

Report on an announced inspection of

HMYOI Rochester

14–18 February 2011

by HM Chief Inspector of Prisons

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Introduction

Rochester is a young offenders institution that, at the time of this inspection, held 631 sentenced young men aged between 18 and 21. The prison comprised two distinct parts – an older, largely Victorian facility on the site of the original borstal and a modern site containing new blocks of a high standard which had opened in 2008.

I first visited Rochester prison with our research team to distribute prisoner surveys before the formal start of the inspection. My overwhelming impression at that time was of young men sleeping their way through their sentences. When we went round the prison in the middle of a sunny day, the majority of prisoners were locked in their cells and most had draped something over their windows and were sleeping.

These early impressions were born out by what we found on the inspection. In our spot check, we found 27% of prisoners locked in their cells even in the working part of the day. The prison claimed that an average prisoner was unlocked for nine hours a day but we found that the maximum a prisoner who was fully engaged with the regime could be out of their cell was six-and-a-half hours a day. For some prisoners it could be as little as one hour a day.

Although there was good PE provision there were too few other opportunities for exercise. Walking to activities was the most exercise too many of the young men had. The activities on offer were often undemanding; work was repetitive and mundane, such as lining soft fruit punnets with bubble wrap. Achievement in many education courses was low. Punctuality and attendance were too often poor.

Ministers are keen to establish working prisons. That is well and good but a start could be made in making sure that those held in young offenders institutions are able and expected to engage in work and other activities likely to benefit them, to prepare them for living law-abiding and useful adult lives.

In other respects, the prison presented a more mixed picture. The large area occupied by the prison and the challenging behaviour of some of the young men it held undoubtedly made it a difficult prison to run. In 2010 there had been 20 violent incidents a month, compared with 16 in 2009. Prisoners told us that the showers, recesses and prisoner movements around the prison were the places and times where this was most likely to happen. Some prisoners stood on the landing outside their cell when they were unlocked to ensure they were in sight of staff and safe, and that no one could enter their cell to steal anything. However, most prisoners told us they felt safe in the prison. Drug use was low.

The prison had taken a number of initiatives to minimise the use of violence and, in particular, had used exclusions from activity, restrictions on movement and the opportunities created by the large split site to keep prisoners who were believed to be a threat to, or at risk from others apart. This inevitably disrupted the prison's more positive objectives and it was a fine balance to make. We believed the balance between security and the requirements of the regime needed careful adjustment. For instance, we thought the impact of these measures on prisoners' attendance at religious services was too restrictive and was disproportionate. Assessments that determined prisoner allocation to other activities, such as release on temporary licence to take part in community placements, were also too risk averse.

Use of force by staff was also high, at 320 incidents in 2010, and we were concerned that governance of this was weak. The prison did not routinely film all planned use of force and, where they did so (as is surprisingly the case in many prisons) they were not viewed, either to

check that the force had been used appropriately or to learn from the incident. We watched a selection of recordings and one incident caused us serious concern.

Prisoners at risk of suicide or self-harm were generally well managed and cared for. An excellent daily briefing sheet updated all relevant departments on those prisoners who were at risk. However, we were very concerned about the number of these prisoners who had been held in segregation or, much worse, in a special cell. These were completely unsuitable environments for a prisoner at risk and should only have been used in the most exceptional circumstances. We saw no evidence to justify their use to this extent. Prisoners in the segregation unit were visited on a daily basis by a mental health nurse; one example of good practice from a generally good health service.

Relationship between staff and prisoners were mostly good. At 'free flow', when prisoners moved to and fro between their blocks and various activities, we witnessed many officers walking with one or two prisoners, talking things through with them. However, we also saw some interactions where staff appeared more distant and hesitant in their dealing with prisoners.

Relationships were assisted by a very impressive and dynamic chaplaincy team and good work on diversity. The prison had identified some areas where black and minority ethnic prisoners appeared to be adversely under- or over-represented. For instance, they were more likely to be awarded cellular confinement and closed visits and less likely to be placed in the resettlement wing. Nevertheless, black and minority ethnic prisoners themselves were positive about the prison and we observed a well integrated establishment.

Resettlement was a strength of the prison. Offender management and public protection arrangements were a little rough round the edges but basically satisfactory. Work in the resettlement pathways was generally very good. There was a well established accommodation service run by DePaul, and a team of dedicated and enthusiastic education, training and employment officers. In the previous 12 months, the prison had helped prisoners to manage their debts outside the prison – often relatively small amounts but significant obstacles to prisoners starting afresh on release. The prison had helped prisoners to freeze and consolidate over £100,000 of debt. Provision for children and families was good and there were welcome opportunities for young fathers to build or maintain relationships with their children where this was appropriate. The prison had a dedicated resettlement wing but allocation to the wing was over-cautious and non-transparent. More prisoners should have been helped to prepare for release by being offered work placement on licence in the community.

Rochester needs to tackle some key issues. First and foremost, it needs a greater sense of ambition for the young people it holds so that they are encouraged to benefit from work and education and greater use is made of the potential resettlement opportunities the prison provides. To do that it also needs to strike a better balance between the demands of security and the requirements of a positive regime.

Of course the levels of actual and potential violence in the prison do need to be tackled. At the time of the inspection, consideration was being given to holding a wider range of prisoners at Rochester and I understand this has now been agreed. This may create a less volatile population and the platform for a review of strategies to reduce violence, and so open up more positive opportunities for the prisoners Rochester holds.

Nick Hardwick
HM Chief Inspector of Prisons

April 2011

Fact page

Task of the establishment

Closed male young offender institution.

Prison status

Public

Region

Kent and Sussex

Number held

631

Certified normal accommodation (CNA)

648

Operational capacity

724

Date of last full inspection

16-18 February 2009

Brief history

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

Short description of residential units

Rochester is made up of a mixture of Victorian and modern residential wings with single and double cell accommodation. One of the Victorian wings houses an induction wing.

Wing	CNA	Singles	Doubles	Dormitory
B	102	93	3	1
C	102	64	11	5
D	100	91	3	1
E	120	19	49	2
F	60	0	30	0
G	60	0	30	0
H	59	59	0	0
R	60	0	30	0
Segregation		21	0	0

Escort contractors

Serco

G4S

Health service commissioner and providers

Medway Primary Care Trust
Oxleas NHS Foundation Trust

Learning and skills providers

The Manchester College
Tribal

Healthy prison summary

Introduction

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

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

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

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

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

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

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

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

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

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

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

Safety

HP3 Procedures to manage a prisoner's admission and induction at Rochester were reasonable, although there were some delays in reception and first night cells on E

wing were in a poor condition. In our survey,¹ most indicators suggested that prisoners felt safe but there had been a consistent significant level of recorded violence and bullying. There were initiatives to minimise the potential for violence but some of these were too risk averse and needed to be more sophisticated to avoid unnecessary restrictions to prisoners' movement and access to the regime. Prisoners in self-harm crisis were generally well cared for, although many of those being monitored had been placed in segregation or, worse, special accommodation. Conditions in segregation were good but its use was generally too high. Uses of force and special accommodation were also quite high and we were not assured that they were always justified. Illicit drug use was very low. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP4 Relationships between prisoners and escort staff were courteous and friendly. Escort vehicles were clean. There were a high number of prisoner movements through reception each week. The reception environment was clean and bright and holding rooms were generally clean with the main holding room also well equipped. However, we saw graffiti and a dirty toilet. Some new arrivals were delayed and left waiting on escort vehicles, particularly over lunchtime. The processing of prisoners through reception often took too long. Staff in reception were friendly, good humoured and welcoming. Prisoners transferring in from other establishments were not routinely strip searched but only in response to specific intelligence, which was correct.
- HP5 Prisoners spending their first night in Rochester were assisted by staff in reception and on E wing, the induction unit. The staff we observed were caring and welcoming, dealing with risks and issues, and appeared knowledgeable about recent arrivals. The 50p telephone credit given to prisoners on arrival was appreciated but not sufficient to make a meaningful telephone call. New arrivals were given an informative and user-friendly guide to Rochester, available in a variety of languages. There were no dedicated first night cells on E wing; those cells identified for new arrivals were poorly equipped, had graffiti and were unwelcoming. Prisoner peer supporters were clearly visible on the first night unit.
- HP6 The 10-day induction programme began the day after arrival. Peer supporters introduced the establishment and its routines in a well-equipped and comfortable room and addressed prisoners' queries. The second part of the induction introduced prisoners to the various departments and opportunities in the prison. Induction also included a comprehensive resettlement needs assessment interview followed by appropriate referrals to relevant agencies. We were assured that nearly all prisoners received induction and found it useful, but there was evidence that some elements were delayed.

¹ Inspection methodology: There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to *statistically significant* differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. *Adapted from the Dictionary of Forensic Psychology (2008): Towel et al (eds).*

- HP7 Our survey findings suggested that most prisoners felt safe at Rochester. However, the number of reported incidents of violence was significant with a consistent and persistent average of 20 fights and assaults a month during 2010 – an increase on the average of 16 a month recorded in 2009. There was no evidence that incidents were under-reported but prisoners suggested that there was scope for violent incidents to go undetected. Measures to ensure prisoner safety, although applied robustly, did not seem to have reduced incidents over time. The safer custody meeting reviewed a range of management information but not all indicators of violence were monitored and trend analysis to identify patterns was limited. Investigations into reported incidents were thorough and many perpetrators had been placed on formal monitoring. In comparison, there were comparatively few victim support plans. The introduction of the conflict resolution process, which was intended to deal with the potential for conflict at the lowest level, was a positive initiative.
- HP8 Arrangements to manage the main elements of suicide and self-harm prevention procedures were adequate. Reasonable management information was collected although analysis was limited. Governance arrangements were superficial and did not cover use of the special cell. A daily briefing sheet covering prisoners on open assessment, care in custody and teamwork (ACCT) self-harm monitoring was a useful initiative to raise staff awareness. The quality of the ACCT support documentation was good and demonstrated good care for those in crisis. Case reviews, although detailed, were not always multidisciplinary, and health care input was infrequent. The number of prisoners on open ACCTs held in segregation or, even worse, in special accommodation was unacceptable. We were not assured that all these decisions were justified or legitimate. The use of prisoner interpreters for foreign national prisoners in crisis required better management to ensure confidentiality. Criteria for prisoner access to Listeners, in particular at night, required clarification. The safer cell on D wing was dirty, smelly and had graffiti. The location of a gated cell in segregation was inappropriate.
- HP9 The well-resourced intelligence team was at the heart of the security department and intelligence was disseminated effectively. The security committee met regularly and was reasonably well attended, but minutes suggested a lack of focus on priorities and strategies. The prison had instigated several order and control initiatives that restricted prisoner movement and access to the regime. Although some aspects of these were legitimate, we had concerns about the proportionality of their application and the lack of formal structures to support or reintegrate prisoners subject to these measures. Assessments that determined prisoner allocation to activities were too risk averse. The number of prisoners on closed visits was high and did not always appear appropriate. Rules were explained to prisoners and generally understood, but some prisoners perceived inconsistency in their application with favouritism by some staff.
- HP10 The number of adjudications was high – and even higher if minor reports were taken into account. Prisoners were given sufficient opportunity to prepare for hearings and to contact their legal representatives if required. Exploration of charges was mostly reasonable before a finding of guilt, but some examples we saw were poor. The award of sanctions seemed fair.
- HP11 The use of force against prisoners was quite high, at 320 incidents in 2010. Its governance also appeared weak. In too many cases, we were not assured force was always applied as a last resort. Planned interventions were not routinely video-recorded or reviewed if they were. The actions of staff in some recordings we viewed required further enquiry. Batons were drawn on two separate occasions in 2010 but

neither incident had been subject to scrutiny to ensure that this action was justified. The location of prisoners in self-harm crisis in the gated cell was authorised and subject to the governance procedures used for special accommodation, which was a useful safeguard. However, the use of the special cell was excessively high and we were very concerned that a significant number of prisoners were located there inappropriately and while on ACCT documents.

- HP12 The segregation unit was clean and bright, but the showers and communal toilets were dirty. Too many prisoners were located in the segregation unit, although most stays were relatively brief. Relationships between staff and prisoners were friendly and respectful but electronic case notes did not evidence constructive engagement. Good order or discipline review case notes were often poor or incomplete. Residents had daily opportunities to access basic amenities, but all new arrivals were initially placed on the most restrictive element of the unit's differential regime without individual assessment. Care plans for longer-term residents, however, were meaningful and allowed access to work, interventions, religious services and activities in association. Prisoners on ACCTs appeared to be held routinely in the segregation unit without evidence of the exceptional circumstances that might justify this. Segregated prisoners were supported by frequent visits from the mental health team.
- HP13 The prison had established an integrated drug treatment system (IDTS) to support drug users but demand for clinical interventions was very low. Treatment regimes were flexible and reviewed regularly. Prisoners received good psychosocial support in group and one-to-one sessions. Care was coordinated with CARAT (counselling, assessment, referral, advice and throughcare) and mental health services. There was low drug availability in the establishment and the year-to-date random mandatory drug testing (MDT) rate was just 1.4%.

Respect

HP14 Environmental standards were mixed and reflected the relative age of the accommodation blocks. Communal areas were generally well maintained but standards in cells were often poor. Staff-prisoner relationships were reasonable, although prisoners expressed some negative perceptions. The personal officer scheme was limited in its impact. The application of the incentives and earned privileges (IEP) scheme required improvement. There were good structures to promote diversity although some strands and the analysis of management information required more development. Prisoners from minority groups, however, had generally positive perceptions. Prisoners were negative about the quality of the food, and arrangements for the serving of breakfast and lunch were poor. Applications and complaints procedures were good. The prison was supported by an enthusiastic and engaged chaplaincy. Health care provision was generally good. Outcomes for prisoners were reasonably good against this healthy prison test.

HP15 The external environment was generally well maintained and communal areas were relatively clean. Most cells had graffiti and many were unkempt, but prisoners could access cell cleaning materials. Shower areas in the older wings were untidy and unclean but the en-suite bathrooms in the newer units were good. Prisoners confirmed that they could shower daily. With the exception of B wing, in-cell toilets had acceptable privacy. Prisoners could not wear their own clothes, but access to prison-issue clothing was satisfactory. The prisoner council meeting was a good

initiative but the meeting we observed was disorderly. The processing of prisoner mail was slow.

- HP16 The prison operated a three-tier IEP scheme with a warning and good behaviour system. The policy of automatic warnings after adjudications was disproportionate. We also found other examples of weak governance, particularly for prisoners on the basic regime. The experience of prisoners on basic was severe and included no periods of association.
- HP17 In our survey, only 64% of prisoners indicated that staff treated them with respect, against the comparator of 69%. Prisoners had mixed views about staff – they saw some as helpful but others as sometimes condescending. Our own observations indicated that many staff interacted well with prisoners. Staff were normally to be found out and about and we saw many positive and constructive encounters. But other staff appeared diffident in their dealings with prisoners. Some staff comments to us suggested low expectations about the conduct and potential of the young adults and little optimism about what could be achieved working with them.
- HP18 Some prisoners had no knowledge of their personal officer. Some who had a personal officer thought they were helpful but that it was left to the prisoner to initiate engagement. Half the prisoners we surveyed said that personal officers were not helpful. Personal officer case history notes were mixed with little evidence of a rounded knowledge of individuals.
- HP19 Prisoners were negative about the quality and quantity of food, but the meals we saw were adequate and menus appeared balanced and catered for a variety of diets. Lunch and dinner were served too early, breakfast packs were issued the previous night and the serving of lunch – through a grab bag left at the cell door – was disrespectful. The kitchen was well equipped and management of halal food was appropriate. On several occasions we found that the serveries were dirty. Consultation arrangements were reasonable.
- HP20 The provision of shop services was appreciated by prisoners and there was a sufficient range of goods to meet need. The general management of orders was satisfactory, but new arrivals could wait up to 11 days to receive their first order.
- HP21 The diversity policy was reasonably comprehensive but there was no ongoing work on sexual orientation. Monthly diversity and race equality action team meetings were attended by prisoner representatives, who could also meet regularly with diversity staff. The enthusiastic diversity team had a high profile throughout the establishment. The current monitoring arrangements to ensure equality of access to regime services did not extend beyond ethnic monitoring data.
- HP22 In our survey, black and minority ethnic prisoners, who comprised about half the population, expressed very few negative perceptions about their treatment and in some areas their responses were more positive than white prisoners. However, ethnic monitoring data had identified a consistent under- or over-representation of black and minority ethnic prisoners in some important aspects of the regime. Steps had been taken to understand these differentials but patterns in data had not yet been effectively addressed. The number of racist incident report forms submitted had reduced significantly in 2010 but there was nothing to indicate a lack of confidence in the system. Investigations were comprehensive and subject to external scrutiny.

- HP23 Foreign national prisoners, of whom there were about 100, were identified on arrival and referred to the fortnightly surgeries run by the Migrant Helpline. Some translated material was available. Use of the professional telephone interpreting service was closely monitored and well promoted, and it could also be accessed by peer support workers. The UK Border Agency visited the prison monthly and sessions were well attended by prisoners. Decisions to deport and to maintain detention were received far too close to prisoners' planned release date.
- HP24 Muslim prisoners expressed some negative perceptions in our survey but their responses overall were better than we often see and a high proportion felt their religious beliefs were respected. Prisoners could disclose disabilities on reception, including learning disabilities. This data was collected by the diversity team and recorded on the P-Nomis IT system but follow-up procedures and assessment were underdeveloped.
- HP25 In our survey, prisoners said that applications and complaints were dealt with fairly. An efficient complaints clerk ensured that responses to complaints were timely. Replies were courteous, legible and addressed the issues raised by prisoners. There were management checks of responses to complaints, with deficiencies followed through by line managers. There was effective legal services provision with a trained officer available to prisoners, although there were few applications.
- HP26 There was an active and enthusiastic chaplaincy team who were a visible presence throughout the prison. Chaplaincy facilities were good and religious services well attended. However, there was a cap on attendance at religious services that sometimes affected Muslim worshippers. The chaplaincy facilitated a mentoring scheme that provided meaningful through-the-gate support to prisoners being released.
- HP27 Health care provision was good. Clinical staff were well trained and motivated, and relationships between prisoners and health staff were respectful. A GP was on site every day and access to the GP was generally quick and normally within 24 hours. There was a good range of in-house nurse-led clinics as well as other visiting health professionals. Health promotion delivery was particularly good. Appropriate inoculations were offered as well as support to stop smoking. Dental treatment was generally good but access limited. Mental health support was provided to prisoners with primary and secondary mental health needs.

Purposeful activity

- HP28 Time out of cell was very poor. Prisoners were insufficiently engaged in purposeful activity and there was significant underemployment. The allocation of prisoners to activity was poor and failed to provide assurance about equality of access. Punctuality and attendance were problematic, and we found more than a quarter of the population locked in their cell during the working part of the day. Too many work opportunities were mundane, unchallenging and lacked a training element. There were too few vocational training places but standards of work were satisfactory. The learning and skills curriculum was adequate but there were limited opportunities for progression. PE provision was good with high levels of participation. Outcomes for prisoners against this healthy prison test were poor.

