

Report on an announced inspection of

HMP Swaleside

31 March – 4 April 2008

by HM Chief Inspector of Prisons

Crown copyright 2008

Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Arrival in custody	
<hr/>	
Courts, escorts and transfers	17
First days in custody	17
2 Environment and relationships	
<hr/>	
Residential units	21
Staff-prisoner relationships	23
Personal officers	24
3 Duty of care	
<hr/>	
Bullying and violence reduction	27
Self-harm and suicide	29
Diversity	31
Race equality	32
Foreign national prisoners	34
Applications and complaints	35
Legal rights	37
Substance use	38
4 Health services	
<hr/>	
	41
5 Activities	
<hr/>	
Learning and skills and work activities	49
Physical education and health promotion	51
Faith and religious activity	53
Time out of cell	53
6 Good order	
<hr/>	
Security and rules	55
Discipline	56
Incentives and earned privileges	59

7	Services	
	Catering	61
	Prison shop	62
8	Resettlement	
	Strategic management of resettlement	65
	Offender management and planning	66
	Resettlement pathways	68
9	Recommendations, housekeeping points and good practice	
		75
	Appendices	
	I Inspection team	85
	II Prison population profile	87
	III Summary of prisoner questionnaires and interviews	89

Introduction

HMP Swaleside is a category B training prison holding long-term prisoners, including a large number on indeterminate sentences. It is part of the three-prison Sheppey cluster, which is led by a chief executive and has a number of shared services. This full announced inspection found Swaleside to be a safe and respectful prison, which was impressive given the many serious offenders held. However, the quantity of purposeful activity was insufficient for a training prison.

Despite the cramped reception, early days were well managed and good use was made of prisoner peer supporters. Anti-bullying and suicide and self-harm prevention arrangements were good, and prisoners felt significantly safer than at comparable prisons. Adjudications, use of force and use of special accommodation were all low. The segregation unit was a temporary facility, but staff managed some difficult prisoners with care. Illegal drugs were a problem, but the prison was working hard to reduce both supply and demand.

The environment was generally good, although prisoners' self-catering areas were a health hazard. Staff-prisoner relationships were a particular strength, and were supported by an effective personal officer scheme. The management of race equality and services for foreign national prisoners were effective. Nonetheless, black and minority ethnic prisoners were more negative about the prison than their white counterparts and these perceptions needed to be addressed. Health services were adequate, but prisoners complained about the attitude of healthcare staff and we too noted a reluctance among some to modernise and develop services.

There was insufficient purposeful activity and prisoners spent too long in their cells. When we conducted a roll call during the core day, we found over 40% of prisoners locked up. Learning and skills required better strategic management and education needed development, especially for the many prisoners with limited literacy and numeracy. Physical education was good.

Resettlement had benefited from additional resources and focus under the cluster arrangements. The strategic management of resettlement was sound, although over-elaborate, and offender management had been effectively implemented. The large number of prisoners sentenced to indeterminate sentences for public protection were prioritised, although this had led to some tensions with ordinary lifers who felt disadvantaged as a result. There was satisfactory provision across all resettlement pathways, including an impressive range of offending behaviour programmes.

Swaleside has to manage a challenging population of serious offenders and it is therefore commendable that we found it to be a very safe prison. It was similarly pleasing to find that staff-prisoner relationships remained extremely good. The clustering of the three Sheppey prisons had led to some improvements in resettlement, but cluster managers had failed to ensure that there was sufficient purposeful activity and prisoners spent too long in their cells. This weakness needed to be addressed if Swaleside's other strengths are to be maximised and it is to become a first-rate training prison.

Anne Owers
HM Chief Inspector of Prisons

June 2008

Fact page

Task of the establishment

Category B male training prison

Area organisation

Kent & Sussex

Number held

770

Certified normal accommodation (CNA)

753

Operational capacity

773

Last inspection

May 2006

Brief history

Swaleside opened in September 1988 and has gradually expanded its facilities for its prisoner population of life-sentenced and long-term determinate sentenced prisoners and a recent influx of those on indeterminate public protection sentences. A new-build project will provide a further 180 prisoner places from September 2008.

Description of residential units

Unit	CNA	Op cap	Designation
A wing	126	126	General
B wing	126	126	General and Kainos unit
C wing	126	126	Lifer unit
D wing	126	126	Lifer unit
E wing	120	140	General and induction
F wing	120	120	Drug treatment unit and voluntary testing unit
Segregation unit	4	4	
Healthcare	5	5	
	753	773	

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **performing well against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **performing reasonably well 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.
 - **not performing sufficiently well 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.
 - **performing poorly against this healthy prison test.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

- HP3 Arrangements to manage the arrival of prisoners and their induction were satisfactory, although the reception was poorly designed. Anti-bullying and suicide prevention procedures were good, and prisoners felt significantly safer than at comparator prisons. Segregated prisoners were properly cared for, although the segregation unit

was a temporary facility. Use of force and the number of adjudications were low. There was evidence to suggest that drugs were available in the prison, but this was being addressed. Swaleside was a safe prison, despite the challenges of holding a large number of long-term and serious offenders. It was performing well against this healthy prison test.

- HP4 The transfer and allocation of prisoners to Swaleside was well managed and predictable. The throughput and turnover of prisoners was not great, although it had increased in recent months. Working relationships between reception staff and the escort contractors were good. The reception area was poorly designed, and there was limited space to undertake basic procedures. The worst effects were mitigated, however, by respectful staff-prisoner relationships, efficient and speedy processes, and a proper focus on risk issues and prisoner safety. The use of prisoner peer supporters to greet new arrivals was good, and prisoners generally spoke well of their treatment on arrival.
- HP5 New arrivals were initially placed on E wing, where they had detailed safety assessments by trained staff and were given useful information. Most were initially placed in shared cells, although first night cells were not designated and handover arrangements to ensure that night staff knew the location of new prisoners were slack.
- HP6 There was satisfactory induction through a five-day rolling programme. Prisoners felt that it had some value, and progress was monitored through a useful induction portfolio. This ensured that assessments across a range of area were recorded and factored into broader offender management and sentence planning systems.
- HP7 Prisoners generally felt safe, with only 15% of those in our survey saying that they felt unsafe, compared to 24% at comparator¹ prisons. There were effective governance arrangements, including a full-time safer custody manager and an effective monthly safer custody meeting, to ensure the proper delivery of anti-bullying initiatives. Bullying incidents were recorded, and analysis of data at the safer custody meeting was good. The quality of some bully and victim monitoring documents needed to improve, and a bullying survey was overdue. However, there were some useful structures for prisoner consultation, notably through prisoner anti-bullying representatives, and overall we were assured bullying was not a serious problem.
- HP8 In 2007, 115 assessment, care in custody and teamwork (ACCT) documents had been opened to monitor prisoners at risk of suicide and self-harm, which was not excessive for the size of the prison. The quality of documents was mixed, and some assessor reports lacked detail and evidence of a multidisciplinary approach. Monitoring entries by staff were, however, reasonable. The prison had 14 trained Listeners and access by prisoners was good, although there was no suitable crisis suite. This was to be rectified as part of the prison's redevelopment. Governance and management arrangements for suicide and self-harm prevention were good, and monitoring data provided to the safer custody committee for analysis was useful.
- HP9 There was a substantial and well-managed security department. Support from local police liaison officers was effective, and use of dynamic security was evident. A large number of security information reports (SIRs) were received, but these were

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

processed expeditiously. The prison actively confronted a range of risks, including the supply of illicit drugs.

- HP10 The segregation unit was being refurbished during our inspection and only eight normal cells were available. The regime was basic, but prisoners had reasonable daily access to showers and exercise, and most had televisions in their cell. Parts of the unit were, however, grubby. Relationships between staff and prisoners were observed to be good, although this was sufficiently reflected in the quality of entries in wing files. A reasonable number of prisoners who had sought sanctuary in the unit, or who saw it as a route out of the prison, were reintegrated back on to normal location.
- HP11 Approximately 58 prisoners a month were subject to disciplinary procedures, which again was not excessive for the size and nature of the prison. Relatively few prisoners were referred to the independent adjudicator, and punishments were awarded within the limits of published guidelines. The management of procedures was good.
- HP12 Use of both force and special accommodation were low. We observed staff defusing and de-escalating incidents very effectively, and use of force documentation was generally well maintained. However, healthcare staff involvement as recorded on F213 (injury to inmates) forms was partial, and the full record was not attached to the use of force documentation. Planned interventions were not video recorded.
- HP13 Mandatory drug testing results suggested a rate of drug taking of about 12%, although when prisoners who refused to be tested were included, a more realistic figure was probably about 17%. There were effective systems for suspicion testing, and there were approximately 50 drug-related SIRs per month. The number of drug-related finds was also significant, and our prisoner survey confirmed that it was easier to get drugs in Swaleside than in comparator prisons. The integrated drug treatment system (IDTS) had been introduced on 1 April 2008 and was developing, and although demand was very low, there was provision for clinical detoxification. Psychosocial support for prisoners detoxifying was weak, largely due to the under-resourcing of the counselling, assessment, referral, advice and throughcare (CARAT) service.

Respect

- HP14 The environment, quality of cells and access to amenities were good, but standards in the prisoner wing kitchens were poor. The provision of food from the main kitchen was reasonable, and the prison shop was much improved. Staff-prisoner relationships were extremely good and were supported by an effective personal officer scheme. The management of race equality and foreign prisoners was good, although black and minority ethnic prisoners were negative about their treatment. Complaints procedures were reasonable, but prisoners lacked confidence in the system. Aspects of health services were good, but a negative staff culture affected the quality of services. The prison was performing reasonably well against this healthy prison test.
- HP15 Standards of cleanliness were generally good, and most cells were well equipped. A few double cells on E wing lacked privacy screening and sufficient furniture, which made them unfit for purpose. The offensive display policy was not properly enforced. Prisoners had good access to telephones and showers, and all were able to wear their own clothes. Access to prison-issue kit was, however, problematic, but laundry

arrangements met requirements and access to property and exchange processes were reasonable.

- HP16 The incentives and earned privileges (IEP) scheme operated as an effective motivational tool. The differentiation between incentive levels was adequate, and the scheme appeared to operate fairly. At the time of our inspection, only 15 prisoners were on basic regime.
- HP17 Staff-prisoner relationships were a strength of the establishment. Prisoners surveyed reported that staff treated them with respect, a view supported by our own observations. Staff interacted well with prisoners, with a positive and caring approach that was well embedded in the culture of the prison. The good staff-prisoner relationships were supported by an effective personal officer scheme, and far more prisoners than the comparator reported that their personal officer was helpful. Staff knowledge about their prisoners was evidenced in the balanced and informative entries in prisoner wing files. Personal officer work was informed by a recently revised policy, although this did not contain a strategy for sustaining and developing its strengths.
- HP18 Food produced in the kitchen was reasonable. There was a four-week menu cycle, and a range of diets was catered for. Food was tasty, well presented and plentiful. There were effective prisoner consultation arrangements, although food complaints books were not readily available. There were kitchens on each wing where prisoners could cook their own food. Although this was a valued amenity, we had serious concerns about standards of cleanliness and poor food handling practice.
- HP19 The prison shop had been run by Aramark for 18 months and was an improving service, although there remained some significant problems, notably delays in reimbursements for out-of-stock items. A substantial list of 536 items was offered, including a good choice of black and minority ethnic specific products. Consultative arrangements with prisoners were well developed, and there was clear evidence that prisoners could influence changes in the goods offered.
- HP20 There was a published policy on the needs of prisoners with disabilities. All such prisoners were assessed during their reception and seen subsequently by the diversity manager. Care plans were produced for individual prisoners, and staff were generally aware of the local arrangements. Access around the prison was very good. However, there was no similar policy for older prisoners, although their treatment and the care on offer were good.
- HP21 There were sound governance structures for the management and promotion of race equality. The race equality action team meetings were well attended and included prisoner representatives. Race impact assessments had been completed in key areas and were used to inform the prison's overarching race equality action plan. However, despite the prison's commitment to race equality, in our survey, black and minority ethnic prisoners – who constituted about 40% of the population – expressed a series of negative perceptions about their treatment in the prison, which needed to be addressed. They also had little confidence in the racist incident reporting process, which could partly explain the very low numbers received, despite the size of the minority population and their views.
- HP22 There was a clear policy on foreign national prisoners, as well as a dedicated meeting, including prisoner representatives. The foreign nationals coordinator had a

good knowledge of the needs of foreign prisoners, and was ensuring effective support. Overseas telephone calls were available, and translation services were good. The foreign nationals clerk ensured effective coordination of casework and maintained useful contact with the immigration services. Foreign prisoners indicated that they felt supported by the establishment.

- HP23 Prisoners had little confidence in the management of applications and complaints. Most wings recorded only basic information on applications, although a new procedure was being piloted on A wing. About 38 complaints a week were received, with most concerning property and cash. Staff said that delays and problems in dealing with these matters had worsened as a consequence of arrangements set up under the Sheppey prison cluster. The complaints we reviewed were usually replied to in a courteous and helpful manner, and the prison had taken steps to improve prisoner confidence by ensuring that complaints boxes were opened by the complaints clerk, rather than night staff as previously.
- HP24 There was a valued and well-integrated chaplaincy of three full-time chaplains, supported by a team of part-time and sessional chaplains. One of the full-time team was a Muslim chaplain ministering to the needs of nearly 170 Muslims, of whom about 100 were regular attendees at prayers. About 70 prisoners regularly attended Christian services. Facilities were reasonable, and would improve with the mosque that was being built as part of the prison's redevelopment.
- HP25 Prisoners could generally access most health services within a reasonable time, and access to the doctor was very good. However, there were long waiting lists to see the dentist. There were good links to local health professionals, and hospital appointments were rarely delayed. Inpatient services were reasonable, and there was good mental health provision supported by an excellent counselling service. Despite this provision, we had serious concerns about health services at Swaleside. In our survey, prisoners were unremittingly negative about their experience of health services and complained bitterly, in particular about staff attitudes. Healthcare staff were seen as uncaring, and we ourselves noted a reluctance to modernise and develop services, for example, an unacceptable refusal to use newly introduced technologies, such as the electronic patient management system. Staff seemed disillusioned and resistant, and this, combined with a weak skill mix that meant a shortage of general nurses, had a negative impact on patient care.

Purposeful activity

- HP26 There was inadequate strategic leadership of learning and skills. Education was generally satisfactory and good for those at higher levels, but there was insufficient focus on the many prisoners with limited literacy and numeracy. The quality of workshops was mixed. Physical education was good. However, overall there was insufficient activity, and during the core day over 40% of the population were in their cell. The amount of time out of cell was about eight hours, which fell short of our expectation of 10 hours. Swaleside was not performing sufficiently well against this healthy prison test.

- HP27 There was insufficient strategic leadership of learning and skills. Data was not analysed adequately or used fully to inform provision, and few prisoners were in meaningful vocational training. The prison's figures suggested there were 260 full-

time equivalent education places, although the reality was considerably less than this – we estimated probably nearer to 80 places. There was insufficient provision to meet the needs of the high proportion of prisoners with identified low levels of numeracy and literacy, learning and skills were not well promoted, and the current pay structure was a disincentive to learning. However, those prisoners in education attained good skills and achievement as well as opportunities for progression, with some working toward higher qualifications. Standards of work in some subjects were good, and standards of teaching were generally satisfactory. Attendance and punctuality met requirements, and peer tutors were used well to support other learners.

- HP28 Work opportunities included useful activity such as painting and decorating, an engineering workshop, and Prisons Information Communication Technology Academy (PICTA) IT courses. There were also advanced plans to introduce new and innovative activities, such as woodworking using computerised machinery and plastic injection moulding. Despite this, opportunities for accredited training were limited, and other workshops offered only repetitive low skill activity. The prison reported at least 180 unemployed prisoners, with many more in part-time or, more accurately, partial employment. For a training prison, this was particularly disappointing. Procedures to ensure the equitable allocation of activity were also inadequate.
- HP29 There was a small and well-organised library, managed by trained staff and supported by prisoner orderlies. Access to the library was good, and it was used by a high proportion of prisoners. However, it had no private study space.
- HP30 A large proportion of the population engaged in physical education. Access was reasonable – all prisoners could attend for at least three sessions per week – and facilities, including outdoor activity, were satisfactory. PE staff organised a range of challenges and competitions to encourage participation and engagement, and although the gym was undergoing refurbishment, there had been contingencies to ensure continuity of service. Structured activity was available for older prisoners.
- HP31 The prison reported a time out of cell figure of eight hours per day, which fell short of our expectation of 10 hours per day. Our estimations indicated that unemployed prisoners were likely to spend less than six hours a day out of cell while the maximum available for a fully employed prisoner was just over 9.5 hours. The prison reported a purposeful activity figure of just less than 24 hours per week, which for a training prison was poor. We were also concerned to find during a random roll check that 311 prisoners, 41% of the population, were locked in their cells, although this was mitigated by general unlocks both mid-morning and mid-afternoon. Association was available each weekday evening and rarely cancelled.

Resettlement

- HP32 The resettlement strategy was determined by the Sheppey prison cluster service level agreement. Offender management had become more significant since the implementation of phase three in January 2008, and was continuing to develop. The prison held a very large number of life sentence and, latterly, indeterminate sentence for public protection (IPP) prisoners, and the services to meet their needs were generally satisfactory. Provision across the resettlement pathways was broadly commensurate with prisoner needs, and included a strong commitment to offending

behaviour work. The prison was performing reasonably well against this healthy prison test.

- HP33 The prison's resettlement strategy was governed by the three-year service level agreement for the Sheppey prison cluster, and managed as a separate strand within it by a head of resettlement. Delivery against commissioned targets and monitoring of milestone completion was subject to extensive scrutiny and had been, to a great extent, delivered. The delivery model was, however, complicated, and there was uncertainty about how well integrated the resettlement and sentence management strand was with other core regime activities.
- HP34 Systems to manage phase three of offender management had been established in January 2008 and were developing well. The considerable number of prisoners on indeterminate sentences for public protection (IPP) meant that almost 300 prisoners were now offender managed, despite the considerable caseloads for staff. Support from local probation services had been effective, and many IPP prisoners were beginning to progress, both through offending behaviour interventions and their progression to category C, although allocations to appropriate establishments were still slow.
- HP35 The situation for determinate-sentenced prisoners not in scope for offender management was mixed. Under a parallel system, OASys (offender assessment system) assessments and sentence planning boards were the responsibility of residential, rather than offender management unit, staff. However, this work was not subject to the same governance and quality assurance as mainstream offender management and, as a consequence, had led to inconsistencies in delivery.
- HP36 Swaleside held 400 life-sentenced prisoners, many of whom were disgruntled following the arrival of many short-tariff IPP prisoners who they felt were prioritised for interventions. While this was true, the establishment had responded reasonably to this influx, and services to life-sentenced prisoners remained satisfactory.
- HP37 Processes for the recategorisation of prisoners worked reasonably well, and the prison had invested in extra resources to ensure IPP prisoners were categorised in a timely manner. This had been achieved, but the prison now had a waiting list of over 170 prisoners awaiting moves to category C prisons. This problem affected many prisons, with consequent negative outcomes for prisoners.
- HP38 Resettlement preparation for accommodation and finance, benefits and debt advice consisted of a single information, advice and guidance officer who had no cover. This was an inadequate approach to these areas. Although Swaleside released only a few prisoners each year, the failure to assist effectively prisoners who had finance and debt problems was disappointing.
- HP39 Under the education, training and employment resettlement pathway, too few prisoners were engaged in appropriate learning or vocational training, although a few acquired some useful skills. The provision of formal education information, advice and guidance was also underdeveloped.
- HP40 All prisoners due for discharge were seen by the doctor and given necessary medications, as well as advice on how to contact a GP on release. The mental health team had good relationships with community teams to ensure the correct transition of care for prisoners with mental health needs due for release.

- HP41 There was a reasonable drug strategy, but there had been no up-to-date analysis of needs. CARATs provision was very limited, with just two workers managing an active caseload of 172. As a consequence, work was limited to advice and guidance with few interventions in place. The RAPt 12-step programme was offered on F wing and had delivered up to 60 completions. However, prisoners who completed this programme had little ongoing support from CARATs. An eight-session alcohol programme was provided in conjunction with an external agency, Rubicon.
- HP42 Visitors spoke well of their treatment at the prison. However, there were some delays in the telephone booking system, the visitors' centre was not cleaned at weekends, and we saw delays of up to 15 minutes in the commencement of visits. Facilities in the visits hall and in legal visits were generally good. Extended visits with a focus on shared activity with the family were available to prisoners under the Dadpack scheme, and there were plans to introduce Storybook Dad. Assistance to prisoners in improving communication within the family was also available through the Time for Families course organised by the chaplaincy.
- HP43 There was an extensive range of offending behaviour programmes across the three Sheppey prisons, with a flexibility of delivery that was a strength of the clustering arrangements. Despite the extent and quantity of this work, demand still outstripped supply. We were also concerned at the decision to end the cognitive self-change programme, although 75 prisoners had been identified as needing this intervention. In parallel with offending behaviour work, the prison also operated the Kainos project on B wing. Originally a faith-based initiative, the project provided a residential setting in which modules addressing attitudes, thinking and behaviour were delivered. Although valued by staff and prisoners, it appeared to sit outside the prison's approach to resettlement interventions and needed to be properly integrated.

Main recommendations

- HP44 The prison should develop a strategy to address the negative perceptions of treatment among black and minority ethnic prisoners.
- HP45 The prison should take specific steps to address the negative staff culture among healthcare staff.
- HP46 Prisoners should spend less time in their cells.
- HP47 There should be sufficient activity places to occupy the population purposefully during the core working day.
- HP48 Prisoners should have greater and more targeted access to education and vocational training.

