugs in this prison?	19%	35%	19%	51%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	27%	63%	27%	
1b	Is it easy/very easy to see the nurse?	67%	78%	67%	
1c	Is it easy/very easy to see the dentist?	11%	31%	11%	
1d	Is it easy/very easy to see the optician?	17%	27%	17%	
2	Are you able to see a pharmacist?	26%	50%	26%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	58%	74%	58%	50%
3b	The nurse?	52%	80%	52%	68%
3c	The dentist?	31%	60%	31%	47%
3d	The optician?	40%	57%	40%	61%
4	The overall quality of health services?	33%	70%	33%	53%

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Healthcare continued					
5	Are you currently taking medication?	47%	41%	47%	30%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	99%	96%	99%	96%
7	Do you feel you have any emotional wellbeing/mental health issues?	11%	13%	11%	
For those with emotional wellbeing/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	35%	26%	35%	
8b	A doctor?	65%	41%	65%	
8c	A nurse?	35%	32%	35%	
8d	A psychiatrist?	21%	7%	21%	
8e	The mental health in-reach team?	28%	24%	28%	
8f	A counsellor?	14%	9%	14%	
9a	Did you have a drug problem when you came into this prison?	11%	9%	11%	2%
9b	Did you have an alcohol problem when you came into this prison?	9%	8%	9%	2%
10a	Have you developed a drug problem since you have been in this prison?	3%	3%	3%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	92%	93%	92%	
12	Have you received any help or intervention while in this prison?	84%	86%	84%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	95%	82%	95%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	11%	9%	11%	5%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	9%	10%	9%	5%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	79%	77%	79%	56%
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	77%	76%	77%	
1b	Vocational or skills training?	16%	22%	16%	
1c	Education (including basic skills)?	24%	31%	24%	
1d	Offending behaviour programmes?	4%	10%	4%	
2ai	Have you had a job while in this prison?	91%	93%	91%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	38%	47%	38%	
2bi	Have you been involved in vocational or skills training while in this prison?	71%	78%	71%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	58%	71%	58%	

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Purposeful Activity continued					
2ci	Have you been involved in education while in this prison?	81%	85%	81%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	65%	71%	65%	
2di	Have you been involved in offending behaviour programmes while in this prison?	69%	70%	69%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	36%	52%	36%	
3	Do you go to the library at least once a week?	61%	56%	61%	68%
4	On average, do you go to the gym at least twice a week?	72%	64%	72%	64%
5	On average, do you go outside for exercise three or more times a week?	66%	70%	66%	69%
6	On average, do you spend ten or more hours out of your cell on a weekday?	34%	47%	34%	48%
7	On average, do you go on association more than five times each week?	78%	77%	78%	84%
8	Do staff normally speak to you most of the time/all of the time during association?	7%	18%	7%	9%
SECTION 8: Resettlement					
1	Do you have a personal officer?	43%	67%	43%	54%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	59%	74%	59%	75%
For those who are sentenced:					
3	Do you have a sentence plan?	78%	69%	78%	50%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	62%	73%	62%	65%
5	Can you achieve some/all of your sentence plan targets in this prison?	75%	84%	75%	73%
6	Are there plans for you to achieve some/all your targets in another prison?	25%	29%	25%	17%
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	22%	34%	22%	
8	Do you feel that any member of staff has helped you to prepare for release?	15%	33%	15%	
9	Have you had any problems with sending or receiving mail?	32%	20%	32%	29%
10	Have you had any problems getting access to the telephones?	20%	11%	20%	10%
11	Did you have a visit in the first week that you were here?	50%	54%	50%	63%
12	Did you receive one or more visits in the last week?	30%	43%	30%	54%
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	64%	70%	64%	
14	Have you been helped to maintain contact with family/friends while in this prison?	48%	52%	48%	