- HP29 Time out of cell was very poor. According to the prison's core day, a prisoner fully engaged with the regime could access about 6.5 hours a day out of cell. For the many prisoners in part-time activity or those without activity, time out of cell was considerably less. The prison's data on this issue was inaccurate at well over nine hours. During a random check we found about a quarter of prisoners locked in cell during the working part of the day. There appeared to be slippage and considerable discretion in the application of routines. For example, the timing and duration of domestic time and exercise varied greatly. Association was facilitated on most days and rarely cancelled, but was brief.
- HP30 Leadership and management of learning and skills were inadequate. Quality improvement arrangements introduced in conjunction with the education provider had yet to become fully embedded. Induction to education and other activities was confusing for prisoners, and many were unclear about their options or placed on inappropriate courses. Allocation to work and other activities was haphazard and lacked transparency, and waiting lists were poorly managed. Prisoner pay was reasonably equitable, and although some work received piece rates this did not disadvantage prisoners from participating in learning and skills.
- HP31 There were insufficient full-time-equivalent activity places for all prisoners, and the data on the number of places available was confusing and unclear. Our estimate suggested about 598 places, which fell short of the operational capacity and included a high proportion of jobs that were low quality and repetitive. Part-time activity places were available for most prisoners, but there was insufficient engagement and considerable underemployment. Attendance across the learning and skills provision was poor, as was punctuality. The proportion of prisoners recorded as unemployed was about 4%. Vocational qualifications were available in only a small proportion of work areas.
- HP32 The range of accredited vocational training was adequate, but the approximately 96 places available were insufficient to meet the needs of the population. Courses on offer included hairdressing, multi-skills construction, horticulture, painting and decorating, catering, industrial cleaning and media studies. Most vocational qualifications were only available at level 1 with insufficient accreditation at level 2 or beyond to facilitate progress. The standard of learners' work on vocational courses was mostly satisfactory but good in some areas, notably in media studies and hairdressing. Pass rates on vocational courses were satisfactory although variable.
- HP33 We estimated that there were about 120 full-time-equivalent education places, which were mainly part time. The range of education courses was adequate but there were limited opportunities to progress, particularly for the more able or those on longer sentences. A small number of learners were completing Open University distance learning courses. Pass rates on many courses had been poor but there were signs of improvement. Individual support for learners with learning difficulties was mostly satisfactory, as were teaching and learning across the provision. Activity sessions were too short.
- HP34 Library facilities were good and used adequately to support education and some resettlement work. However, the proportion of prisoners able to access the library regularly was low and opening hours were poor with no evening or weekend provision. Library access for prisoners accommodated in the newer part of the prison was particularly poor.

HP35 PE provision was well managed and well equipped. In our survey, three-quarters of prisoners said they used the facility at least twice a week, although more sessions were available in the newer part of the prison. There was a good range of recreational PE, as well as PE accredited courses that achieved high pass rates of approximately 85%. The promotion of healthy living was good and the gym had good links with health care and prisoners on the P-ASRO (prison addressing substance related offending) programme.

Resettlement

HP36 The strategic management of resettlement was appropriate, although the offender management and public protection elements needed greater emphasis and the lack of a prisoner needs analysis was a significant omission. The iPAS (induction pathways assessment system) initial assessment, combined with the pre-release passport review, enabled meaningful planning of individual resettlement needs. Offender management structures were appropriate, although there was a backlog of OASys (offender assessment system) assessments. The quality of engagement by offender supervisors was variable. The resettlement unit, although positive, still offered external work opportunities for very few prisoners. Public protection arrangements were reasonable. Resettlement pathway work was generally good, especially that oriented to children and families. Outcomes for prisoner were reasonably good against this healthy prison test.

HP37 The strategic and managerial separation of resettlement from offender management and public protection was unusual but worked reasonably well. Appropriate links were maintained through the monthly reducing reoffending meetings and strategic objectives were clearly identified in the reducing reoffending policy, although greater emphasis on the role of offender management was needed. Links to other departments, such as the chaplaincy mentoring service, required further development. Identified objectives for all aspects of reducing reoffending were reviewed quarterly but there had been no resettlement needs analysis, even though assessment data were available through both IPAS and OASys.

HP38 The iPAS assessment, undertaken during induction, was a simple but effective means of assessing individual resettlement need against pathways. Referrals to pathway provision were consistent and effective. All prisoners were allocated an offender supervisor, but for most short-term prisoners the IPAS was the most meaningful custody planning structure. There remained a significant backlog of OASys assessments, and prioritisation by offender supervisors was inconsistent. The management of prisoners formally in scope for offender management was reasonable, although the quality and frequency of contact and sentence planning were variable, as was the engagement of community offender managers.

HP39 The resettlement unit offered a positive environment for its residents, although the opportunities to progress to community placements were underused and processes slow and risk averse. The introduction of the 'passport to the gate' to review prisoners' resettlement needs and the use of peer advisers for the six-week pre-release assessments were useful and effective initiatives.

HP40 Public protection arrangements were generally appropriate and all offender supervisors played an active role in them.

- HP41 A well-established accommodation service was provided by DePaul UK. Up to 100 prisoners at a time received support from the service, but almost 100 young adults in 2010 had no settled accommodation when they were discharged. The service had also lost its resettlement worker.
- HP42 There was a range of advice and guidance on employment from Jobcentre Plus, Tribal and a team of dedicated and enthusiastic employment, training and education officers. A structured and well-attended preparation for work course was offered to prisoners. A good proportion of discharged prisoners gained employment but only 8% went into full-time education and training.
- HP43 Health care staff saw every prisoner before their release at a discharge clinic where they were given a letter for their GP outlining their care while in prison and/or help to find a GP if needed. Prisoners with mental health needs were seen by the in-reach team and continuity support was provided.
- HP44 Referrals to the finance, benefit and debt pathway were significant with around 50 prisoners at a time receiving support. Most work was on relatively low levels of debt but in the previous 12 months staff had consolidated and frozen over £100,000-worth of debt. The money management course was suspended currently. Prisoners could open bank accounts before they left.
- HP45 The drug strategy document did not address alcohol interventions, although some services were available. A recent needs analysis required completion. Service providers attended multi-agency meetings to coordinate work but the drug strategy committee had not met for five months. CARAT provision was satisfactory. The P-ASRO and COVAID (control of violence for angry impulsive drinkers) courses were achieving their targets.
- HP46 Provision under the children and families pathway continued to be good. The visitors' centre and visits rooms were reasonable facilities. Fortnightly fathers' sessions were fairly well established. The provision of the Parentis programme, one-to-one support, Storybook Dads and baby visits for new fathers were positive initiatives.
- HP47 Accredited interventions provided included P-ASRO, COVAID and the thinking skills programme (TSP). Although this appeared appropriate, there had been no needs analysis to assess needs to be met. For example, many prisoners were unable to access the TSP owing to high demand. The non-accredited victim awareness programme was positive and scheduled to be delivered eight times over the next 12 months.

Main recommendations

- HP48 The prison should, in consultation with prisoners, review the current strategies to create a safer environment, and reduce levels of violence in the prison.**
- HP49 Governance of the use of force, including use of special accommodation, should be improved.**
- HP50 Use of the segregation unit should be reduced.**

- HP51** The prison should develop and monitor an action plan to evaluate patterns and trends in ethnic monitoring to address the differential impact of the regime on black and minority ethnic prisoners.
- HP52** The amount of time that prisoners spend out of their cells should be increased.
- HP53** The prison should increase the number of full-time purposeful activity places to meet the needs of all prisoners.
- HP54** Opportunities for prisoners in the resettlement unit to undertake community placements should be increased.
- HP55** The prison should extend opportunities for prisoners to work outside the prison on release on temporary licence (ROTL).

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 We saw positive relationships between prisoners and escorting staff. Prisoners were generally satisfied with their treatment by the escort contractor. Reception was not routinely open over lunchtimes and prisoners often waited on escort vehicles for long periods.
- 1.2 Escort staff had respectful relationships with prisoners and effective contacts with prison staff. Information about prisoners was shared systematically and reception and first night staff used it appropriately to inform initial risk assessments. Prisoner escort records were properly completed. The cellular vehicles we inspected were clean.
- 1.3 Prisoners were generally transferred in from prisons in London and the south east of England and consequently journeys of over two and a half hours were uncommon and late arrivals were rare. In our survey, 69% of respondents, against a comparator of 63%, felt well treated by escort staff, 50% against 40% said the cleanliness of vans was good, 89% against 85% said that their property arrived at the same time as they did, and 92% against 81% said that they knew where they were transferring to when they moved to Rochester. Prisoners transferring from Rochester were given advance notice of planned transfers, which was positive.
- 1.4 Reception was not routinely open during lunchtime and many prisoners waited on escort vehicles for up to an hour after arrival at the prison.

Recommendations

- 1.5 **Reception should remain open over lunchtimes when prisoners are expected to arrive.**
- 1.6 **Prisoners should not wait on vehicles for long periods after arrival in the prison.**

First days in custody

Expected outcomes:

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

- 1.7 Reception was generally clean, bright and welcoming. Engagement between staff and prisoners was friendly. Prisoners were often processed too slowly, although those transferred in from other establishments were not routinely strip searched. First night arrangements were

sound and most prisoners felt safe, but there was no dedicated first night accommodation and cells were unwelcoming, dirty and covered with graffiti. Induction provided useful and relevant information.

Reception

- 1.8 Throughput of prisoners was high with 1,631 arrivals and 2,418 prisoners discharged through reception in 2010. Communal areas were spacious, bright, clean and welcoming. None of the three holding rooms contained reading material and two had no information but the most used room had a television and some information on notice boards. There was a toilet in the main holding room, which was dirty and graffiti covered. Sightlines for the main and a smaller holding room were good and supervision appropriate but the third holding room had no sightline from the main reception area. The CCTV cameras in reception had been out of order for over a week at the time of the inspection, and we were not assured that the third holding room was appropriately supervised.
- 1.9 New arrivals from other prisons were not routinely strip searched. Where required, strip searching was conducted sensitively. The processing of new arrivals generally took too long; we observed prisoners remaining in reception for between two-and-a-half and four hours. The attitudes of staff working in reception were reasonably good and officers were friendly and good humoured. In our survey, 68% of respondents said they felt well treated by reception staff, against the comparator of 61%.
- 1.10 Private interviews with first night staff took place in a functional room and there was a separate room for health interviews. First night staff were caring and welcoming. New arrivals' personal details were recorded, cell sharing risk assessments were reviewed and any immediate concerns were addressed. They were given a comprehensive and useful information booklet about HMYOI Rochester, which was available in a wide range of languages.
- 1.11 All new arrivals were given a drink and cold packed meal. Although they were given 50p-worth of non-repayable telephone credit, there was no telephone in reception and they had to make calls on the first night unit. The small amount of telephone credit did not allow for a meaningful length of conversation. Canteen packs for smokers and non-smokers were available in reception and routinely offered to all new arrivals.
- 1.12 New arrivals' personal possessions were treated with respect and most could access their property on the day of their arrival, although this was not always possible and some had to wait a few days to receive their property.
- 1.13 There was no Listener or Insider based in reception. The full-time orderly employed there was undergoing Listener training but he was not easily identifiable and we observed no engagement with new arrivals.

Recommendations

- 1.14 **All holding rooms should be appropriately supervised when occupied.**
- 1.15 **New arrivals should spend less time being processed in reception.**
- 1.16 **Prisoners should receive their in-cell property on the day of their arrival.**

Housekeeping points

- 1.17 The holding room toilet should be kept clean and free from graffiti.
- 1.18 New arrivals should be given a higher amount of non-repayable telephone credit on their first night.

First night

- 1.19 There was no first night strategy to inform provision for new arrivals. The first night/induction unit was on one of the large older wings (E wing). There were no dedicated first night cells and those identified for new arrivals were unwelcoming, dirty, poorly equipped and covered with graffiti.
- 1.20 Despite the lengthy periods some new arrivals spent in reception, most arrived on E wing before 5.30pm and were allowed to associate with other prisoners, make their initial telephone call and take a shower if they wanted. Even those who arrived on a Friday, when there was no evening association, had the opportunity to use showers and telephones. No further assessments generally took place after prisoners arrived on E wing for their first night. However, staff on the wing appeared knowledgeable about new arrivals.
- 1.21 Peer supporters were clearly visible on the first night unit, and a card system in the wing office meant that all staff, including night staff, were alert to new arrivals on the wing.

Recommendations

- 1.22 **A first night strategy should be in place.**
- 1.23 **First night cells should be clean, prepared and appropriately equipped for new arrivals.**

Induction

- 1.24 Induction into the 10-day modular rolling programme generally started on the first working day after arrival. A dedicated induction officer interviewed all new arrivals individually and completed an induction pathway assessment system (iPAS) assessment, which highlighted any needs under the resettlement pathways and made appropriate referrals (see paragraph 9.9).
- 1.25 Two Insiders who lived on the first night unit delivered the first part of the induction programme in a well-equipped and comfortable room. Although they had received no formal training, they were able to respond to queries appropriately. They showed a short DVD about Rochester followed by a comprehensive presentation that explained all appropriate subjects, including prison/wing regimes, visits, prison shop, mail, incentives and earned privileges (IEP), applications, complaints and safer custody issues. The induction officers offered the peer supporters support and oversight.
- 1.26 Other modules in the induction timetable included a chapel visit, legal services, counselling, assessment, referral, advice and throughcare service (CARATs), diversity, health and safety, education assessments, gym and library. However, a significant part of the timetable, referred to as 'E wing regime', involved considerable periods of lock up for prisoners.

- 1.27 Records on a database gave us assurance that the iPAS interview and first part of the induction with the peer supporters took place. Many prisoners told us that they had experienced significant delays in completing library and gym induction, and we were not assured that all aspects of the induction were completed before prisoners were allocated into activities. Notwithstanding these concerns, in our survey 94% of respondents told us they had been on induction, against the comparator of 87%, and 70%, against 60%, said it covered everything they needed to know.

Recommendations

- 1.28 **Prisoners on the induction programme should remain unlocked when they are not actively engaged with modules.**
- 1.29 **There should be procedures to ensure that the induction programme is fully completed by all new prisoners.**

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 The wings were split between older and newer accommodation and this was reflected in the varying standards of the cells, which were often unkempt. The external environment was relatively clean, tidy and well maintained. Privacy for the in-cell toilets was satisfactory except on B wing. The processing of mail was delayed. Prisoners were consulted through a prisoner council meeting. Prisoners could not wear their own clothes. Showers on the older accommodation were dirty and untidy.

Accommodation and facilities

- 2.2 The prison consisted of eight residential units split across the site as newer and older accommodation. B, C, D and E wings were the older accommodation; F, G, H and R (resettlement) wings were the newer accommodation with smaller units (see also Fact page). H wing was currently closed for refurbishment.
- 2.3 The external environment was generally well maintained and communal areas were bright and relatively clean. We saw evidence of some litter and food waste behind wings.
- 2.4 With the exception of C wing, all wings were of a gallery style with two landings and good sightlines. C wing had spurs over two landing, which affected sightlines, although camera coverage helped staff to supervise effectively.
- 2.5 All cells had televisions and kettles and a lockable cabinet, but keys were not issued to prisoners, which made them ineffective. The newer accommodation had privacy locks on cell doors but again prisoners were not issued with keys. Cells designated for two prisoners were of an adequate size and fit for purpose. Cell call bells were answered swiftly.
- 2.6 With the exception of R wing, most cells we saw were unkempt, with many dirty and damaged floors, toilets that required a full descale and graffiti evident throughout – including one instance of racially offensive graffiti. Cell inspections took place but were not effective in practice.
- 2.7 All cells, except those on B wing, had adequate privacy for the toilets. The toilet in B wing cells was not screened and had no privacy from staff or prisoners looking through the observation panels.
- 2.8 Although the prison had an offensive display policy, we saw many examples of pornography displayed on cell walls. Wing notice boards contained relevant up-to-date information but generally in English only.

- 2.9 Each wing had sufficient telephones for the number of prisoners held. Access to telephones was adequate and we saw no evidence that prisoners were unable to use them, with at least one telephone always available during recreational time.
- 2.10 Incoming mail was processed by a dedicated team of censors with 5% randomly checked. Mail was delivered to the wings on the day it was received, which in practice meant it was issued to prisoners in the evening. Outgoing mail boxes were emptied by the censor's team at 8am, before prisoners were unlocked, which meant that the collection was of mail posted the previous day. Many prisoners we spoke to were disgruntled with the delay in both incoming and outgoing mail.
- 2.11 The prison had introduced a prisoner council made up of wing representatives elected by their peers. The council met monthly with staff representatives from a variety of relevant departments. The minutes indicated a good quality meeting, although the one we observed was undisciplined, had poor acoustics and many prisoner representatives and staff talked among themselves in small groups.

Recommendations

- 2.12 **All prisoners should be issued with keys for the lockable cabinets, and those in cells with privacy locks should be issued with keys.**
- 2.13 **There should be a programme of cell painting and maintenance to ensure cells are of a decent standard.**
- 2.14 **B wing cell toilet areas should be adequately screened to provide privacy.**
- 2.15 **The processing of incoming and outgoing mail should be expedited.**

Housekeeping points

- 2.16 Staff should ensure that the areas behind wings are kept clean and litter-free.
- 2.17 Wing notice boards should display information in relevant languages.
- 2.18 Staff should ensure that the offensive display policy is adhered to.
- 2.19 Regular cell inspections should be meaningful and ensure that graffiti is eradicated and cells kept clean.
- 2.20 The prisoner council meeting should be managed to ensure it is an orderly meeting in which everyone can participate.

Clothing and possessions

- 2.21 In our survey, 68% of respondents, against the comparator of 54%, said that they were offered enough clean suitable clothes for the week. The prison clothing we saw was of good quality, but prisoners could not wear their own clothes. The amount of clothing issued at the weekly kit exchange was acceptable.

- 2.22 All wings except B, D and E had wing laundries that allowed prisoners' clothes to be cleaned at least once a week.
- 2.23 Prisoner access to their stored property was reasonable.

Recommendations

- 2.24 **The prison should allow prisoners to wear their own clothes.**
- 2.25 **Laundry facilities for prisoners should be introduced on B, D and E wings.**

Hygiene

- 2.26 Cells in the newer accommodation had en-suite showers and toilets. Prisoners in shared cells appreciated these as they could shower in privacy from their cellmate. The shower rooms in the older accommodation were untidy and not clean. Access to daily showers was good. In our survey, 86% of respondents, against the comparator of 63%, said they could normally shower daily.
- 2.27 Prisoners were encouraged to keep their cells clean with daily domestic time for this purpose. In our survey, three-quarters of respondents said that they received cell cleaning materials weekly. Despite this, most cells we saw were not cleaned to an acceptable standard.
- 2.28 In our survey, 90% of respondents, against the comparator of 82%, said that they normally received clean sheets weekly. Freshly laundered bedding was provided weekly on an exchange basis. Prisoners on the enhanced level of the incentives and earned privilege scheme were allowed to have their own duvets and curtains.

Housekeeping point

- 2.29 The cleanliness of the shower rooms in the older accommodation should be improved.

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.

2.30 Prisoners had mixed views of staff-prisoner relationships, as were our own observations. We saw examples of constructive interaction but also observed diffident and hesitant contacts.

- 2.31 In our survey, 64% of respondents, against the comparator of 69%, said that staff treated them with respect and 69%, against 74%, said that there was a member of staff they could turn to with a problem. In our diversity survey, only 58% of black and minority ethnic respondents, against 69% of white respondents, said that staff treated them with respect, although 75% of

black and minority ethnic respondents and 85% of foreign national respondents said that there was a member of staff they could turn to with a problem. The findings of the prison's recent measuring the quality of prison life (MQPL) survey were similar to our survey results.

- 2.32 Prisoners had mixed views about the staff. Some felt that they were condescending and spoke down to them, 'treating them like kids', and some saw staff as unreliable and diffident in addressing their issues and needs. Other prisoners spoke highly of staff and said that they had good relationships with them. Our own observations confirmed this mixed view: we saw many staff interacting well with prisoners but also saw some who kept their distance from prisoners and appeared hesitant in their encounters with them.
- 2.33 Some staff we spoke to had low expectations of prisoners and gave the impression that they could not be rehabilitated and that staff could not play an active part in changing their lives. However, many staff addressed prisoners by their preferred name and many written documents we saw addressed the prisoner by their first name or 'Mr'.