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 Prisoners reported that their journeys to the prison were reasonably comfortable, and we observed that escorting staff were generally polite and respectful. There were appropriate relationships and effective communication between prison and escort staff, and information in prisoner escort records was relevant. Most transfers in were planned, and escort vans were rarely late.
- 1.2 Relationships between escort and reception staff were appropriate. Information about prisoners was shared systematically, and reception staff used it appropriately for initial risk assessments. Prisoner escort records were properly completed and legible.
- 1.3 All transfers into the establishment were planned transfers from other prisons. In our survey, 24% of respondents said the comfort of the escort van was good or very good, well above the 17% comparator, and 17%, against the comparator of 13%, said they had enough toilet stops on the journey.
- 1.4 We observed that escorting staff were polite and respectful when dealing with prisoners. The cellular vehicles we inspected were clean and had appropriate space for prisoners' property.

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.

- 1.5 The reception area was poorly designed and generally unwelcoming. The use of one, unsuitable holding room for both processed and unprocessed new arrivals was inappropriate. There were no areas to interview prisoners in private, and the room used to strip search them was in poor condition. However, reception staff were aware of the potential risks to new prisoners and ensured their safety needs were addressed. All new arrivals had further in-depth safety assessments on the induction and first night centre, and were given good information on their induction programme and how to get help if needed during the night. However, there were no designated first night cells, and night staff were not always aware of the location of new arrivals. The induction programme was appropriate, and the induction portfolio was used effectively to identify prisoners' short- and medium-term needs. The use of Insiders to help new arrivals was properly managed and effectively supported.

Reception

- 1.6 Prisoners had good access from escorting vans into the reception building through a wide door suitable for wheelchairs. The area was designed to process about four admissions and discharges per week, although this number had increased to an average of 36 a week.
- 1.7 The overall environment of reception was generally poor and inadequate to deal with the increase in new arrivals. Communal corridors were grubby, the small room used to strip search prisoners was dirty and needed decoration, and the area used to process the large amount of prisoners' property was too small. There were no adequate facilities for staff to interview prisoners in private.
- 1.8 The single holding room was dark, carpets were dirty, the television was not working and there was a lack of reading material. It was used to accommodate all new arrivals, including those already processed and waiting to be located on to the residential units.
- 1.9 Despite these poor conditions, there were adequate systems to ensure prisoner safety, and staff-prisoner relationships were good. Officers were respectful and aware of the potential risks to new arrivals, and ensured their individual safety needs were addressed. Initial assessments were carried out, and staff had a considerate initial safety interview with new arrivals in the main reception area.
- 1.10 Trained prisoner Insiders (see paragraph 1.15) met all new arrivals and worked closely with reception officers to ensure that they received relevant written information about what they could expect from their first days at Swaleside, and how to access services such as Listeners and healthcare staff to deal with any immediate needs.

First night

- 1.11 All new arrivals were usually located on the induction and first night centre on E wing. They were met by residential officers and offered a telephone call and shower, and given further written information about the arrangements for their induction. Trained officers made further assessments, in private, to identify and deal with any immediate needs. This information was recorded on a specific induction and assessment document (the induction portfolio) that was also used to track the prisoner's progress through the induction programme and to ensure that referrals were made to support services such as the counselling, assessment, referral, advice and throughcare (CARAT) service, Listeners and probation staff. There were good links between these assessments and resettlement services. When completed, the induction portfolio was passed to the offender management unit and used to inform sentence planning (see paragraph 8.9).
- 1.12 Although most new arrivals were located in cramped double cells on the ground floor of the wing (see paragraph 2.3), procedures to identify their cell location on their first night were inadequate. Handovers to night staff did not routinely include information about new arrivals, and there were no systems to identify their locations formally. During our night visit we found that duty staff were unaware of the cell locations of newly arrived prisoners.
- 1.13 In our survey, 84% of respondents said that they felt safe during their first night, similar to the comparator.

Induction

- 1.14 There was a five-day rolling induction programme for all prisoners, which began on the morning after their arrival. Induction officers based on E wing saw prisoners individually to explain the content of the induction pack. Further assessments of need were made and recorded in the induction portfolio, and progress through induction was monitored. Prisoners were seen by relevant staff from different departments during the afternoons of their first week, including the chaplain, healthcare staff, CARATs workers and resettlement staff.
- 1.15 Experienced prisoner Insiders, trained in advice and counselling, were used effectively to help new arrivals. They met them formally on the morning after their arrival to help break down barriers with staff and deliver general information modules on the induction programme. The scheme was well supported by staff, and there were good governance arrangements through weekly contact meetings.
- 1.16 All new arrivals attended a two-hour group session, facilitated by officers or Insiders, based on a prison information video that covered relevant issues about the establishment's policies, procedures and rules. The sessions were informative and delivered with enthusiasm. Prisoners were encouraged to ask questions and discuss matters they felt were important. In our survey, 60% of respondents said that the induction programme covered everything they needed to know about the prison, which was significantly better than the comparator of 54%.

Recommendations

- 1.17 The reception area should be refurbished to provide suitable facilities, including private interview rooms, an adequate room to search prisoners, space to deal with prisoners' property and suitable holding rooms.
- 1.18 Supervising night staff should know the location of all new arrivals, and make observations appropriately according to individual needs.

Good practice

- 1.19 *Initial assessments identified in the induction portfolio were used formally to inform sentence planning.*
- 1.20 *There was effective use of trained and well-supported prisoner Insiders to help new arrivals.*

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 Residential units were generally clean and well equipped, although some communal areas needed attention and there was some shortage of association equipment. Double cells on E wing were unfit for purpose. The policy on the display of offensive material had not been fully enforced. There were sufficient telephones, but not all those on E and F wings had privacy hoods. There were delays in the issue of appropriately sized prison clothing to new arrivals. A good range of items were allowed to be posted or handed in. Prisoners had good access to showers, wing laundries and cell cleaning materials, although not all showers on A-D wings were effectively screened.

Accommodation and facilities

- 2.2 There were six main residential wings, A-F (see fact page). A new residential unit (G wing) was under construction and was due to open later in 2008.
- 2.3 A-D wings provided single cellular accommodation on three landings, with three 14-cell spurs leading off each landing in a T-shape. E and F wings were more modern, but 20 cells in E wing were used for double occupancy. These cells were cramped, with only low privacy screening around the in-cell sanitation unit and insufficient furniture. They were unfit for purpose. E and F wings each had two landings; the top one was galleried with good sightlines throughout the main communal areas. All wings were well equipped with their own serveries, laundry and self-cook facility.
- 2.4 A-D wings had large association rooms. The main association area on E and F wings was on the ground floor. Each wing had standard association equipment, including snooker, pool, table football and table tennis. Although the pool and snooker tables were in good condition, several wings had insufficient snooker/pool cues.
- 2.5 The Kainos unit was on the first floor of B wing and provided spaces for a maximum of 42 prisoners. The unit provided a faith-based course and was largely staffed, funded and supported by a Christian trust. The course had been put forward for accreditation by the independent Correctional Services Accreditation Panel (CSAP). Courses ran for approximately four and a half to five months, and there were two courses per year. There was no course running at the time of our inspection, although prisoners selected for the new course had been settled into the unit waiting for it to start. Graduates from the previous course were used as mentors. Prisoners on the Kainos unit could associate with others in the main association area, but other prisoners were not allowed on to the Kainos unit. Staff and prisoners spoke highly of the Kainos programme (see paragraph 8.66)
- 2.6 The standard of cleanliness was generally good on all wings, including cells, although a few communal areas had stained and marked walls, which needed attention. Many of the self-cook facilities were also well below an acceptable standard of cleanliness (see paragraph 7.8).

Single cells were a good size and well equipped. Kettles were about to become standard issue.

- 2.7 Although there was a published policy on the display of offensive material, which prohibited the display of above and below the waist nudity, this had not been enforced by staff. We saw cells on all units with posters showing above the waist nudity. Rules preventing the covering of observation ports by staff were fully enforced.
- 2.8 Each wing had sufficient telephones, based on our expectation of one to 20 prisoners, although some telephones on E and F wing had no privacy hoods. Notice boards on wings contained relevant up-to-date information.
- 2.9 In our survey, 64% of respondents said their emergency cell bells were normally answered within five minutes, significantly better than the comparator of just 47%. We noted that emergency cell bells were not misused by prisoners, and on the few occasions they were activated, staff responded appropriately.
- 2.10 Each wing had a prisoner consultative committee that met monthly. These meetings were normally chaired by the wing manager. While they provided a good forum for resolving matters informally, the minutes varied in quality. Some minutes lacked sufficient detail and did not always allocate action points.
- 2.11 In our survey, 75% of respondents, against the comparator of 73%, said that it was normally quiet enough for them to relax or sleep in their cell at night. When we visited the establishment at night, we observed that wings were quiet.

Clothing and possessions

- 2.12 All prisoners could wear their own clothes. They were also able to have items of clothing sent in and laundered on their wing.
- 2.13 Staff and prisoners told us that, because the clothing exchange stores for the Isle of Sheppey prison cluster were in HMP Stanford Hill, it could take a couple of weeks before a new arrival could get properly kitted out in good quality and correctly sized prison-issue clothing. Once received, prisoners tended to keep their prison-issue clothes and get them washed in the wing laundry.
- 2.14 A published facility list clearly set out items that could be held in possession and the permitted route for them to enter the establishment. Unlike many other establishments, prisoners could have a good range of items posted in or handed in on visits. Rules relating to property sent in were sensibly applied. Control checks on the volume of prisoners' property were completed on reception and as part of the cell search process.
- 2.15 Prisoners had lockable lockers in their cells and were able to secure their personal possessions in them.

Hygiene

- 2.16 As most new arrivals had been in the prison system for some time, they normally had their own supply of toiletries. Nevertheless, a stock of replacement items was available on each wing, for issue as required.

- 2.17 Prisoners had access to showers during association, which was provided each weekday evening and seldom cancelled. They could also shower between morning unlock and movement to activities, and those remaining on the wings during the core weekday could also shower when they were unlocked in the morning and afternoon. In our survey, 98% of respondents, against the comparator of 97%, confirmed that they were normally able to shower every day. A-D wings had two small shower rooms on each landing with two showers in each. Privacy screens had been installed in some, but not all, of these rooms. The showers on E and F wings had appropriately screened individual cubicles.
- 2.18 Mattresses and pillows were in good condition and replaced as necessary. Prisoners on the enhanced or standard levels of the incentives and earned privileges (IEP) scheme could buy their own duvet, duvet cover and pillow case. Prison-issue sheets were exchanged or washed on the wing. In our survey, 84% of respondents, against the comparator of 71%, said that they normally received clean sheets each week.
- 2.19 In our survey, 78% of respondents, against the comparator of 82%, said that they could normally get cell cleaning materials every week. Although most prisoners told us that they had good access to these materials, those on D wing said there were restrictions on items such as sink cleaner and toilet rolls. However, we were satisfied that further supplies were provided where necessary.

Recommendations

- 2.20 Cells without a separate closet for the in-cell toilet should not be used for double occupancy.
- 2.21 Standards of cleanliness in communal areas should be improved where necessary and consistently maintained.
- 2.22 The published policy on the display of offensive material should be fully enforced.
- 2.23 All telephones on E and F wings should be fitted with privacy hoods.
- 2.24 All showers in A-D wings should be effectively screened.
- 2.25 New arrivals should be issued with sufficient clean, suitable and well-fitting clothing without undue delay.

Housekeeping points

- 2.26 Each wing should hold sufficient association equipment for prisoners.
- 2.27 Minutes of prisoner consultative meetings should provide sufficient details of the points raised and agreed. Action points should be allocated to an identified individual to take forward.

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.

2.28 We observed extremely good staff-prisoner relationships. Staff treated prisoners in a courteous and respectful manner, and positively sought to engage with them, and prisoners acknowledged the quality of these relationships.

2.29 Staff-prisoner relationships were a strength of the establishment. In our survey, 82% of respondents said that staff treated them with respect, consistent with the comparator, but also a common view of the various minority groups of prisoners. Our survey results for foreign prisoners and those on indeterminate sentence for public protection (IPP) and life sentences were statistically significantly better than the control group in the establishment. The survey results also showed little evidence of bullying or intimidation by staff; only 19% of respondents said they had victimised by staff, significantly lower than the 25% comparator.

2.30 In our meetings with prisoners, some expressed qualified views about staff, suggesting, for example, that the older staff were more reliable than the newer staff. However, there was little evidence to support this assertion, and many other prisoners spoke very positively about the attitude of staff. Our own observations confirmed the very positive culture among staff, who were friendly, open and helpful, as well as courteous to prisoners. We saw staff regularly interacting with prisoners, and rarely confined to their offices or reluctant to enter the residential environment. Staff showed a good knowledge of the prisoners.

2.31 The quality of record keeping in wing files was very good. Entries were respectful, balanced and acknowledged the positive side of prisoners, as well as recording the negative.

Personal officers

Expected outcomes:

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

2.32 There was an effective personal officer scheme, although this was largely a consequence of the extremely positive staff-prisoner relations rather than an overarching strategic approach. There was no formal evaluation or ongoing monitoring.

2.33 There was a personal officer policy document, which had been reviewed and substantively rewritten in March 2008 by the acting head of residence. The policy was reasonable and the document was an improvement on the previous one. However, it had largely been mapped to fit much of the existing good work by residential staff, rather than set the agenda for this work. Staff and prisoners had not been consulted about the review, and the new policy had been launched simply by means of a notice to staff. It did not appear that practices had changed with the introduction of the new scheme, and some staff were not aware of the recent revision to the policy.

2.34 Despite this, outcomes were favourable and there was some impressive work by staff in their role as personal officers. This was reflected in frequent entries in prisoners' wing files that were balanced and informative, and generally of a much higher standard than we often find.

Personal officer entries demonstrated a good understanding and knowledge of the key issues affecting their prisoners. Management checks were regular and, unusually, were an effective means of quality assurance, rather than just a stamp or a signature.

- 2.35 Personal officers also got involved in other regime activities. They were routinely invited to post-programme reviews and usually attended. Attendance at sentence planning boards was more sporadic (and depended on whether they were invited by board chairs), but still took place. However, attendance at such meetings was not spelt out in the policy document.
- 2.36 Our survey results confirmed these overall positive findings: 65% of respondents said that their personal officer was helpful, against the comparator of only 49%. However, when the findings to this question were analysed by ethnicity, black and minority ethnic respondents were far more negative than their white counterparts, with a response of only 56% compared with 71% (see section on race equality).
- 2.37 There was little in place to measure the success of the strategy and its delivery. Senior managers described evaluation and ongoing monitoring informally, but there were no formal mechanisms for evaluation.

Recommendation

- 2.38 There should be formal arrangements for the ongoing monitoring and evaluation of the personal officer scheme, in consultation with staff and prisoners, to ensure that standards are maintained and that the expectations on personal officers are clear.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- | | |
|-----|--|
| 3.1 | Levels of bullying were low, and most prisoners considered Swaleside to be safe. Few senior managers attended the safer custody committee, but the monitoring data provided to this meeting were good. There was a lack of cover arrangements for the safer custody manager's absence. The quality of investigations into alleged bullying incidents was variable. A bullying survey was overdue, and quality assurance of bully and victim monitoring booklets was poor. There were no interventions for persistent bullies or victims. |
|-----|--|
- 3.2 Anti-bullying arrangements were explained in the violence reduction policy document, which had been updated in November 2007. All issues relating to violence reduction and anti-bullying were managed through the safer custody committee. This meeting was chaired by the head of residential and scheduled to be monthly, although the November 2007 meeting did not take place. Except for the chair, it was rare for another governor grade to attend, despite the importance of this meeting. Overall attendance was generally good, and included prisoner anti-bullying representatives from each wing.
- 3.3 Published minutes of these meetings indicated that matters relating to violence reduction and anti-bullying were given a high level of attention. The quality of data provided to the committee was high and allowed it to monitor and analyse trends. For example, this information had been used to increase staffing at queues for medication.
- 3.4 A full-time safer custody manager at senior officer level was responsible for the day-to-day management of all anti-bullying matters. Although cover for his absence was due to be provided from the other cluster prisons, in practice this did not happen. At the time of our inspection, the safer custody manager had just returned from leave and had to deal with work that had built up in his absence. He also had a large amount of administrative work, which affected the time he had to visit the wings.
- 3.5 Anti-bullying prisoner representatives had been identified for each wing. They had been carefully selected, and the arrangements worked better than we have seen in many other prisons. The representatives we spoke to clearly took their role seriously, and were valued by staff. They had received training in counselling and drug awareness, which had also been provided to Listeners.
- 3.6 A bullying survey was carried out in November 2005, but the completed forms were never analysed, because the psychology department had insufficient resources. This had been a missed opportunity to get valuable information to inform policy.
- 3.7 Our own survey findings and observations gave us assurance that bullying was not a serious problem at Swaleside. Only 15% of survey respondents said that they currently felt unsafe in

the establishment, which was significantly better than the comparator of 24%, and only 18% of respondents said that they had been victimised (insulted or assaulted) by another prisoner, which was also significantly lower than the comparator of 26%. Prisoners we spoke to also confirmed that the prison was relaxed and that they felt safe.

- 3.8 In 2007, 230 reported incidents had been entered in the anti-bullying log, and there had been 54 in the first three months of 2008. Although these figure seemed high, it was clear that the log was used to record all incidents, including potential incidents such as threats. In all cases, the safer custody officer emailed the information to the relevant wing manager to investigate the incident. The quality of investigations varied considerably – some had been completed thoroughly with a full written account of the investigation, the conclusion and an outline of the follow-up action taken, while others were little more than a summary paragraph.
- 3.9 Following investigation, the wing manager decided whether or not to place a prisoner on anti-bullying monitoring arrangements. Where necessary, a monitoring booklet was opened with regular entries required from wing staff. There were similar arrangements for victims of bullying. On completion, these entries were stored with wing history files, and were not subject to any central quality assurance checks. Reviews of suspected bullies were chaired by wing managers, and often resulted in restrictions on their movement within the wing. There were no interventions for persistent bullies or their victims.
- 3.10 Arrangements for identifying possible bullying incidents from security information reports (SIRs) and injury to inmate forms (F213s) were sound. The safer custody manager also regularly reviewed entries in wing observation books to ensure that all potential bullying incidents had been identified. Overall, we found little evidence of under-reporting.
- 3.11 Information about the anti-bullying strategy and violence reduction was explained on induction and included in the guide issued to all new arrivals. Relevant information was also well publicised in all wings through standard notices. There had been a recent anti-bullying poster competition, and entries considered the best were displayed across the establishment. Valuable electrical items, such as CD players, were sealed and security marked before issue.
- 3.12 There had been no recent staff training in violence reduction or anti-bullying arrangements.

Recommendations

- 3.13 Appropriate senior managers should regularly attend the safer custody committee meeting.
- 3.14 The safer custody manager should receive cover for routine absences, as well as administrative support.
- 3.15 A bullying survey should be conducted as a priority and its findings used to inform policy. Subsequent surveys should take place every two years.
- 3.16 All alleged incidents of bullying should be fully investigated.
- 3.17 All completed bully and victim monitoring documents should have a quality assurance check by the safer custody manager.
- 3.18 There should be interventions for persistent bullies and victims of bullying.

- 3.19 Staff should be trained regularly in the violence reduction and anti-bullying strategy.

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.

- 3.20 The suicide and self-harm policy document was comprehensive. Monitoring data provided for the safer custody committee were good. There were few assessment, care in custody and teamwork (ACCT) documents. There was little evidence of a multidisciplinary approach to the care of prisoners at risk, and some assessor reports and case reviews lacked sufficient detail. The quality of monitoring entries was generally good. The Listener scheme was well publicised and worked well, although there was no dedicated crisis suite. The calendar for new arrivals publicising the Samaritans and Listeners was good practice.
- 3.21 There was a published policy for suicide and self-harm prevention, which had been revised in January 2008. The document was well written and gave staff clear guidance on their individual responsibilities, the ACCT self-harm monitoring system, and the general care of prisoners identified as at risk.
- 3.22 All procedures relating to suicide and self-harm prevention were covered by the safer custody committee (see paragraph 3.2). Meetings were regularly attended by Listeners and representatives from the local Samaritans.
- 3.23 The full-time safer custody manager was responsible for the day-to-day management of this area (see paragraph 3.4). He provided some excellent monitoring data for the committee to monitor and analyse. This information was user-friendly and easy to understand.
- 3.24 All staff had been trained in the ACCT procedures before they were introduced in 2004, and the need for refresher training had been identified. A permanent night staff member was still awaiting training two months after taking up his post, as training in this important area was not scheduled for his induction programme.
- 3.25 The number of ACCT documents was low, with just 115 opened in 2007 and 22 in the first three months of 2008. The number of self-harm incidents was also low, with 73 reported in 2007 and 15 in the first three months of 2008.
- 3.26 There were two open ACCT documents at the time of inspection. A review of these and other recently closed documents highlighted that the quality of assessor reports and case reviews was variable. While some were good, others had insufficient detail. The documents also had little evidence of a multidisciplinary approach to the care of prisoners at risk. For example, healthcare staff tended not to attend case reviews, despite an identified problem with a prisoner's medication in two cases. We were told that healthcare staff always said that they were too busy to attend. Monitoring entries by staff were generally good, and demonstrated

that they consistently tried to engage with the prisoners concerned. Post-closure interviews were completed and recorded in the closed ACCT documents.

- 3.27 There were 14 Listeners across the wings. The establishment seldom trained new Listeners as trained Listeners were often transferred in and used following assessment by the Samaritans. There were no Listeners in reception, but an Insider spoke to all new arrivals. Listeners were located on the first night/induction unit (E wing), and the prisoner induction representative was a Listener. In our survey, 32% of respondents said that they had access to a Listener/the Samaritans within their first 24 hours at the prison, the same as the comparator. Issues relating to safer custody were explained on induction and well publicised across the establishment, including a poster with photographs of all Listeners. All new arrivals were given a calendar that listed key information, such as contact details for the Samaritans and Listeners. Each wing had a Samaritans telephone. These were regularly checked by the safer custody manager and records maintained.
- 3.28 We spoke to several Listeners who confirmed that they could speak to prisoners at any time if their services were requested. This normally took place in the prisoner's cell, as there was no crisis suite for Listeners to use. However, this was included in the plans for the new G wing, which was also due to have all cells fitted out as reduced risk/safer cells.
- 3.29 There was a gated cell in the healthcare inpatient facility, which was used for prisoners in need of constant observation. This cell had been used only seven times since the start of 2007. Prisoners held in this cell were not routinely deprived of normal clothing.
- 3.30 Night staff were aware of the location of prisoners on open ACCT documents. We observed that one of them was not carrying the anti-ligature device recently issued to all staff, as he was awaiting training in this. When we pointed out our concern, this training was provided. All night patrols carried cell keys in sealed packs and knew the arrangements for an emergency unlock of a cell at night.
- 3.31 There had been one self-inflicted death since the last inspection, in May 2007. All recommendations from the subsequent investigation referred to healthcare, and an action plan had been devised and appropriate action taken. General counselling was available through healthcare, and, if required, bereavement counselling was provided by the chaplaincy.