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Standford Hill 2011	Open prisons comparator	HMP Standford Hill 2011	HMP Standford Hill 2006
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Resettlement continued					
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	18%	22%	18%	
15c	Avoiding bad relationships?	10%	17%	10%	
15d	Finding a job on release?	39%	50%	39%	74%
15e	Finding accommodation on release?	33%	42%	33%	73%
15f	With money/finances on release?	23%	31%	23%	57%
15g	Claiming benefits on release?	39%	40%	39%	71%
15h	Arranging a place at college/continuing education on release?	23%	36%	23%	60%
15i	Accessing health services on release?	21%	29%	21%	67%
15j	Opening a bank account on release?	39%	34%	39%	52%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	9%	5%	9%	
16c	Avoiding bad relationships?	5%	4%	5%	
16d	Finding a job?	38%	34%	38%	25%
16e	Finding accommodation?	32%	22%	32%	25%
16f	Money/finances?	17%	18%	17%	33%
16g	Claiming benefits?	23%	18%	23%	18%
16h	Arranging a place at college/continuing education?	14%	9%	14%	16%
16i	Accessing health services?	14%	9%	14%	6%
16j	Opening a bank account?	22%	17%	22%	31%
17	Have you been provided with information on the following:				
17a	ROTL (release on temporary license)	84%	80%	84%	62%
17b	Facility licence (outside work, education)	48%	60%	48%	46%
17c	Resettlement licence (other outside activities e.g. work, arranging accommodation, family visits)	52%	60%	52%	55%
17d	Earned community visits (town visits)	67%	76%	67%	64%
18	Have you had access to the following:				
18a	ROTL (release on temporary license)	76%	64%	76%	43%
18b	Facility licence (outside work, education)	40%	41%	40%	21%
18c	Resettlement licence (other outside activities e.g. work, arranging accommodation, family visits)	44%	42%	44%	27%
18d	Earned community visits (town visits)	62%	60%	62%	40%
19	Please answer the following about resettlement:				
19a	Were you given up to date information about this prison before you came here?	13%	22%	13%	11%
19b	Were you helped to prepare for open conditions before you came here? (Increased responsibility)	17%	26%	17%	14%
19c	Do you feel you have been given greater responsibility here than when you were in closed conditions?	72%	81%	72%	82%
19d	Have you been on a preparation for release course?	11%	19%	11%	7%
19e	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	47%	60%	47%	72%
19f	Is this prison near your home area or your intended release address?	46%	42%	46%	43%



Diversity Analysis
Key question responses (ethnicity and religion) HMP Stanford Hill 2011

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	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	82
1.7	Are you a foreign national?	5%	4%
1.8	Is English your first language?	85%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	4%
1.11	Are you Muslim?	34%	1%
1.13	Do you consider yourself to have a disability?	5%	11%
1.14	Is this your first time in prison?	59%	58%
2.1d	Was the attention paid to your health needs good/very good?	23%	26%
2.3	Were you treated well/very well by the escort staff?	51%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	78%	89%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	28%	31%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	20%	39%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	36%	52%
3.2a	Did you have any problems when you first arrived?	60%	38%
3.3a	Were you seen by a member of health care staff in reception?	95%	89%
3.3b	When you were searched in reception, was this carried out in a respectful way?	75%	84%
3.4	Were you treated well/very well in reception?	50%	73%

Muslim prisoners	Non-Muslim prisoners
22	125
4%	4%
77%	96%
96%	34%
4%	4%
0%	10%
68%	55%
16%	27%
48%	60%
71%	86%
26%	31%
16%	32%
32%	47%
63%	45%
96%	91%
66%	83%
41%	69%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White 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		
3.7b	Did you have access to someone from health care within the first 24 hours?	82%	88%
3.9	Did you feel safe on your first night here?	78%	90%
3.10	Have you been on an induction course?	95%	96%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	54%	57%
4.3b	Are you normally able to have a shower every day?	98%	99%
4.4	Is the food in this prison good/very good?	6%	13%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	33%	53%
4.6a	Is it easy/very easy to get a complaints form?	77%	90%
4.6b	Is it easy/very easy to get an application form?	95%	96%
4.9	Have you made a complaint?	27%	31%
4.13a	Do you feel your religious beliefs are respected?	63%	62%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	70%	63%
4.14	Are you able to speak to a Listener at any time if you want to?	48%	63%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	52%	62%
4.15b	Do most staff, in this prison, treat you with respect?	60%	65%
5.1	Have you ever felt unsafe in this prison?	21%	18%
5.2	Do you feel unsafe in this prison at the moment?	15%	5%
5.4	Have you been victimised by another prisoner?	6%	5%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	0%
5.5i	Victimised you because you have a disability?	2%	0%