Recommendation

- 2.34 **The prison should develop a strategy that focuses on developing trust and respect between staff and prisoners.**

Personal officers

Expected outcomes:

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

- 2.35 The personal officer scheme, although understood by staff, was implemented sporadically with the emphasis on the prisoner to ensure his needs were met. Case history notes were mixed and links with offender management underdeveloped.
- 2.36 The prison had developed a succinct personal officer document that included a job description and staff we spoke to were aware of the document. In our survey, 62% of respondents, against the comparator of 77%, said they had a personal officer. For those who had a personal officer, only 51%, against 62%, said that they were helpful.
- 2.37 Some prisoners we spoke to had no knowledge of who their personal officer was and had not met them. Others said that their personal officer did deal with their issues and needs, but that the emphasis was on them to approach them and that there was no formal or informal contact.
- 2.38 Staff were allocated prisoners by cell location and, as prisoners rarely moved cell, this kept changes of personal officers to a minimum. Staff we spoke to had a limited knowledge of their prisoners' personal circumstances and none had any knowledge of their family circumstances.
- 2.39 Entries in electronic case notes were haphazard; some we saw had no personal officer entries and others had weekly entries. The entries focused only on the negative aspects of the prisoner and did not give a more balanced view of him. Personal officer links with the offender management unit were very limited and they did not appear to be part of the formal structures for managing prisoners holistically.

Recommendation

- 2.40 **The personal officer scheme should be relaunched with the emphasis on better interaction between staff and prisoners to ensure a more rounded view of individual prisoners and with links to the offender management unit further developed.**

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 Monthly safer custody meetings reviewed a range of monitoring data but not all local indicators of violence were monitored and trend analysis was limited. The safer custody team worked collaboratively with the security department and we saw no evidence of under-reporting. In our survey most indicators of violence were positive but reported levels of violence in the prison were significant. Measures to ensure prisoner safety had not reduced incidents over time. Although many bullies were placed on formal monitoring, comparatively few victim support plans were opened and support for victims was limited. The conflict resolution process was a positive initiative.
- 3.2 The violence reduction strategy had recently been revised. The policy was comprehensive and provided clear guidance for staff and prisoners on the reporting and monitoring of violent and bullying behaviour and incidents. The safer custody team consisted of a full-time senior officer and two full-time prison officers, one of whom was the violence reduction officer, and an administrative officer. The team, supported by an operational manager, had day-to-day responsibility for delivery of the strategy. Although the violence reduction officer was a full-time role, the officer had been subject to some recent redeployment.
- 3.3 Attendance at monthly safer custody meetings was reasonable and closely monitored. Prisoner violence reduction representatives attended them and also met the violence reduction officer every two months. There were 10 representatives at the time of the inspection. Although some prisoners were negative about the value of the role, the representatives we spoke to had a clear understanding of it and minutes of the representatives' and safer custody meetings indicated that representatives had a commitment to the work and had suggested improvements.
- 3.4 The violence reduction officer compiled a range of monthly monitoring data, which were discussed at safer custody meetings. This data included the number of violence reduction monitoring books opened and their location, the number of fights and assaults by location and time, unexplained injuries, the number of security information reports (SIRs) received and the number of investigations completed. Other indicators of violence – such as the number of adjudications, use of force and alarm bells – were not, however, monitored by the safer custody team, and the level of trend analysis was largely limited to drawing comparisons with the previous month's figures rather than identifying patterns and trends over time. A safer custody and violence reduction continuous improvement plan was reviewed and updated monthly but lacked a strategic focus.
- 3.5 Data collated by the violence reduction officer indicated that the level of fights and assaults was significant and consistent at an average of 20 incidents a month in 2010, and had increased from the average of 16 incidents a month recorded in 2009. Although the prison had

introduced some strategies to create a safe environment for staff and prisoners, such as the extensive 'keep apart' list and the restrictions list (see paragraphs 7.7 and 7.8), these measures did not appear to be leading to any reduction in the reported level of violence. The prison had begun to work closely with Kent police with a view to bringing charges against those who engaged in serious violence in the prison.

- 3.6 Despite the reported level of violence, in our survey most indicators were positive – for example, only 18% of respondents, against the comparator of 24%, said they had been victimised by a member of staff, and only 22%, against the comparator of 27%, said they had been threatened or intimidated by other prisoners. However, 41%, against 35%, said they had felt unsafe at Rochester.
- 3.7 The prison had recently conducted its own thorough violence reduction survey. To incentivise prisoners to participate, the prison had paid £1 for each completed and returned survey. The response rate of approximately 38% was reasonable and safer custody staff said was better than on previous occasions. However, to receive the financial incentive, prisoners had to put their names on completed surveys, which may have discouraged some from participating. Data from the survey had been analysed and was discussed at the safer custody meeting held during the inspection. Respondents identified the most unsafe areas in the prison as the showers, free flow and recesses.
- 3.8 The violence reduction officer had good systems to check completed adjudications and wing observation books for indicators of violent behaviour and to ensure that all incidents had been properly reported through SIRs, and any unexplained injuries were properly investigated. We did not see any evidence of under-reporting, although prisoners said there were opportunities for incidents to occur without staff knowledge and some said incidents could occur in cells during morning domestic periods. The safer custody team worked collaboratively with the security department, and all security information reports received that related to threats, bullying, violence and antisocial behaviour were forwarded to the safer custody officer. In the previous six months, there had been 15 complaints where prisoners had indicated there was a bullying aspect, but the violence reduction officer had not had sight of these complaints or been involved in providing a response to them.
- 3.9 An externally facilitated prisoner and management focus group had been held in the prison in November 2010. The group had produced a range of proposals to make the prison a safer environment, and had identified card games and gambling and associated debt as a cause for concern. Outcomes from the focus group had been discussed at safer custody meetings and action taken as a result.
- 3.10 The published strategy included a four-stage violence reduction monitoring process. At the first stage, prisoners could be placed on covert monitoring following receipt of information to suggest their involvement in bullying, violent or antisocial behaviour. Stage one overt monitoring was initiated where there was sufficient evidence to indicate a prisoner's involvement in a violent incident. Wing managers were responsible for opening violence reduction monitoring booklets, although the violence reduction officer completed all investigations. The investigations we sampled were thorough and completed in a timely manner. Stage one monitoring booklets remained open for a minimum of seven days with reviews every seven days. Stage two monitoring was initiated where there was direct evidence of a prisoner's involvement in a violent incident and resulted in a review of his incentive and earned privileges status and downgrading to the basic level. Regime care plans were drawn up for prisoners placed on stage one overt monitoring and on stage two, and additional sanctions could be imposed if necessary, such as not allowing prisoners access to landings other than their own or to separate domestic periods. Prisoners could be placed on stage three

monitoring if there was little evidence of improvements in their behaviour after 28 days. A case conference was convened and prisoners could be located in the segregation unit.

- 3.11 The offender management unit was always informed when a prisoner was placed on monitoring measures. The violence reduction officer conducted regular quality assurance checks of all open monitoring logs.
- 3.12 A significant number of perpetrators were subject to formal monitoring, although few were placed on stage three. There were 20 open violence reduction monitoring books at the time of the inspection – 14 stage one covert monitoring, one stage one overt monitoring, four stage two books and one victim support book. In 2010, the total books opened were 203 stage one covert, 23 stage one overt, 159 stage two and four stage three.
- 3.13 Violence reduction monitoring booklets we sampled included daily entries by staff, which reflected some engagement, and reviews were timely. However, we were not assured that monitoring successfully addressed the underlying causes of bullying and violent behaviour. We found two examples of prisoners who had been subject to formal monitoring for six and seven separate periods respectively in the eight months from April to November 2010, when the violence reduction officer completed an investigation that recommended their transfer to another establishment. There were no interventions, beyond monitoring and disciplinary procedures, to challenge and address the underlying reasons for involvement in bullying and violence.
- 3.14 Comparatively few victim support booklets had been opened given the number of perpetrator monitoring booklets opened – only 55 in 2010 and three to date in 2011. Victims placed on formal monitoring were signposted to sources of support in the prison, such as the Listeners, Samaritans, chaplaincy and peer supporters, and a care plan was initiated. In one care plan we viewed, the only support outlined by the wing manager was ‘advised not to sit in cell while door open. Stand on landing until door locked’. In some cases, victims were moved from location to location and, as a last resort, could be placed on the restricted list. This meant they were confined to their wing, which restricted their access to a full regime – although in these circumstances prisoners were given some wing-based work. We did not see evidence of any formal care planning to work with prisoners to support their removal from the restricted list and full reintegration into the prison regime.
- 3.15 The prison had introduced formal conflict resolution procedures during 2010 to deal with incidents at the lowest level. Procedures were described in detail in the violence reduction policy and there were robust measures to monitor use. Prisoners who agreed to participate were required to sign a compact. Conflict resolution had been used on 35 occasions to date.
- 3.16 Over 35% of staff had attended violence reduction training, and information booklets for staff and prisoners outlining local procedures had been circulated. There were safer custody notice boards in all key areas, including on each residential wing, and there were systems to enable visitors to report violence reduction concerns.

Recommendations

- 3.17 **The range of violence reduction monitoring data collated should be extended to include all local indicators of violence, and data should be analysed over time to identify trends and ensure an appropriate response.**

- 3.18 **There should be interventions for perpetrators to challenge and address the underlying causes of bullying and violent behaviour.**
- 3.19 **All identified victims of violence and bullying should be properly supported, and formal reintegration care planning should be developed for victims placed on restrictions.**

Housekeeping point

- 3.20 The violence reduction officer should be provided with a copy of all complaints with a bullying element and, where appropriate, should be involved in investigating and providing a response to them.

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.

- 3.21 The policy for suicide and self-harm prevention and its management were satisfactory but the governance of prisoners on self-harm monitoring in the segregation unit and special accommodation was weak. Monitoring documentation showed a good level of care, although procedures for non-speaking English prisoners did not give assurance that confidentiality was respected. Listeners were well supported but arrangements for their use during the night required clarification. The safer cell was in a poor state.
- 3.22 The prison had a comprehensive policy document that was reviewed annually. The document provided guidance on all aspects of suicide and self-harm prevention but information on the support available for those in crisis was limited. A safer custody manager led this area of work, supported by a safer custody coordinator and a suicide prevention officer. Administrative support was available.
- 3.23 A monthly safer custody meeting was well attended by a variety of relevant departments and included Listener representatives. There was analysis of patterns and trends of self-harm but the minutes suggested that this was limited and cursory. The prison also had a continuous improvement plan which was reviewed regularly and updated.
- 3.24 Governance arrangements were adequate, although information on the use of the special cell and constant observation cell in the segregation unit and those in the segregation normal cells on an open assessment, care in custody and teamwork (ACCT) self-harm monitoring document was limited. The location of the constant observation cell in the segregation unit was inappropriate. We were told that this had been used 12 times in the previous six months but the log of special accommodation did not match these figures (see also use of force and segregation sections for further information about prisoners on ACCTs in special accommodation and the segregation unit).

- 3.25 Regular ACCT refresher training took place, although the prison had conflicting data on the number trained, with at least 72% trained at the time of the inspection. Night staff were trained in ACCT arrangements, carried ligature knives and were confident about procedures to enter a cell at night in an emergency.
- 3.26 There had been 121 ACCT documents opened in the previous six months, with four open at the time of the inspection. ACCT documentation that we reviewed showed that care for those in crisis was reasonable. Care plans were detailed and updated regularly, and case reviews were in depth and demonstrated a good level of care. However, they were not always multidisciplinary and health care input was very limited. Observational entries displayed a good level of interaction between staff and prisoners. There had been no deaths in custody since our last inspection.
- 3.27 A daily briefing sheet for prisoners on an ACCT document was sent electronically to all staff and this was updated to include new risk factors. The prison used specialist external professionals to aid prisoners in crisis where this was deemed to reduce the risk to the prisoner. During the inspection, one prisoner in crisis was seen by an autism specialist.
- 3.28 Foreign national prisoners with limited or no English who were in crisis were generally managed through use of a professional telephone interpreting service. However, we found evidence that fellow national prisoners who could speak English were used as interpreters in all aspects of the ACCT process, and we were not assured that confidentiality was respected for the prisoner in crisis.
- 3.29 At the time of the inspection there were three fully trained Listeners who all resided on R (resettlement) wing, and seven additional prisoners were undertaking the training. Each wing had a dedicated Samaritans telephone. Listeners told us that they were well supported by the prison and the Samaritans who met with them fortnightly.
- 3.30 Listeners had been called out 289 times during 2010 and the Samaritans telephones had been used 238 times in the previous six months. Listeners had concerns about their access to those in crisis during the night time and said that some staff used the Samaritans telephones rather than allow a Listener access. This had been highlighted at safer custody meetings and the safer custody team was aware of the issue.
- 3.31 There was a safer cell on D wing, which had been used nine times in the previous six months. The cell was dirty, had graffiti on the walls and smelt bad. It was bare and had no written material or other items to occupy prisoners in it.

Recommendations

- 3.32 **The safer custody committee should make regular detailed analysis of patterns and trends for prisoners self-harming or in crisis, and this should be reflected in the meeting minutes.**
- 3.33 **The constant observation cell should not be located in the segregation unit.**
- 3.34 **Assessment, care in custody and teamwork (ACCT) self-harm monitoring case reviews should always be multidisciplinary and include health care input.**
- 3.35 **Professional interpreting services should always be used for foreign national prisoners in crisis who have limited or no English.**

- 3.36 **The procedures for Listener access to prisoners in crisis at night should be clarified with staff and prisoners.**
- 3.37 **The safer cell should be deep cleaned and made more habitable.**

Housekeeping points

- 3.38 The self-harm and suicide prevention policy document should include a comprehensive section on the support and care available for those in crisis.
- 3.39 Accurate ACCT training data should be kept.

Good practice

- 3.40 *The use of the daily briefing sheet for prisoners on an ACCT document allowed all staff to be aware of risk factors for those in crisis.*

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.

- 3.41 Applications and complaints were dealt with fairly and received good quality responses. Responses to complaints were timely and staff dealt with applications informally. The night orderly officers emptied the complaint boxes.
- 3.42 In our survey, 67% of respondents, against the comparator of 61%, felt that applications were dealt with fairly and 48%, against 35%, felt complaints were dealt with fairly. This view was echoed by prisoners we spoke to.
- 3.43 Applications could be made at any time through the wing office and we saw ample supplies of the forms. There was a carbon copy with the prisoner keeping a copy of the original. A log of applications was kept in each wing office and replies were timely and dealt adequately with the issues. We saw some staff dealing informally with issues that prisoner raised.
- 3.44 Complaint forms and confidential access envelopes were readily available on all the wings. The night orderly officers emptied the complaint boxes, which was inappropriate and did not afford confidentiality. In the previous six months, just over 900 complaints had been submitted of which 20% were upheld. The main areas of complaint were property and cash, with 39% of all complaints in these categories. An efficient complaints clerk ensured that response times were kept within three days. The responses we saw were courteous, legible and addressed the issues raised appropriately. There were meaningful management quality checks that addressed any deficiencies in responses by staff.

Recommendation

- 3.45 The complaint boxes should be emptied by the complaints clerk.

Legal rights

Expected outcomes:

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

- 3.46 There was effective legal services provision with a trained member of staff available.
- 3.47 The prison had one fully trained legal services officer who was part of the offender management unit, although he had flexibility to deal with legal matters as they arose. Prisoners could make applications to see the officer but take-up by prisoners was minimal. New arrivals on the induction programme were given priority for legal consultation, as were licence recall prisoners.
- 3.48 Most applications for the legal services officer concerned adjudications. The prison had links with three local legal firms who offered assistance with matters relating to adjudications.
- 3.49 The legal services officer covered the full range of advice and had lists of specialist legal advisers for appellants and foreign national prisoners. The legal services officer supported prisoners with reading, writing or understanding material of a legal nature, and there were legal materials and Prison Service Orders in the library.

Faith and religious activity

Expected outcomes:

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

- 3.50 The chaplaincy team was enthusiastic and visible throughout the prison. Faith facilities were good and religious services well attended, although the cap on the numbers able to attend sometimes meant that not all Muslim prisoners could attend prayers.
- 3.51 The prison had a sizeable chaplaincy team consisting of directly employed and sessional staff. The Muslim chaplain was the coordinating chaplain and a member of the senior management team. The prison currently had a vacancy for a full-time Anglican chaplain and was awaiting security clearance for a recently appointed full-time Muslim chaplain. The enthusiastic and committed team was a visible presence in the prison.
- 3.52 The duty chaplain saw new arrivals within 24 hours of arrival and a visit to the chapel was included in a more detailed induction session. The chaplaincy team checked prisoners'

recorded religious affiliation and gave them a leaflet outlining chaplaincy activities, including the times of corporate worship.

- 3.53 Attendance at corporate worship was good, although it had reduced slightly for Anglican and Free Church services. The team had good external support for religious services with visiting musicians and members of local churches. There were two Muslim Friday prayers sessions with approximately 120 prisoners attending in total. Following a disturbance during Friday prayers in December 2009, the prison had set a maximum of 70 prisoners who could attend each service. This meant that there were occasions when Muslim prisoners who asked to attend Friday prayers were unable to do so. The same policy also excluded some prisoners inappropriately from attending corporate worship (see paragraph 7.9). The chaplaincy said there had also been occasions when residential staff who collated weekly lists of prisoners applying to attend services had incorrectly told prisoners they were not eligible to attend.
- 3.54 Facilities for corporate worship were clean, welcoming and well maintained. The chaplaincy team also had access to other rooms in the prison and delivered a wide range of weekly faith-based activities.
- 3.55 The head of pastoral care and faith alliance, a member of the chaplaincy team, facilitated a primarily faith-based mentoring scheme. There were some good links with community groups, including Mosaic and Street based in south London, to provide meaningful support for prisoners both before and on release.

Recommendation

- 3.56 **All prisoners who wish to do so should be able to attend corporate worship.**

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.

- 3.57 Demand for clinical intervention was low but flexible treatment regimes, specialist staff and good support systems were in place. Few prisoners tested positive under the mandatory drug testing programme, but suspicion tests were not always completed in time.

Clinical management

- 3.58 Prisoners could continue treatment begun at a local prison, and under the integrated drug treatment system (IDTS) regimes were flexible and based on individual need. At the time of the inspection, six prisoners were prescribed methadone and five buprenorphine (Subutex). A further seven prisoners not on medication were given ongoing support.
- 3.59 General nurses administered controlled drugs from treatment rooms at the two health services sites, although one site was temporarily closed. There were appropriate procedures and supervision arrangements and all nurses had completed part 1 of the Royal College of General Practitioners (RCGP) training in the management of substance use.

- 3.60 The IDTS team consisted of a clinical lead, who was also a nurse prescriber, a band five nurse and two band four workers. A specialist GP offered one or two sessions a week. Treatment reviews took place frequently and there were joint three-monthly reviews with a counselling, assessment, referral, advice and throughcare service (CARATs) worker.
- 3.61 Prisoners received a high level of support. They were seen by an IDTS nurse and a CARAT key worker weekly, and IDTS staff delivered psychosocial interventions on a group and individual basis. Prisoner feedback was positive but some thought that Narcotics Anonymous self-help groups could offer additional support.
- 3.62 CARAT and IDTS managers met weekly and good joint working practices had been established. The care of prisoners with complex problems was coordinated at weekly health care integrated team meetings, which were also attended by primary care and mental health in-reach as well as safer custody staff.
- 3.63 Health promotion workers offered a range of services, including smoking cessation. Nicotine replacement therapy and weekly advice sessions were currently offered to 23 prisoners, but a further 32 had to wait for four to six weeks until they could join the programme.