Recommendations

- 3.32 Assessment, care in custody and teamwork (ACCT) training for night staff should be provided as part of their induction.
- 3.33 The quality of assessor reports and case reviews should be closely monitored to ensure a more consistent standard.
- 3.34 ACCT documents should demonstrate a multidisciplinary approach to the care of prisoners at risk.
- 3.35 Healthcare staff should attend ACCT case reviews, as required.
- 3.36 The crisis suite on G wing should be developed as planned.
- 3.37 All permanent night staff should carry an anti-ligature device and be trained in its use.

Good practice

- 3.38 *New arrivals were given a useful calendar that included contact details for the Samaritans and Listeners.*

Diversity

Expected outcomes:

All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.39 There was a clear published policy document on the management and assessment of prisoners with disabilities, and staff generally understood what was expected of them. There were initial disability assessments of all new arrivals, and the diversity manager saw all prisoners with identified needs. There were consistently implemented plans to address special needs, such as access to education, work and visits for prisoners with mobility difficulties. There was no policy for the care of older prisoners, although their individual needs were generally met.
- 3.40 A disability policy document had been published. It was comprehensive and set out, in simple language, the procedures to identify prisoners with disabilities, guidelines for staff, definitions of disabilities, and how the establishment planned to carry out its duties under the Disability Discrimination Act.
- 3.41 An initial disability questionnaire was issued to all new arrivals during their reception process to allow them to declare any disabilities. Forms that identified prisoners with special needs were taken to the diversity manager, who interviewed them, identified needs and drew up initial care plans.
- 3.42 The impact of local policies on prisoners with disabilities was assessed, and there had been an analysis of prisoner need. Plans were consistently implemented to address special need, and ramps and chairlifts had been installed to help prisoners with mobility difficulties access prison services, such as education, work and visits.
- 3.43 There was no distinct policy on the care of older prisoners, although some needs were identified through the disability assessment at reception. At the time of inspection, there were 28 prisoners over 60 (the oldest was 77) located throughout the wings. There was no monitoring to ensure that they were not being victimised or excluded from activities due to their age. Despite these systematic weaknesses, outcomes for older prisoners in terms of their day-to-day care were generally good. Residential staff were aware of their location, and dealt with their specific identified needs with appropriate care.
- 3.44 There were no formal arrangements to address the care of gay prisoners. Although the diversity manager gave individual support to gay prisoners on request, there were no procedures to ensure that their specific needs were met systematically.

Recommendations

- 3.45 There should be a local policy document that outlines all arrangements for assessing and managing older prisoners.
- 3.46 There should be procedures to ensure that the specific needs of gay prisoners are met systematically.

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.47 The systems to manage race equality and their governance arrangements were effective. Impact assessments had been completed in most key areas and had been used to inform an overarching race equality action plan. The race equality action team was appropriately set up, meetings were well attended, and membership represented all areas in the prison, including prisoners, but lacked input from the local community. Despite the strong systems and high priority given to this area, black and minority ethnic prisoners had poor perceptions of their treatment and little confidence in the complaints system. The low number of racist incident complaints were therefore of concern, and arrangements for their collection were inadequate. Black and minority ethnic prisoners said that their views were not always given proper attention, and that some staff lacked understanding of cultural issues, which may have affected their behaviour.

Race equality

- 3.48 Approximately 40% of prisoners at Swaleside were from black and minority ethnic backgrounds. A published race equality policy document clearly explained the role and responsibilities of all staff, particularly managers, and prisoners in maintaining and promoting race equality while setting out definitions of prejudice and discrimination. Its promotion had been given a high priority, and we found copies in all communal areas, including the wings, visits reception and the education centre.
- 3.49 Implementation of policy was monitored and managed by a properly constructed race equality action team (REAT) that met monthly, chaired by the deputy governor. Membership of the team represented all areas of the prison and included all senior managers, residential staff, prisoners, and the chaplaincy. The external community was not represented at meetings, although local race equality organisations had been contacted and there were plans to include them.
- 3.50 Ethnic monitoring took place using range-setting methodology. All areas were covered, including employment, prisoner location, complaints, use of force and segregation. Although the results were analysed, there was not enough attention to the reasons for the low number of racist incident complaints from prisoners, despite the need to take action indicated by the data (see paragraph 3.56).

- 3.51 There were effective links with security through their attendance at meetings, and there were procedures to ensure that prisoners convicted of racially aggravated offences were known and all incidents of racist bullying were reported. Minutes of the REAT meetings showed that good standards of debate were taking place concerning all relevant issues and action was taken as required.
- 3.52 A trained senior prison officer was the full-time diversity manager/race equality officer (REO). He was well supported through the REAT and by the senior management team (SMT). Through attendance at quarterly SMT meetings, he had direct access to the deputy governor. Generally staff and prisoners had a good understanding of his role, which was well advertised throughout the prison and described in the induction programme. He was further supported by nominated prison officers acting as race relations liaison officers on each wing. Despite this, some prisoners said they were unaware of the role of the race relations liaison officers and that they were unsure who they could approach about their treatment.

Managing racist incidents

- 3.53 Racist incident report forms should have been freely available in designated areas on all wings, but this was not the case on B or D wing. There was a single locked complaints box on each wing for prisoners to post general request and complaint forms and racist incident forms. These boxes were opened by night staff (prison officers) and delivered to a designated complaints clerk the following morning. We found that some request and complaint forms with clear racial dimensions were not being forwarded to the race equality officer for investigation.
- 3.54 Prisoners reported little faith in the system, and said that there was little to be gained by complaining. They also said that forms posted in the secure boxes did not always reach the complaints clerk. In our survey, only 17% of black and minority ethnic respondents felt that their complaints would be dealt with fairly, which was significantly worse than the already poor response of 24% from white prisoners.
- 3.55 The number of received racist incident forms was low, at seven from January to March 2008. Although replies were respectful and generally dealt with the issues raised, these low numbers did not reflect the many negative views we heard from black and minority ethnic prisoners during the inspection (see paragraph 3.58).
- 3.56 The REAT had not explored the possible reasons for the disproportionately low number of complaints from black and minority ethnic prisoners, despite the warnings identified in its ethnic monitoring data. Minutes of REAT meetings showed that members believed that the reason for the lack of complaints from prisoners was due to the good work of residential staff in dealing with any issues as they arose. This was not the perception of the black and minority ethnic prisoners we spoke to. In our survey, 26% of black and minority ethnic respondents said that they had been victimised by a member of staff and 22% by another prisoner, and 12% said that they had been victimised because of their ethnic origin. These results were significantly worse than those for white respondents, at 14%, 16% and zero respectively.

Race equality duty

- 3.57 There were methods to assess the impact of local policies and practices on black and minority ethnic prisoners, and there had been formal assessments of important areas such as disciplinary procedures, segregation and access to activities. Areas that required attention were identified and included in an overarching race equality plan that was monitored by the REAT every month.

- 3.58 Arrangements to ensure frequent and effective consultation with prisoners were underdeveloped. Although prisoner race representatives had been appointed on all wings and they attended REAT meetings, there was little opportunity for them to meet formally with groups of other black and minority ethnic prisoners to check views and identify collective issues. In our focus groups, black and minority ethnic prisoners said that, although staff treated them reasonably well in their day-to-day dealings, there was little meaningful understanding of some cultural differences, which staff sometime misinterpreted as poor behaviour. There had been no prisoner survey to explore black and minority ethnic prisoner perceptions. Diversity training for staff had stalled. About 20% of staff had been trained, but there was no current provision. The prison had met its target of 2% black and minority ethnic staff.

Recommendations

- 3.59 Links with external race and cultural groups should be established.
- 3.60 Racist incident report forms should be freely available. There should be a separate locked box for prisoners to submit these, which should only be accessed by the race equality officer (REO) or his representative.
- 3.61 All complaint and request forms that refer to incidents of racism should be passed to the REO for investigation.
- 3.62 Groups of black and minority ethnic prisoners should be enabled to meet together with prisoner representatives to discuss issues of importance to them and to air their views. These views should be reported to the race equality action team, and action taken should be fed back to black and minority ethnic prisoners.
- 3.63 Diversity training should be introduced for all staff.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.64 A published policy document clearly described procedures and protocols for staff to meet the needs of foreign national prisoners. The strategy and policy were effectively managed by a foreign nationals committee that included prisoners. Foreign national prisoners said that they felt supported and that staff understood their situation. There was good management of immigration paperwork, and the foreign nationals clerk ensured that relevant contact was maintained with immigration services.

- 3.65 At the time of inspection, 162 foreign national prisoners (21% of the total) were held. None were held solely under immigration administrative powers. A foreign nationals policy document had been published and was distributed throughout the establishment. It clearly set out protocols, procedures and entitlements for foreign national prisoners, while describing the strategy of the prison and its expected outcomes. It also contained educative material for staff on the recognition of cultural differences among groups of foreign national prisoners, and explained how these might affect their behaviour. Staff said that they were aware of its content,

and we observed that they were clearly focused in supporting foreign national prisoners during their stay.

- 3.66 The full-time diversity manager was also the foreign nationals coordinator. His role was well advertised, and staff and prisoners were aware of how to contact him.
- 3.67 There was a multidisciplinary foreign nationals committee to ensure that the needs of prisoners were represented and that the policy was being implemented. Meetings were monthly and were well attended. Minutes showed that important issues were discussed, and appropriate action taken and monitored. All foreign national prisoners were invited to attend. Foreign national prisoners said this gave them a meaningful opportunity to raise concerns, and that it encouraged active promotion of peer support.
- 3.68 Nominated foreign national prisoner representatives had been appointed on all wings. Their role was understood, staff and prisoners knew who they were, and they were well supported by the diversity manager.
- 3.69 There were good contact arrangements between the prison and the Border and Immigration and Agency (renamed UK Border Agency in April 2008). Immigration officers attended each month to give prisoners direct information concerning the legality of their status.
- 3.70 There were effective local systems to identify and address foreign national prisoners' immediate needs. Foreign national prisoners and detainees were systematically identified at reception and during the induction process, and records were effectively kept and monitored by the foreign nationals clerk for the prison cluster, based at Standford Hill prison.
- 3.71 Language and legal needs were being identified. Interpretation services were used, and there were lists of staff and prisoners who spoke foreign languages – we found up-to-date copies in the library, reception and all the wings.
- 3.72 In our survey, 91% of foreign national respondents said that they were treated with respect, which was significantly better than the 80% for British national 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.

- 3.73 Prisoners had little confidence in the arrangements for applications or complaints. Dates and details of replies to applications were not routinely recorded, and late replies were not chased up by staff, although a new system was being introduced on A wing. The number of complaints had increased since the previous year; many related to property and cash. Not all complaint forms were freely available on all wings, but complaint boxes were now opened by the complaint clerk, and replies to complaints were appropriate.

- 3.74 The arrangements for applications and complaints were explained on induction and publicised around the wings. None of the local information had been translated into foreign languages.

- 3.75 Application forms were freely available on each wing, and all applications were recorded in wing books. Prisoners were negative about the application system. In our survey, only 47% of respondents felt that applications were dealt with fairly and 42% that they dealt with promptly, against the comparators of 49% and 46% respectively. The most consistent criticism from prisoners was that applications frequently went unanswered. This was not possible to check as staff did not routinely record the date of reply or outcome of the application, and there were no tracking arrangements to chase up late or unanswered applications.
- 3.76 Staff on A wing were trialling a new triplicate application form. The form was designed so that details of the application and any follow-up action were recorded on the top sheet with a copy on the sheets below. When a prisoner made an application, he was handed the top sheet and the remaining two copies were forwarded to the relevant department, which recorded action taken on the top one. Both copies contained full details of the original application and the outcome. One was handed to the prisoner, and the other retained by staff. Implementation of this system across the establishment would significantly improve the current arrangements and increase staff accountability.
- 3.77 There were secure complaint boxes on each wing. At the start of the inspection, these were emptied by a member of the night staff. Prisoners we spoke had little confidence in these arrangements, as they did not view these staff as independent. We fed this information back to the head of residence, and responsibility for emptying the boxes was passed on to the complaint clerk. This was a positive change, which should help improve prisoner confidence.
- 3.78 In our survey, prisoners were even more negative about the complaints system. Only 16% of respondents said that complaints were handled promptly, significantly below the comparator of 23%, and only 21% said they were dealt with fairly, against the comparator of 23%.
- 3.79 Wings generally had the full range of complaint forms freely available, except that some were missing on D wing, and D and B wings had no racist incident report forms freely available (see paragraph 3.53).
- 3.80 The establishment had received approximately 38 complaint forms per week since the start of 2008, which was an increase on the previous year. The complaint clerk had been in post approximately six months and had recently started to issue an acknowledgement slip to prisoners on receipt of a complaint form. This was to provide some assurance that the form had been received and the matter was being investigated. Unlike some other long-term establishments, there were no restrictions on the number of complaints an individual could submit.
- 3.81 A diary system had been set up to highlight required response dates to complaints, and any close to running out of time were chased up. At the end of February 2008, 94% of complaints were replied to within prescribed timescales, against an agreed target of 95%. Replies were generally helpful and courteous.
- 3.82 A monthly analysis of complaints was circulated to senior managers. The largest category of complaints was about property and cash, with 166 received in the first three months of 2008. Examples included unacceptably long delays in catalogue orders (see paragraph 7.20) and cash disbursements, one of which took 11 days to be arranged. The deputy governor conducted a monthly quality assurance check of replies.

Recommendations

- 3.83 Details about applications and complaints should be publicised in a range of languages.
- 3.84 Wing staff should chase up unanswered applications; under normal circumstances, these should be dealt with within three working days.
- 3.85 The triplicate application forms used on A wing should be introduced across the establishment.
- 3.86 Cash disbursements should be processed promptly.

Housekeeping point

- 3.87 All complaint forms should be freely available on each wing.

Legal rights

Expected outcomes:

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

- | | |
|------|--|
| 3.88 | There was a shortage of trained staff in legal services, and cover arrangements were poor. The library was a good resource for legal reference material. |
|------|--|
- 3.89 Legal services for prisoners were covered by two residential senior officers. One was based on E wing, the first night and induction unit. He covered most of this work, but was unavailable during our inspection. The second officer picked up applications in his absence. They had no facility time and cover arrangements were at best haphazard. We were told that there was a shortage of trained staff in key positions, and that the demand on legal services staff had increased with the influx of prisoners on indeterminate public protection sentences into Swaleside.
 - 3.90 Information about legal rights was explained on induction and publicised on the wings. The library held an extensive range of legal reference material, including Archbalds and Stones, as well as having access to other reference material held by other prisons within the Sheppey cluster. The library also held copies of the most recent Prison Service orders, and acts of parliament.
 - 3.91 There were six legal visits rooms in the main visits area. Visits could be booked via email, which was popular with legal visitors, and the solicitors clerks we spoke with reported that it was easy to book visits without delay. Visits were each weekday afternoon from 2pm to 4pm, and 1pm-5pm on weekends. Visits staff booked one legal visit per hour, with a capacity for 12 legal visits per day. This exceeded the demand. In our survey, 75% of respondents said that it was easy to attend legal visits, which was significantly better than the comparator of 62%.

Recommendation

- 3.92 The number of trained staff in legal services should be increased, and there should be adequate cover arrangements to meet the needs of 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.

- 3.93 Clinical provision for substance misuse was part of the wider Sheppey cluster, and while demand was low at Swaleside, appropriate mechanisms were in place. However, the level of counselling, assessment, referral, advice and throughcare service (CARATs) input to detoxification support was underdeveloped. Mandatory drug testing rates were high, taking refusals into account, and although security measures for managing misuse were appropriate, some further strategic work was needed.

Clinical management

- 3.94 As a category B establishment with long-term prisoners, demand for clinical support was low at Swaleside. Most prisoners requiring such interventions had developed or re-established their habits while in custody, although there was provision for prisoners transferring in already on a maintenance programme. Clinical services were provided as part of the Sheppey cluster incorporating HMPs Elmley and Standford Hill.
- 3.95 An average of three to four prisoners at a time was provided with a detoxification programme at Swaleside. Appropriate clinical protocols had been developed specifically for the prison. In principle, there was a flexible range of provision for either detoxification or maintenance using buprenorphine, methadone or lofexidine. In practice, given the population, provision was almost exclusively a nine-day suboxone programme (a combination of subutex, an opiate alternative, and naloxone, an opiate antagonist). During the week of our inspection, the Sheppey cluster was introducing the integrated drug treatment system (IDTS) under a temporary contract with the Crime Reduction Initiative (CRI). The programme, and its staff, was based at Elmley with Swaleside as a satellite. There was the potential for prisoners to transfer to Swaleside under the clinically enhanced programme, as part of IDTS, but this was unlikely given the long-term population.
- 3.96 Prisoners requiring clinical input could be referred to the substance misuse team by any department in the prison, although this was invariably via the CARAT service. Prisoners were usually assessed the following day, although there were occasionally delays. Once a programme of clinical support was started, responsibility for reviewing provision and administering medication fell to the substance misuse team. As healthcare staff at Swaleside had only minimal involvement in the service and offered no specialist support, at least two members of the Sheppey cluster substance misuse team visited Swaleside each day.

- 3.97 The role of CARATs during detoxification was unclear. Once a prisoner was referred, CARATs had little or no direct involvement. There was no protocol regarding ongoing contact or psychosocial programme to run in conjunction with the clinical interventions. When prisoners had completed their detoxification programme, ongoing support varied. The Rehabilitation of Addicted Prisoners trust (RAPt) 12-step programme was the only provision available, even though this was not appropriate for all prisoners (see paragraph 8.37). Although there was some liaison and discussion between the CARAT worker and clinical providers, this was not always the case. With the advent of IDTS, there was an acknowledgement that the role of CARATs needed to expand to offer effective integrated support and care planning.

Drug testing

- 3.98 During the inspection, we were given three different sets of figures for the mandatory drug testing (MDT) rate at Swaleside. The reason for this was that figures were sometimes submitted before confirmation tests were received to meet submission deadlines, and some positive tests (such as those for buprenorphine) did not have to be declared. We were able to clarify that the positive random rate in the six months to January 2008 was just under 12%. When the number of refusals and diluted samples were also included, the figure rose to just under 17%. Figures were not collated on a monthly basis by the drug strategy group and, as a consequence, although there was anecdotal evidence about levels of use on different wings, there was no strategic approach to manage this.
- 3.99 During the same six-month period, 93 suspicion tests had been undertaken. Once refusals and diluted samples were taken into account, this positive rate was 67%. This frequency of testing broadly reflected one suspicion test per three drug-related security information reports (299 during the period). The prison operated a suspicion testing window of only three days and had introduced an electronic communication system to ensure referrals were picked up immediately. While this substantially increased the likelihood of positive detections, it offered little flexibility on meeting the target. As a consequence, 63 further tests had been abandoned as missing the three-day target.
- 3.100 The MDT facilities were reasonable, although cramped for the amount of testing undertaken. Weekend testing targets were met.
- 3.101 In our survey, 41% of respondents said that it was easy to get illegal drugs at Swaleside, significantly worse than the comparator of 28%. Security arrangements regarding the management of drugs appeared appropriate. In the six months before the inspection, there had been 50 drug finds, although many of these were very small. Hooch and alcohol-related finds were low (nine), as were finds of drug-related paraphernalia (10). The prison had two drug dogs, one passive and one active, along with access to the area resource of a mobile telephone detecting dog.

Recommendations

- 3.102 Psychosocial support during detoxification regimes should be developed and implemented.
- 3.103 All prisoners completing detoxification should be able to access a range of ongoing support, including one-to-one work and groupwork.
- 3.104 Mandatory drug testing figures should be analysed by wing each month to evaluate patterns of use and demand.

- 3.105 Suspicion drug tests should be undertaken within three days of submission of a relevant security information report.

Section 4: 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.

- 4.1 Health services offered prisoners access to a broad range of clinical specialisms in the prison and through external NHS sources. The management of long-term illnesses was good, as was the GP service. Dental services did not meet the needs of prisoners, and the lengthy waiting lists would grow with the increase in prisoner numbers. Relationships with the primary care trust were developing well, and the healthcare team benefited from the strong support of the governor. Despite the positive aspects, prisoners were extremely dissatisfied with perceived poor attitudes by healthcare staff, who they claimed denied them access to some services.

General

- 4.2 The Kent and Coastal Kent Primary Care Trust (PCT) was responsible for the commissioning of health services at all three prisons on Sheppey, which were delivered by prison-employed staff. After a slow start, relationships with the PCT were developing well, and there were cluster meetings on operational and clinical issues.
- 4.3 The healthcare manager was a member of the partnership board and the prison senior management team. The governor strongly supported healthcare functions, and understood the complexities of healthcare delivery in a custodial setting. There was concern that the clustering arrangements had affected health services at Swaleside. Significant shortages of suitably qualified nursing staff impacted on the overall delivery of care, and limited representation of health services in other meetings in the prison.
- 4.4 Health services for prisoners were generally good, with access similar to that in the community. However some healthcare staff limited access unnecessarily at times, and, despite some good work by healthcare staff, responses to our prisoner survey were poor – only 33% of respondents said that the overall quality of care from healthcare staff was good or very good, significantly worse than the comparator of 40%. Responses from lifers in particular about the overall quality of care from the doctor, nurse and dentist were significantly worse than for other prisoners. It was clear that the attitude of some staff was undermining clinical care (see paragraph 4.16).
- 4.5 The healthcare department was undergoing major refurbishment, and primary care services had been transferred to temporary accommodation. The inpatient unit had been partially closed to allow refurbishment.
- 4.6 Primary care facilities were totally inadequate, with insufficient office and treatment rooms. Although the rooms were disorganised, the area was clean. There was a lack of privacy for patients in treatment rooms and the dental surgery, and there was no privacy screening on external windows and internal doors. The prisoners' waiting area was small but adequate, and toilets were available. Disabled access was good. The dental surgery was also in temporary accommodation and was in a reasonable condition given the transfer of equipment.