Muslim prisoners	Non-Muslim prisoners
86%	86%
85%	86%
91%	96%
53%	57%
100%	98%
0%	12%
37%	45%
68%	89%
87%	98%
32%	31%
60%	64%
69%	65%
40%	58%
55%	59%
50%	65%
19%	19%
14%	9%
0%	7%
0%	1%
0%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	0%
5.6	Have you been victimised by a member of staff?	21%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	0%
5.7h	Victimised you because you have a disability?	2%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	5%	6%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	9%
5.11	Is it easy/very easy to get illegal drugs in this prison?	14%	21%
6.1a	Is it easy/very easy to see the doctor?	17%	34%
6.1b	Is it easy/ very easy to see the nurse?	61%	71%
6.2	Are you able to see a pharmacist?	19%	30%
6.5	Are you currently taking medication?	49%	44%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	6%	14%
7.1a	Are you currently working in the prison?	79%	77%
7.1b	Are you currently undertaking vocational or skills training?	18%	13%
7.1c	Are you currently in education (including basic skills)?	21%	24%
7.1d	Are you currently taking part in an offending behaviour programme?	5%	4%
7.3	Do you go to the library at least once a week?	55%	67%
7.4	On average, do you go to the gym at least twice a week?	82%	67%
7.5	On average, do you go outside for exercise three or more times a week?	61%	72%

Muslim prisoners	Non-Muslim prisoners
0%	2%
19%	21%
0%	2%
0%	1%
0%	3%
5%	7%
23%	13%
19%	19%
10%	29%
63%	67%
22%	27%
43%	47%
0%	13%
77%	77%
23%	15%
14%	26%
5%	4%
73%	60%
82%	70%
71%	65%

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					
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	32%	37%		40%	33%
7.7	On average, do you go on association more than five times each week?	76%	79%		84%	77%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	8%	5%		5%	8%
8.1	Do you have a personal officer?	42%	43%		48%	43%
8.9	Have you had any problems sending or receiving mail?	29%	33%		26%	33%
8.10	Have you had any problems getting access to the telephones?	22%	17%		21%	19%
8.18	Have you been provided with information on the following:					
8.18a	ROTL (release on temporary licence)	81%	85%		78%	85%
8.18b	Facility licence (outside work, education)	48%	47%		37%	50%
8.18c	Resettlement licence (other outside activities e.g. work, arranging accommodation, family visits)	46%	55%		26%	57%
8.18d	Earned community visits (town visits)	62%	69%		45%	71%
8.19	Have you had access to the following:					
8.19a	ROTL (release on temporary licence)	73%	78%		58%	79%
8.19b	Facility licence (outside work, education)	38%	40%		36%	41%
8.19c	Resettlement licence (other outside activities e.g. work, arranging accommodation, family visits)	37%	47%		34%	46%
8.19d	Earned community visits (town visits)	60%	63%		53%	64%
8.20	Please answer the following about resettlement:					
8.20a	Were you given up to date information about this prison before you came here?	11%	15%		5%	15%
8.20b	Were you helped to prepare for open conditions before you came here? (Increased responsibility)	19%	15%		11%	18%
8.20c	Do you feel you have been given greater responsibility here than when you were in closed conditions?	60%	80%		61%	73%
8.20d	Have you been on a preparation for release course?	23%	3%		12%	10%
8.20e	Is this prison near your home area or your intended release address?	37%	52%		47%	46%