Recommendations

- 3.64 **The establishment should explore the introduction of self-help groups, such as Narcotics Anonymous.**
- 3.65 **Prisoners should have access to smoking cessation advice and nicotine replacement therapy without undue delay.**

Drug testing

- 3.66 The availability of illegal drugs in the prison was low with a year-to-date random mandatory drug testing (MDT) positive rate of 1.4% against a target of 3.5%. Risk assessment and frequent testing programmes were in place, but suspicion testing figures were low: 61 tests in the previous six months had averaged only a 21% positive rate. Between June 2010 and January 2011, 21 requests for suspicion tests had not been fulfilled. Six officers from the security department had been trained to undertake MDT but they were not always profiled to meet requests within the required timeframe.
- 3.67 The MDT suite had four small holding rooms. One of the cells held two prisoners prior to searching and was very cramped.
- 3.68 There had been 11 drug finds in the previous 12 months. Test results and finds pointed to cannabis as the main drug of use. All prisoners testing positive were referred to the CARAT team.

Recommendations

- 3.69 **The mandatory drug testing (MDT) programme should be sufficiently resourced to undertake suspicion testing within the required time.**
- 3.70 **MDT facilities should be refurbished to create an adequate testing and waiting environment.**

Section 4: Diversity

Expected outcomes:

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

- 4.1 A single equality strategy covered all strands of diversity. The diversity team was well promoted across the prison. Prisoner diversity representatives attended the monthly diversity race and equality action team and met separately with the diversity team. Current monitoring arrangements did not extend beyond ethnic monitoring. A local incident reporting system enabled staff and prisoners to report inequality across all diversity strands.
- 4.2 The prison had a reasonably comprehensive single equality strategy document which covered all diversity strands and had been reviewed in December 2010. The diversity manager, a full-time senior officer, was responsible for day-to-day implementation of the strategy and was supported by two prison officers who covered the work of foreign national coordinator and race equality officer. The team was enthusiastic and committed and its work was widely promoted across the prison through diversity notice boards.
- 4.3 Monthly diversity race and equality action team (DREAT) meetings were chaired by the governor. There were separate meetings to discuss staff diversity issues. Meetings were reasonably well attended and membership included prisoner diversity representatives and an external community representative from Kent police. The published agenda for the meeting covered all diversity strands. Foreign national prisoners, prisoners with disabilities and religion were standing agenda items, although in practice much of the discussion centred on race issues. A diversity and race equalities action plan linked with the prison's establishment delivery plan was reviewed at monthly meetings. There were separate action plans for foreign national prisoners and prisoners with disabilities but not all diversity strands were incorporated into current action plans. The diversity manager produced a detailed monthly report which was discussed at DREAT meetings.
- 4.4 There were seven prisoner diversity representatives at the time of the inspection. Representatives met monthly with diversity officers before the DREAT and those we spoke to who had attended the DREAT felt they were given the opportunity to participate fully. Diversity representatives were unlocked on wings on Fridays to speak to prisoners about their concerns. Although there was no formal training for diversity representatives, diversity staff gave them some awareness raising training across all the diversity strands.
- 4.5 The prison had introduced a local system, the diversity and inequalities incident reporting form, to allow staff and prisoners to report incidents of discrimination in diversity strands other than race. Forms were available on all residential units along with envelopes to ensure confidentiality. The process mirrored the national system for reporting racist incidents (RIRFs) and investigations were completed by the diversity officer who also undertook RIRF investigations. The system had been introduced in 2010 and a total of seven forms were received in 2010 and two to date in 2011.
- 4.6 The prison's current monitoring arrangements to ensure equality of access to regime services did not extend beyond ethnic monitoring. However, the diversity team had undertaken some additional monitoring to explore specific diversity issues when they had been raised by

prisoners. A timetable for the completion of single equality impact assessments was monitored through the monthly diversity manager's report and any action points incorporated into the prison's establishment delivery plan.

- 4.7 A member of the chaplaincy team facilitated a fortnightly Travellers group in the chapel, which was appreciated by prisoners.
- 4.8 Over two-thirds of staff had attended 'Challenge it, change it' training.

Recommendations

- 4.9 **Diversity and equality action plans should include strategic objectives to drive forward work across all diversity strands.**
- 4.10 **Prison monitoring should include other elements of diversity, including disability, age and particularly religion.**

Race equality

- 4.11 The prison was an integrated environment. In our survey, black and minority ethnic prisoners were more positive than white prisoners in a number of areas. Ethnic monitoring data had identified a consistent under- or over-representation of black and minority ethnic prisoners in some key areas but further work to respond to these patterns was not clear. The number of race complaints received had reduced significantly. Investigations were reasonably thorough and subject to external scrutiny with written feedback.
- 4.12 Just over half of prisoners were from a black or minority ethnic background. In our survey, they expressed some negative perceptions, particularly on respectful treatment by staff, but were generally as or more positive than white prisoners. In discussion, prisoners described the prison as an integrated environment. Responsibility for race equality work was shared between the two full-time diversity officers who were well supported by the governor, senior management team and diversity manager.
- 4.13 SMART (systematic monitoring and analysing of race equality treatment) ethnic monitoring data were incorporated into the diversity manager's monthly report and discussed at the DREAT and diversity representatives meeting. The prison monitored a range of local indicators, including use of accommodation and work activities, in addition to the mandatory areas.
- 4.14 Monitoring data showed an under-or over-representation in some key areas. For example, black and minority ethnic prisoners had been over-represented in use of cellular confinement and closed visits for several months and under-represented in the resettlement unit from April 2010 to the time of the inspection. There had been some work to understand and respond to these differentials. The application process for the resettlement unit had been revised and the diversity manager now attended the unit regularly to work with unit managers to review applications. The diversity manager had also been given access to security information to review decisions to place prisoners on closed visits. However, despite these measures patterns in the data remained consistent and it was unclear from DREAT minutes what further analysis and work was planned to address this. For example, minutes from the meeting in January 2011 noted that black and minority ethnic prisoners had been over-represented on

closed visits for 10 months, and this was being closely monitored by security and diversity staff, but no further action points were identified. (See main recommendation HP51.)

Managing racist incidents

- 4.15 Racist incident report forms (RIRFs) were freely available on all units. The number submitted had reduced significantly from 118 in 2009 to 52 in 2010. Ten had been submitted to date in 2011. The diversity team had consulted prisoners and diversity representatives and had issued a questionnaire about the RIRF process to understand the reason for this reduction. The questionnaire elicited few responses but the team could find nothing to indicate any significant lack of confidence in the scheme. Consultation with prisoners during the equalities impact assessment on the complaints process had identified concern that complaint boxes (in which submitted RIRFs were posted) were emptied by the night orderly officer, which was inappropriate (see recommendation 3.45).
- 4.16 Investigations were reasonably thorough and we saw some examples where staff reporting the incident had also taken appropriate steps to deal with situations when they occurred, such as challenging the use of inappropriate language. All complainants were informed of the findings of investigations in writing.
- 4.17 RIRFs were subject to thorough external scrutiny by a member of staff from Kent police and formal feedback was provided.
- 4.18 Up to June 2010, a cultural awareness course run by an external facilitator had been delivered in the prison for new arrivals and prisoners found to have engaged in racist behaviour. The prison had withdrawn funding for the course and, as a result, interventions for identified perpetrators were solely disciplinary, through either the incentives and earned privileges scheme or adjudication.

Recommendation

- 4.19 **There should be formal interventions to challenge prisoners who engage in racist behaviour.**

Race equality duty

- 4.20 Prisoners currently or previously convicted of a racially aggravated offence were identified and a database of them was held on the prison's shared drive and accessible to all staff. This database also included details of prisoners found to have engaged in racist behaviour or who had expressed homophobic views while in custody.
- 4.21 There was no regular scheduled forum for all black and minority ethnic prisoners and no regular black and minority ethnic prisoner survey. Monthly prisoner diversity representatives meetings were held and focus groups were arranged as part of the impact assessment process.
- 4.22 There were monthly events to celebrate and promote cultural diversity and the diversity team managed an annual timetable of events.

Religion

- 4.23 In our survey, Muslim prisoners had some negative responses about their treatment but generally their perceptions were broadly the same as or better than non-Muslim prisoners.
- 4.24 The coordinating chaplain was a member of the DREAT but had not attended meetings in the previous three months. Religion was a standing agenda item at the DREAT but no specific issues had been discussed at recent meetings, other than the number of prisoners attending Muslim services (see paragraph 3.53). In our survey, Muslim prisoners expressed some negative perceptions about their treatment under the incentives and earned privileges scheme, use of force and segregation, but in general their responses were broadly the same as and sometimes better than those for non-Muslim prisoners. For example, 74% of Muslim respondents, against 62% of non-Muslims, said their religious beliefs were respected.
- 4.25 The chaplaincy team undertook inter-faith work to assist prisoners to value different religious beliefs.
- 4.26 The religious affiliation of prisoners was recorded, but, as with other diversity strands there was no formal monitoring of equality of treatment, such as access to services and activities, although the use of accommodation in the prison was monitored by religious affiliation (see recommendation 4.10).

Foreign nationals

- 4.27 Foreign national prisoners were identified on reception and signposted to sources of support, such as the fortnightly surgeries run by Migrant Helpline. Immigration staff visited the prison monthly and sessions were well attended. Decisions to deport and maintain detention were received too close to release dates. Use of professional interpreting services was well promoted and monitored by diversity staff.
- 4.28 There were 99 foreign national prisoners – 16% of the population – at the time of the inspection with over 40 nationalities represented. The diversity team had been responsible for work with foreign national prisoners since 2010. One diversity officer took lead responsibility for the work and was the main point of contact with immigration staff and prisoners.
- 4.29 Foreign national prisoners were identified on reception and some basic information collated and forwarded to the diversity department. There were no individual follow-up assessments but, under newly introduced arrangements, peer supporters in induction could use the professional interpreting telephone service to help identify any immediate needs.
- 4.30 The diversity team closely monitored use of the interpreting service and were aware of the location of prisoners who spoke limited English to ensure staff in regular contact with them used the service. There were also regular staff information notices to raise awareness of the service and dual telephone handsets were available. Pocket-sized cards, available in the 10 most commonly spoken languages, had recently been introduced for foreign national prisoners to alert staff to the need to use the interpreting service and the language required. However we were concerned that interpretation for prisoners who were in crisis and subject to ACCT procedures relied on informal interpreting from fellow prisoners rather than on professional

interpreting services (see paragraph 3.28). There was some translated material in the library and library staff endeavoured to meet specific requests promptly, although there were no newspapers in languages other than English. The diversity manager maintained a list of staff and prisoners able to act as interpreters, which was available to all staff and regularly updated.

- 4.31 Foreign national prisoners had access to independent immigration advice through fortnightly surgeries from the Migrant Helpline, a charity that provided a range of support and advice. All newly arrived foreign national prisoners were invited to attend a surgery. Diversity staff had endeavoured to facilitate focus groups for foreign national prisoners but meetings had been poorly attended so diversity staff now attended the surgeries to have regular contact with foreign national prisoners.
- 4.32 In our survey, foreign national prisoners were generally as or more positive than British prisoners. The main issue they raised with us related to immigration procedures and progress of their individual case. The UK Border Agency (UKBA) attended the prison for one day a month and sessions were well attended. There were two prisoners held solely on immigration matters at the time of the inspection and both had received the decision to maintain detention too close to their release date – in one case just two days before he was due to be released.
- 4.33 Foreign national prisoners could have a free monthly five-minute international telephone, for which they completed an application form during induction, but this was only available to prisoners who had not received a visit in the previous month.

Recommendations

- 4.34 **The prison should work with the UK Border Agency to ensure that decisions to deport and maintain detention after sentence expiry are made and communicated to prisoners well before the end of sentence.**
- 4.35 **All foreign national prisoners should be able to make a free monthly international telephone call irrespective of whether they receive visits.**

Good practice

- 4.36 *The issue of pocket-sized translated cards to foreign national prisoners ensured staff were quickly made aware of the need to use the professional interpreting service and the language the prisoner spoke.*

Disability

- 4.37 There were systems to enable prisoners to self-disclose disabilities on arrival but there was insufficient formal follow-up to ensure their needs were met, and no formal consultation arrangements
- 4.38 Prisoners with disabilities were identified through self-referral at reception. Diversity staff collated this information and there was a database of prisoners with self-disclosed needs. This data indicated there were few prisoners at Rochester with physical disabilities and that most self-disclosed learning disabilities or learning difficulties. The prison did not accept prisoners who were wheelchair users. There were some lifts in new regime buildings.

- 4.39 Diversity staff updated the P-Nomis IT system with the information obtained at reception but did not routinely interview prisoners who identified themselves as having a disability. There were no formal systems to ensure that other key departments in the prison, such as learning and skills and health care, were aware of self-disclosed disabilities.
- 4.40 There was an emergency and evacuation plan for the one prisoner during the week of the inspection who required one, and staff on units showed a good awareness of the plan.
- 4.41 There was no formal consultation with prisoners with disabilities.

Recommendation

- 4.42 **The diversity team should work collaboratively with other key departments, particularly health care and learning and skills, to ensure there are follow-up assessments for all prisoners who self-disclose a disability and appropriate action to meet identified needs.**

Sexual orientation

4.43 Work on sexual orientation was underdeveloped.

- 4.44 In our survey, 1% of prisoners regarded themselves as gay or bisexual. This prison was not aware of the number of prisoners in this category, and there was no internal or external support service for gay prisoners.

Recommendation

- 4.45 **Support mechanisms for gay and bisexual prisoners should be developed.**

Section 5: Health services

Expected outcomes:

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

5.1 The contract for provision of health services was out to tender. Prisoners had access to a wide range of health services. Health staff were well trained, highly motivated and prisoner-staff relationships were good. Prisoners could access all health professionals but some waiting lists were too long and prisoners considered the services provided by the GPs and mental health in-reach team to be poor. Health promotion was well structured and delivered professionally. Dental services were good but the waiting list was far too long. Mental health support was well structured but prisoners were very dissatisfied with the delivery of services.

General

- 5.2 Health services were commissioned by NHS Medway Primary Care Trust (PCT) and delivered by prison-employed staff. Services were to go out to tender at the end of May 2011. There was good liaison between the prison, PCT and other partners in the prison and the local health economy. The head of health care was a member of the prison senior management team and attended the prison partnership board, clinical governance meetings and other health care meetings.
- 5.3 The health care department was based on two sites that were referred to as 'old' and 'new'. The old site was being renovated and a new dental suite was being built. This building had some consulting and counselling rooms, offices and treatment rooms, as well as the pharmacy. It was generally in a reasonable state of decoration, although there was graffiti in some waiting rooms as well as a broken television in one – the room was being redesigned to stop prisoner vandalism. There was a temporary treatment room from where limited services, such as the GP and some nurse-led clinics, were delivered. The new site was bright, modern and fit for purpose. Its waiting area was bright and welcoming with sufficient seating. All clinical and office areas were clean and tidy, and cross-infection control was managed well across both sites.
- 5.4 Both sites had a variety of health promotion material and pamphlets for prisoners. There was a considerable distance between the two sites and staff were rotated through them regularly.
- 5.5 The reception health care room was clean, tidy and appropriately furnished, but had no handwashing facilities – there was a hand sanitiser. All health care areas were cleaned every other day by contract cleaners.

Recommendation

- 5.6 **Handwashing facilities should be provided in the reception health care room.**

Housekeeping point

- 5.7 All graffiti should be removed from health care areas.

Clinical governance

- 5.8 The head of health care was a principal officer and a registered mental health nurse (RMN) with extensive experience in prison health. Staffing levels were stretched and this was exacerbated by the distance between the two sites as well as some nurse vacancies. The equivalent of 1.5 whole-time-equivalent posts had been lost with the integration of primary care RMNs into the mental health in-reach team (MHIRT).
- 5.9 Health care staff included registered general nurses (RGNs), health care officers (HCOs) – some of whom were nurse-qualified – and health care support workers. Nursing staff were well qualified and all had completed basic substance misuse training. One of the nurse-trained HCOs had completed an advanced substance misuse course and was a nurse prescriber. Most nurses had a special interest in certain health conditions, such as asthma, diabetes and sexual health.
- 5.10 All mental health nurses were part of the mental health team employed by Oxleas NHS Trust. The IDTS team included RGNs, RMNs and support workers. Professional training was supported where appropriate and within budgeting constraints. Clinical supervision was provided by an external provider but there was limited uptake by nurses who preferred one-to-one rather than group supervision.
- 5.11 The health care department was represented on many prison meetings, including safer custody, diversity and the prisoner council meetings. Health care meetings took place every morning but there had not been a full staff meeting for some time.
- 5.12 General practitioners (GP) were in the prison every day except Sunday. They were from a local practice and had been used in the prison for many years. The contract was due to be reviewed. The same GPs provided the out of hours cover. Administrative support was under-resourced with only three full-time agency administrators for the primary care and IDTS teams. Nurses were responsible for making all the GP and clinic appointments, which was not a good use of their time and should have been done by administrative staff. Discipline officers supported health care functions when clinics were run.
- 5.13 The weekly integrated health care meeting comprised staff from health care, the mental health team, drug services and safer custody. It concentrated on prisoners with particularly significant health needs to ensure there was a cohesive and targeted care plan for them.
- 5.14 Emergency equipment was held in both health care sites and we were told that daily checks were made. In the new building, we found two out-of-date epipens (adrenaline injector) in the emergency bag. One was dated October 2010, which suggested that the equipment was not checked regularly. Staff defibrillator training was updated annually.
- 5.15 There was access to specialist equipment and occupational therapy advice through the PCT.
- 5.16 Clinical records were held on SystemOne and prisoners' paper records held in health care. Old clinical records were held securely in the prison and only accessible to health care staff. Injury

forms (F213s) were scanned on to the prisoner's clinical record and monitored by health staff. Copies were sent to safer custody.

- 5.17 The head of health care attended the prisoner council meetings but health care staff had no dedicated health care meetings with prisoners to address their concerns.
- 5.18 Prisoners were advised during their induction on how to make a complaint about health care. The head of health care dealt with such complaints and responded directly to prisoners. All complaints were copied to the PCT. If the prisoner was unhappy with the response from the prison he could complain directly to the PCT. The Patient Advice and Liaison Service (PALS) was also available to prisoners.
- 5.19 Prisoners were asked for their permission to share clinical information with interested third parties at the appropriate time.

Recommendations

- 5.20 **There should be a full health care staff skill mix review to ensure there are enough appropriately qualified nursing, administrative and support staff to deliver the service.**
- 5.21 **Regular health care team meetings should be held and minuted.**
- 5.22 **Health care appointments should be managed by administrative rather than nursing staff.**
- 5.23 **Emergency equipment should be checked regularly and the checks documented.**
- 5.24 **There should be a dedicated health care prisoner forum to address any prisoner concerns about health services delivery.**

Primary care

- 5.25 Health services were available to prisoners between 7.45am and 8pm Monday to Thursday and from 7.45am to 5.45pm Friday to Sunday. In our survey, the responses on the quality of care from the doctor and the nurse were significantly worse than the comparators. Given the ease of access and the good quality of services provided, this needed to be investigated.
- 5.26 New arrivals were initially seen in the reception health care room for a health screen and advised how to access health services. Routine vaccinations, including hepatitis and measles, mumps and rubella, were offered, as was chlamydia screening. An in-possession medication risk assessment was completed and the prisoner was asked if he had any immediate health needs. If so, a referral was sent to the relevant health professional.
- 5.27 Health promotion had a very high profile in the prison. The two health promotion workers provided excellent support to prisoners and held regular clinics. Health promotion display boards had been ordered to promote literature on the wings and in the visitors' centre. The prison followed national trends in health promotion. Barrier protection was available through health care.
- 5.28 The health promotion workers presented a comprehensive session during the induction programme that informed prisoners of all health services and how to access them. It included advice on stopping smoking, sexual, physical and mental health, and drug and alcohol and

mental health support services in the prison. Prisoners who successfully completing the stop-smoking course were given one extra visiting order and a certificate. New prisoners were given a health care induction booklet, which was available in several languages. Health staff had good access to professional interpreting services.