- 4.7 The reception medical room was basic and did not have a sink or emergency bell, which were needed to meet infection control and security requirements.
- 4.8 The inpatient area had 10 beds, which were all on the certified normal accommodation, and was included in the refurbishment programme. The 10 rooms were clean and tidy, and included a safer cell gated with Perspex. All cells had hospital beds and in-cell sanitation, and televisions and radios were available to prisoners. The treatment room was cramped and lacked sink and handwashing facilities. The medicine trolley was locked, but not chained to the wall. There was no facility for patients to dine out of cell, but they could have their meals sitting in comfortable chairs in the large foyer. There was no CCTV system, but sightlines were good. There were cooking facilities for patients in therapeutic care. The outside exercise area was very limited due to the refurbishment, but it met essential needs temporarily.
- 4.9 There were no healthcare facilities on the wings; all healthcare was delivered in the main department.
- 4.10 There was no identifiable health promotion lead. Individual clinic nurses delivered health promotion through their clinics, although this only benefited prisoners attending these. There was a named cluster lead for older prisoners, and copies of older persons national publications, but no named healthcare worker had been identified from the Swaleside healthcare team.
- 4.11 Links with local social services were good, and access to specialist medical equipment was available through local NHS sources. NHS appointments were well managed, and up to four prisoners could attend external appointments each weekday. There was no evidence that security issues, such as lack of escorts, affected access to healthcare in external NHS facilities.

Clinical governance

- 4.12 There were significant problems relating to the quality and quantity of healthcare staff. Senior clinical staff had been moved from Swaleside to another prison in the cluster and this had added to the difficulties faced in the prison, which lacked robust clinical leadership. A recent reprofiling of staff across the cluster was intended to address the considerable shortfalls of senior staff.
- 4.13 The strategic health lead for the cluster was based at HMP Elmley, but met regularly with staff. The cluster operation's manager of healthcare provided managerial and clinical support on a day-to-day basis. Both were members of the cluster partnership board.
- 4.14 The Swaleside healthcare manager was a principal officer and a registered mental health nurse (RMN) who had been at the prison for some time. There were two band 6 nurses, one RMN and one registered general nurse (RGN). The remaining staff were two band 5 general trained nurses, five band 5 mental health trained nurses, and five healthcare officers (HCOs), all trained to national vocational qualification level three in care. There were three vacancies, one of which was filled by an agency RMN. There were no healthcare assistants.
- 4.15 We had concerns that the current staff numbers and skill mix were insufficient to meet the health needs of prisoners. The prison provided 24-hour healthcare for prisoners and, following refurbishment, the inpatient area would increase to 15 beds. There were problems locally with staff recruitment, but the strategic lead was aware of these and planned to address the deficits.

- 4.16 It appeared that some healthcare staff exercised a disproportionate influence on the overall delivery of care. Unusually, in all our prisoner groups the majority of prisoners complained that some staff were 'overcontrolling' and many felt that they were disrespectful. Senior managers needed to challenge these staff attitudes. Prisoners also had difficulty identifying the grade of health worker as there was no clear uniform distinction between professions.
- 4.17 Continuous professional development was supported within staffing restrictions, and there was a training budget for the cluster. Healthcare staff could also access PCT training resources. Although clinical supervision was supported, many staff did not take up this opportunity.
- 4.18 Medical officer cover was good, with a GP in the prison every weekday from 8am until 5pm, although there were no GP clinics on Wednesdays. Waiting times to see the doctor were good, generally no longer than 48 hours, and, where necessary, prisoners were seen the same day. Out of hours cover was provided by the local NHS service.
- 4.19 Administrative support was grossly understaffed. There was only one administrative officer, and many administrative duties fell to nursing and support staff. Nurses and HCOs filed all reports and were responsible for all clinical records and their entries, as well as compiling waiting lists for most health clinics. Additional administrative help was planned, but the increase in prisoners also due would be an added burden, even with two administrators.
- 4.20 Emergency equipment was held in the main healthcare department and was checked daily as part of an overall daily audit of equipment. The equipment contained oxygen and needles, and emergency drugs were held separately in a locked cupboard. All staff received annual updating in cardiopulmonary resuscitation training as part of the cluster training arrangements.
- 4.21 Clinical records were held in a dedicated office and could only be accessed by health staff. An electronic medical information system (EMIS) was in place and served most clinical areas, but because staff were not fully trained in it and some appeared reluctant to use it, paper notes were also held. This created a laborious two-tier system of recording clinical data. However, the clinical records we reviewed were satisfactory, and all paper records included a sheet identifying staff signatures and designation. Old clinical records were held securely elsewhere in the prison.
- 4.22 There was no forum in which prisoners could discuss healthcare issues, which could have allayed some of their concerns (see paragraph 4.4). Complaints were dealt with through the prison system, and there was access to the Independent Complaints Advisory Service.
- 4.23 Links to local health agencies was good. There was a protocol for healthcare staff to share appropriate information with other relevant agencies, although this was prescriptive rather than generic.

Primary care

- 4.24 A member of the health team saw all new arrivals in reception. Previous health records were consulted, and an additional health screen completed. This included a cell sharing risk assessment and fitness for work assessment. Prisoners were given a healthcare booklet about the services available and how to complain. They were not automatically seen by the doctor unless they requested this or were on medication. Those with a chronic disease were referred to the appropriate clinic.

- 4.25 Individual nurses had been identified as cluster clinical leads for primary general and mental health, diabetes, asthma, learning disability and others specialisms. There was no health promotion lead and no overarching health promotion policy.
- 4.26 There was a good range of nurse-led clinics, including well man, chronic disease management, immunisations (including hepatitis B and C), and phlebotomy. Lack of staffing sometimes prevented clinics from running, although essential follow-up appointments were continued. Visiting specialists included chiropody, physiotherapy, an optician and radiographer. Prisoners were brought back to the GP to be told the results of blood, X-ray and other investigations.
- 4.27 The management of communicable disease was good. Sexual health clinics were managed in house with referral to external clinics where necessary. All new arrivals had chlamydia screening. Barrier protection was available through healthcare.
- 4.28 The system for prisoners to access health services was flawed. There appeared to be two methods: they could tell their wing staff they wanted to see healthcare or submit a general application form. Neither method provided confidentiality or was efficient. In our survey, access to health professionals was reported to be significantly more difficult than at comparable prisons; only the doctor was said to be easy to access.
- 4.29 The special sick system operated by prisoners reporting to their wing staff who referred them to healthcare. Triage algorithms were not used, but there were plans to send nurses to the local walk-in centre to gain experience.
- 4.30 A member of the health team saw prisoners held in the segregation unit every day, and the doctor visited three times a week. Relationships with segregation staff were said to be good.

Inpatients

- 4.31 The inpatients facility was isolated from the main healthcare department due to the current refurbishment. There was an average of seven inpatients at the time of the inspection, all there for clinical reasons. They were all under the care of the psychiatrist, who visited weekly, and the in-reach nurse saw her patients every day. Two patients were waiting for secure beds; neither had been waiting for longer than two weeks.
- 4.32 There were generally two staff on duty during the day and one trained nurse at night with an officer support grade. However, in practice there was often only one nurse on night duty. This was unacceptable and potentially unsafe, as there should always be two staff on night duty, including one trained nurse
- 4.33 The relationship between staff and inpatients was relaxed and appropriate. Inpatient activity was limited, due to space, but inpatients were out of their rooms most of the time. Those we spoke with were happy with their care, and could access education and the library, as well as a dedicated time for gym. Regular visitors included the chaplain and the Independent Monitoring Board.
- 4.34 There was no daycare facility, due to the refurbishment, but we were told that daycare services would be offered to all prisoners once the work had been completed.

Pharmacy

- 4.35 Pharmacy services were provided on a satellite basis from the pharmacy at HMP Rochester. A pharmacist and pharmacy technician from Rochester visited the Swaleside site bi-monthly and monthly respectively. The management of pharmacy services was generally good.
- 4.36 Medicines were stored in the locked dispensary in lockable drawers, but only the metal cabinets were locked at the time of our visit. Internal and external medicines were kept separately, and stock levels were adequate. Stock medicines were usually kept separate from named-patient medication, but this was not always the case. Some medicines were kept in the treatment room in the inpatients department; however the medicine trolley was unlocked and not secured to the wall. Heat-sensitive medicines were stored in a pharmacy fridge; temperatures were recorded daily, but no action was taken when they were out of the acceptable range.
- 4.37 Controlled drugs were rarely used, but were recorded in the controlled drugs register, and regular balance checks were made. Two registers were held, one in the outpatient department, the other in the inpatient area. The inpatient register contained multiple crossings out. We saw two prescriptions for controlled drugs, but these were undated.
- 4.38 Most prisoners held medication in possession for up to 28 days. An in-possession policy had been recently published. The decision to allow in-possession medication was made by the doctor and nursing staff, although there was no formal assessment policy.
- 4.39 Medicines were supplied to prisoners directly from the dispensary through a hatch into the waiting room. This did not provide confidentiality for patients collecting medicines. Supervised medications were administered at 9am, noon and 4pm. Prisoners requiring medication at night received it from night staff. Those taking medicines under supervision were monitored carefully, with appropriate records for any not taken. Prisoners were able to reorder their in-possession medication. Those attending court or being transferred were provided with their medication.
- 4.40 Standard prison prescription sheets were used, and those we inspected appeared to comply with legal requirements.
- 4.41 Patient group directions (PGDs) were in place, but not all relevant staff had signed them. Copies of current pharmacy reference books were in use.
- 4.42 A cluster medicines and therapeutics committee met every two months with representation from the PCT and prison health staff.

Dentistry

- 4.43 Dental services were under pressure, with insufficient clinic time to treat patients. There were currently 50 patients receiving treatment, and a further 150 waiting to be seen – 20 of whom had been waiting for five months. Discussions to resolve this unacceptable situation had reached no positive result so far.
- 4.44 The dentist held three sessions a week and provided a full range of NHS treatments. There was little oral health promotion, and only those attending treatment received advice.

- 4.45 Dental records were managed effectively and clinical records were available to the dentist during treatment. Out of hours treatment was initially managed by healthcare staff, and urgent cases were seen at the next dental clinic where necessary. Emergency referral to the local community and district general hospital was also available.

Secondary care

- 4.46 Access to external NHS facilities was good, and the administrator worked hard to ensure all prisoners referred to external services kept their appointments. Up to two prisoners each morning and afternoon could attend outpatients. The system was well managed, and there were very few cancellations. Prisoners sent out to hospital took with them a pre-printed document for the specialist to record a brief history and any recommendations for treatment. This enabled health staff at the prison to act immediately on any instructions from the external health professional.

Mental health

- 4.47 Mental health services were good, with primary care mental health and in-reach nurses providing support. New arrivals identified as needing support were referred to the primary mental health team, and those arriving on psychiatric medication were referred to the GP for assessment. Any member of prison staff could make a referral, and prisoners could also self-refer. Referrals were seen without undue delay. The primary care team had a current caseload of approximately 20 patients. Anyone causing concern was referred to the GP for further assessment.
- 4.48 A general counselling service covering bereavement, relationships and illness offered excellent support to prisoners. A psychotherapist provided eight sessions a week, and another counsellor a further four sessions. The counselling team had a caseload of approximately 30 clients, with another 30 waiting to be seen. The team worked well with healthcare and other supporting departments, such as the chaplaincy and offender management.
- 4.49 The prison in-reach service was provided by the Kent and Medway NHS Trust. A band 6 community psychiatric nurse (CPN) worked at the prison four days a week, and was supported by a visiting psychiatrist. Additional support was available from within the in-reach team if necessary. Another psychiatrist and senior nurse practitioners completed the team. Two of the nurse practitioners concentrated on the transfer of patients to secure beds.
- 4.50 The CPN accepted referrals from any member of staff, and prisoners themselves. Routine referrals were seen within seven days, or earlier if urgent. Weekly team meetings discussed existing patients, new referrals and their future management. If the CPN had concerns about any patient, he was referred to the psychiatrist. The majority of clients on the CPN's caseload suffered from depression, personality disorder or schizophrenia. The CPN had good professional relationships within the healthcare team and throughout the prison, working collaboratively with all relevant departments, including safer custody and sentence planning.

Recommendations

- 4.51 The staff and skill mix review should ensure that there are sufficient junior, senior and appropriately qualified nursing, nursing support and administrative staff to deliver health services in a timely and professional manner, and that healthcare workers receive continuing managerial and professional support.

- 4.52 Staff should be strongly encouraged to participate in clinical supervision, and given protected time to allow participation.
- 4.53 Prisoners should not be denied access to any health services unless there is robust evidence to support this decision.
- 4.54 The new outpatient department should provide privacy and decency for all prisoners undergoing treatment.
- 4.55 All healthcare staff should be trained in the new computerised patient management system, and there should be a time limit for training and the full implementation of the system.
- 4.56 A health promotion lead, including oral health, should be identified from within the prison team.
- 4.57 A named healthcare worker should be identified to oversee health services for older prisoners.
- 4.58 There should be a regular dedicated healthcare forum, led by a senior clinician, to address the general health concerns of prisoners.
- 4.59 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners.
- 4.60 There should be a robust and confidential healthcare application system using health-specific application forms and locked healthcare boxes on all wings. These boxes should only be opened by healthcare staff.
- 4.61 The reception medical room should be redecorated, and handwashing facilities and an emergency bell provided.
- 4.62 All inpatient beds should be removed from the certified normal accommodation.
- 4.63 There should be two healthcare staff on night duty, including at least one registered nurse.
- 4.64 The inpatient treatment room should have handwashing facilities.
- 4.65 There should be daycare facilities providing constructive activity for inpatients and those less able to cope with life in the main prison.
- 4.66 Inpatients should have facilities to dine out of cell.
- 4.67 All prescriptions (including controlled drugs) should be legally written and include the quantity and date prescribed, and be signed by the prescriber.
- 4.68 The in-possession risk assessments of each drug and patient should be documented and the reasons for that decision recorded.
- 4.69 Additional dental sessions should be introduced to reduce the dental waiting list.

- 4.70 The inpatient exercise area should be refurbished to provide a more therapeutic environment.
- 4.71 All medicine trolleys should be secured to the fabric of the building when not in use.

Housekeeping points

- 4.72 The uniform of health professionals should indicate the identity and grade of health professional.
- 4.73 Drugs cabinets in the dispensary should be kept locked at all times.
- 4.74 Information-sharing protocols should be more generic to ensure efficient management of relevant health and social care information.
- 4.75 Maximum and minimum drug fridge temperatures should be recorded daily to ensure that heat-sensitive items are stored within the 2-8°C range. Corrective action should be taken if necessary, and this should be monitored by pharmacy staff.
- 4.76 Entries in the controlled drugs register should not be crossed out or otherwise obliterated, but should be annotated with a signed and dated footnote, in line with current guidance.

Good practice

- 4.77 *The counselling service provided strong support to prisoners, releasing trained nurses to concentrate on those prisoners who required more intensive support.*

Section 5: Activities

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.

- | | |
|-----|---|
| 5.1 | The quality of education and vocational training was at least satisfactory for the very small number of prisoners who took part. With over half of the prisoner population assessed as at level one or below in literacy and numeracy, take-up of support was low. There was insufficient priority to learning and skills in the prison, and poor use of management information to improve provision. |
|-----|---|
-
- | | |
|-----|--|
| 5.2 | The main learning and skills provider was A4E, who had held this contract since August 2007. A4E provided initial assessment, advice and guidance, literacy, numeracy and English for speakers of other languages (ESOL), as well as most training in personal and social development. This included programmes in art and information and computer technology (ICT). A few other external organisations, such as the St Giles Trust, also provided training in this area. The head of learning and skills was one of the two employment, training and education pathway managers and was responsible for the education and library contracts, the gymnasium and all other vocational education and training activities. The second manager was responsible for the day-to-day management of industries, horticulture and recycling. |
| 5.3 | The quality of education and training provision was at least satisfactory. However, learning and skills and work provision was not adequate to meet the needs of the prison population. Only 121 prisoners, about 15% of the population, were registered on education courses – although it was difficult to tell how many of these were not full-time, and some were registered on multiple courses. Our own estimate was that the number of full-time equivalent education places available was nearer to 80. |
| 5.4 | Staffing arrangements for vocational training and education were satisfactory. For the few prisoners able to access accredited programmes, achievements were mostly good or better and averaged between 80% and 100%, and teaching and learning were satisfactory or better, with well-qualified and experienced staff. Achievement rates were good on ESOL courses and satisfactory in literacy at level one and below. However, only 60% of those who left a numeracy course at entry level and level one achieved the qualification. |
| 5.5 | Approximately 53% of prisoners were assessed at level one or below in literacy and numeracy, and many of the 102 learners currently on programmes for these subjects were working at level two and above on vocational courses. Although take-up was low, initiatives such as the Toe-by-Toe reading scheme, outreach support on the wings, some provision in the gym and marketing to learners starting offending behaviour programmes aimed to attract prisoners reluctant to attend education. Few learners in industries and other work areas had outreach support for literacy and numeracy. |

- 5.6 Attendance and punctuality were good, and learners and staff were generally respectful of each other. Although there was good equality of opportunity, including good support and access for prisoners with disabilities, equality of opportunities was not discussed at quality improvement group meetings, and data on equality and diversity were not well used.
- 5.7 There was insufficient strategic leadership and direction for learning and skills, which had a low profile in the prison. Some of the weaknesses identified at the previous inspection still remained. Action planning was generally weak, although many quality improvement arrangements, such as monitoring the quality of teaching and learning, self-assessment and the use of learners' views, were satisfactory.
- 5.8 There was insufficient use of management information to effectively monitor participation and performance. Although the prison and education provider systematically collected a wide range of data, this was not used effectively to analyse the effect of initiatives and management decisions, such as the take-up of learning and skills by prisoners at level one and below. There was insufficient information, advice and guidance (IAG) on employment, training and education. Although each wing had a useful information area, these lacked information on learning and skills.
- 5.9 Prisoners were offered a narrow range of work activities, with too few opportunities to gain accreditation. Some prisoners, such as those on the painting and decorating course, were not accredited with the appropriate level of qualification for their work. Industries included engineering, painting and decorating, packaging, rag cutting, and PICTA (Prisons Information Communication Technology Academy) ICT facilities. A few prisoners worked in the gardens and recycling, although this was not accredited.
- 5.10 The prison had adopted some innovative approaches to develop provision. For example, there had been good use of additional funding to acquire high technology woodworking and injection moulding machinery with the view to expand the provision.
- 5.11 Prisoners often waited for long periods to access work and learning and skills activities, and allocations seldom took account of sentence planning objectives. Applications for activities had long waiting lists, some for several years. Despite this, there were missed opportunities to fill spaces or use existing space in the prison to offer useful employment activities. For example, the construction workshop was closed at the time of inspection and used as a storeroom. Security risk assessments often held up prisoners' applications and involvement in activities.
- 5.12 The pay policy was inadequate and disadvantaged those in education. Pay rates in some work areas were calculated on piece work, and some prisoners could earn up to £50 per week, while those on the industrial cleaning course, for example, could only earn a maximum of £16.65 per week. This resulted in significant differences in weekly income, with little incentive to enter education or vocational training. The prison had recognised this and had approved a new pay policy.

Library

- 5.13 The library was run by Kent Library Service. Although small, it was an attractive, welcoming and well-organised environment, akin to a community facility. It was managed by a qualified librarian with two full-time library orderlies who were well trained and knowledgeable, although this work was not accredited. Arrangements for absence cover were appropriate. Induction to the library was routine for new arrivals.

- 5.14 There was an appropriate stock of books and audio material, with a small range of foreign language books and staged learning texts. The stock broadly reflected the different cultural needs of the population. Most books were non-fiction and were regularly replaced if not used. There were a few journals, although no national or international newspapers. Prisoners could order materials, which were generally available through the Kent Library Service within two weeks. Some reference materials, including Prison Service orders, were held securely and available on request. A few legal textbooks were available, although others could be ordered.
- 5.15 Access to the library was satisfactory, and it was well used by approximately 600 prisoners. A well-planned rota ensured that each wing had one timetabled visit a week. There was a library trolley service to inpatients in healthcare and prisoners on the segregation wing.
- 5.16 The library provided a good service for prisoners on courses, but did not have sufficient space for prisoners to read or study. Plans to extend the library to cope with the enlarged prison population had little additional space for private study.

Recommendations

- 5.17 There should be more opportunities for prisoners in work to receive training and accreditation, where appropriate.
- 5.18 The prison should develop a clear and realistic strategy for learning and skills in line with the overall strategy for reducing reoffending, with sufficient teaching and specialist management staff to implement this.
- 5.19 There should be better analysis and use of meaningful data to manage and evaluate the learning and skills provision.
- 5.20 Prisoner allocations to work, learning and skills activities should take account of their sentence planning objectives.
- 5.21 The prison should introduce the revised pay policy for prisoners as soon as possible.
- 5.22 The work of library orderlies should be accredited to an appropriate level.
- 5.23 Plans to expand the library should include adequate private study space.

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.

- 5.24 All prisoners attended gym induction, which included a physical exercise assessment. The gym had good links with healthcare to manage older prisoners and those with additional needs. Activities were well promoted on the wings, which had gymnasium representatives. New programmes, such as walking to health, had recently been introduced, and there were special PE sessions for the over-50s. PE staff provided good records of individual

achievement. Prisoners had good access to the gym, and induction was used to promote improvements in prisoners' lifestyle and physical awareness.