Diversity Analysis - Age

Key question responses (age over 50) HMP Stanford Hill 2011

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

Key to tables

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		25	121
1.7	Are you a foreign national?	8%	3%
1.8	Is English your first language?	87%	94%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	25%	48%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%
1.11	Are you Muslim?	0%	18%
1.12	Do you consider yourself to have a disability?	16%	6%
1.13	Is this your first time in prison?	56%	58%
2.1d	Was the attention paid to your health needs good/very good?	36%	23%
2.3	Were you treated well/very well by the escort staff?	61%	57%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	96%	82%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	21%	31%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	32%	30%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	53%	43%
3.2a	Did you have any problems when you first arrived?	35%	51%
3.3a	Were you seen by a member of health care staff in reception?	92%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	96%	78%
3.4	Were you treated well/very well in reception?	84%	60%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.7b	Did you have access to someone from health care within the first 24 hours?	92%	84%
3.9	Did you feel safe on your first night here?	100%	82%
3.10	Have you been on an induction course?	100%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	71%	53%
4.3b	Are you normally able to have a shower every day?	100%	98%
4.4	Is the food in this prison good/very good?	32%	6%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	42%
4.6a	Is it easy/very easy to get a complaints form?	96%	82%
4.6b	Is it easy/very easy to get an application form?	100%	95%
4.9	Have you made a complaint?	20%	32%
4.13a	Do you feel your religious beliefs are respected?	81%	58%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	87%	61%
4.14	Are you able to speak to a Listener at any time if you want to?	66%	53%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	80%	54%
4.15b	Do most staff in this prison treat you with respect?	92%	57%
5.1	Have you ever felt unsafe in this prison?	0%	24%
5.2	Do you feel unsafe in this prison at the moment?	0%	12%
5.4	Have you been victimised by another prisoner?	0%	7%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	1%
5.5i	Victimised you because you have a disability?	0%	1%

Key to tables

Diversity Analysis - Age

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	8%	23%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
5.7h	Victimised you because you have a disability?	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%
5.7j	Have you been victimised because of your age? (By staff)	0%	4%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	0%	7%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	8%	17%
5.11	Is it easy/very easy to get illegal drugs in this prison?	21%	18%
6.1a	Is it easy/very easy to see the doctor?	44%	23%
6.1b	Is it easy/ very easy to see the nurse?	87%	63%
6.2	Are you able to see a pharmacist?	44%	22%
6.5	Are you currently taking medication?	74%	41%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	21%	8%
7.1a	Are you currently working in the prison?	64%	79%
7.1b	Are you currently undertaking vocational or skills training?	12%	16%
7.1c	Are you currently in education (including basic skills)?	40%	21%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	3%
7.3	Do you go to the library at least once a week?	68%	61%
7.4	On average, do you go to the gym at least twice a week?	52%	76%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
7.5	On average, do you go outside for exercise three or more times a week?	87%	63%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	34%	35%
7.7	On average, do you go on association more than five times each week?	68%	80%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	12%	6%
8.1	Do you have a personal officer?	66%	38%
8.9	Have you had any problems sending or receiving mail?	20%	35%
8.10	Have you had any problems getting access to the telephones?	4%	22%
8.18	Have you been provided with information on the following:		
8.18a	ROTL (release on temporary licence)	83%	85%
8.18b	Facility licence (outside work, education)	40%	49%
8.18c	Resettlement licence (other outside activities e.g. work, arranging accommodation, family visits)	53%	52%
8.18d	Earned community visits (town visits)	75%	66%
8.19	Have you had access to the following:		
8.19a	ROTL (release on temporary licence)	83%	74%
8.19b	Facility licence (outside work, education)	26%	43%
8.19c	Resettlement Licence (other outside activities e.g. work, arranging accommodation, family visits)	37%	45%
8.19d	Earned community visits (town visits)	68%	60%
8.20	Please answer the following about resettlement:		
8.20a	Were you given up to date information about this prison before you came here?	13%	12%
8.20b	Were you helped to prepare for open conditions before you came here? (Increased responsibility)	26%	14%
8.20c	Do you feel you have been given greater responsibility here than when you were in closed conditions?	79%	71%
8.20d	Have you been on a preparation for release course?	4%	12%
8.20e	Is this prison near your home area or your intended release address?	50%	45%