- 5.29 To access health services, prisoners completed an application form and posted it in a dedicated locked health care box on the wing, which was emptied by nursing staff every evening. A nurse saw them the next day and assessed them. Where necessary, they were referred to the relevant health professional. However, there was no standard assessment or triage form for nurses to use. Prisoners who failed to attend for an appointment were sent a note the same day asking them to make another appointment.
- 5.30 Prisoners could access a comprehensive range of health services at least comparable to that in the community. In-house clinics included well man, vaccinations, sexual health, lifelong diseases and health promotion. Prisoners with lifelong illnesses were managed by the GP and nurses; specialists, such as diabetic and asthma community nurses, were brought in where necessary.
- 5.31 Visiting specialist health professionals, such as the podiatrist and optician, held regular clinics. Physiotherapy was sourced through the local community and prisoners referred out where necessary. Waiting lists for specialists were not unduly lengthy. The health promotion workers liaised very well with gym staff to provide health promotion activities and remedial gym sessions where necessary, and discussed prisoners' health needs with them.
- 5.32 The segregation unit was well supported by health care and a member of the mental health in-reach team visited it every day except Sunday, when general health staff provided cover. They saw every prisoner held there whether he had mental health needs or not. Staff told us they provided excellent support to the unit, including its staff. The GP and a nurse also visited the unit on Monday, Wednesday and Friday.

Recommendations

- 5.33 **The head of health care and the mental health in-reach team service manager should investigate our survey findings to determine the cause of prisoner dissatisfaction with some aspects of health service delivery, including mental health.**
- 5.34 **Nursing staff should use standardised triage forms to ensure consistency of treatment and outcomes.**

Pharmacy

- 5.35 The in-house pharmacy provided pharmacy services for all the Kent prisons. Staff included two full-time pharmacists, five technicians and three assistant technical officers. The main pharmacy was clean and tidy, as were the treatment rooms. We found a loose strip of tablets in the new treatment room. The medicine refrigerators in both treatment rooms were out of range and records had not been completed properly.
- 5.36 Stock medicines in treatment rooms were replenished by the pharmacy and no excess stock was carried. There was an out of hours policy and an audit log was maintained. Patient information leaflets were supplied with medicines. There was an over-the-counter formulary detailing the medicines that could be used but there was no audit of the medicines used.

- 5.37 Nurses completed an in-possession risk assessment and medicines were given out in possession or administered by nurses three times daily – at 8.15am, 12 noon and 8pm Monday to Thursday; on Friday, Saturday and Sunday the last medicines were administered at 5pm which meant that prisoners on certain medicines, including sedation, that were not in possession were given it in possession on those days, which was not appropriate. About half of prisoners on medication received it in possession. Administration records were kept on SystemOne; some of those we reviewed had gaps where it was not clear if the medicine had been administered.
- 5.38 A medicines and therapeutics committee usually met once a quarter with representatives from all the prisons, although it was rare to have representation from all the PCTs involved or any GPs.
- 5.39 There were up-to-date pharmacy policies as well as patient group directions, although some needed reviewing.

Recommendations

- 5.40 **The pharmacist should undertake regular audit of medicines administered under the over-the-counter formulary.**
- 5.41 **The last medicines administration of the day should be at 8pm. Nursing staff should be on duty to give the prisoners the medication at the correct time.**
- 5.42 **Medicine administration should be documented on to SystemOne at the time of administration, including occasions when the prisoner has refused medication.**
- 5.43 **The PCT and provider GPs should be encouraged to attend the medicines and therapeutics committee regularly.**
- 5.44 **Patient group directions should be reviewed and brought up to date.**

Housekeeping points

- 5.45 Loose tablets and foils should not be present in stock.
- 5.46 Maximum and minimum temperatures should be recorded daily by nursing staff for medicine refrigerators in treatment rooms. Corrective action should be taken where necessary and monitored by pharmacy staff.

Dentistry

- 5.47 Dental services were commissioned by the PCT and delivered by a local dentist who provided four dental sessions a week, assisted by a dental surgery assistant. Both staff had completed all the appropriate training and continuous professional development. The dental sessions were being held in temporary accommodation pending the refurbishment of the dental suite. It was not possible to inspect the surgery but we understood that infection control procedures, the appropriate use of disposable items and the storage, collection and disposal of clinical and hazardous waste had been in place. There were out of hours and emergency cover protocols.

- 5.48 Only basic treatment and triage were available at separate clinics. Up to eight patients were seen in the triage clinic and up to six in the treatment clinics. The current waiting list was 85 with the longest wait approximately 11 weeks, which was unacceptable. Additional sessions were provided on an ad hoc basis. Almost all the complaints about dental services were in relation to the waiting list.
- 5.49 Prisoners assessed as urgent following the completion of a self-assessment were usually seen within a week. Because of the high turnover of prisoners, there was a high number presenting with acute dental needs. A full range of treatment was provided comparable to that in the community. The treatment we observed was good and the interaction between the dental team and the patient was very good. Oral health promotion was provided on a one-to-one basis and there was an overall oral health promotion plan.
- 5.50 Many prisoners failed to turn up for their appointments. However, the dentist kept an up-to-date list of waiting patients so that they could be called forward when another prisoner failed to attend.
- 5.51 A dental health needs assessment had not been completed since 2009. Dental records were maintained on SystemOne and on the dentist's paper records.

Recommendations

- 5.52 **Additional dental sessions should be provided to reduce the waiting list.**
- 5.53 **A new dental health needs assessment should be completed before the commissioning of the new dental surgery.**

Secondary care

- 5.54 The management of secondary care services was very good. The prison security department facilitated up to three prisoners a day to attend NHS appointments, indicating the good relationships between health care and the rest of the prison. Very few NHS appointments were cancelled due to lack of security staff to escort prisoners to local hospitals. Between November 2010 and mid-February 2011, up to 78 prisoners had been able to attend external NHS appointments.

Mental health

- 5.55 The Oxleas NHS Foundation Trust provided a comprehensive integrated mental health service for all prisoners in Rochester, as well as mental health services for all prisons and immigration removal centres in Kent. Services at the prison included primary and secondary mental health care, psychology and day care services. The mental health in-reach team (MHIRT) was led by a senior practitioner, supported by RMN practitioners, staff nurses, an occupational therapist and a clinical psychologist, all of whom were full time. A part-time consultant psychiatrist completed the team. Senior managers from MHIRT were in the prison regularly. Counselling support was provided through two visiting counsellors; one held four sessions a week and another provided bereavement counselling for one session a week.
- 5.56 The service had begun in April 2010 and was still settling in. The team operated from bases in each health care site and provided a service Monday to Saturday from 8am until 5pm.

- 5.57 Prisoners could be referred through self-referral or by any member of prison staff. All referrals were acknowledged by letter. Applications and referrals were triaged by an RMN and discussed with the team before allocation to a mental health worker for ongoing care. Clinical interventions were recorded on SystmOne so that all health care staff were aware of who was managed by the team. At the time of the inspection, there were 16 prisoners with primary mental health needs and 18 with secondary mental health needs accessing support from the team. The team averaged up to 40 face-to-face contacts a month. New arrivals already known to community mental health teams (CMHTs) and subject to the care programme approach (CPA) were managed by the team and their CPA continued while in prison. CMHTs were invited to reviews of their client's case. CPA reviews were held every three to four months. Clinical approaches included low intensity face-to-face interventions, such as cognitive behavioural therapy and anxiety management.
- 5.58 Prisoners also had access to the day care centre, which operated Monday to Friday from 8.30am to 5pm. It was managed by a full-time occupational therapist assisted by a support worker. The occupational therapist contacted all new prisoners to inform them of what the day care centre offered and all prisoners were given a booklet during induction outlining all the workshops available to them. Workshops included depression, coping and social skills, alcohol management and relaxation. Prisoners did not have to be under the care of the MHIRT to access services. Since the day care centre had opened, over 600 prisoners had participated in some form of activity. Referrals were accepted from across the prison and included self-referrals; the current waiting list was up to three weeks. Groups were usually of six but some workshops could take up to eight prisoners.
- 5.59 The team worked well with primary care services and met formally through the weekly health care integrated team meetings. This meeting provided a format for discussion with all interested parties and included staff from health care, safer custody, IDTS, CARATs and the mental health team.
- 5.60 The number of prisoners transferred to secure units was very small; only two had been transferred since the team arrived at the prison. There had been no serious issues in the transfer of prisoners.
- 5.61 The MHIRT was responsible for the health management of prisoners held in the segregation unit. A team member visited the unit every morning Monday to Saturday and spoke with every resident. Primary care nurses and the GP visited the unit three times a week to deal with any physical health issues. The MHIRT completed all the necessary algorithms and attended good order or discipline (GOOD) reviews. There was a very good relationship between MHIRT and segregation staff.
- 5.62 There was no formal mental health awareness programme for discipline officers, although such training had been agreed and was due to start.
- 5.63 There was no service user group, although this was also planned. Such a group would be beneficial as the overall prisoner perception of mental health support was not good. In our survey, 60% of respondents with emotional or well-being issues said they were not receiving any help, against the comparator of 40%, and none, compared with 23%, said they had received help from a nurse (see recommendation 5.33).

Recommendation

- 5.64 **The mental health in-reach team manager should hold service user groups to determine the cause of prisoner dissatisfaction with mental health services.**

Section 6: Activities

Time out of cell

Expected outcomes:

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

- 6.1 Time out of cell was limited, even for those fully engaged with the regime. Too many prisoners were locked up during the working part of the day, and association, although rarely cancelled, was too brief. Activity sessions were too short for a training prison and there was too much slippage in the application of the daily routine. The daily exercise sessions could not be taken up by prisoners in work.
- 6.2 Access to time out of cell was poor. According to the prison's published routine, a prisoner fully engaged with the regime and working full time could expect to be unlocked for just six and a half hours each weekday, which was very limited. Prisoners engaged in part-time work could expect to be unlocked for between four and five hours depending on whether they were also able to access an exercise period. For those unable or unwilling to attend work, time out of cell was likely to be a maximum of just over three hours but could be as low as just over an hour. During a random check we found about 27% of the population locked in their cell during the working part of the day, indicating that many did not access a full regime. It was concerning that the prison's published data suggested that a typical prisoner was able to access well over nine hours out of cell daily. A very small number of prisoners on the resettlement scheme working outside the prison benefited from extended periods out of cell.
- 6.3 The core day routine indicated that all prisoners were offered a domestic period of about 25 minutes each morning. This began at unlock for those prisoners required for work. Prisoners not required for work were unlocked for a similar amount of time later in the morning from about 9am. Prisoners told us that they could not always be sure that they would get the published 25 to 30 minutes, and staff confirmed that staffing shortages did sometimes affect the routine. Our own observations indicated some slippage in adherence to published routines throughout the day.
- 6.4 Movement was managed by a process of supervised free flow. Again start times both during the morning and afternoon varied and we were told could be affected by staff availability. Free-flow arrangements were also slow and cut into what were already short activity sessions, supposedly of just 2.5 hours duration morning and afternoon. Prisoners returning after activity were immediately locked in cell. At lunchtime food was served at the cell door, further curtailing time out of cell.
- 6.5 We were told that most wings provided both morning and afternoon exercise periods for prisoners not attending activity. The timing and duration of these sessions seemed to vary according to the prisoners or staff we spoke to, and it was clear that there was considerable discretion, although this included discretion to extend sessions. Full-time workers had no opportunity to exercise. In our survey, just 33% of prisoners said that they exercised three or more times a week, against the 38% comparator. The prison had many exercise yards next to the various wings. Most were small and all were stark, drab and lacked any amenities, such as benches or recreational equipment.

- 6.6 Association was provided each evening, Monday to Thursday, between 6pm and 7.45pm, although all wings, except resettlement, provided split sessions. This meant that an individual prisoner could only associate for about 45 minutes. Slightly longer sessions were provided on Friday afternoons and during the day at weekends. Sessions were too brief and some prisoners said that timings were sometimes curtailed due to slippage in routines. Sessions were, however, consistent and rarely cancelled. In our survey, 72% of prisoners confirmed that they associated more than five times a week, against the comparator of only 47%. Recreational facilities available during association were reasonable.

Recommendations

- 6.7 **There should be greater clarity, discipline and rigour in the application of the published core day, and routines should be adhered to.**
- 6.8 **Association sessions should be of longer duration.**
- 6.9 **All prisoners should have access to exercise.**
- 6.10 **The environment and amenities in exercise yards should be improved.**

Learning and skills and work activities

Expected outcomes:

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

- 6.11 Leadership and management of learning and skills and work activities were inadequate. There were insufficient activity places to occupy all prisoners full time and too many jobs that were low quality and menial. The allocation of prisoners to activities failed to ensure fair access to work, vocational training and education. The breadth of curriculum in education and vocational training was appropriate although there were insufficient courses above level 2. Approximately 95 learners were completing vocational training courses and achievement of vocational qualifications was mostly good. There were about 120 full-time equivalent education places allocated mainly on a part-time basis. Most education courses were at level 1. Education staff from The Manchester College supported learners appropriately to improve their literacy, numeracy and language skills. Teaching and learning were satisfactory. Achievement of educational qualifications was variable but mainly low and improving. The library was good, although few prisoners used it and access was poor for those in the newer accommodation.

Leadership and management

- 6.12 Leadership and management of learning and skills were inadequate. Although the prison and Offender Learning and Skills Service (OLASS) provider, The Manchester College, had worked hard to improve areas of underperformance, much of this was an early stage with little impact so far. Education and vocational training provision had been turbulent during the past two years. The Manchester College had been appointed mid-2009 but since then three education

managers had been in post. There had been a significant turnover of staff leading to some courses being discontinued and access to others curtailed. However, at the time of inspection the prison had entered a period of relative stability. A recently appointed education manager, who was well supported by the college, had started to implement further improvements, although most had yet to impact on the provision. The prison had an appropriate and improving working relationship with its learning and skills providers.

- 6.13 Although there had been some positive action to implement quality assurance processes, this had been slow. Quality improvement overall had not yet fully embedded and remained inadequate. There were still only a small proportion of prisoners engaged in vocational training and insufficient progression opportunities above level 2. The introduction of teaching and learning observations had begun to bring about improvement, although observation reports lacked sufficient detail. Although the self-assessment process had been useful in focusing staff more stringently on continuous improvement, the report had failed to recognise many key areas for improvement, and strengths were often overstated. There was insufficient use of learner and employer feedback, and equality and diversity data.
- 6.14 The promotion of the safeguarding of learners was satisfactory. Learners were given clear instructions on reporting and recording concerns. All learning and skills staff had been appropriately vetted with Criminal Records Bureau checks, and were able to recognise and deal appropriately with vulnerable adults. However, the promotion of equality and diversity was inadequate. Allocation to activities was particularly poor, and seen by prisoners as unfair and inequitable. Waiting lists were too long and inadequately managed. There had been insufficient attention to addressing the identified achievement gaps between some minority ethnic groups. Prisoner pay was reasonably equitable and, in spite of piece rates for some work, did not disadvantage prisoners from participating in learning and skills. The policy for deducting pay from prisoners who misbehaved in lessons was not clear and had the potential for indiscriminate use. Relationships between staff and learners, however, were mostly positive and respectful.

Recommendations

- 6.15 **Appropriate quality improvement arrangements should be further established across the provision of learning and skills.**
- 6.16 **There should be better use of equality and diversity data to identify appropriate action to close the achievement gaps between ethnic groups.**
- 6.17 **There should be clear and robust procedures, including security input, for the allocation of prisoners to activities that ensure fairness and transparency.**
- 6.18 **There should be a clear pay policy that makes explicit the circumstances in which pay can be deducted from prisoners.**

Induction

- 6.19 Induction to education and other activities was confusing for prisoners and many were unclear about their options or placed on inappropriate courses. All new arrivals were given an induction into education, work and vocational training opportunities during their first few days in the prison. Staff from The Manchester College and Tribal, the careers information and advice service (CIAS) provider, carried this out. However, induction to learning and skills was dull and uninspiring with insufficient activities to stimulate prisoners' interests. The induction process

was insufficiently thorough and in most cases failed to link prisoners' abilities and aspirations with opportunities in the prison. All prisoners had an initial screening of their literacy, numeracy and language needs by the college. Tribal provided adequate information and guidance on the range of learning and skills opportunities, and there was an information booklet to help this process. However, there was insufficient promotion of distance learning courses and only five prisoners were undertaking courses through the Open University. Information on prisoners' prior experience and qualifications was not always adequately recorded on learning plans, and some learning plans lacked clear short-term targets. Most prisoners were allocated a job or education place within their first few weeks of arrival.

Recommendation

- 6.20 **The induction to learning and skills should be improved to stimulate prisoners' interests and, particularly, to promote distance learning courses better.**

Work

- 6.21 There were insufficient full-time-equivalent activity places for all prisoners. Data on the number of actual full-time equivalent places were confusing and unclear. Our estimate suggested about 598 places, which fell short of the operational capacity and included a high proportion of jobs, around 187, that were low quality and repetitive. This included work such as airline headset refurbishment, putting bubble wrap into the base of soft-fruit punnets, and wing cleaning. Part-time activity places were available for most prisoners, but there was insufficient engagement, and considerable underemployment. Attendance across the learning and skills provision was poor, as was punctuality, with prisoners often arriving very late for work. The proportion of prisoners recorded as unemployed was about 4%. Vocational qualifications were available in only a few work areas, and there was insufficient recognition of skills developed in areas where there was no accreditation.

Recommendations

- 6.22 **The data on activity places should be improved to identify accurate attendance figures across the provision.**
- 6.23 **Attendance and punctuality across all learning and skills areas should be improved to ensure prisoners make full use of activity time.**
- 6.24 **Skills developed by prisoners in work areas with no accreditation should be recognised and recorded.**

Vocational training

- 6.25 The range of accredited vocational training was adequate, but the approximately 95 places available were insufficient. Courses on offer included hairdressing, multi-skills construction, horticulture, painting and decorating, catering, industrial cleaning and media studies. There was insufficient accreditation at level 2 or beyond to facilitate reasonable progress and provide appropriate challenge for the more able learners. The standard of learners' work on vocational courses was mostly satisfactory but good in some areas, notably in media studies and hairdressing. Pass rates on vocational courses were satisfactory although variable.

Education

- 6.26 There were approximately 122 full-time-equivalent learners, mostly on part-time courses. Learning support for prisoners was satisfactory but outreach support on the wings and in the workplace was good. The range of education courses was adequate, although there were few courses above level 1 to facilitate progression opportunities and provide appropriate programmes for the more able prisoners and those on longer sentences. This had been recognised by the college. There were courses in information and communications technology (ICT), literacy, numeracy and English for speakers of other languages (ESOL), business studies and personal development.
- 6.27 Achievement on many courses was low but had started to show signs of improvement, although many courses had a low number of prisoners. Attendance was poor, with some classes only half full, as was punctuality, with many prisoners arriving up to 30 minutes after their classes were due to start (see recommendation 6.23). Although classroom efficiency had improved, it remained low at around 66%. Most teaching and learning were satisfactory although some lessons were uninspiring. Learners on most courses, however, made suitable progress.