- 5.25 The Isle of Sheppey cluster physical education department was staffed by a principal officer, two senior officers and 22 PE officers. All staff were well qualified and highly experienced. Swaleside also employed five prisoner peer tutors and two gym orderlies.
- 5.26 All prisoners attended gym induction, which included a physical exercise assessment questionnaire, compact user agreement and, if appropriate, a medical conditions report. Health services staff identified those unfit for gym activity. Induction was used well to promote improvements in prisoners' lifestyle and physical awareness. Information about PE activities and courses was clearly displayed on the wings, and prisoners were kept well informed through a monthly newsletter and their wing gym representatives.
- 5.27 All prisoners had access to the gym for at least three sessions a week, and many used it more often. Early morning circuit sessions were open to all prisoners, and gym access was available in the evenings for those at work. Access for prisoners with mobility difficulties was adequate.
- 5.28 Although the gym was being rebuilt, there had been good attempts to continue to provide appropriate exercise opportunities. Prisoners still had access to an appropriate range of equipment, including free weights, weight training resistance modules and cardiovascular machines, and the sports hall still provided satisfactory areas for activities. However, there was an inadequate process to replace expensive items, and maintenance of equipment was not routinely planned.
- 5.29 There were facilities for a good variety of appropriate sports and activities, including badminton, carpet bowls and soft tennis, as well as outdoor sport and recreational activity. Specialist PE sessions were provided for the over-50s. A new course, 'walk your way to health', had recently been introduced for mentally ill prisoners. Each participant got a free pedometer along with structured help and guidance to improve their fitness. Staff organised a good variety of challenges and team events, which included a marathon run on treadmills. PE staff kept good records of individual achievements, and these were passed on as prisoners moved.
- 5.30 Only 19 students were completing vocational PE programmes, due to the disruption caused during building. Usually around 30 prisoners took part on accredited courses in this area.
- 5.31 All prisoners who used the gym were given clean kit and towel at least once a week, or more often if needed. Prisoners could shower after each PE session, and changing and showering facilities were effectively supervised by staff while affording prisoners some privacy. Changing facilities were kept clean. Accident recording was appropriate.

Recommendation

- 5.32 There should be a well-planned regular maintenance programme for PE equipment, with a replacement programme for large and expensive items.

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.

- | | |
|------|--|
| 5.33 | The faith needs of prisoners were met by a committed and well-integrated chaplaincy team. In addition to regular services, there were faith-based groups supported by a significant and committed group of prisoners. The needs of Muslim prisoners were met by a full-time Muslim chaplain, and a new mosque was being built as part of the prison's redevelopment. |
|------|--|
- 5.34 The chaplaincy team had three full-time chaplains, one Anglican, one Catholic and one Muslim. The team was supported by part-time or sessional chaplains representing other faiths. There was no chaplaincy coordinator, but the chaplaincy team ethos ensured that work was organised and proper accountability was in place. The team was well integrated into the life of the prison, attending, for example, senior management meetings, the governor's morning meetings, and key operational meetings, such as the safer custody meeting and race equality action team. The chaplaincy also contributed to other key requirements, such as multidisciplinary assessment, care in custody and teamwork (ACCT) case reviews.
- 5.35 Chaplaincy facilities were well equipped, spacious and welcoming. They included a large chapel, a group room and offices. Currently a curtain was pulled across the chapel when it was used for Muslim prayers. Although this was not ideal, the prison was building a new mosque as part of its redevelopment.
- 5.36 The chaplaincy saw all new arrivals individually within their first 24 hours. Although this was confirmed by only 46% of respondents to our survey, this was significantly higher than the 39% comparator. The survey also showed that 60% of respondents believed their religious views were respected and 68% said they could access a religious leader, which were similar to the comparators. However, 92% of Muslim respondents said they could access a religious leader, which was significantly higher than the 65% for non-Muslims.
- 5.37 The prison held 167 Muslims, about 22% of the population. Of these, approximately 100 regular attended prayers. Among the Christian denominations, there were between 60 and 70 regular attendees at services. In addition to services, a range of faith-based groups was available on at least four weekday evenings. These included Bible study and fellowship groups, as well as an Arabic class. An Alpha course was run each year, and the chaplaincy also hosted the secular Vamos Juntos support group for Spanish speakers.

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.

5.38 Time out of cell varied significantly, and fell short of our expectation of 10 hours a day. There was insufficient purposeful activity, and too many prisoners were locked in their cell during the core day. Association was predictable and rarely cancelled.

5.39 The prison reported a time out of cell figure of just under eight hours a day, which was disappointing for a training prison and fell short of our expectation of 10 hours. The calculation of time out of cell was also crude and confused. It was calculated by multiplying the various wing rolls by blocks of time for morning, afternoon and evening sessions. The blocks of time, however, seemed to be at variance with time specified in the core day. There was no explanation for this variance, despite our checks. In practice, prisoners' experiences varied substantially. An unemployed prisoner was likely to spend less than six hours out of cell, while the maximum available for a fully employed prisoner was just over 9.5 hours. The numerous part-time employed prisoners experienced something in between. In our survey, only 11% of respondents said they spent 10 or more hours out of cell each weekday, significantly worse than the 22% comparator.

5.40 The prison reported a purposeful activity figure of just under 24 hours a week, which for a training establishment was poor. We were also concerned to find in a random roll check during our inspection that 311 prisoners, 41% of the population, were locked in their cells, although this lock-up was mitigated by daily general unlocks of unemployed prisoners both mid-morning and mid-afternoon.

5.41 Association was available on five weekday evenings and was rarely cancelled, a fact confirmed by prisoners. In our survey, 88% of respondents said they had association at least five times each week, which was a significantly above the comparator of 81%.

5.42 Exercise outdoors was available each morning between 8.10am and 8.45am, although take-up of this was low. In our survey, just 37% of respondents said they went out on exercise at least three times per week, significantly below the comparator of 50%.

Recommendation

5.43 Methods for calculating time out of cell should accurately reflect the reality for prisoners.

Section 6: 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. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 The security department was well managed, and there was evidence of effective dynamic security throughout the prison. Good use was made of intelligence, and the security committee received a range of information. Rules were issued to prisoners. Categorisation processes were managed through the prison cluster. A large number of prisoners awaited allocation to category C establishments.

Security

- 6.2 The deputy governor held overall responsibility for the security department, which was large, well managed and had good governance arrangements. The security committee was well attended and met monthly. An intelligence committee also met in advance of the security committee to identify information to be anonymised. The security committee received a considerable amount of information on use of force, reportable incidents, searching and finds, and analysis of security information reports (SIRs) and identified trends. Security committee meetings also reviewed bans on visitors and on prisoners receiving goods via the post.
- 6.3 In the previous six months, almost 2,000 SIRs had been submitted, and these were processed and actioned within a timely manner. The quality of intelligence received was high. Most reports related to illegal drugs and mobile telephones. We were concerned to note that prisoners found in possession of mobile camera telephones were routinely placed in escape clothing until telephones had been returned from external analysis. Prisoners could wear this clothing and be subject to high levels of monitoring for several weeks until the information was received. This standardised approach was not based on effective intelligence, and wasted staff resources in carrying out the additional security checks associated with escape list prisoners.
- 6.4 Staff at Swaleside received regular updates on prisoners regarded as potential hostage takers and those likely to commit arson. The security department was active in addressing the security problems, and was able to evidence dynamic security across the prison.
- 6.5 One full-time police intelligence officer was based at the prison and one part-time police liaison officer worked across the cluster. We were told that there were strong working relationships with these staff.
- 6.6 The security department was responsible for the prison drug dogs, and one passive and one active dog operated. There was also access to a mobile telephone detecting dog through the prison cluster. The security department was also responsible for mandatory drug testing, and worked well with staff delivering the prison's drug strategy.

Rules

- 6.7 Rules were well publicised throughout the prison. Most prisoner wing history sheets recorded when the prison rules had been issued to them.

Categorisation

- 6.8 Categorisation was managed through HMP Elmley as part of the cluster arrangement. However, the staff concerned attended the offender management unit (OMU) in Swaleside at least twice a week to liaise with offender supervisors.
- 6.9 Approximately 25 recategorisation boards were held each month, which would increase as prisoners on indeterminate sentence for public protection (IPP) were reviewed more frequently. The prison had allocated additional resources to the recategorisation of IPP prisoners, and over 120 had been categorised as suitable for places in category C prisons. Additionally, 50 other prisoners had been identified as suitable for category C and had been waiting several months for suitable places to be identified (see also paragraph 8.15). Officers involved in categorisation paid attention to sentence planning targets.
- 6.10 All key departments were invited to contribute to recategorisation processes, and prisoners were invited to make written submissions. In the previous six months, 118 cases had been heard and of these 43 prisoners had been granted category C status, representing 36% of all cases heard. Prisoners were notified how to appeal if they were unhappy with the decision.
- 6.11 Over half the prisoners at Swaleside were life sentenced, and issues linked to their sentence progression were managed via the OMU.

Recommendation

- 6.12 Prisoners should not be placed routinely in escape clothing when they are found in possession of a camera mobile telephone, unless there is clear evidence of a risk of escape.

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.

- 6.13 Adjudication processes were managed well, and punishments issued were fair and proportionate. Charges were investigated appropriately, and cases were deferred to enable witnesses and legal representatives to attend. Use of force was well managed and not overly used. Use of force paperwork was generally completed to a good standard, but healthcare records were not held with the files. The segregation unit was operating at a reduced capacity and was almost full as a result, but residential staff managed to retain more challenging prisoners on the wings. Staff and prisoners in the segregation unit reported positive relationships, but the quality of wing history sheets was poor.

Disciplinary procedures

- 6.14 In 2007, there had been approximately 700 adjudications. Adjudications were heard on the segregation unit, although the room currently being used also stored other items because of the refurbishment programme. There were published guidelines for adjudicators, and quarterly standardisation meetings. The governor reviewed all adjudications each month and provided written feedback for staff.
- 6.15 Prisoners in adjudications were addressed respectfully and encouraged to participate, although they were not given writing materials and a written explanation of the proceedings. Prisoners facing disciplinary charges relating to drug use were also referred to counselling, assessment, referral, advice and throughcare service (CARATs) staff. Most of the cases we observed were conducted in a timely fashion, and prisoners had been given sufficient time to prepare their case, but several cases relating to failed mandatory drug tests had been dormant for several months before they were processed. Punishments issued were within the published tariff, and an appropriate number of cases were dismissed or not proceeded with. Charges appeared to be investigated thoroughly, and cases were adjourned to enable witnesses to attend or legal representatives to be consulted.
- 6.16 In the previous year, 37 cases attracting punishments totalling over 360 added days had been referred to the independent adjudicator, who attended each month. Staff reported that fewer cases were being referred to the independent adjudicator, as added days on sentences were not seen as a meaningful punishment by prisoners serving exceptionally long sentences. Cases involving the possession of mobile telephones or assaults on staff were usually always referred to the independent adjudicator.

The use of force

- 6.17 Use of force was low and appeared to be proportionate and appropriate. We saw one example during the inspection where staff effectively defused a situation in which two prisoners were fighting. Use of force was monitored each month through the security committee meeting. In our survey, only 2% of respondents, against a comparator of 7%, said they had been physically restrained in the previous six months.
- 6.18 There had been 78 uses of force in 2007 and 21 incidents between January and March 2008. Use of the special cell was low, with only two cases in 2008 to date and for very short periods. In 2007, the special cell had been used on 12 occasions, but five incidents related to one prisoner within a concentrated period. Cuffs were used in approximately 50% of cases. Special cell authorisation forms were well completed and appropriately authorised, and the Independent Monitoring Board (IMB) was contacted in most cases.
- 6.19 Use of force paperwork was well completed and staff statements were descriptive and full. It was evident that staff made efforts to de-escalate incidents. However, only the front cover of F213 (injury to inmate) forms was photocopied and held on the file, while the medical assessments were held separately in the healthcare department. When force had been used, prisoners were not routinely debriefed. Planned removals were not recorded.

Segregation unit

- 6.20 The segregation unit was undergoing refurbishment during our inspection and had only 10 cells in use, of which one was a special cell and one was used as a holding room for

adjudications. The roll varied between five and eight prisoners. Most were there seeking rule 45 own protection, primarily as a consequence of drug debts, some of which exceeded several hundred pounds. One prisoner had been resident in the segregation unit for six weeks. In one recent three-month period, 22 prisoners had been in the segregation unit for their own protection; of these, one-third had been relocated back to their wings, 13 had been transferred to other prisons, and three had been transferred to Elmley within the Sheppey cluster. In our survey, only 9% of respondents said they had spent a night in the segregation unit in the past six months, against a comparator of 15%.

- 6.21 Virtually all prisoners entering the segregation unit were subject to a strip search. All cells were in reasonable condition, but some communal areas and the exercise yard were grubby and needed cleaning. A limited regime was offered, and prisoners could usually have daily showers and exercise. Prisoners on accredited programmes could attend groupwork sessions, but it was not clear if education staff offered in-cell education. A library trolley visited the unit. In-cell television was available for prisoners not in the unit for good order and/or discipline (GOOD) or cellular confinement. IMB and chaplaincy staff attended regularly.
- 6.22 All staff working in the segregation unit had been interviewed personally by the governor. Prisoners reported positive relationships with staff, although this was not reflected in wing history sheets. The majority of sheets contained only one, limited daily entry. Segregation reviews took place as required and were reasonably well attended, but did not routinely set behavioural targets for prisoners.

Recommendations

- 6.23 Writing materials and an explanation of the hearing should be provided for prisoners in adjudications.
- 6.24 Disciplinary charges should be laid in a timely manner.
- 6.25 F213 (injury to inmate) forms should be photocopied in full and always held with use of force files.
- 6.26 Prisoners should be debriefed following the use of force, and exchanges recorded on use of force paperwork.
- 6.27 Planned removals should be videoed to enable management checks, external monitoring and staff development.
- 6.28 Prisoners entering the segregation unit should only be strip searched if a risk assessment determines that this is necessary.
- 6.29 Communal areas of the segregation unit should be cleaned thoroughly.
- 6.30 Segregation unit wing history sheets should detail the frequency and content of contact with prisoners by staff and visitors.
- 6.31 Education staff should visit the segregation unit regularly to ascertain the need for in-cell education.
- 6.32 Targets for prisoners should be set and reviewed at segregation review meetings.

Incentives and earned privileges

Expected outcomes:

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

- 6.33 The incentives and earned privileges (IEP) scheme was well publicised and had a high profile. Reviews took place regularly and the quality of recording was high. The majority of prisoners benefited from being on the enhanced level of the scheme. Monitoring arrangements were good.
- 6.34 In our survey, 66% of respondents felt they had been fairly treated in the operation of the IEP scheme, against a comparator of 60%, although this was the view of only 52% of black and minority ethnic respondents against 74% of white respondents. The IEP policy had recently been amended and was well publicised throughout the wings, and the prison had worked hard to ensure the scheme had become embedded into the regime.
- 6.35 The scheme had three levels, differentiated by increases in access to private cash, visits, time unlocked, in-cell television and self-cooking facilities. At the time of our inspection, 62% of prisoners were on the enhanced level, 36% on standard, and 2% on basic. Appropriate targets were set for prisoners on the basic level, and weekly reviews took place. Prisoner records indicated that staff engaged directly with basic level prisoners to motivate them to improve their behaviour.
- 6.36 Where there were serious breaches of discipline, enhanced-level prisoners could also be referred for an IEP review; several prisoners had been downgraded to the basic level as a consequence. Prison staff were clear that serious disciplinary issues undermined enhanced status, and could distinguish between prisoner rights and privileges under the IEP scheme.
- 6.37 A principal officer was responsible for collating key data on the scheme and identifying areas for improvement. Monitoring arrangements were comprehensive. Each wing had to provide a monthly summary of moves across various levels, number of first warnings, and number of appeals and outcomes. Wing returns also monitored ethnicity to ensure the scheme was applied fairly. Prisoner records were detailed in recording reviews, and the quality of entries was high. Management checks were also recorded on a frequent basis.

Section 7: 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.

- | | |
|-----|--|
| 7.1 | The food was satisfactory, and menus were balanced and catered for a range of dietary requirements. Self-cook facilities were unhygienic, and unsafe handling and storage of food posed a risk to prisoner health. |
|-----|--|
- 7.2 The prison kitchen was large and about to undergo some refurbishment to accommodate the increased demands from the new wing. There were clearly designated areas for meat, vegetables, dry, chilled and frozen goods, and all appeared to be clean and in good order. There were appropriate facilities for the preparation of halal food, and a Muslim prisoner had recently been employed to focus on this task and contribute to the development of the menu.
- 7.3 The kitchen provided employment for 32 prisoners, who were able to work for 10 of the 14 sessions per week. They could undertake a range of qualifications, including national vocational qualifications and food hygiene. All prisoners and staff were appropriately dressed in kitchen whites.
- 7.4 The menu ran on a four-week rota, with a wide range of choices to cater for a broad range of diets. Breakfasts were served each morning.
- 7.5 Most servery areas were being refurbished. Servery equipment was clean, and kitchen utensils were stored in wing offices. Queues for meals were well managed by staff, portion control was monitored, and prisoners were reminded of their menu choices. Staff from the kitchen attended at serveries, tested food temperatures and sought feedback on food quality. Servery workers were generally dressed appropriately.
- 7.6 Our survey showed average levels of satisfaction with prison food. However, black and minority ethnic respondents were far more negative about the food than their white counterparts – only 21% compared with 42% said that the food was good – and only 21% of Muslim respondents, compared with 38% of non-Muslims, said the food was good. While prisoners generally complained to us about the quality of food, we sampled a range of meals, which were tasty and well cooked.
- 7.7 Each wing had at least one food representative who met with one of the catering managers regularly to provide feedback on the quality of the food and the menu. Notes of the meetings were kept, but were not widely distributed. We experienced some difficulty in locating food comments books on the wings. There were annual food surveys, but rates of return were usually low.
- 7.8 Standard- and enhanced-level prisoners could cook their own food in wing kitchens. We found poor standards of hygiene in most of these areas, and we were told staff were reluctant to monitor them. Cookers, grills and microwave ovens were caked in grease, pans containing old food and grease were left unwashed, and work surfaces and floors were dirty. These

conditions were compounded by the facilities to store food. Meat and vegetables were not properly stored in the small fridges available on some wing spurs, and this compromised food safety. Prisoners' food was also stored in chest freezers in large plastic bags that were not labelled and with no indication of how long food had been frozen. These freezers were long overdue for cleaning and defrosting. We also saw poor food hygiene practices that could compromise prisoner health, including the defrosting of frozen chicken in warm water and on open trays on top of fridges, and cross-contamination of food items.

Recommendations

- 7.9 Notes of the catering consultative meeting should be formalised and distributed to each wing.
- 7.10 Food comments books should be available.
- 7.11 Self-cook areas should be regularly cleaned and checked by staff.
- 7.12 Fridges and chest freezers used by prisoners should be regularly cleaned, defrosted and checked by staff.
- 7.13 Prisoners using self-cook areas should be briefed on safe food storage and handling procedures.

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.

- 7.14 Shop arrangements had significantly improved after a very poor start under Aramark. However, money for out-of-stock items was still debited inappropriately from prisoners' accounts. The product list was extensive, with a relatively good range of items for black and minority ethnic prisoners, although they were negative about the choice available. Prisoners could also order items through an extensive range of catalogues, although delivery of these was often delayed. Consultative arrangements worked well.
- 7.15 The prison shop was contracted out to Aramark. Order forms were issued to prisoners on Friday and collected over the weekend. Fresh and frozen goods were delivered on Tuesday evening from a central point on the wing. Dry goods were distributed to cells during Wednesday afternoons. Prison officers supervised these deliveries, which Aramark staff issued with support from prisoner representatives. Orders were delivered in clear, sealed polythene bags, which prisoners checked before opening. Aramark operated from HMP Stanford Hill, which meant that errors could be corrected without undue delay.
- 7.16 Aramark had held the contract for approximately 18 months. Initially there had been an unacceptably high level of errors, which resulted in many complaints from prisoners. Although many of the initial problems had been resolved, there were still delays in reimbursing prisoners for out-of-stock items, which could take over a week. We could not understand why prisoners had their account debited for out-of-stock items in the first place. There had also been a

problem at Christmas when frozen goods, including meat, had started to defrost; affected items had been returned to Aramark.

- 7.17 New arrivals had a choice of a smoker's or non-smoker's reception pack, valued at £6. Those who arrived after the cut-off time for weekly orders could have their orders faxed through or an additional reception pack.
- 7.18 In our survey, 61% of respondents, against the comparator of only 49%, said that the shop sold a wide enough range of goods to meet their needs. However, black and minority ethnic respondents were more negative than white respondents, with responses of 55% against 66% respectively, and only 44% of Muslim respondents, compared with 67% of non-Muslims, said that the shop goods met their needs.
- 7.19 There were 536 items on the shop list. The extensive and varied selection of items included fresh fruit, fresh and frozen vegetables, and frozen meat and fish. Healthy options and vegetarian, vegan and halal items were indicated. The range of specific items for black and minority ethnic prisoners – including a full range of skin and hair products, plus food items – was good and far better than we normally find in similar establishments. Hobby materials were also available, and there were arrangements for prisoners to purchase newspapers and approved magazines.
- 7.20 Prisoners could also purchase items from an extensive range of catalogues, although there were complaints about delays of up to two months before they received their orders. We were told that the delay was caused by the prison cluster arrangements, as key departments, such as prisoner finance and the main stores, were in Standford Hill. Staff explained that these fragmented arrangements increased the time it took to process catalogue orders. However, once orders were delivered to the reception at Swaleside, they were issued to prisoners within three days.
- 7.21 The prisoner canteen consultative committee met monthly and was chaired by the residential governor. Prisoner representatives from each wing attended, along with a representative from Aramark and a member of staff from the prisoner finance department. Minutes of meetings showed that appropriate consultation took place, and the views of prisoners were taken into account.

Recommendations

- 7.22 Prisoners should not have money deducted from their account for out-of-stock shop items.
- 7.23 Cluster arrangements should be improved to ensure that catalogue orders are processed and delivered without undue delay.