Recommendations

- 6.28 **There should be more education courses above level 2.**
- 6.29 **The pass rates on education courses should continue to be improved.**

Library

- 6.30 Medway Council ran the library service. Library facilities were good, well laid out and used adequately to support education and some education, training and employment resettlement work. However, the proportion of prisoners able to access the library regularly was low and opening hours were poor, with no evening or weekend provision. There was insufficient meaningful data to identify accurately the proportion of prisoners accessing the library. In our survey, only 19% of respondents, against the comparator of 32% and 30% at the last inspection, said that they visited the library at least once a week. Library access for prisoners in the newer part of the prison had been identified as particularly poor. Not all prisoners had received a library induction
- 6.31 The library was adequately stocked with a reasonable range of books, periodicals, DVDs and CDs, foreign language books, easy readers and reference sources, including legal materials and Prison Service Orders. The provision was suitably laid out with access to eight computers and a job search facility for prisoners. Book loss was low at 7%. Services such as the Toe-by-Toe reading mentoring scheme had not yet started

Recommendations

- 6.32 **Data on prisoners' library use should be collected, analysed and used to inform the provision.**
- 6.33 **All prisoners should receive a library induction.**

- 6.34 **There should be better access to the library for all prisoners, particularly those in the newer wings.**

Physical education and health promotion

Expected outcomes:

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

6.35 Physical education (PE) facilities were good and well managed. A wide range of recreational PE was offered and access was good. There was a range of accredited PE programmes and most learners completed their course successfully. The department had good links with health care and the P-ASRO (prison addressing substance related offending) programme, and provided remedial PE.

6.36 Induction to the gym was thorough and clearly recorded. The PE provision was well managed and generally well equipped, although the small outside all-weather football pitch needed repair and one of the two gyms was out of use. In our survey, 74% of respondents, against the comparator of 48%, said they used the facility at least twice a week, although more sessions were available in the newer part of the prison. There was a good range of recreational PE during the week and at weekends.

6.37 PE accredited courses offered included entry level 3 and level 2 gym instructor awards as well as first aid, football coaching and health trainer qualifications. Courses were well planned and clearly advertised. Pass rates on most courses were high at approximately 85%.

6.38 The promotion of healthy living was good with advice and guidance on improving body weight and healthy eating. The PE department had good links with health care and prisoners on the P-ASRO programme and provided remedial PE.

6.39 Clean gym kit was available for prisoners who required it and showers were clean and well maintained. Most prisoners had their own kit and showered on the wings. Although accidents were few, detailed records were kept.

Recommendation

- 6.40 **There should be urgent repairs to the outside all-weather pitch and the closed gym reopened as soon as possible.**

Section 7: Good order

Security and rules

Expected outcomes:

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

7.1 A well-resourced intelligence department efficiently processed the large number of security information reports. Although the security committee met regularly, there was a lack of focus on priorities and strategies to address them. Some of the exclusions and restrictions placed on many prisoners were risk averse and disproportionate. Use of closed visits was relatively high and often not justified. Rules were explained appropriately but some prisoners felt they were applied inconsistently.

Security

7.2 More than 5,600 security information reports (SIRs) had been submitted in 2010 and 486 in January 2011, which was considerable for the size and type of establishment. The intelligence department was well resourced with non-operational staff, and processed intelligence efficiently. Actions, including target searches and suspicion mandatory drug testing (MDT), were not always conducted in an appropriately responsive or timely manner. Only 13 (21%) of the 61 suspicion MDTs undertaken between June and December 2010 were positive, which was poor and raised concerns about the quality of the initial information submitted.

7.3 A comprehensive and useful intelligence report was compiled that included the number of SIRs broken down into category and location, number of incidents reported, adjudications, violence reduction monitoring, incentives and earned privileges (IEP) levels and number of minor reports, and also included some basic comparative trend analysis between 2009/10 and 2010/11. This report informed the monthly intelligence executive team meeting but there were no minutes of these meetings and we were not assured that the intelligence report was subject to any meaningful analysis. The meeting agreed a limited number of action points or security objectives, often unrelated to the intelligence received, but they were not shared further with the broader monthly security committee, which was reasonably well attended, with the exception of senior residential managers. Minutes of the security committee gave no sense of the priorities faced by the prison or the actions to be taken to address them.

7.4 The prison was well supported by a police intelligence officer shared with HMYOI Cookham Wood.

7.5 Gang culture was mentioned repeatedly throughout the inspection and attracted many SIRs each month. Notwithstanding this, we were assured that there were no major issues and any that arose were managed appropriately. The number of mobile telephones and drugs in the prison were low and, although they remained of ongoing interest to the security team, they were not a current priority.

7.6 Managing violence was cited as the priority for the security team. Links between the security department and violence reduction team were good and the security team generally controlled

interventions aimed at reducing violence. The intelligence department administered three systems – the ‘keep apart’, ‘restrictions’ and ‘exclusions’ lists – aimed at managing the potential for violence among the population, primarily by restricting access to different parts of the prison or regime. The administration of these lists was extremely time-consuming and, despite the aim to reduce the potential for violence in the prison, had not led to a reduction in the number of violent incidents.

- 7.7 The keep apart system was a complicated but comprehensive list that affected a large number of prisoners. Prisoners were placed on this list if they had been involved with a fight, violence or antisocial behaviour towards another prisoner. This list allowed the prison to reduce some of the potential risks of further incidents by limiting the prisoners’ access to each other.
- 7.8 The restrictions list was applied to prisoners deemed to pose too much of a risk to others and/or their own safety to associate freely. At the time of the inspection, this list confined eight prisoners to their wing, three to the old site and a further three to the new site. Although these prisoners could still engage with employment and some regime activities, they had no support, care or reintegration plans and we were not assured that there was any scope for progression once placed on this list.
- 7.9 At the time of the inspection, the exclusions list affected 32 prisoners but had previously been much higher. This system predominantly aimed to manage activities that involved a large number of prisoners from different wings. In practice, this policy was only applied to corporate worship (see paragraph 3.53), and prisoners were excluded from this for a month if they were on stage two of violence reduction monitoring or if, in the previous month, they had a proven adjudication for fighting or assault or received an award of cellular confinement for threatening or abusive conduct or racist behaviour towards staff or prisoners. However, prisoners who transferred into Rochester without P-Nomis or security files were also not permitted to attend services until their suitability could be confirmed and were excluded even if they had proven adjudications at a previous prison that were not related to their behaviour at Rochester. The exclusions list was overly restrictive and sometimes punished prisoners without sufficient or appropriate grounds.
- 7.10 A further list created by the intelligence team was used to inform allocation to activities. Although this used a tool that was sophisticated and had the input of the available intelligence, the lack of human input led to arbitrary outputs that lacked discretion and were sometimes poorly informed. The results generated by this system often had an adverse affect on prisoners who were unable to access a range of activities, including education and offending behaviour programmes, and which were often overturned on appeal, giving us concern that initial decisions were sometimes inappropriate and too often risk averse (see paragraph 6.14 and recommendation 6.17).
- 7.11 At the time of the inspection, 14 prisoners were on closed visits, which was high but lower than previously. Many of the reasons cited for placing prisoners on closed visits did not relate directly to visits – such as proven adjudications following positive MDTs, finds of mobile telephones during cell searches or non-specific drug intelligence – and were, therefore, insufficient to warrant closed visits.
- 7.12 Intelligence staff disseminated information appropriately to other departments, including through a daily intelligence briefing.
- 7.13 It was inappropriate that approximately 10% of prisoners were routinely strip searched following visits regardless of whether there was any intelligence to support this action.

Rules

- 7.14 Rules were explained to new arrivals on their first night and during induction and were reinforced on residential units through staff, compacts and notices. Many prisoners complained to us that rules were applied inconsistently by some staff and that there was also some favouritism in their application.

Recommendations

- 7.15 **Actions requested on security information reports should be completed within appropriate timescales.**
- 7.16 **There should be more meaningful analysis of the monthly intelligence report, which should be used to inform appropriate security objectives.**
- 7.17 **All prisoners placed on the restrictions list should have a formal care, support and reintegration plan.**
- 7.18 **Exclusions should only be applied if there is intelligence on individuals or information related to corporate worship that supports the exclusion.**
- 7.19 **Prisoners should only be placed on closed visits when there is sufficient intelligence to support this.**
- 7.20 **Prisoners should only be strip searched after visits when there is intelligence to support this.**
- 7.21 **Rules should be applied consistently by all staff.**

Housekeeping points

- 7.22 Minutes of the monthly intelligence executive team meeting should be maintained.
- 7.23 The security committee should be attended by appropriate residential managers.

Discipline

Expected outcomes:

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

- 7.24 The number of adjudications and minor reports was high and some could have been dealt with more appropriately informally. Use of force was quite high and governance was weak. Planned interventions were not routinely video-recorded or reviewed and some gave cause for serious concern and required further enquiry. Use of special accommodation was excessive and prisoners were located there both inappropriately and while on self-harm monitoring. Too many prisoners were placed in the segregation unit and the routine location of prisoners on self-harm

monitoring was unacceptable. All segregated prisoners received reasonable access to regime activities, and care plans for the few longer-term residents were meaningful and offered enhanced regime activity.

Disciplinary procedures

- 7.25 There had been 1,637 adjudications in 2010 and approximately 210 minor reports between August and December 2010, which was high. Most charges related to possession of unauthorised articles, disobeying a lawful order, fights, assaults and threatening or abusive behaviour. Although most charges appeared appropriate, some could have been dealt with through informal measures, such as the incentives and earned privileges (IEP) scheme. Serious offences relating to drugs, possession of mobile telephones and some assaults were referred to the independent adjudicator; between July 2010 and January 2011 there had been 43 such referrals.
- 7.26 The room in the segregation unit used to hear adjudications was large and suitable. The hearings we observed were conducted appropriately and prisoners were aware of their rights. They had been given sufficient opportunity to prepare for their hearing as the documents were generally issued and explained to them the evening before the hearing. Where requested, adjudications were adjourned for prisoners to seek legal advice.
- 7.27 We reviewed a large number of completed adjudication and minor report records and found them generally completed to a reasonable standard, but in some cases there had been insufficient exploration before reaching a finding of guilt. There were, however, also examples where adjudicators had dismissed cases. A punishment tariff was in place and punishments were broadly fair, but records were not always clear that mitigation was taken into account when offered. Awards for proven minor reports were sometimes inconsistent between adjudicators. There was no formal quality assurance of adjudication or minor report documentation.
- 7.28 Adjudication standardisation meetings, chaired by the governor, did not meet quarterly, as they were supposed to. The most recent meeting, in January 2011, was not well attended by other adjudicators. The agenda for the meeting was appropriate and included a comprehensive report about segregation and adjudication data, but minutes did not always record discussions or strategies to address any concerns or anomalies. Data on minor reports were not as in depth as those for adjudications.

Recommendations

- 7.29 **Adjudicators should ensure that all charges are appropriately investigated before reaching a verdict for adjudications and minor reports.**
- 7.30 **Mitigation offered in adjudications or minor reports should be recorded and taken into account with any finding of guilt.**
- 7.31 **A formal quality assurance procedure for adjudication and minor report documentation should be introduced.**
- 7.32 **Adjudication standardisation meetings should take place more frequently and be attended by relevant personnel.**

7.33 **Data collected on minor reports should be improved.**

The use of force

- 7.34 Force had been used on prisoners on 320 occasions in 2010, which was quite high. In the six months to January 2011, full control and restraint techniques had been deployed in 112 of the 152 incidents where force was used and handcuffs, although not routinely applied, had been used on 89 occasions.
- 7.35 Documentation accompanying use of force incidents was generally completed to a reasonable standard, but many records lacked evidence of efforts to de-escalate situations and we were not assured that force was always applied as a last resort. Of the 152 occasions where force was used in the previous six months, almost 100 resulted in prisoners located to the segregation unit, which was disproportionate and unnecessary in many cases. Approximately 20 records where force was used were incomplete at the time of the inspection.
- 7.36 Batons had been drawn on two occasions in 2010. Although their use appeared justified, there had been no independent scrutiny of this.
- 7.37 There had been 17 planned interventions in the previous six months but not all of these were video-recorded. Videos that were taken were not routinely reviewed and we were unable to view many of those that we requested. Of the recordings that were available to us, we were so concerned by some apparent inappropriate use of force and unprofessional behaviour by staff involved that we referred these cases to the deputy governor for further enquiry.
- 7.38 Use of special accommodation was excessively high, at 52 in 2010 and 10 to the end of January 2011. Some of this was justified in the appropriate completion of special accommodation paperwork when prisoners were located in the gated cell in the segregation unit or safer cell on D wing when property or furniture was removed from them. However, on the log of special accommodation and accompanying documentation, this accounted for only four cases in 2010 and four in January 2011, which meant that the majority of recorded uses related specifically to special accommodation. Some prisoners were also moved from special accommodation to the gated cell during that period, but the special accommodation log did not distinguish the different types of accommodation.
- 7.39 Even more concerning was the number of occasions when prisoners on open assessment, care in custody and teamwork (ACCT) self-harm monitoring documents were relocated into special accommodation. This had applied to 13 prisoners in 2010 and three to the end of January 2011. This practice was unacceptable and in many cases unjustified.
- 7.40 We had several concerns about the weak governance of use of special accommodation. Documentation that authorised use of special cells did not always specify reasons that justified the initial decision to locate in special accommodation. It also regularly recorded that normal clothing had been removed and replaced with strip clothing but there was not always justification for this. Ongoing records often recorded that the prisoner appeared calm for significant periods before he was moved to a normal cell, and supervision was often less frequent than required. For prisoners on ACCTs, ongoing records were mostly maintained in the ACCT document and, therefore, we were unable to check whether ongoing use of the special accommodation was justified. Videos we reviewed where prisoners were located into special accommodation did not always warrant it although the authorising paperwork often, and inappropriately, justified its use.

- 7.41 A use of force committee was supposed to meet quarterly but had only met three times in the previous 12 months. The meeting was informed by a comprehensive report generated through information collated on a database. Minutes from the meeting gave few assurances that there was any meaningful analysis of the impressive range of data in the report. Many of our concerns had not been raised as concerns in this forum and, consequently, there were no actions to address them. This further cemented our concerns about the weak governance of all use of force in the prison.

Recommendations

- 7.42 **Any use of a baton should be independently investigated to give assurance that its use is appropriate and proportionate.**
- 7.43 **All planned interventions should be video-recorded and subsequently reviewed, with appropriate action taken where necessary.**
- 7.44 **The special accommodation log should record explicitly whether use relates to the special cell or gated or safer cell.**

Segregation unit

- 7.45 Most communal areas in the segregation unit were clean and bright and the three exercise yards were austere but had seating. The showers were dirty, lacked sufficient screening and needed refurbishment. There were 21 normal cells, one gated cell and three special cells. Cells were well decorated and warm, except for those in the extension, which were cold. Most toilets were scaled and dirty.
- 7.46 During the inspection, the roll of the unit was 11, including six prisoners serving punishments of removal from unit, one each there for his own protection, reasons of good order or serving a punishment of cellular confinement, and two awaiting adjudication. The longest resident had been there for 11 days.
- 7.47 Use of segregation was too high. In the previous six months, the unit had been used 394 times. This included 169 times for prisoners awaiting adjudication and 150 times for prisoners awarded cellular confinement on adjudication – which were high – as well as 58 for reasons of good order or discipline and 16 for prisoners seeking protection. In our survey, 24% of respondents said that they had spent a night in the segregation unit during the previous six months, against the comparator of only 14%. Notwithstanding the high use of the segregation unit, many prisoners remained there for only a short time. Of the 24 held there on open ACCT documents during 2010, only 12 were in the gated cell and we had concerns that the exceptional reasons to justify the location of the other 12 were not evident.
- 7.48 On location to the segregation unit, prisoners were only strip searched following a risk assessment and authorisation by the duty governor. They were given a booklet and compact about the regime in the segregation unit which, although comprehensive, was not particularly user-friendly.
- 7.49 The segregation unit operated a separate regime to the prison's IEP policy. On arrival, all prisoners were placed on a restrictive level, B, for 72 hours regardless of the reason for their location or their IEP status and with no individual assessment. If prisoners behaved well they were moved to level A and were permitted access to gym, a television and a longer period of

in-cell power, but this was still switched off at around midnight and prevented them from using their radio or stereo. The differential regime was an additional punishment for some.

- 7.50 All prisoners were permitted daily access to showers, telephones and exercise, and in-cell education and a small library were also available. Other regime activities, including gym, work, religious services and offending behaviour courses, were accessible subject to a risk assessment, care plan or the differential regime.
- 7.51 Prisoners who remained in the unit on good order or discipline or for their own protection had fortnightly reviews. Documentation accompanying these reviews was often incomplete or poorly completed and most lacked any meaningful behaviour targets. However, there was evidence that some longer-term residents had useful and meaningful care plans, which included efforts to reintegrate some back to regime activities, activities in association and eventually normal location following protracted stays in the segregation unit.
- 7.52 It was positive that a member of the mental health in-reach team visited the segregation unit daily and spoke with each prisoner about their general health as well as mental health. They routinely discussed coping strategies with individuals and monitored patterns of behaviour, and also advised staff how best to manage these prisoners.
- 7.53 All unit staff had been specifically selected to work there and prisoners generally said there were positive working relationships with most staff. We observed friendly and relaxed engagement between staff and prisoners. Although prisoners were notionally allocated personal officers, case notes had limited evidence of constructive engagement.
- 7.54 There was no specific group for monitoring and reviewing use of segregation but this was discussed at the adjudication standardisation meeting. A comprehensive report was produced from an impressive database. This information was not used to analyse trends and patterns of segregation or take action to address any concerns highlighted in the data, such as the high use of segregation and the high number of prisoners on an ACCT located in the unit.

Recommendations

- 7.55 **The communal showers and toilets in the segregation unit should be refurbished.**
- 7.56 **Good order or discipline paperwork to authorise segregation should be completed thoroughly and contain individualised behaviour improvement targets.**
- 7.57 **The differential regime operated in the segregation unit should be reviewed and access to in-cell power should not be restricted.**
- 7.58 **Personal officers should record regular and constructive engagement with prisoners in case notes.**
- 7.59 **Data gathered on segregation should be analysed for patterns and trends and used to take appropriate action on any concerns highlighted.**
- 7.60 **The segregation unit and, in particular, special accommodation should only be used for prisoners on assessment, care in custody and teamwork (ACCT) monitoring in exceptional and justifiable circumstances.**

Housekeeping point

- 7.61 Toilets in cells in the segregation unit should be clean.

Good practice

- 7.62 *A member of the mental health in-reach team visited the segregation unit daily and spoke with each prisoner about their general and mental health. They routinely discussed coping strategies with individuals, monitored patterns of behaviour and also advised staff how best to manage these prisoners.*

Incentives and earned privileges

Expected outcomes:

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

- 7.63 Staff and prisoners were aware of the incentive and earned privileges scheme and the differentials between its levels. Arrangements for issuing a warning after a guilty adjudication or minor report and the governance of prisoners on basic regime were inadequate.
- 7.64 The prison operated the three-tier (basic, standard, enhanced) incentive and earned privileges scheme (IEP) and staff and prisoners were aware of the scheme and the mechanisms for moving between levels. The policy was widely available and subject to an annual review.
- 7.65 In our survey and focus groups, prisoners were not negative about the application of the scheme. At the time of the inspection, 35% of prisoners were on the enhanced level and only 3% on the basic level.
- 7.66 Prisoner access to the enhanced level was satisfactory and did not prevent conforming prisoners from achieving this level. New arrivals were automatically allocated to standard level, but those previously on enhanced could move to this level when this had been confirmed. Differentials between standard and enhanced levels had been well thought out; enhanced prisoners could access the resettlement wing and resettlement day release, possession of duvets, enhanced gym sessions and extra visits.
- 7.67 A warning and good behaviour system was in place with staff issuing green tickets for good behaviour and red tickets for poor behaviour. We saw little evidence that tickets for good behaviour were issued and prisoners we spoke to were unaware that they existed. The process for downgrade of prisoners to basic was adequate, with review boards and an appeals system. A single finding of concern about a violent or racist incident automatically triggered a basic review board. The IEP policy allowed prisoners to be issued with an IEP warning after any finding of guilt in a formal adjudication or minor report.
- 7.68 Governance of prisoners on the basic regime was poor. Those on basic did not receive any association. We found evidence in the electronic case notes of a prisoner shown as basic who clearly had not been placed on the basic regime and whom staff assumed was a standard

level prisoner. Although he was accessing a regime applicable to that of a standard prisoner, his prison shop spends were affected, as would be any future offender management reports that referred to the electronic case notes. We found another prisoner on basic who had not had the relevant behaviour diary opened by staff to monitor his wing attitudes and behaviour; this document was used to inform the review board. Prisoners on basic in the segregation unit did not routinely receive a seven-day review to ensure that they were coping on the lower level of the scheme.

Recommendations

- 7.69 **Prisoners on the basic regime should be allowed a period of association weekly.**
- 7.70 **Managers should carry out a weekly quality check of all prisoners recorded as basic on the P-Nomis system and ensure that the IEP policy is being adhered to for them.**

Housekeeping point

- 7.71 Staff should be encouraged to issue good behaviour tickets.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Prisoners were overwhelmingly negative about the quality and quantity of food. However, the meals we observed were adequate, menus were balanced and a variety of diets catered for. The kitchen was clean and well equipped, and halal food was managed appropriately. Many serveries were, however, dirty with excessive food lying around. Consultation arrangements were reasonable. Lunch and dinner were served too early, and the issue of grab bags for lunch meant that prisoners could not dine with others. Breakfast packs were issued inappropriately the evening before they were to be consumed.
- 8.2 The kitchen was clean, well maintained and reasonably well equipped. Halal certificates were in place and there were separate storage and preparation areas, as well as separate utensils, for halal food.
- 8.3 The catering team included a manager and 13 directly employed staff, and up to 16 prisoners worked in the kitchen on a rota. Ten of the prisoners were undertaking the national vocational qualification (NVQ) in food preparation and cooking at level 1. All staff and prisoners were appropriately trained and wore correct clothing.
- 8.4 Each wing had its own servery. Those on the older site needed refurbishment. During the inspection we found that many serveries were unacceptably dirty with excessive amounts of food lying around. Prisoners employed to serve meals were correctly dressed, and the management of halal food was appropriate.
- 8.5 Menus operated on a four-week cycle. Throughout the inspection, prisoners were negative about both the quality and quantity of food served. In our survey, only 21% of respondents said that the food was good compared with 63% at the previous inspection. Despite this, in the previous six months only 16 formal complaints had been received about food. Menus were balanced, offered variety and gave the opportunity for prisoners to choose five portions of fruit and vegetables a day. Specialist diets, including vegan, vegetarian, halal and others, were also catered for.
- 8.6 Lunch was served at 11.30am and dinner at 4.30pm, both of which were too early. A cold 'grab bag' containing a baguette, yoghurt, packet of crisps, fruit and fruit juice was served for lunch Monday to Thursday. This was issued to prisoners at their cell door and meant that, in addition to the lack of opportunity to dine in association, they were denied any social interaction at lunchtime. It was inappropriate that breakfast packs were issued the evening before they were to be consumed.
- 8.7 A food survey was issued twice a year and had a reasonable return rate. Catering was also discussed regularly at the prisoner council meeting, which was routinely attended by a member of the catering team. Food comments books were not always available at serveries, and where

they were available comments from prisoners were not always responded to in a timely manner.

Recommendations

- 8.8 **All serveries should be kept clean and well maintained.**
- 8.9 **Lunch should be served no earlier than 12 noon and dinner no earlier than 5pm.**
- 8.10 **Prisoners should be able to dine in association.**
- 8.11 **The way in which the 'grab bag' lunches are distributed should be reviewed.**
- 8.12 **Breakfast should be served on the morning that it is to be consumed.**

Housekeeping point

- 8.13 Food comments books should be readily available at each servery and responses to comments should be timely.

Prison shop

Expected outcomes:

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

- 8.14 The prison shop offered a standard, but reasonably extensive, range of items and more prisoners than in comparator establishments said there were sufficient goods to meet their needs. Many prisoners complained about shop prices. There were no significant differences in the experience of the shop from minority ethnic groups. The general management of shop orders was reasonable but new arrivals had to wait up to 11 days to get their first order, although telephone credits and a second reception pack could be obtained on request.
- 8.15 The prison shop was managed as part of the national Prison Service contract. There were 372 items on the shop list, and prisoners could also make purchases from a catalogue. In our survey, 48% of respondents said that there was a wide enough range of goods to meet their needs, against a comparator of 42%, and there was no significant difference in the responses of black and minority ethnic, Muslim or foreign national prisoners. However, many prisoners we spoke to complained about the cost of shop goods, especially in relation to their wages.
- 8.16 All orders for the prison shop had to be submitted by Monday evening for delivery the following Friday. Orders were distributed during kit change on a Friday afternoon and prisoners had to sign for their receipt. Prisoners told us that this system was managed reasonably well.
- 8.17 New arrivals were offered a reception pack (see paragraph 1.11), but if they arrived on Monday they could wait up to 11 days for their first full shop order. In our survey, only 6% of respondents said they could access the shop within 24 hours of their arrival, against the comparator of 12% and 22% at the previous inspection. The prison had attempted to mitigate this limitation by allowing an extra reception pack and/or telephone credit on request.

Recommendations

- 8.18 **Prices for prison shop items should reflect the level of prison wages.**
- 8.19 **New arrivals should be able to access the prison shop within their first 24 hours.**

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The strategic separation of resettlement from offender management and public protection was unusual but worked reasonably well, although the reducing reoffending policy did not cover offender management in sufficient detail. There were reasonable links between the two departments, although these were sometimes informal. The monthly reducing reoffending meetings were appropriate, and strategic objectives were identified in the reducing reoffending policy and reviewed quarterly. Despite this, there continued to be no overall needs analysis to inform service provision.
- 9.2 Strategically the management of resettlement was separated into two functions: the head of reducing reoffending was responsible for resettlement, while the deputy governor managed offender management and public protection. Each also had departmental managers who managed day-to-day operations. Although this model was unusual, it appeared to work reasonably well. Communication between the two departments was appropriate, although often informal, and there were reasonable links between the work of resettlement staff and offender managers, especially when prisoners were approaching release. On average, approximately 30 prisoners a month were released from Rochester.
- 9.3 The prison had updated the reducing reoffending policy in November 2010. The document included an outline of each resettlement pathway, strategic objectives and targets for the forthcoming year. Although it also included the broad offender management and public protection functions, including development objectives, there was little detail. Nothing was included about how offender management was implemented, the role of offender supervisors or the function of sentence management. There was no separate offender management policy, although there was one for public protection.
- 9.4 In principle, monthly reducing reoffending meetings covered all functions of resettlement, including offender management and public protection. In practice, and from a review of meeting minutes, the latter roles were marginalised. A representative from offender management usually attended but the principle focus was on resettlement pathways and the resettlement unit. Links to some broader aspects of resettlement, such as the mentoring service provided by the chaplaincy, were not sufficiently connected to the reducing reoffending strategy.
- 9.5 The prison had no up-to-date needs analysis. We were told that one had been commissioned in 2008 but had never been completed. This was despite the fact that all prisoners, due to their age, should have had an OASys (offender assessment system) assessment from which offending behaviour information could be taken, and all new arrivals also completed an iPAS (induction pathway assessment system) assessment (see section on induction and paragraph 9.9) that outlined resettlement need. A combination of information from these two sources would give a good analysis of need.

Recommendation

- 9.6 **There should be an annual needs assessment of prisoners, which should be used to inform service development.**

Offender management and planning

Expected outcomes:

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

- 9.7 All prisoners had their resettlement needs assessed through the iPAS assessment, which was simple but comprehensive. Referrals were made to identified resettlement pathways. Although all prisoners were allocated an offender supervisor, for many the iPAS was their only form of sentence planning. There was a considerable backlog of OASys assessments and decisions about which prisoners to prioritise were applied inconsistently. The management of prisoners formally in-scope for offender management was reasonable, although the level and frequency of contact was variable. There was some quality assurance but no structured model of casework supervision for offender supervisors. The resettlement unit was positive but its management was risk averse and slow. The use of the 'passport to the gate' was positive. Public protection arrangements were generally appropriate and offender supervisors played an active role in them.

Sentence planning and offender management

- 9.8 All new arrivals had their resettlement needs assessed within 48 hours by induction staff using the iPAS tool (see also induction section), which was unique to Rochester and had replaced the STORNA (short-term offender resettlement needs analysis). These assessments were generally comprehensive and covered each of the seven resettlement pathways. Referrals were made to pathways where need was identified. Although this assessment process was replicated by peer advisers during induction, this did offer a safety net, and in some cases prisoners were happier to engage with peers than with uniformed staff. There was no quality assurance mechanism to ensure that referrals were picked up, but several cases that we followed during the inspection were appropriately referred and followed up by pathway managers.
- 9.9 At the time of the inspection, approximately 130 of the population of 631 were formally in scope for offender management, although all prisoners were allocated an offender supervisor. The offender management unit (OMU) consisted of nine offender supervisors – two probation officers, two probation service officers and five officer grades. One of the probation officers was responsible for the small number of indeterminate-sentenced prisoners (see paragraph 9.31) and undertook other generic functions in the department. Prolific and priority offenders (PPOs) were managed by the other probation officer. All other cases were allocated alphabetically across the team. Individual caseloads generally averaged around 80, with between 10 and 18 in-scope prisoners.
- 9.10 In theory, all prisoners should have had an up-to-date OASys assessment and sentence plan, but at the time of the inspection there was a significant backlog, and had been for some time.

Approximately one-third of all out-of-scope cases did not have an up-to-date assessment and/or sentence plan, which equated to approximately 160 prisoners. This was also reflected in our prisoner survey where only 53% of respondents, against a comparator of 62%, said they had a sentence plan. Each offender supervisor was responsible for prioritising their own caseload and OASys completions but there was little consistency; there were no agreed priority criteria across the team. As a consequence of this backlog and gap in service, the only real sentence planning for many prisoners was oriented to that identified in the iPAS assessments. The problem was compounded further because some prisoners were considered for release on temporary licence (ROTL) or home detention curfew (HDC) with no up-to-date OASys or sentence plan targets identified (see paragraph 9.16).

- 9.11 For those with a completed OASys, sentence planning boards were rarely formal. For out-of-scope prisoners, sentence planning invariably consisted of just the offender supervisor and prisoner discussing targets. Even reviews for in-scope prisoners, which sometimes included offender managers, almost never included attendance or reports by staff from other departments. The situation was compounded by the lack of use of the video-conferencing or telephone conferencing facilities.
- 9.12 Contact between offender supervisors and community-based offender managers varied considerably. All the offender supervisors spoke about the inconsistency of offender managers, difficulties in getting responses to queries, and general problems in communication, particularly in relation to the London probation service. This situation was also reflected in the case reviews undertaken by HM Inspectorate of Probation (see following), which showed that communication between offender managers and prisoners and offender supervisors was poor.
- 9.13 During the inspection, HM Inspectorate of Probation undertook a detailed review of 14 cases, both in and out of scope for offender management, and the contact logs of a further 17 cases. Offender supervisors were expected to have a minimum of monthly contact with prisoners in scope for offender management; contact with out-of-scope prisoners depended on demand with prisoners requesting contact by application. The actual level of contact with in-scope prisoners varied considerably. We saw some examples of regular contact but in other cases there had been no contact for months. There was no effective monitoring of casework by managers to ensure consistency.
- 9.14 The role of offender supervisors remained unclear and the focus of contact with prisoners was variable. Generally, offender supervisors were able to collate information, manage and keep offender managers informed, but they were less skilled at analysing and using the data to inform risk assessments and progress. Although there was a quality assurance mechanism to evaluate OASys assessments, there was no formal structure of casework supervision to assess the quality and effectiveness of offender supervisor engagement with prisoners. We were told that there was some informal supervision and one of the probation officers had recently started group supervision, but this was a new initiative.
- 9.15 Multidisciplinary boards sat weekly to consider prisoners for both HDC release and ROTL. Approximately half of all applications for HDC were successful. However, in some cases prisoners' progress to release on HDC or ROTL was hampered by the lack of an up-to-date OASys or sentence plan on which to base an assessment of risk.
- 9.16 One wing at Rochester was identified as the resettlement wing. R wing was a 60-bed unit with shared accommodation. In principle, prisoners were referred to the unit through offender management and were expected to be working towards sentence plan targets. In practice, the majority of transfers to the unit were based on self-referrals and, due to delays in OASys (see above), moves to the unit were often slow. Although prisoners with the longest sentences

would benefit from the opportunities of working toward ROTL, such prisoners were usually deemed the more dangerous and the highest risk and often the least likely to obtain ROTL. Even lower risk prisoners were not identified quickly enough to benefit from the facility. At the time of the inspection, only nine the 59 prisoners on the wing were working out – five on supervised work, one on voluntary work and just one in paid employment. We were told that at one point during 2010, 20 prisoners had been out on ROTL.

- 9.17 Since the last inspection the prison had introduced the 'passport to the gate'. Approximately six weeks before they were due for release, prisoners were invited for an assessment of their release arrangements through the information, advice and guidance (IAG) team. Peer advisers undertook the reviews against key resettlement pathways and, where necessary, made referrals to pathways where there was outstanding need. IAG staff were also on hand to offer help and support where necessary. This system appeared to work reasonably well.

Recommendations

- 9.18 **Details of work undertaken by the offender management unit should be clearly identified and outlined in a policy document to inform practitioners and other departments.**
- 9.19 **All prisoners should have a completed and up-to-date OASys (offender assessment system) assessment.**
- 9.20 **Sentence planning boards should include contributions from all relevant departments.**
- 9.21 **Offender managers should actively participate in sentence planning meetings, monitor and manage the implementation of objectives, and maintain sufficient contact with prisoners.**
- 9.22 **There should be regular casework supervision for all offender supervisors to ensure effective and consistent provision.**
- 9.23 **Appropriate prisoners should be assessed for and progress to the resettlement unit at the earliest opportunity.**

Housekeeping points

- 9.24 Telephone conferencing facilities should be used when offender managers cannot physically attend sentence planning boards.
- 9.25 Video-conferencing facilities should be made available for sentence planning boards.

Categorisation

- 9.26 Prisoners could apply for transfer to open conditions at any point but the OMU screened all cases to ensure they met national criteria. If they did, the application was sent to the potential receiving establishment, which made the final decisions. We were told that on average approximately 15 prisoners a month applied and around half were successful.

Public protection

- 9.27 Public protection arrangements were generally well managed and there was a comprehensive public protection policy. All new arrivals were screened to ascertain any current or previous issues of child protection, harassment or if they were subject to multi-agency public protection arrangements (MAPPA). Offender supervisors were responsible for work on their own public protection cases.
- 9.28 All prisoners subject to monitoring (14 identified with harassment orders and six as a risk to children at the time of the inspection) were reviewed at the monthly interdepartmental risk management team (IDRMT) board upon arrival at Rochester and thereafter every three months, while still subject to monitoring. At the time of the inspection, 250 prisoners were identified as subject to MAPPA but their level had yet to be decided. A further 28 were identified as MAPPA level two. The IDRMT reviewed those subject to MAPPA before their release, but usually only about a month beforehand. In some cases this was inevitable due to the short time they were at Rochester, but it left little time to plan release effectively and could have been undertaken earlier in many cases.
- 9.29 Although it was positive that offender supervisors played an active role in this process, their variable experiences and backgrounds reinforced the need for appropriate casework supervision (see recommendation 9.22). There had been some attempts to mitigate this shortfall. A principal officer had management responsibility for public protection and checked the timeliness of information but not the quality of assessment and evaluation. Although the prison had compiled a series of useful and comprehensive guidance notes for offender supervisors managing public protection cases, they had received no specific public protection training. The quality of public protection work that we observed was reasonable although variable.

Recommendation

- 9.30 **The interdepartmental risk management team should, where possible, review prisoners subject to multi-agency public protection arrangements (MAPPA) six months before their release and as regularly as required thereafter.**

Indeterminate-sentenced prisoners

- 9.31 The prison did not take mandatory or discretionary life-sentenced prisoners. At the time of the inspection, there were just four prisoners on indeterminate sentences for public protection (IPP). All four were managed in the OMU by one of the probation officer offender supervisors but there were no facilities or provision specifically for this small group. In our review of their cases that they appeared to be appropriately managed and the offender supervisor knew the cases well.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.32 Accommodation services were well established and broadly available. The preparation for work course was well structured and well attended. There were arrangements for all prisoners to see health care staff before their discharge. A large number of referrals were processed under the finance, benefit and debt pathway and there had been some success in consolidating or freezing debts, but there was no money management course and insufficient specialist debt management advice.

Accommodation

- 9.33 Two full-time workers employed by Depaul UK ran the Outside Link project for accommodation provision and support. There was a good level of provision and up to 100 prisoners at a time actively received support. Although the majority of referrals came via the iPAS assessment, undertaken during induction, self-referrals and referrals from other departments could be made at any time. Support was generally centred on prisoners likely to be homeless on release with cases prioritised on the basis of discharge dates. Support was also available for new arrivals with tenancy problems, such as housing arrears or current tenancies. There were links to an extensive range of community support services, and the team had access to other services used by Depaul UK.
- 9.34 The service was well advertised across the prison and in our survey 41% respondents, against the comparator of 36%, said they knew who to contact in the prison about accommodation support. Between April 2010 and January 2011, 977 of the 1,083 prisoners released (90%) had gone to settled accommodation – 6.4% were released with no fixed accommodation, with 3.6% released to temporary accommodation.
- 9.35 Depaul UK managed a small resettlement team who offered support to the most vulnerable prisoners released to the community without accommodation. The team had been reduced by one post but we were told an application for a further post to support reintegration had been made.
- 9.36 The Depaul UK workers also facilitated applications to Stonham Housing as part of the bail accommodation support services project for prisoners released on home detention curfew without accommodation. There was an average of two to three applications a month. This work was about to be transferred to the OMU for offender supervisors to take forward.

Recommendation

- 9.37 **There should be an additional community resettlement worker, funding permitting.**

Education, training and employment

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

- 9.38 Careers information and advice support (CIAS) was provided through Tribal and Jobcentre Plus. A team of dedicated and enthusiastic education, training and employment officers also provided help and guidance to prisoners on employment.
- 9.39 Although some prisoners gained appropriate employment skills in some work areas, and demonstrated good skills on some vocational training courses, too many prisoners were

employed in low quality menial work where there was no recognition of improvements to their social, personal and employability skills.

- 9.40 There was a structured and well-attended preparation for work course (Transit). There were good links with local and national employers in some vocational areas, and a good proportion of discharged prisoners gained employment. However, only 8% went into full-time education and training on leaving the prison.

Recommendation

- 9.41 **Further links should be developed with external training providers and education establishments to support prisoners in applying for and going into courses when they leave.**

Mental and physical health

- 9.42 Health care staff saw all prisoners in a discharge clinic one week before their release. They were asked if they were registered with a GP in the community and those who were not were given information on GPs in their locality and how to register. They were also given a letter for their GP outlining their care while in custody. Additional helpline cards and condoms were also provided. Any required medication was ordered and given to the prisoner on the morning of his release.
- 9.43 Prisoners under the care of the mental health in-reach team were referred to their community mental health team, who were invited into the prison for a pre-release care programme approach meeting.
- 9.44 Despite an outdated palliative care policy, health care staff had worked tirelessly with a terminally ill prisoner to ensure he received appropriate care and treatment from the outset of his diagnosis. The health care team worked closely with a local hospice to provide excellent support to the prisoner and his family.