Section 8: 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.

- | | |
|-----|---|
| 8.1 | There was a clear strategic direction for the delivery of resettlement services across the prison cluster, although the model for this was complex. While most targets had been achieved, with the exception of increased access to programmes, there were few tangible benefits yet evident in outcomes for prisoners as a result of clustering. |
|-----|---|
- 8.2 Resettlement services for all three prisons in the Sheppey cluster were organised through a management strand that was independent of their individual management structures. All senior managers responsible for offender management, interventions, and community and voluntary sector engagement reported to the head of reducing reoffending, who was a member of the management board for the cluster. All staff at Swaleside who delivered resettlement services worked for the central strand, rather than Swaleside itself, and often worked alongside mainstream Swaleside staff.
- 8.3 The reducing reoffending strategy and associated action plan was a large, comprehensive document detailing the delivery and development of resettlement services from 2005 to 2008. It reflected the south east area reducing reoffending strategy and covered all seven resettlement pathways. The strategy was informed by annual needs analyses. The action plan set specific and measurable milestones, and progress was closely monitored through a range of sources.
- 8.4 The overall approach and commitment was to deliver effective resettlement services for prisoners across the Sheppey cluster, based on their assessed needs. However, the clustered model of delivery was complex, and not all staff had fully accepted or understood it. Although the model helped to develop experience and expertise, there were some clear tensions – for example, around staff recruitment and retention – where the central strand took priority over the needs of the individual establishment. Lines of communication were also not always clear, and some of the core regime activities still needed to be integrated with the resettlement function, in particular sentence management.
- 8.5 The cluster's service level agreement (SLA) targets were largely delivered, which was a considerable achievement given the extent of the changes in the last few years. However, many managers still talked about the model in terms of its potential, rather than its achievements. Two of the three years of the SLA had elapsed and, with the exception of increased access to programmes, there were few evident improvements in services for Swaleside prisoners that could not have been achieved without clustered services.

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.

- 8.6 The establishment had coped well with the recent arrival of a large number of prisoners serving indeterminate sentences for public protection (IPP). These prisoners were now case managed under phase three of the offender management model, and this process had gone well initially. Prisoners not in scope for offender management did not receive the same level or quality of service as those who were. There was a two-tier sentence planning system, which depended on a prisoner's sentence type. Overall arrangements for managing indeterminate- and life-sentenced prisoners were reasonable, although lifers were frustrated at the delays in accessing interventions.

Sentence planning and offender management

- 8.7 In the six months before the inspection, there had been a sudden influx of prisoners serving IPP sentences. There were around 220 such prisoners at Swaleside at the time of inspection. This meant that, with the onset of phase three of offender management in January 2008, nearly 300 prisoners were being managed under the offender management model. Although it was still early days, there had been an impressively smooth transition of this large number of IPP prisoners to the model.
- 8.8 The process was driven by a central offender management unit (OMU), which came under the central cluster resettlement strand. There was a pool of six offender supervisors and three case administrators. This meant big individual caseloads, especially as the offender supervisors were also responsible for completing the initial offender assessment system (OASys) assessments for newly life-sentenced prisoners, where this had not previously been done. Although these staff were coping at the time of the inspection, it was not clear if this caseload would be sustainable in the long run, particularly if the number of in-scope prisoners increased.
- 8.9 The files we examined showed that offender supervisors had good levels of contact with their prisoners and recorded this. The input from probation services had also noticeably improved since January 2008, with the onset of phase three. Offender managers regularly attended the establishment to chair sentence planning boards, and also took part via video link when they could not attend in person. Overall, a good case management approach was delivered to in-scope prisoners. Good links were also evident with other departments, such as induction, and copies of prisoners' induction assessments were sent to the OMU and were used by offender supervisors in constructing prisoners' OASys assessments and reviews.
- 8.10 There was a mixed position for determinate-sentenced prisoners not in-scope for offender management. There was a parallel sentence planning system, whereby OASys assessments were carried out by residential staff rather than specialist OMU staff. However, the work of carrying out OASys assessments on the wings was viewed as flexible, and was routinely dropped. Consequently, a significant number of OASys assessments assigned to staff had yet to be completed and were overdue. The quality of these assessments was also not of the same standard as those by specialist OMU staff. This caused further delays, as all

assessments were quality assured by OMU managers, who frequently had to return them for further work. In a small number of cases, assessments had to be reassigned to OMU staff to ensure they were completed to a satisfactory standard. Despite these significant concerns, no residential manager had responsibility for the quality of these assessments, so no one took on board any lessons learned or training or development needs.

- 8.11 Sentence planning boards for prisoners not in scope were subsequently carried out by wing principal officers. The quality of these was also variable and depended largely on the individual chair. Some were well written and had clearly involved discussion of key issues. Others, however, appeared to be no more than a simple rubber-stamping of targets.
- 8.12 We were unclear why the establishment had adopted this alternative system for sentence management. Managers in the central strand expressed frustration with the two-tier arrangements, but there was no move to evaluate or review these formally.

Indeterminate- and life-sentenced prisoners

- 8.13 There were around 400 prisoners at Swaleside serving life sentences, plus around 220 serving IPP sentences. Systems and processes for managing this large group of prisoners were reasonable. There were three lifer managers and one IPP manager, although the continued funding for the IPP post was in doubt.
- 8.14 Many of the large recent influx of IPP prisoners had short tariffs and therefore had to be prioritised for interventions. The establishment had received funding to ease the transition period, which covered the IPP manager post plus the delivery of additional interventions.
- 8.15 Despite the potential destabilising effect of the arrival of such a large number of IPP prisoners, the establishment had managed the process well. In a categorisation process recently completed for IPP prisoners (see paragraph 6.9), around half were subsequently reclassified as category C. However the transfer of these prisoners was likely to take some time to complete, not least because the only category C prison in Kent (Maidstone) was not taking any IPP prisoners. Overall, however, it was encouraging that IPP prisoners were making some progress in their sentences and accessing interventions.
- 8.16 Mainstream lifers were less satisfied, as they saw newly arrived IPP prisoners with short tariffs being prioritised for interventions ahead of them, which they found frustrating. However, arrangements overall for lifers at Swaleside were reasonable, their access to interventions was normally good, and staff were well attuned to the issues affecting them.

Recommendations

- 8.17 The two-tier model for completing offender assessment system (OASys) assessments and sentence management should be replaced by high quality and consistent sentence management of all prisoners, driven by an appropriately resourced offender management unit.
- 8.18 Arrangements should be made for the expeditious transfer of category C prisoners from Swaleside.

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

- 8.19 Given the nature of the population, there was little demand for accommodation services. There were few prisoners undertaking vocational qualifications. Provision of specialist services for employment, training and education and around finance, benefit and debt were underdeveloped, and overdependent on a simplistic information, advice and guidance model, which did not meet the need of all prisoners.

Accommodation

- 8.20 Very few prisoners were released from Swaleside. Most were serving long sentences and progressed to other training prisons. The average number of final discharges was only one per month, and their accommodation needs were usually picked up through multi-agency public protection arrangements. Consequently, there was no significant demand for pre-release accommodation services, and any prisoners with queries were directed to the information, advice and guidance officer (see paragraph 8.23).

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

- 8.21 A relatively small number of prisoners were engaged in education, training and employment. Recent initiatives to introduce good quality work with training leading to vocational qualifications (such as plastics injection moulding) had been slow to be introduced. Some workshop activities did not offer sufficient work-related skills and were low quality and repetitive.
- 8.22 The prison did not coordinate and promote information, advice and guidance sufficiently well to support resettlement planning. Many prisoners were vague about the activities available to help them to make future plans and use their time at Swaleside productively. Information on work, education and vocational training courses was not widely displayed, and the newly produced education, training and employment prospectus covered only paid activities and not voluntary or other provision. Prisoners often waited long periods to access learning and skills, and the processes for those who wanted to become peer tutors were unclear.

Finance, benefit and debt

- 8.23 There were no specific interventions covering the area of finance, benefit and debt. Services in this area were provided through information, advice and guidance from a prison officer who worked for the central resettlement strand and was based in an office on the prison centre. This officer dealt with requests and queries from prisoners about various resettlement issues,

in addition to finance, benefit and debt. The approach was mainly reactive and relied on prisoners making initial approaches, although referrals were also made through the induction and sentence planning processes.

- 8.24 This model of delivery was not strategic. Although the low number of discharges meant that pre-release interventions were not particularly required, there was scope for further development of a more proactive service to take account of the potential financial issues for prisoners on long sentences. The establishment's own needs analysis had, for example, highlighted a significant percentage of prisoners whose offence was finance-related, as well as many who anticipated problems in this area at the end of their sentence.

Mental and physical health

- 8.25 The GP saw all prisoners before their release and give them a health check. If they needed any medications, these were prepared for their release. Prisoners were given advice about how to register with a GP, if they did not have one.
- 8.26 Prisoners with mental health needs were referred to community health teams, who were invited to the prison to discuss the patient's management before release. Although, external teams did not always come to the prison, telephone contact was made with them and a care programme approach plan was sent to the receiving team.

Recommendations

- 8.27 There should be better displays and promotion of information on work, education and vocational training courses.
- 8.28 The time that prisoners wait to access learning and skills should be reduced.
- 8.29 There should be clear guidelines and procedures for prisoners who wish to become peer tutors.
- 8.30 The provision of finance, benefit and debt services should be more proactive and strategic, taking the assessed needs of prisoners into account.

Housekeeping point

- 8.31 The education, training and employment prospectus should include all activities.

Drugs and alcohol

- 8.32 Demand for the counselling, assessment, referral, advice and throughcare (CARAT) service was high, and there were concerns that current provision did not meet need for the long-term population. The RAPt 12-step programme was well integrated but was, in effect, the only drug treatment available. An alcohol programme was run in partnership with a community-based project, although demand for this was not known in the absence of a full needs analysis.

- 8.33 The drug strategy group met bimonthly with good representation from across the establishment. The drug strategy document had recently been updated, but was slim. It

outlined, briefly, the different roles in the establishment and the range of provision available, but included little detail about the provision and lacked any development targets.

- 8.34 An annual resettlement needs analysis incorporated drug and alcohol misuse, but was limited in its application, did not draw on information collated by the CARAT service through assessments and, as a cluster document, was only partly analysed by establishment. The needs analysis was also not used to inform the drug strategy. The strategy was managed as a cluster arrangement across the three Isle of Sheppey prisons, with a principal officer lead for each of the treatment and testing areas. The overall role of establishment coordinator was also undertaken across the cluster.
- 8.35 The CARAT service was very limited. Two prison officers undertook the work, and both had been in post for some years. There was no supervision, casework management or personal development in relation to DANOS (drug and alcohol national occupational standards), although there were plans to introduce this. While much of the work was reasonable, provision was limited. Over 400 prisoners were registered with the team, of whom 172 were described as active. Given this number, even those prisoners with active cases had only minimal contact with CARAT workers. The service was almost exclusively an assessment, referral and signposting provision, with little active casework, and no groupwork. The short-term nature of much of the work appeared to be missing the needs of the long-term, and predominantly lifer, population. There were little structured one-to-one work or longer-term groupwork on relapse prevention and self-management skills.
- 8.36 Relatively few prisoners were released from Swaleside, but, where appropriate, pre-release work was undertaken before discharge. As part of the Sheppey prison cluster, Swaleside benefited from the community links established by Standford Hill and Elmley, where release links to local and national drug intervention programme (DIP) teams were more common.
- 8.37 The only substantial drug treatment at Swaleside was provided by the Rehabilitation for Addicted Prisoners trust (RAPt) 12-step programme. The programme was based on one half of F wing, the other half being a voluntary drug testing unit. The service offered a rolling programme of about five months with a maximum capacity of 48. In practice, because of the three stages of the programme (motivational enhancement treatment, primary and aftercare) 35-40 participants were more common. At the time of the inspection, 36 prisoners took part. Staffing had been a longstanding problem, which had had a destabilising effect over the previous 18 months. For example, there had been three different treatment managers during this time. Despite this, the programme had met its completion target of 60 for the first time during 2007-08.
- 8.38 Prisoners who had been on the RAPt programme were very positive about it, although once completed there was little ongoing support. In theory, CARATs picked up post-programme treatment need but, as indicated above, the team's limited capacity meant that little could be offered. It was not possible to establish the longer-term treatment effect of the programme as there was no follow-up data on relapse etc six or 12 months post-completion.
- 8.39 Prisoners could access P-ASRO (prison addressing substance related offending) at Elmley, but this was relatively rare – usually because prisoners were reluctant to transfer to what they believed to be inferior living conditions, even on a temporary basis. There were plans to introduce P-ASRO at Swaleside in the next 12 months
- 8.40 Voluntary and compliance drug testing were provided at Swaleside. Each wing had its own testing facilities, with the staff undertaking the tests drawn from the respective wings. Prisoners on the RAPt programme, those on the F (voluntary drug testing) wing and those wanting

enhanced status had to sign a compact that included compliance drug testing; such testing made up over 85% of the total of 603 compacts. Although the distinction between voluntary and compliance testing was understood by both staff and prisoners, there was some confusion over the different compacts

- 8.41 Swaleside did not have a separate alcohol policy, which was incorporated into its wider drug strategy. As with drug misuse, there was limited needs analysis, and the CARAT AUDIT (alcohol use disorders identification tool) was not completed on all prisoners. Nonetheless, although actual demand and need across the prison were not known, Alcoholics Anonymous attended the prison once a week, and an eight-session alcohol programme was delivered over two weeks by CARATs and Rubicon, a community-based alcohol project. The programme had run since November 2007, and was scheduled to deliver 10 programmes over 12 months.

Recommendations

- 8.42 The prison drug strategy should be informed by an annual needs analysis of the Swaleside population.
- 8.43 Where the 12-step model is not appropriate, prisoners should be able to access alternative groupwork.
- 8.44 The drug strategy should include annual development objectives that are monitored through the drug strategy group.
- 8.45 All prisoners should be able to access the full counselling, assessment, referral, advice and throughcare (CARAT) provision including, where appropriate, structured one-to-one work and post-programme support.
- 8.46 All CARAT workers should receive monthly supervision and casework management, and should be supported in their personal development through the implementation of an appropriate DANOS programme of assessment and evaluation.

Children and families of offenders

- 8.47 The visitors' centre was due to move to a new building. Existing facilities were limited, and the centre was not cleaned at weekends. The visits hall was clean and staff were welcoming. There was a range of activity to promote and enhance family links, but not all were accessible to all prisoners.

- 8.48 In our survey, 82% of prisoners said that they had the opportunity to have the visits to which they were entitled. Although this was significantly better than the comparator of 71%, the findings for black and minority ethnic compared with white respondents was worse, at 73% and 88% respectively. Visitors could book visits by telephone or email, but those we spoke with reported difficulties in booking by telephone and said they were kept on hold for long periods. Visitors could not book future visits while they were at the prison. Visits booking clerks staffed the visitors' centre on a daily rota.
- 8.49 A new visitors' centre was being built at the time of our inspection. In the current one, outside the prison, there were no facilities for visitors to get hot drinks, even though many had travelled for several hours. The toilets we checked were unclean, and we were told that a cleaner was

available only on weekends and that the toilets got especially dirty at the weekends. There was a small play area for children. A coach service from London was available for visitors on Wednesday and Saturday; this had five pick-up points and cost £20.

- 8.50 The last visitors' survey had been in November 2006 and was largely positive: almost all visitors agreed that staff were polite and courteous to them, and 82% believed that searching was carried out sensitively and appropriately. There was a comments book for visitors available on the main desk in the visitors' centre, and comments were responded to by staff. There was a broad range of information leaflets for visitors.
- 8.51 Visits took place on weekdays from 2pm-4pm, and from 1-5pm on weekends. When we inspected, visitors were not called across to the visits hall until 2.15pm, and we were told that visits frequently started late. Visitors were searched by a passive drug dog, and two positive indications resulted in the offer of a closed visit. Posters encouraged visitors to liaise with staff if they intended to pass on bad news, so that prisoners could be appropriately supported, and there was a contact number for visitors to pass on any concerns about prisoners.
- 8.52 The visits hall was large, bright and airy, with room for 38 domestic visits. It was about to be enlarged to accommodate the increase in prisoners when G wing opened. Six rooms were available for legal visits, and there were also eight closed visits rooms. The atmosphere in the visits hall was relaxed. Staff were visible but not obtrusive, and were friendly to visitors.
- 8.53 A qualified playworker, employed by the prison, attended on four days a week and offered a range of activities for children, including creative play and toys and books for various ages. A private company was contracted to supply refreshments, and the tea bar provided a wide range of refreshments, including healthy options and baby food and facilities for heating bottles.
- 8.54 Prisoners at Swaleside had established the Dadpack scheme, which sought to bring together fathers to improve relationships with their children. There had been several Dadpack visits, where fathers could play games with their children in the gym, share a lunch and have a visit. Five similar events were planned for the rest of the year. There were also plans for family learning days with less emphasis on physical activity and more on creative play and arts. Both these initiatives were only available for prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme.
- 8.55 There was also a Time for Families course, held in the chapel, for prisoners and partners wishing to improve their relationship and communication skills. Six prisoners were currently participating in this initiative. Family Man and Storybook Dad were also offered through the education department, although Storybook Dad was not fully operational due to the building work.

Recommendations

- 8.56 Visitors should be able to book future visits while they are at the prison.
- 8.57 Visitor surveys should take place annually.
- 8.58 Visits should start on time and last for the published duration.
- 8.59 Family visits should be available to all prisoners, not just those on enhanced status.

- 8.60 The visitors' centre should be cleaned every day.

Attitudes, thinking and behaviour

- 8.61 The provision of accredited interventions was good. The clustering of the provision had led to benefits in the flexibility of delivery and the pooling of expertise in a single staff group.
- 8.62 The main interventions group was part of the central strand, rather than Swaleside staff, and, despite some initial issues, both sets of staff involved had now got used to the new delivery model.
- 8.63 The programmes team ran a very wide range of accredited interventions. The cluster arrangements meant that prisoners had access to a much wider range of programmes than would have been delivered in a single establishment, and allowed flexibility in programme delivery. An example of this was that the establishment had received additional one-off funding with the influx of IPP prisoners in 2007 (see paragraph 8.14), and was able to deliver additional short-term interventions for this group. Programme delivery also benefited from the expertise within the large dedicated interventions group, as evidenced in IQR (implementation quality rating scores) of 100% and very low attrition rates from programmes. However, delivery was currently adversely affected by the cross-deployment of two programmes staff per day to cover staff shortages in HMP Elmley.
- 8.64 The main issue for the establishment was that, despite the wide range and large number of interventions, demand still outstripped supply. There were very long waiting lists for some interventions, particularly victim support. Some prisoners were likely to wait for up to two years before they could get on to the programme, which they found frustrating. This also made sequencing and timetabling of interventions difficult.
- 8.65 One area of concern was the uncertainty over the future of the cognitive self-change programme (CSCP), which senior managers expected to be discontinued at Swaleside. This decision did not appear to be based on any needs assessment, however, and there were around 75 prisoners on the waiting list to be assessed for the CSCP at the time of the inspection. If the programme were to be dropped in favour of another course with a shorter delivery time and more target completions, we would expect there to be alternative provision for these prisoners so that they are not disadvantaged.
- 8.66 The Kainos programme operated on the ground floor of B wing. There were around 35 prisoners on the 20-week programme, and some programme graduates lived on the rest of B wing. The programme was based around a community model and aimed to challenge behaviour and attitudes of its participants. The Kainos course was viewed very positively by residential staff, as well as prisoners who had been on it. However, the programme did not feature in any of the establishment's strategic documentation, although it had been delivered there for many years. Given that the programme was seeking accreditation from the Correctional Services Accreditation Panel and its objectives were to reduce reoffending by influencing attitudes, thinking and behaviour, and given the large number of participants, the establishment should have given more strategic consideration to how it sat alongside its other resettlement interventions.

Recommendations

- 8.67 If the cognitive self-change programme is to be dropped at Swaleside, there should be alternative arrangements for prisoners assessed as requiring this intervention.
- 8.68 The Kainos programme should be incorporated formally into the establishment's reducing reoffending strategy.

Section 9: 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 chief executive officer, Sheppey cluster

- 9.1 There should be sufficient activity places to occupy the population purposefully during the core working day. (HP47)
- 9.2 Prisoners should have greater and more targeted access to education and vocational training. (HP48)

Main recommendations To the governor

- 9.3 The prison should develop a strategy to address the negative perceptions of treatment among black and minority ethnic prisoners. (HP44)
- 9.4 The prison should take specific steps to address the negative staff culture among healthcare staff. (HP45)
- 9.5 Prisoners should spend less time in their cells. (HP46)

Recommendation To the director general, NOMS

- 9.6 Arrangements should be made for the expeditious transfer of category C prisoners from Swaleside. (8.18)

Recommendations To the chief executive officer, Sheppey prison cluster

- 9.7 The staff and skill mix review should ensure that there are sufficient junior, senior and appropriately qualified nursing, nursing support and administrative staff to deliver health services in a timely and professional manner, and that healthcare workers receive continuing managerial and professional support. (4.51)
- 9.8 Cluster arrangements should be improved to ensure that catalogue orders are processed and delivered without undue delay. (7.23)
- 9.9 The two-tier model for completing offender assessment system (OASys) assessments and sentence management should be replaced by high quality and consistent sentence management of all prisoners, driven by an appropriately resourced offender management unit. (8.17)
- 9.10 The prison drug strategy should be informed by an annual needs analysis of the Swaleside population. (8.42)

- 9.11 The drug strategy should include annual development objectives that are monitored through the drug strategy group. (8.44)

Recommendations

To the governor

First days in custody

- 9.12 The reception area should be refurbished to provide suitable facilities, including private interview rooms, an adequate room to search prisoners, space to deal with prisoners' property and suitable holding rooms. (1.17)
- 9.13 Supervising night staff should know the location of all new arrivals, and make observations appropriately according to individual needs. (1.18)

Residential units

- 9.14 Cells without a separate closet for the in-cell toilet should not be used for double occupancy. (2.20)
- 9.15 Standards of cleanliness in communal areas should be improved where necessary and consistently maintained. (2.21)
- 9.16 The published policy on the display of offensive material should be fully enforced. (2.22)
- 9.17 All telephones on E and F wings should be fitted with privacy hoods. (2.23)
- 9.18 All showers in A-D wings should be effectively screened. (2.24)
- 9.19 New arrivals should be issued with sufficient clean, suitable and well-fitting clothing without undue delay. (2.25)

Personal officers

- 9.20 There should be formal arrangements for the ongoing monitoring and evaluation of the personal officer scheme, in consultation with staff and prisoners, to ensure that standards are maintained and that the expectations on personal officers are clear. (2.38)

Bullying and violence reduction

- 9.21 Appropriate senior managers should regularly attend the safer custody committee meeting. (3.13)
- 9.22 The safer custody manager should receive cover for routine absences, as well as administrative support. (3.14)
- 9.23 A bullying survey should be conducted as a priority and its findings used to inform policy. Subsequent surveys should take place every two years. (3.15)
- 9.24 All alleged incidents of bullying should be fully investigated. (3.16)

- 9.25 All completed bully and victim monitoring documents should have a quality assurance check by the safer custody manager. (3.17)
- 9.26 There should be interventions for persistent bullies and victims of bullying. (3.18)
- 9.27 Staff should be trained regularly in the violence reduction and anti-bullying strategy. (3.19)

Self-harm and suicide

- 9.28 Assessment, care in custody and teamwork (ACCT) training for night staff should be provided as part of their induction. (3.32)
- 9.29 The quality of assessor reports and case reviews should be closely monitored to ensure a more consistent standard. (3.33)
- 9.30 ACCT documents should demonstrate a multidisciplinary approach to the care of prisoners at risk. (3.34)
- 9.31 Healthcare staff should attend ACCT case reviews, as required. (3.35)
- 9.32 The crisis suite on G wing should be developed as planned. (3.36)
- 9.33 All permanent night staff should carry an anti-ligature device and be trained in its use. (3.37)

Diversity

- 9.34 There should be a local policy document that outlines all arrangements for assessing and managing older prisoners. (3.45)
- 9.35 There should be procedures to ensure that the specific needs of gay prisoners are met systematically. (3.46)

Race equality

- 9.36 Links with external race and cultural groups should be established. (3.59)
- 9.37 Racist incident report forms should be freely available. There should be a separate locked box for prisoners to submit these, which should only be accessed by the race equality officer (REO) or his representative. (3.60)
- 9.38 All complaint and request forms that refer to incidents of racism should be passed to the REO for investigation. (3.61)
- 9.39 Groups of black and minority ethnic prisoners should be enabled to meet together with prisoner representatives to discuss issues of importance to them and to air their views. These views should be reported to the race equality action team, and action taken should be fed back to black and minority ethnic prisoners. (3.62)
- 9.40 Diversity training should be introduced for all staff. (3.63)

Applications and complaints

- 9.41 Details about applications and complaints should be publicised in a range of languages. (3.83)
- 9.42 Wing staff should chase up unanswered applications; under normal circumstances, these should be dealt with within three working days. (3.84)
- 9.43 The triplicate application forms used on A wing should be introduced across the establishment. (3.85)
- 9.44 Cash disbursements should be processed promptly. (3.86)

Legal rights

- 9.45 The number of trained staff in legal services should be increased, and there should be adequate cover arrangements to meet the needs of prisoners. (3.92)

Substance use

- 9.46 Psychosocial support during detoxification regimes should be developed and implemented. (3.102)
- 9.47 All prisoners completing detoxification should be able to access a range of ongoing support, including one-to-one work and groupwork. (3.103)
- 9.48 Mandatory drug testing figures should be analysed by wing each month to evaluate patterns of use and demand. (3.104)
- 9.49 Suspicion drug tests should be undertaken within three days of submission of a relevant security information report. (3.105)

Health services

- 9.50 Staff should be strongly encouraged to participate in clinical supervision, and given protected time to allow participation. (4.52)
- 9.51 Prisoners should not be denied access to any health services unless there is robust evidence to support this decision. (4.53)
- 9.52 The new outpatient department should provide privacy and decency for all prisoners undergoing treatment. (4.54)
- 9.53 All healthcare staff should be trained in the new computerised patient management system, and there should be a time limit for training and the full implementation of the system. (4.55)
- 9.54 A health promotion lead, including oral health, should be identified from within the prison team. (4.56)
- 9.55 A named healthcare worker should be identified to oversee health services for older prisoners. (4.57)

- 9.56 There should be a regular dedicated healthcare forum, led by a senior clinician, to address the general health concerns of prisoners. (4.58)
- 9.57 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.59)
- 9.58 There should be a robust and confidential healthcare application system using health-specific application forms and locked healthcare boxes on all wings. These boxes should only be opened by healthcare staff. (4.60)
- 9.59 The reception medical room should be redecorated, and handwashing facilities and an emergency bell provided. (4.61)
- 9.60 All inpatient beds should be removed from the certified normal accommodation. (4.62)
- 9.61 There should be two healthcare staff on night duty, including at least one registered nurse. (4.63)
- 9.62 The inpatient treatment room should have handwashing facilities. (4.64)
- 9.63 There should be daycare facilities providing constructive activity for inpatients and those less able to cope with life in the main prison. (4.65)
- 9.64 Inpatients should have facilities to dine out of cell. (4.66)
- 9.65 All prescriptions (including controlled drugs) should be legally written and include the quantity and date prescribed, and be signed by the prescriber. (4.67)
- 9.66 The in-possession risk assessments of each drug and patient should be documented and the reasons for that decision recorded. (4.68)
- 9.67 Additional dental sessions should be introduced to reduce the dental waiting list. (4.69)
- 9.68 The inpatient exercise area should be refurbished to provide a more therapeutic environment. (4.70)
- 9.69 All medicine trolleys should be secured to the fabric of the building when not in use. (4.71)

Learning and skills and work activities

- 9.70 There should be more opportunities for prisoners in work to receive training and accreditation, where appropriate. (5.17)
- 9.71 The prison should develop a clear and realistic strategy for learning and skills in line with the overall strategy for reducing reoffending, with sufficient teaching and specialist management staff to implement this. (5.18)
- 9.72 There should be better analysis and use of meaningful data to manage and evaluate the learning and skills provision. (5.19)
- 9.73 Prisoner allocations to work, learning and skills activities should take account of their sentence planning objectives. (5.20)

- 9.74 The prison should introduce the revised pay policy for prisoners as soon as possible. (5.21)
- 9.75 The work of library orderlies should be accredited to an appropriate level. (5.22)
- 9.76 Plans to expand the library should include adequate private study space. (5.23)

Physical education and health promotion

- 9.77 There should be a well-planned regular maintenance programme for PE equipment, with a replacement programme for large and expensive items. (5.32)

Time out of cell

- 9.78 Methods for calculating time out of cell should accurately reflect the reality for prisoners. (5.43)

Security and rules

- 9.79 Prisoners should not be placed routinely in escape clothing when they are found in possession of a camera mobile telephone, unless there is clear evidence of a risk of escape. (6.12)

Discipline

- 9.80 Writing materials and an explanation of the hearing should be provided for prisoners in adjudications. (6.23)
- 9.81 Disciplinary charges should be laid in a timely manner. (6.24)
- 9.82 F213 (injury to inmate) forms should be photocopied in full and always held with use of force files. (6.25)
- 9.83 Prisoners should be debriefed following the use of force, and exchanges recorded on use of force paperwork. (6.26)
- 9.84 Planned removals should be videoed to enable management checks, external monitoring and staff development. (6.27)
- 9.85 Prisoners entering the segregation unit should only be strip searched if a risk assessment determines that this is necessary. (6.28)
- 9.86 Communal areas of the segregation unit should be cleaned thoroughly. (6.29)
- 9.87 Segregation unit wing history sheets should detail the frequency and content of contact with prisoners by staff and visitors. (6.30)
- 9.88 Education staff should visit the segregation unit regularly to ascertain the need for in-cell education. (6.31)
- 9.89 Targets for prisoners should be set and reviewed at segregation review meetings. (6.32)

Catering

- 9.90 Notes of the catering consultative meeting should be formalised and distributed to each wing. (7.9)
- 9.91 Food comments books should be available. (7.10)
- 9.92 Self-cook areas should be regularly cleaned and checked by staff. (7.11)
- 7.24 Fridges and chest freezers used by prisoners should be regularly cleaned, defrosted and checked by staff. (7.12)
- 9.93 Prisoners using self-cook areas should be briefed on safe food storage and handling procedures. (7.13)

Prison shop

- 9.94 Prisoners should not have money deducted from their account for out-of-stock shop items. (7.22)

Resettlement pathways

- 9.95 There should be better displays and promotion of information on work, education and vocational training courses. (8.27)
- 9.96 The time that prisoners wait to access learning and skills should be reduced. (8.28)
- 9.97 There should be clear guidelines and procedures for prisoners who wish to become peer tutors. (8.29)
- 9.98 The provision of finance, benefit and debt services should be more proactive and strategic, taking the assessed needs of prisoners into account. (8.30)
- 9.99 Where the 12-step model is not appropriate, prisoners should be able to access alternative groupwork. . (8.43)
- 9.100 All prisoners should be able to access the full counselling, assessment, referral, advice and throughcare (CARAT) provision including, where appropriate, structured one-to-one work and post-programme support. (8.45)
- 9.101 All CARAT workers should receive monthly supervision and casework management, and should be supported in their personal development through the implementation of an appropriate DANOS programme of assessment and evaluation. (8.46)
- 9.102 Visitors should be able to book future visits while they are at the prison. (8.56)
- 9.103 Visitor surveys should take place annually. (8.57)
- 9.104 Visits should start on time and last for the published duration. (8.58)
- 9.105 Family visits should be available to all prisoners, not just those on enhanced status. (8.59)

- 9.106 The visitors' centre should be cleaned every day. (8.60)
- 9.107 If the cognitive self-change programme is to be dropped at Swaleside, there should be alternative arrangements for prisoners assessed as requiring this intervention. (8.68)
- 9.108 The Kainos programme should be incorporated formally into the establishment's reducing reoffending strategy. (8.69)

Housekeeping points

Residential units

- 9.109 Each wing should hold sufficient association equipment for prisoners. (2.26)
- 9.110 Minutes of prisoner consultative meetings should provide sufficient details of the points raised and agreed. Action points should be allocated to an identified individual to take forward. (2.27)

Applications and complaints

- 9.111 All complaint forms should be freely available on each wing. (3.87)

Health services

- 9.112 The uniform of health professionals should indicate the identity and grade of health professional. (4.72)
- 9.113 Drugs cabinets in the dispensary should be kept locked at all times. (4.73)
- 9.114 Information-sharing protocols should be more generic to ensure efficient management of relevant health and social care information. (4.74)
- 9.115 Maximum and minimum drug fridge temperatures should be recorded daily to ensure that heat-sensitive items are stored within the 2-8°C range. Corrective action should be taken if necessary, and this should be monitored by pharmacy staff. (4.75)
- 9.116 Entries in the controlled drugs register should not be crossed out or otherwise obliterated, but should be annotated with a signed and dated footnote, in line with current guidance. (4.76)

Resettlement pathways

- 9.117 The education, training and employment prospectus should include all activities. (8.31)

Examples of good practice

- 9.118 Initial assessments identified in the induction portfolio were used formally to inform sentence planning. (1.19)

- 9.119 There was effective use of trained and well-supported prisoner Insiders to help new arrivals. (1.20)
- 9.120 New arrivals were given a useful calendar that included contact details for the Samaritans and Listeners. (3.38)
- 9.121 The counselling service provided strong support to prisoners, releasing trained nurses to concentrate on those prisoners who required more intensive support. (4.77)

Appendix I: Inspection team

Nigel Newcomen	–	Deputy chief inspector
Martin Lomas	–	Team leader
Jonathan French	–	Inspector
Keith McInnis	–	Inspector
Steve Moffatt	–	Inspector
Marie Orrell	–	Inspector
Gordon Riach	–	Inspector
Andrea Walker	–	Inspector
Louise Falshaw	–	Head of research and development
Sherrelle Parke	–	Researcher
Rachel Murray	–	Research trainee

Specialist inspectors

Bridget McEvilly	–	Healthcare
Paul Roberts	–	Substance use
Simon Denton	–	Pharmacy
John Reynolds	–	Dentist
Neil Edwards	–	Ofsted team leader
Karen Adriaanse	–	Ofsted
Julia Horsman	–	Ofsted
Martin Hughes	–	Ofsted
Julie Pomone	–	Ofsted

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	767	100
Total	767	100

(ii) Sentence	Number of prisoners	%
2 years-less than 4 years	2	0.26
4 years-less than 10 years	41	5.34
10 years and over (not life)	110	14.34
Life	614	80.05
Total	767	100

(iii) Length of stay	Number of prisoners	%
Less than 1 month	30	3.91
1 month to 3 months	47	6.12
3 months to 6 months	62	8.08
6 months to 1 year	125	16.29
1 year to 2 years	118	15.38
2 years to 4 years	221	21.38
4 years or more	221	28.8
Total	767	100

(iv) Main offence	Number of prisoners	%
Violence against the person	462	60.23
Sexual offences	4	0.52
Burglary	31	4.04
Robbery	115	14.99
Theft and handling	4	0.52
Drugs offences	40	5.21
Other offences	91	11.86
Offence not recorded/holding warrant	20	2.60
Total	767	100

(v) Age	Number of prisoners	%
21 years to 29 years	257	33.50
30 years to 39 years	231	30.11
40 years to 49 years	183	23.85
50 years to 59 years	68	8.86
60 years to 69 years	23	2.99
70 plus years: <i>maximum age - 77</i>	5	0.65
Total	767	100

(vi) Home address – information not supplied

(vii) Nationality	Number of prisoners	%
British	605	78.87
Foreign nationals	162	21.12
Total	767	100

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>		
British	386	50.32
Irish	10	1.30
Other White	57	7.43
<i>Mixed:</i>		
White and Black Caribbean	13	1.69
White and Black African	2	0.26
White and Asian	3	0.39
Other Mixed	8	1.04
<i>Asian or Asian British:</i>		
Indian	14	1.83
Pakistani	7	0.92
Bangladeshi	8	1.04
Other Asian	27	3.52
<i>Black or Black British:</i>		
Caribbean	146	18.55
African	36	4.80
Other Black	30	4.28
<i>Not stated:</i>	3	0.39
<i>Chinese or other ethnic group:</i>		
Chinese	3	0.39
Other ethnic group	12	1.56
Total	767	100

(ix) Religion	Number of prisoners	%
Baptist	4	0.52
Church of England	205	26.72
Roman Catholic	148	19.30
Other Christian denominations	21	2.73
Muslim	167	21.77
Sikh	5	0.65
Hindu	10	1.30
Buddhist	31	4.04
Jewish	3	0.39
Other	32	4.17
No religion	141	18.38
Total	767	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 4 March 2008, the prisoner population at HMP Swaleside was 769. The sample size was 136. Overall, this represented 18% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS 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. Two respondents refused to complete a questionnaire.

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

Methodology

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

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

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

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

Response rates

In total, 124 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 91%. In addition to the two respondents who

refused to complete a questionnaire, seven questionnaires were not returned and three were returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in category B trainer prisons. This comparator is based on all responses from prisoner surveys carried out in eight prisons of this type since April 2003.

In addition, two further comparative documents are attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals, and statistically significant differences between Muslim and non-Muslim prisoners. On a separate document there are comparators between indeterminate sentence for public protection (IPP) and determinate sentence prisoners, and between life-sentenced prisoners and non-life sentenced prisoners.

In all the above documents, statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.



Prisoner Survey Responses HMP Swaleside 2008

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

Key to tables

	Any percent highlighted in green is significantly better than the Category B trainer prisons comparator		
	Any percent highlighted in blue is significantly worse than the Category B trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category B trainer prisons comparator		
		HMP Swaleside	Category B trainer prisons comparator
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	124	727
2	Are you under 21 years of age?	0%	0%
3	Are you transgender or transsexual?	0%	0%
4	Are you sentenced?	100%	100%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	34%	22%
6	If you are sentenced, are you on recall?	3%	8%
7	Is your sentence less than 12 months?	1%	0%
8	Do you have less than six months to serve?	18%	8%
9	Have you been in this prison less than a month?	1%	3%
10	Are you a foreign national?	20%	12%
11	Is English your first language?	85%	89%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	42%	28%
13	Are you Muslim?	23%	14%
14	Are you gay or bisexual?	0%	7%
15	Do you consider yourself to have a disability?	16%	20%
16	Is this your first time in prison?	37%	36%
17	Do you have any children?	51%	57%
SECTION 2: Transfers and Escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	54%	50%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	58%	64%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	24%	17%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	34%	36%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	17%	13%
19	Did you spend more than four hours in the van?	18%	18%
20	Were you treated well/very well by the escort staff?	66%	69%
21a	Did you know where you were going when you left court or when transferred from another establishment?	87%	87%
21b	Before you arrived here did you receive any written information about what would happen to you?	15%	16%
22c	When you first arrived here did your property arrive at the same time as you?	82%	86%

Key to tables

	Any percent highlighted in green is significantly better than the Category B trainer prisons comparator	HMP Swaleside	Category B trainer prisons comparator
	Any percent highlighted in blue is significantly worse than the Category B trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category B trainer prisons comparator		
SECTION 3: Reception, first night and induction			
23a	Did you have any problems when you first arrived?	47%	53%
23b	Did you have any problems with loss of transferred property when you first arrived?	21%	17%
23c	Did you have any housing problems when you first arrived?	9%	6%
23d	Did you have any problems contacting employers when you first arrived?	4%	2%
23e	Did you have any problems contacting family when you first arrived?	16%	17%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	5%	4%
23g	Did you have any money worries when you first arrived?	13%	17%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	11%	11%
23i	Did you have any drug problems when you first arrived?	6%	7%
23j	Did you have any alcohol problems when you first arrived?	4%	3%
23k	Did you have any health problems when you first arrived?	10%	18%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	3%	5%
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	15%	12%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	14%	8%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	13%	8%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	49%	47%
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	16%	10%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	19%	22%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	25%	23%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	26%	21%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	23%	18%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	35%	45%
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	13%	15%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	65%	81%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	66%	75%
26	Were you treated well/very well in reception?	75%	75%
27a	Did you receive a reception pack on your day of arrival?	56%	59%
27b	Did you receive information about what was going to happen here on your day of arrival?	38%	45%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	37%	41%
27d	Did you have the opportunity to have a shower on your day of arrival?	44%	48%

Key to tables

	Any percent highlighted in green is significantly better than the Category B trainer prisons comparator		
	Any percent highlighted in blue is significantly worse than the Category B trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category B trainer prisons comparator	HMP Swaleside	Category B trainer prisons comparator
SECTION 3: Reception, first night and induction continued			
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	41%	47%
27f	Did you get information about routine requests on your day of arrival?	32%	37%
27g	Did you get something to eat on your day of arrival?	66%	74%
27h	Did you get information about visits on your day of arrival?	35%	41%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	46%	39%
28b	Did you have access to someone from healthcare within the first 24 hours?	53%	67%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	32%	32%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	18%	29%
29	Did you feel safe on your first night here?	84%	83%
30	Did you go on an induction course within the first week?	63%	54%
31	Did the induction course cover everything you needed to know about the prison?	60%	54%
32	Did you receive a 'basic skills' assessment within the first week?	56%	49%
SECTION 4: Legal Rights and Respectful Custody			
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	67%	62%
34b	Is it very easy/easy for you to attend legal visits?	75%	62%
34c	Is it very easy/easy for you to obtain bail information?	12%	11%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	45%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	46%	65%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	98%	97%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	84%	71%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	78%	82%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	64%	47%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	73%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	31%	38%
37	Is the food in this prison good/very good?	34%	37%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	61%	49%
39a	Is it easy/very easy to get a complaints form?	81%	85%
39b	Is it easy/very easy to get an application form?	97%	94%
40a	Do you feel applications are sorted out fairly?	47%	49%
40b	Do you feel your applications are sorted out promptly?	42%	46%
40c	Do you feel complaints are sorted out fairly?	21%	23%
40d	Do you feel complaints are sorted out promptly?	16%	23%
40e	Are you given information about how to make an appeal?	31%	39%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	21%	19%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	50%	57%

Key to tables

	Any percent highlighted in green is significantly better than the Category B trainer prisons comparator		
	Any percent highlighted in blue is significantly worse than the Category B trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category B trainer prisons comparator		
		HMP Swaleside	Category B trainer prisons comparator
SECTION 4: Legal Rights and Respectful Custody continued			
43	Is it easy/very easy to contact the Independent Monitoring Board?	45%	46%
44	Are you on the enhanced (top) level of the IEP scheme?	70%	68%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	66%	60%
46a	In the last six months have any members of staff physically restrained you (C & R)?	2%	7%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	15%
47a	Do you feel your religious beliefs are respected?	60%	58%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	68%	65%
48	Are you able to speak to a Listener at any time, if you want to?	69%	68%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	74%
49b	Do most staff, in this prison, treat you with respect?	82%	80%
SECTION 5: Safety			
51	Have you ever felt unsafe in this prison?	33%	37%
52	Do you feel unsafe in this establishment at the moment?	15%	24%
54	Have you been victimised (insulted or assaulted) by another prisoner?	18%	26%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	13%	13%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	4%	6%
55c	Have you been sexually abused since you have been here? (By prisoners)	2%	2%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	5%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	2%	3%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	5%	4%
55g	Have you ever been victimised because you were new here? (By prisoners)	1%	4%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	0%	2%
55i	Have you ever been victimised because you have a disability? (By prisoners)	2%	3%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	4%	3%
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	4%	6%
56	Have you been victimised (insulted or assaulted) by a member of staff?	19%	25%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	8%	13%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	3%	3%
57c	Have you been sexually abused since you have been here? (By staff)	1%	1%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	4%
57e	Have you been victimised because of drugs since you have been here? (By staff)	1%	2%
57f	Have you ever been victimised because you were new here? (By staff)	3%	3%
57g	Have you ever been victimised because of your sexuality? (By staff)	0%	1%
57h	Have you ever been victimised because you have a disability? (By staff)	2%	3%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	3%	2%

Key to tables

	Any percent highlighted in green is significantly better than the Category B trainer prisons comparator		
	Any percent highlighted in blue is significantly worse than the Category B trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category B trainer prisons comparator	HMP Swaleside	Category B trainer prisons comparator
SECTION 5: Safety continued			
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	3%	5%
58	Did you report any victimisation that you have experienced?	14%	14%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	21%	29%
60	Have you ever felt threatened or intimidated by a member of staff in here?	17%	22%
62	Is it very easy/easy to get illegal drugs in this prison?	41%	28%
SECTION 6: Healthcare			
63	Do you think the overall quality of the healthcare is good/very good?	33%	40%
64a	Is it very easy/easy to see the doctor?	50%	39%
64b	Is it very easy/easy to see the nurse?	49%	65%
64c	Is it very easy/easy to see the dentist?	8%	18%
64d	Is it very easy/easy to see the optician?	9%	20%
64e	Is it very easy/easy to see the pharmacist?	33%	32%
65a	Do you think the quality of healthcare from the doctor is good/very good?	34%	48%
65b	Do you think the quality of healthcare from the nurse is good/very good?	38%	58%
65c	Do you think the quality of healthcare from the dentist is good/very good?	33%	44%
65d	Do you think the quality of healthcare from the optician is good/very good?	26%	34%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	33%	44%
66	Are you currently taking medication?	34%	46%
67	Are you allowed to keep possession of your medication in your own cell?	30%	40%
SECTION 7: Purposeful Activity			
69a	Do you feel your job will help you on release?	44%	36%
69b	Do you feel your vocational or skills training will help you on release?	60%	45%
69c	Do you feel your education (including basic skills) will help you on release?	69%	63%
69d	Do you feel your offending behaviour programmes will help you on release?	61%	48%
69e	Do you feel your drug or alcohol programmes will help you on release?	42%	36%
70	Do you go to the library at least once a week?	44%	46%
71	Can you get access to a newspaper every day?	54%	62%
72	On average, do you go to the gym at least twice a week?	65%	56%
73	On average, do you go outside for exercise three or more times a week?	37%	50%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	22%
75	On average, do you go on association more than five times each week?	88%	81%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	40%	25%

Key to tables

	Any percent highlighted in green is significantly better than the Category B trainer prisons comparator	HMP Swaleside	Category B trainer prisons comparator
	Any percent highlighted in blue is significantly worse than the Category B trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category B trainer prisons comparator		
SECTION 8: Resettlement			
78	Did you first meet your personal officer in the first week?	43%	31%
79	Do you think your personal officer is helpful/very helpful?	65%	49%
80	Do you have a sentence plan?	88%	77%
81	Were you involved/very involved in the development of your sentence plan?	42%	51%
82	Can you achieve all or some of your sentence plan targets in this prison?	58%	39%
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	46%	33%
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	44%	38%
85	Do you feel that any member of staff has helped you to prepare for release?	13%	14%
86	Have you had any problems with sending or receiving mail?	33%	34%
87	Have you had any problems getting access to the telephones?	9%	15%
88	Did you have a visit in the first week that you were here?	32%	24%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	82%	71%
90	Did you receive five or more visits in the last week?	0%	0%
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	9%	24%
91b	Do you think you will have a problem with finding a job following your release from this prison?	29%	46%
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	30%	43%
91d	Do you think you will have a problem with money and finances following your release from this prison?	31%	48%
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	21%	33%
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	26%	32%
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	9%	13%
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	11%	27%
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	35%	40%

Key to tables

	Any percent highlighted in green is significantly better than the Category B trainer prisons comparator	HMP Swaleside	Category B trainer prisons comparator
	Any percent highlighted in blue is significantly worse than the Category B trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category B trainer prisons comparator		
SECTION 8: Resettlement continued			
92a	Do you think you will have a problem with drugs when you leave this prison?	1%	6%
92b	Do you think you will have a problem with alcohol when you leave this prison?	1%	4%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	33%	29%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	41%	30%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	32%	23%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	38%	27%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	31%	25%
93f	Do you know who to contact within this prison to get help with external drugs courses etc	39%	30%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	40%	27%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	36%	24%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	77%	62%



Prisoner Survey Responses HMP Swaleside IPPs & Lifers 2008

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

Key to tables

	Any percent highlighted in green is significantly better than non-IPP and non-lifer prisoners				
	Any percent highlighted in blue is significantly worse than non-IPP and non-lifer prisoners				
	Percentages which are not highlighted show there is no significant difference between IPPs/Lifers and other prisoners				
		IPP Prisoners	Other Prisoners	Lifers	Other Prisoners
SECTION 1: General Information (not tested for significance)					
1	Number of completed questionnaires returned	40	79	75	47
2	Are you under 21 years of age?	0%	0%	0%	0%
3	Are you transgender or transsexual?	0%	0%	0%	0%
4	Are you sentenced?	100%	100%	100%	100%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	100%	0%	24%	48%
6	If you are sentenced, are you on recall?	8%	0%	1%	4%
7	Is your sentence less than 12 months?	2%	0%	0%	2%
8	Do you have less than six months to serve?	39%	7%	17%	18%
9	Have you been in this prison less than a month?	3%	0%	1%	0%
10	Are you a foreign national?	13%	22%	18%	22%
11	Is English your first language?	92%	85%	87%	84%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	48%	36%	40%	45%
13	Are you Muslim?	23%	21%	20%	27%
14	Are you gay or bisexual?	0%	0%	0%	0%
15	Do you consider yourself to have a disability?	10%	17%	15%	16%
16	Is this your first time in prison?	12%	45%	39%	34%
17	Do you have any children?	56%	45%	49%	54%
SECTION 2: Transfers and Escorts					
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	74%	47%	52%	56%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	57%	58%	62%	51%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	26%	24%	24%	24%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	43%	30%	37%	30%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	17%	15%	12%	23%
19	Did you spend more than four hours in the van?	18%	18%	21%	13%
20	Were you treated well/very well by the escort staff?	67%	67%	68%	62%
21a	Did you know where you were going when you left court or when transferred from another establishment?	95%	83%	86%	87%
21b	Before you arrived here did you receive any written information about what would happen to you?	22%	11%	14%	15%
22c	When you first arrived here did your property arrive at the same time as you?	85%	83%	79%	87%

Key to tables

	Any percent highlighted in green is significantly better than non-IPP and non-lifer prisoners				
	Any percent highlighted in blue is significantly worse than non-IPP and non-lifer prisoners				
	Percentages which are not highlighted show there is no significant difference between IPPs/Lifers and other prisoners				
		IPP Prisoners	Other Prisoners	Lifers	Other Prisoners
SECTION 3: Reception, first night and induction					
23a	Did you have any problems when you first arrived?	64%	39%	47%	48%
23b	Did you have any problems with loss of transferred property when you first arrived?	19%	21%	21%	21%
23c	Did you have any housing problems when you first arrived?	22%	3%	6%	14%
23d	Did you have any problems contacting employers when you first arrived?	5%	3%	1%	7%
23e	Did you have any problems contacting family when you first arrived?	22%	12%	13%	21%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	3%	7%	6%	4%
23g	Did you have any money worries when you first arrived?	25%	8%	10%	18%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	11%	11%	12%	9%
23i	Did you have any drug problems when you first arrived?	9%	5%	4%	9%
23j	Did you have any alcohol problems when you first arrived?	5%	3%	3%	4%
23k	Did you have any health problems when you first arrived?	11%	9%	10%	9%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	0%	4%	0%	7%
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	21%	11%	13%	19%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	31%	8%	5%	29%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	25%	8%	5%	25%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	68%	40%	46%	55%
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	26%	10%	12%	22%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	38%	11%	13%	28%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	46%	18%	21%	34%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	45%	20%	27%	24%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	47%	15%	20%	29%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	40%	33%	35%	35%
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	25%	10%	10%	20%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	76%	60%	57%	78%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	74%	64%	66%	65%
26	Were you treated well/very well in reception?	82%	75%	80%	67%
27a	Did you receive a reception pack on your day of arrival?	71%	49%	48%	70%
27b	Did you receive information about what was going to happen here on your day of arrival?	45%	35%	38%	37%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	48%	34%	34%	41%
27d	Did you have the opportunity to have a shower on your day of arrival?	48%	42%	40%	52%

Key to tables

	Any percent highlighted in green is significantly better than non-IPP and non-lifer prisoners				
	Any percent highlighted in blue is significantly worse than non-IPP and non-lifer prisoners				
	Percentages which are not highlighted show there is no significant difference between IPPs/Lifers and other prisoners				
		IPP Prisoners	Other Prisoners	Lifers	Other Prisoners
SECTION 3: Reception, first night and induction continued					
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	55%	34%	34%	52%
27f	Did you get information about routine requests on your day of arrival?	42%	27%	27%	39%
27g	Did you get something to eat on your day of arrival?	71%	64%	62%	71%
27h	Did you get information about visits on your day of arrival?	48%	30%	32%	39%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	43%	47%	49%	40%
28b	Did you have access to someone from healthcare within the first 24 hours?	69%	45%	48%	60%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	37%	28%	28%	38%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	17%	18%	10%	29%
29	Did you feel safe on your first night here?	89%	85%	84%	85%
30	Did you go on an induction course within the first week?	81%	57%	56%	74%
31	Did the induction course cover everything you needed to know about the prison?	78%	52%	58%	63%
32	Did you receive a 'basic skills' assessment within the first week?	84%	44%	53%	61%
SECTION 4: Legal Rights and Respectful Custody					
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	70%	70%	62%	74%
34b	Is it very easy/easy for you to attend legal visits?	82%	75%	74%	78%
34c	Is it very easy/easy for you to obtain bail information?	10%	14%	11%	14%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	37%	49%	53%	37%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	29%	56%	43%	52%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	97%	99%	97%	100%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	83%	85%	89%	75%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	92%	73%	74%	86%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	67%	64%	60%	70%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	89%	70%	68%	86%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	36%	31%	28%	37%
37	Is the food in this prison good/very good?	39%	33%	33%	34%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	76%	56%	63%	58%
39a	Is it easy/very easy to get a complaints form?	83%	80%	80%	83%
39b	Is it easy/very easy to get an application form?	97%	96%	96%	98%
40a	Do you feel applications are sorted out fairly?	60%	43%	44%	51%
40b	Do you feel your applications are sorted out promptly?	48%	41%	35%	52%
40c	Do you feel complaints are sorted out fairly?	27%	17%	20%	22%
40d	Do you feel complaints are sorted out promptly?	18%	16%	12%	22%
40e	Are you given information about how to make an appeal?	27%	33%	21%	45%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	14%	24%	27%	13%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	54%	49%	49%	50%

Key to tables

	Any percent highlighted in green is significantly better than non-IPP and non-lifer prisoners				
	Any percent highlighted in blue is significantly worse than non-IPP and non-lifer prisoners				
	Percentages which are not highlighted show there is no significant difference between IPPs/Lifers and other prisoners				
		IPP Prisoners	Other Prisoners	Lifers	Other Prisoners
SECTION 4: Legal Rights and Respectful Custody continued					
43	Is it easy/very easy to contact the Independent Monitoring Board?	43%	47%	46%	45%
44	Are you on the enhanced (top) level of the IEP scheme?	54%	78%	71%	69%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	63%	67%	66%	65%
46a	In the last six months have any members of staff physically restrained you (C & R)?	5%	0%	3%	0%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	14%	5%	10%	7%
47a	Do you feel your religious beliefs are respected?	61%	63%	65%	53%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	74%	72%	62%
48	Are you able to speak to a Listener at any time, if you want to?	73%	69%	70%	69%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	83%	73%	71%	81%
49b	Do most staff, in this prison, treat you with respect?	91%	77%	84%	78%
SECTION 5: Safety					
51	Have you ever felt unsafe in this prison?	29%	34%	32%	35%
52	Do you feel unsafe in this establishment at the moment?	11%	17%	15%	15%
54	Have you been victimised (insulted or assaulted) by another prisoner?	13%	20%	20%	17%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	11%	14%	15%	10%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	8%	3%	4%	4%
55c	Have you been sexually abused since you have been here? (By prisoners)	0%	3%	1%	2%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	1%	4%	0%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	5%	0%	0%	4%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	5%	4%	8%	0%
55g	Have you ever been victimised because you were new here? (By prisoners)	3%	0%	1%	0%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	0%	0%	0%	0%
55i	Have you ever been victimised because you have a disability? (By prisoners)	0%	3%	1%	2%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	0%	7%	7%	0%
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	3%	5%	4%	4%
56	Have you been victimised (insulted or assaulted) by a member of staff?	13%	20%	22%	15%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	8%	8%	8%	8%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	0%	3%	3%	2%
57c	Have you been sexually abused since you have been here? (By staff)	3%	0%	1%	0%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	5%	6%	4%
57e	Have you been victimised because of drugs since you have been here? (By staff)	0%	1%	1%	0%
57f	Have you ever been victimised because you were new here? (By staff)	0%	4%	3%	2%
57g	Have you ever been victimised because of your sexuality? (By staff)	0%	0%	0%	0%
57h	Have you ever been victimised because you have a disability? (By staff)	0%	3%	3%	0%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	3%	3%	4%	2%

Key to tables

	Any percent highlighted in green is significantly better than non-IPP and non-lifer prisoners				
	Any percent highlighted in blue is significantly worse than non-IPP and non-lifer prisoners				
	Percentages which are not highlighted show there is no significant difference between IPPs/Lifers and other prisoners				
		IPP Prisoners	Other Prisoners	Lifers	Other Prisoners
SECTION 5: Safety continued					
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	3%	3%	1%	4%
58	Did you report any victimisation that you have experienced?	16%	12%	13%	15%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	26%	18%	21%	21%
60	Have you ever felt threatened or intimidated by a member of staff in here?	14%	18%	18%	15%
62	Is it very easy/easy to get illegal drugs in this prison?	50%	37%	34%	50%
SECTION 6: Healthcare					
63	Do you think the overall quality of the healthcare is good/very good?	37%	33%	25%	45%
64a	Is it very easy/easy to see the doctor?	50%	48%	49%	51%
64b	Is it very easy/easy to see the nurse?	56%	44%	48%	50%
64c	Is it very easy/easy to see the dentist?	11%	7%	7%	8%
64d	Is it very easy/easy to see the optician?	9%	9%	10%	7%
64e	Is it very easy/easy to see the pharmacist?	35%	34%	30%	36%
65a	Do you think the quality of healthcare from the doctor is good/very good?	42%	32%	30%	40%
65b	Do you think the quality of healthcare from the nurse is good/very good?	43%	37%	34%	43%
65c	Do you think the quality of healthcare from the dentist is good/very good?	40%	33%	30%	39%
65d	Do you think the quality of healthcare from the optician is good/very good?	15%	32%	27%	26%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	35%	34%	28%	40%
66	Are you currently taking medication?	34%	33%	33%	35%
67	Are you allowed to keep possession of your medication in your own cell?	29%	30%	29%	31%
SECTION 7: Purposeful Activity					
69a	Do you feel your job will help you on release?	44%	45%	41%	46%
69b	Do you feel your vocational or skills training will help you on release?	53%	64%	63%	56%
69c	Do you feel your education (including basic skills) will help you on release?	62%	73%	68%	70%
69d	Do you feel your offending behaviour programmes will help you on release?	70%	56%	57%	67%
69e	Do you feel your drug or alcohol programmes will help you on release?	63%	30%	35%	54%
70	Do you go to the library at least once a week?	39%	47%	43%	46%
71	Can you get access to a newspaper every day?	73%	47%	46%	67%
72	On average, do you go to the gym at least twice a week?	79%	59%	63%	69%
73	On average, do you go outside for exercise three or more times a week?	39%	38%	27%	52%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	12%	14%	6%
75	On average, do you go on association more than five times each week?	89%	87%	89%	86%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	48%	38%	40%	42%

Key to tables

	Any percent highlighted in green is significantly better than non-IPP and non-lifer prisoners				
	Any percent highlighted in blue is significantly worse than non-IPP and non-lifer prisoners				
	Percentages which are not highlighted show there is no significant difference between IPPs/Lifers and other prisoners				
		IPP Prisoners	Other Prisoners	Lifers	Other Prisoners
SECTION 8: Resettlement					
78	Did you first meet your personal officer in the first week?	39%	46%	42%	44%
79	Do you think your personal officer is helpful/very helpful?	73%	64%	61%	72%
80	Do you have a sentence plan?	92%	86%	86%	92%
81	Were you involved/very involved in the development of your sentence plan?	32%	48%	42%	43%
82	Can you achieve all or some of your sentence plan targets in this prison?	58%	58%	60%	54%
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	43%	46%	52%	36%
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	48%	43%	44%	44%
85	Do you feel that any member of staff has helped you to prepare for release?	8%	16%	15%	10%
86	Have you had any problems with sending or receiving mail?	34%	31%	33%	33%
87	Have you had any problems getting access to the telephones?	8%	9%	11%	6%
88	Did you have a visit in the first week that you were here?	30%	33%	29%	36%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	81%	83%	78%	88%
90	Did you receive five or more visits in the last week?	0%	0%	0%	0%
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	9%	9%	12%	5%
91b	Do you think you will have a problem with finding a job following your release from this prison?	31%	27%	28%	30%
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	44%	24%	31%	27%
91d	Do you think you will have a problem with money and finances following your release from this prison?	32%	31%	29%	34%
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	15%	23%	24%	15%
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	33%	22%	21%	33%
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	10%	7%	8%	10%
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	12%	10%	12%	11%
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	34%	34%	35%	34%

Key to tables

	Any percent highlighted in green is significantly better than non-IPP and non-lifer prisoners				
	Any percent highlighted in blue is significantly worse than non-IPP and non-lifer prisoners				
	Percentages which are not highlighted show there is no significant difference between IPPs/Lifers and other prisoners				
		IPP Prisoners	Other Prisoners	Lifers	Other Prisoners
SECTION 8: Resettlement continued					
92a	Do you think you will have a problem with drugs when you leave this prison?	0%	1%	0%	2%
92b	Do you think you will have a problem with alcohol when you leave this prison?	0%	1%	1%	0%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	50%	27%	33%	34%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	68%	30%	39%	45%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	47%	26%	28%	38%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	57%	30%	39%	36%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	50%	23%	35%	26%
93f	Do you know who to contact within this prison to get help with external drugs courses etc	64%	28%	39%	41%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	64%	31%	41%	38%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	50%	31%	36%	36%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	82%	74%	78%	74%

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
39b	Is it easy/very easy to get an application form?	96%	97%	96%	97%	96%	98%
40a	Do you feel applications are sorted out fairly?	34%	56%	48%	47%	39%	50%
40c	Do you feel complaints are sorted out fairly?	17%	24%	24%	21%	8%	24%
44	Are you on the enhanced (top) level of the IEP scheme?	53%	82%	64%	71%	52%	75%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	74%	62%	67%	64%	66%
46a	In the last six months have any members of staff physically restrained you (C & R)?	2%	1%	0%	2%	0%	2%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	15%	5%	5%	10%	12%	8%
47a	Do you feel your religious beliefs are respected?	62%	59%	75%	57%	62%	61%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	74%	65%	65%	69%	92%	65%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	76%	73%	75%	79%	75%
49b	Do most staff, in this prison, treat you with respect?	80%	83%	91%	80%	83%	82%
51	Have you ever felt unsafe in this prison?	38%	30%	32%	33%	36%	31%
52	Do you feel unsafe in this establishment at the moment?	14%	16%	23%	14%	20%	12%
54	Have you been victimised (insulted or assaulted) by another prisoner?	22%	16%	23%	17%	12%	18%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	0%	9%	1%	4%	1%
55j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	3%	0%	4%	4%	5%
56	Have you been victimised (insulted or assaulted) by a member of staff?	26%	14%	0%	24%	24%	17%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	0%	0%	6%	16%	2%
57i	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	0%	0%	4%	12%	1%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	20%	21%	18%	21%	16%	22%
60	Have you ever felt threatened or intimidated by a member of staff in here?	17%	17%	5%	20%	17%	17%
61	Is it very easy/easy to get illegal drugs in this prison?	34%	45%	27%	44%	24%	45%
63	Do you think the overall quality of the healthcare is good/very good?	27%	37%	52%	28%	32%	34%
64a	Is it very easy/easy to see the doctor?	47%	52%	65%	46%	48%	49%
64b	Is it very easy/easy to see the nurse?	48%	50%	65%	45%	43%	48%

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
69a	Do you feel your job will help you on release?	41%	45%	48%	43%	43%	44%
69b	Do you feel your vocational or skills training will help you on release?	55%	63%	45%	63%	48%	64%
69c	Do you feel your education (including basic skills) will help you on release?	67%	70%	72%	68%	71%	68%
69d	Do you feel your offending behaviour programmes will help you on release?	62%	60%	65%	60%	62%	60%
69e	Do you feel your drug or alcohol programmes will help you on release?	33%	48%	28%	44%	40%	42%
70	Do you go to the library at least once a week?	50%	40%	50%	43%	48%	42%
72	On average, do you go to the gym at least twice a week?	78%	56%	73%	64%	64%	66%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	13%	9%	11%	8%	11%
75	On average, do you go on association more than five times each week?	90%	86%	86%	88%	84%	89%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	37%	43%	57%	37%	36%	39%
78	Did you first meet your personal officer in the first week?	32%	51%	54%	40%	36%	45%
79	Do you think your personal officer is helpful/very helpful?	56%	71%	62%	65%	61%	67%
80	Do you have a sentence plan?	86%	90%	76%	92%	92%	86%
86	Have you had any problems with sending or receiving mail?	36%	31%	27%	35%	36%	31%
87	Have you had any problems getting access to the telephones?	8%	10%	0%	11%	12%	9%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	73%	88%	81%	82%	84%	83%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	80%	74%	83%	76%	73%	78%