Recommendation

- 9.45 **An up-to-date and relevant palliative care policy should be produced without undue delay.**

Finance, benefit and debt

- 9.46 As with other resettlement pathways, referrals under the finance, benefit and debt pathway came primarily from iPAS assessments, although they could be made at any point during sentence. Similarly, referrals for debt and benefit advice were made via the 'passport to the gate' assessments. There was a high level of referrals. The service was provided and managed by one of the IAG officers.
- 9.47 Provision was well advertised across the prison; in our survey, 28% of respondents, against a comparator of 24%, said they knew who to contact in the prison about money/finance issues on release. Around 50 prisoners at a time received support and there were approximately four interviews a day. Most queries were about relatively small debt, such as with mobile telephones and shopping catalogues. However, in the previous 12 months, over £100,000 of debt had been consolidated and frozen. In our survey, only 22% of prisoners, against a

comparator of 26%, said they thought they would have problems with money or finance on release and only 20%, against 25%, said they expected to have problems with claiming benefits.

- 9.48 Until recently, the prison had been able to obtain more specialist support for prisoners with significant debts from a local solicitors' practice. Although this had currently ceased, the prison hoped to commission an alternative arrangement.
- 9.49 Prisoners could open bank accounts before release through HSBC. In our survey, 39% of prisoners, against a comparator of 16%, said they knew who to speak to at the prison about this facility.
- 9.50 A money management course had been provided but was currently suspended due to staff maternity leave absence. The prison hoped to make alternative arrangements to continue this programme.

Recommendations

- 9.51 **Further specialist debt management for prisoners with significant debt should be provided.**
- 9.52 **The prison should reintroduce the money management programme.**

Drugs and alcohol

- 9.53 Counselling, assessment, referral, advice and throughcare (CARAT) provision was satisfactory and offered a range of services. The drug strategy committee had not met for some time and the policy document lacked up-to-date performance measures, but there was good joint working arrangements between service providers. Prisoners who were drug and/or alcohol users could access a wide range of support, including the prisons addressing substance related offending (P-ASRO) and control of violence for angry impulsive drinkers (COVAID) programmes.
- 9.54 The head of reducing reoffending was the establishment drug coordinator. The prison did not have a drug strategy manager and the drug strategy committee had not met in the previous five months. Service managers met at local integrated drug treatment system (IDTS) and accredited intervention meetings, and there was a range of joint working protocols.
- 9.55 The policy document did not include alcohol services and performance measures were out of date. There had been a recent needs analysis although this had not yet informed an annual action plan, and some health service data were out of date. The analysis showed that the main problems for prisoners were cannabis, cocaine and alcohol; the use of cocaine was often connected to binge drinking.
- 9.56 CARAT services were provided by a senior officer, who managed the team, and five officers. He was also the treatment manager for COVAID, the programme manager for P-ASRO and responsible for the dog team handlers. There was monthly staff supervision and CARAT officers were clearly motivated and committed to the work, but we were told there was little time for training and staff were frequently diverted to operational duties.

- 9.57 A CARAT officer provided weekly induction input and saw all new arrivals within three days. The team was on target to meet the triage assessment target of 110. The active open caseload was 141 with a further 16 files suspended. While the CARAT service focused on care plans, care plan reviews and throughcare arrangements, IDTS workers provided the majority of structured one-to-one interventions as well as IDTS group work modules. All prisoners could access IDTS groups and 160 took part in group work every month. IDTS workers updated CARAT files and kept the OMU informed of progress.
- 9.58 Neither CARAT nor IDTS services had developed a formal mechanism for user feedback. Prisoners were positive about the help they received but suggested that a CARAT/IDTS gym session could offer additional support.
- 9.59 Although the CARAT remit excluded ongoing work with primary alcohol users, the prison had developed a good range of provision for this group. Services included the IDTS alcohol awareness module and structured one-to-one work, a four-session alcohol management daycare course and the 10-session COVAID programme. The prison had received no additional funding to run the COVAID course, which was facilitated by CARAT and programme officers as well as IDTS workers. Since April 2010, 34 prisoners had successfully completed the course, and a further four groups were planned for 2011.
- 9.60 The P-ASRO programme was delivered by a treatment manager and four facilitators from CRI (Crime Reduction Initiative). Of the 70 prisoners starting, 51 had already completed the course since April 2010 against an annual target of 80 starts and 52 completions. Acceptance criteria still excluded prisoners who were stable on substitute opiate regimes, which was inappropriate. Course participants could attend designated weekly P-ASRO gym sessions, but a peer mentor scheme offering additional support during and post-programme had not been developed.
- 9.61 While the P-ASRO team felt well supported by drug strategy and CARAT leads, staff awareness sessions were frequently cancelled. Progress reports were shared with the OMU but offender supervisors rarely attended post-programme meetings.
- 9.62 P-ASRO participants were expected to sign compact based drug testing compacts, but testing was voluntary for all other prisoners. A designated CARAT officer conducted mobile testing and testing frequency was risk assessed. At the time of the inspection, 139 prisoners had signed compacts. In the previous six months, six prisoners had tested positive, all for cannabis.
- 9.63 The CARAT service had good links with employment and housing advice agencies in the prison and linked in well with community providers, such as supported housing projects and drug intervention programme (DIP) teams. A local DIP worker visited the prison frequently, and teams across the area offered prisoners an appointment on release. However, the remit of most DIPs still excluded ongoing support of those with cannabis or alcohol problems.

Recommendations

- 9.64 **The drug strategy committee should meet regularly and all relevant departments and service providers should attend.**
- 9.65 **The drug strategy document should include alcohol services and contain up-to-date performance measures and detailed action plans that are informed by the needs analysis.**

- 9.66 **CARAT (counselling, assessment, referral, advice and throughcare) officers should not be diverted to operational duties.**
- 9.67 **CARAT and integrated drug treatment system (IDTS) services should gather user feedback to inform future provision, such as designated gym sessions.**
- 9.68 **Prisoners receiving opiate substitute treatment should not be prevented from undertaking the P-ASRO programme solely on these grounds.**
- 9.69 **There should be a peer support scheme to offer additional support to prisoners during and after the P-ASRO programme.**

Housekeeping points

- 9.70 The establishment should ensure that P-ASRO awareness training is delivered to staff.
- 9.71 Offender supervisors should be encouraged to attend P-ASRO post-programme reviews.

Good practice

- 9.72 *The establishment had developed a good range of services for prisoners who were problem alcohol users, including alcohol awareness and alcohol management sessions, one-to-one work and the COVAID programme.*

Children and families of offenders

- 9.73 The visitors' centre was appropriate and arrangements for booking visits had improved. The visits hall was a positive environment although prisoners had to wear identifying bibs. There was a range of initiatives to help prisoners maintain family ties, including the much-appreciated fortnightly family days.
- 9.74 Work on this pathway continued to be very positive. The visitors' centre was just outside the main prison gate and was staffed from half an hour before visits started until half an hour after they finished. The centre was well maintained and included a small play area, a seated area and lockers for valuables as well as a range of information for visitors.
- 9.75 Visits were available for up to two hours Monday to Thursday, Saturday and Sunday afternoons and on Saturday mornings. On two Wednesdays a month, there were family visits rather than general visits. Visitors were managed on a first come, first served basis and there were sometimes delays in getting through the searching procedure, although usually all visitors were in place by about 2.30pm. There was a cut-off for visitors at 3pm, although we were told that this could be waived in some circumstances. Visitors told us that they were generally treated well. In our survey, 59% of respondents said that they and their families were treated well by visits staff, against the 52% comparator.
- 9.76 Previous problems with getting through to the visits telephone booking line had been resolved since a new database had been introduced in December 2010. The new system also allowed for visiting orders to be transferred from other establishments when prisoners were moved. Visits could also be booked by email, but visitors could not book a future visit while at the prison.

- 9.77 Prisoners moved to the visits hall during free flow – usually at about 1.50pm. On one day during the inspection there was a delay in free flow and prisoners did not arrive until 2.20pm, although we were told that such delays were rare. Prisoners had to wait in the visits hall or holding room for their visitors to arrive but could return to their wings at around 3pm if their visitor did not arrive. Although all visitors were given an ultraviolet stamp on their hand that was checked on exiting, prisoners still had to wear bibs, which seemed unnecessary.
- 9.78 The visits hall was large and light and could accommodate up to 31 open visits and a further eight closed visits. Tables were reasonably spaced to allow for privacy. There was a tea bar for drinks and snacks staffed by prisoners from the resettlement unit. Although there was a small play area for children it was not staffed and prisoners could not leave their seats to play with their children.
- 9.79 One of the two monthly family days was for small children, up to 18 months, and the other for older children. The latter sessions were co-facilitated with staff from the local Sure Start project. These visits were held in the old visits hall, which had been adapted well to meet the needs of children. Sessions were very popular and open to all prisoners with children, regardless of their IEP status. Although sessions were limited to eight to 10 prisoners, there was no waiting list.
- 9.80 A small team of three officers managed and ran family sessions, along with other provision under this pathway. The prison regularly facilitated first contact visits for new fathers as well as face-to-face contacts where there had been difficulties in relationships, facilitated through social services.
- 9.81 The 11-session Parentis parenting programme ‘toddlers to tantrums’ was delivered four times a year, with usually three sessions a week over four weeks. Prisoners on the current programme said they found it useful. Storybook Dads had recently been relaunched and was delivered through the education department. Despite this provision, it was not clear why in our survey only 33% of respondents, against the comparator of 45%, said that they had been helped to maintain contact with their families and friends.

Recommendations

- 9.82 **Visitors should be able to book their next visit while they are at the prison.**
- 9.83 **Prisoners should not have to wear bibs during visits.**
- 9.84 **The children’s play area should be staffed during visits.**
- 9.85 **The prison should survey prisoners to ascertain why many did not feel the prison supported their maintenance of contact with family and friends.**

Attitudes, thinking and behaviour

- 9.86 There had been no needs analysis to identify the range of interventions required. Despite this, three accredited interventions were available but they were insufficient to meet demand.
- 9.87 The prison currently offered the P-ASRO and COVAID programmes (see drugs and alcohol section above). The only other nationally accredited programme was the thinking skills

programme (TSP). Although new arrivals were screened for their suitability for the TSP, there had been no needs analysis on which to base need for other programmes.

- 9.88 The TSP delivery team included six facilitators and a treatment manager. At the time of the inspection the prison was delivering its seventh TSP programme for the year and was scheduled to complete eight by the end of March 2011. Demand for the programme was high with 444 prisoners currently on the waiting list for assessment. We were told that generally around three prisoners were assessed for each place offered but this still meant that prisoners might have to wait as long as two years to get on the course. Priority was, nevertheless, given to prisoners with the earliest release date and to IPP prisoners. Where possible, offender supervisors negotiated for prisoners to complete the programme, or its equivalent, on release as part of licence conditions, but community demand and short licences meant that many prisoners were unable to attend. This was compounded by the limited range of one-to-one provision available through the offender management unit.
- 9.89 In principle prisoners could transfer to another establishment to complete a specific programme, but this was extremely rare and no staff we spoke to could remember the last time this had happened. There was currently no mechanism for prisoners to have ROTL to attend programmes in the community not available at the prison.
- 9.90 The programme team was scheduled to begin delivering the CALM (controlling anger and learning to manage it) programme during 2011. Three programmes were scheduled after April 2011.
- 9.91 The prison also delivered a non-accredited victim awareness programme and eight courses were scheduled for the following 12 months. Priority for this course was based on need as identified in sentence planning targets but, as there was a backlog in these (see paragraph 9.11) we remained concerned that there was considerable unmet need.

Recommendations

- 9.92 **The prison should ensure that the availability of offending behaviour programmes matches the need of prisoners as identified in a needs analysis.**
- 9.93 **Subject to risk assessment, prisoners should be able to have release on temporary licence to attend offending behaviour programmes in the community not available at the prison.**

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

-
- 10.1 The prison should, in consultation with prisoners, review the current strategies to create a safer environment, and reduce levels of violence in the prison. (HP48)
 - 10.2 Governance of the use of force, including use of special accommodation, should be improved. (HP49)
 - 10.3 Use of the segregation unit should be reduced. (HP50)
 - 10.4 The prison should develop and monitor an action plan to evaluate patterns and trends in ethnic monitoring to address the differential impact of the regime on black and minority ethnic prisoners. (HP51)
 - 10.5 The amount of time that prisoners spend out of their cells should be increased. (HP52)
 - 10.6 The prison should increase the number of full-time purposeful activity places to meet the needs of all prisoners. (HP53)
 - 10.7 Opportunities for prisoners in the resettlement unit to undertake community placements should be increased. (HP54)
 - 10.8 The prison should extend opportunities for prisoners to work outside the prison on release on temporary licence (ROTL). (HP55)

Recommendation

To NOMS

-
- 10.9 Prices for prison shop items should reflect the level of prison wages. (8.18)

Recommendations

To the governor

Courts, escorts and transfers

-
- 10.10 Reception should remain open over lunchtimes when prisoners are expected to arrive. (1.5)
 - 10.11 Prisoners should not wait on vehicles for long periods after arrival in the prison. (1.6)

First days in custody: reception

-
- 10.12 All holding rooms should be appropriately supervised when occupied. (1.14)

- 10.13 New arrivals should spend less time being processed in reception. (1.15)
- 10.14 Prisoners should receive their in-cell property on the day of their arrival. (1.16)

First days in custody: first night

- 10.15 A first night strategy should be in place. (1.22)
- 10.16 First night cells should be clean, prepared and appropriately equipped for new arrivals. (1.23)

First days in custody: induction

- 10.17 Prisoners on the induction programme should remain unlocked when they are not actively engaged with modules. (1.28)
- 10.18 There should be procedures to ensure that the induction programme is fully completed by all new prisoners. (1.29)

Residential units: accommodation and facilities

- 10.19 All prisoners should be issued with keys for the lockable cabinets, and those in cells with privacy locks should be issued with keys. (2.12)
- 10.20 There should be a programme of cell painting and maintenance to ensure cells are of a decent standard. (2.13)
- 10.21 B wing cell toilet areas should be adequately screened to provide privacy. (2.14)
- 10.22 The processing of incoming and outgoing mail should be expedited. (2.15)

Residential units: clothing and possessions

- 10.23 The prison should allow prisoners to wear their own clothes. (2.24)
- 10.24 Laundry facilities for prisoners should be introduced on B, D and E wings. (2.25)

Staff-prisoner relationships

- 10.25 The prison should develop a strategy that focuses on developing trust and respect between staff and prisoners. (2.34)

Personal officers

- 10.26 The personal officer scheme should be relaunched with the emphasis on better interaction between staff and prisoners to ensure a more rounded view of individual prisoners and with links to the offender management unit further developed. (2.40)

Bullying and violence reduction

- 10.27 The range of violence reduction monitoring data collated should be extended to include all local indicators of violence, and data should be analysed over time to identify trends and ensure an appropriate response. (3.17)
- 10.28 There should be interventions for perpetrators to challenge and address the underlying causes of bullying and violent behaviour. (3.18)
- 10.29 All identified victims of violence and bullying should be properly supported, and formal reintegration care planning should be developed for victims placed on restrictions. (3.19)

Self-harm and suicide

- 10.30 The safer custody committee should make regular detailed analysis of patterns and trends for prisoners self-harming or in crisis, and this should be reflected in the meeting minutes. (3.32)
- 10.31 The constant observation cell should not be located in the segregation unit. (3.33)
- 10.32 Assessment, care in custody and teamwork (ACCT) self-harm monitoring case reviews should always be multidisciplinary and include health care input. (3.34)
- 10.33 Professional interpreting services should always be used for foreign national prisoners in crisis who have limited or no English. (3.35)
- 10.34 The procedures for Listener access to prisoners in crisis at night should be clarified with staff and prisoners. (3.36)
- 10.35 The safer cell should be deep cleaned and made more habitable. (3.37)

Applications and complaints

- 10.36 The complaint boxes should be emptied by the complaints clerk. (3.45)

Faith and religious activity

- 10.37 All prisoners who wish to do so should be able to attend corporate worship. (3.56)

Substance use: clinical management

- 10.38 The establishment should explore the introduction of self-help groups, such as Narcotics Anonymous. (3.64)
- 10.39 Prisoners should have access to smoking cessation advice and nicotine replacement therapy without undue delay. (3.65)

Substance use: drug testing

- 10.40 The mandatory drug testing (MDT) programme should be sufficiently resourced to undertake suspicion testing within the required time. (3.69)
- 10.41 MDT facilities should be refurbished to create an adequate testing and waiting environment. (3.70)

Diversity

- 10.42 Diversity and equality action plans should include strategic objectives to drive forward work across all diversity strands. (4.9)
- 10.43 Prison monitoring should include other elements of diversity, including disability, age and particularly religion. (4.10)

Diversity: race equality

- 10.44 There should be formal interventions to challenge prisoners who engage in racist behaviour. (4.19)

Diversity: foreign nationals

- 10.45 The prison should work with the UK Border Agency to ensure that decisions to deport and maintain detention after sentence expiry are made and communicated to prisoners well before the end of sentence. (4.34)
- 10.46 All foreign national prisoners should be able to make a free monthly international telephone call irrespective of whether they receive visits. (4.35)

Diversity: disability

- 10.47 The diversity team should work collaboratively with other key departments, particularly health care and learning and skills, to ensure there are follow-up assessments for all prisoners who self-disclose a disability and appropriate action to meet identified needs. (4.42)

Diversity: sexual orientation

- 10.48 Support mechanisms for gay and bisexual prisoners should be developed. (4.45)

Health services: general

- 10.49 Handwashing facilities should be provided in the reception health care room. (5.6)

Health services: clinical governance

- 10.50 There should be a full health care staff skill mix review to ensure there are enough appropriately qualified nursing, administrative and support staff to deliver the service. (5.20)

- 10.51 Regular health care team meetings should be held and minuted. (5.21)
- 10.52 Health care appointments should be managed by administrative rather than nursing staff. (5.22)
- 10.53 Emergency equipment should be checked regularly and the checks documented. (5.23)
- 10.54 There should be a dedicated health care prisoner forum to address any prisoner concerns about health services delivery. (5.24)

Health services: primary care

- 10.55 The head of health care and the mental health in-reach team service manager should investigate our survey findings to determine the cause of prisoner dissatisfaction with some aspects of health service delivery, including mental health. (5.33)
- 10.56 Nursing staff should use standardised triage forms to ensure consistency of treatment and outcomes. (5.34)

Health services: pharmacy

- 10.57 The pharmacist should undertake regular audit of medicines administered under the over-the-counter formulary. (5.40)
- 10.58 The last medicines administration of the day should be at 8pm. Nursing staff should be on duty to give the prisoners the medication at the correct time. (5.41)
- 10.59 Medicine administration should be documented on to SystemOne at the time of administration, including occasions when the prisoner has refused medication. (5.42)
- 10.60 The PCT and provider GPs should be encouraged to attend the medicines and therapeutics committee regularly. (5.43)
- 10.61 Patient group directions should be reviewed and brought up to date. (5.44)

Health services: dentistry

- 10.62 Additional dental sessions should be provided to reduce the waiting list. (5.52)
- 10.63 A new dental health needs assessment should be completed before the commissioning of the new dental surgery. (5.53)

Health services: mental health

- 10.64 The mental health in-reach team manager should hold service user groups to determine the cause of prisoner dissatisfaction with mental health services. (5.64)

Time out of cell

- 10.65 There should be greater clarity, discipline and rigour in the application of the published core day, and routines should be adhered to. (6.7)
- 10.66 Association sessions should be of longer duration. (6.8)
- 10.67 All prisoners should have access to exercise. (6.9)
- 10.68 The environment and amenities in exercise yards should be improved. (6.10)

Learning and skills and work activities: leadership and management

- 10.69 Appropriate quality improvement arrangements should be further established across the provision of learning and skills. (6.15)
- 10.70 There should be better use of equality and diversity data to identify appropriate action to close the achievement gaps between ethnic groups. (6.16)
- 10.71 There should be clear and robust procedures, including security input, for the allocation of prisoners to activities that ensure fairness and transparency. (6.17)
- 10.72 There should be a clear pay policy that makes explicit the circumstances in which pay can be deducted from prisoners. (6.18)

Learning and skills and work activities: induction

- 10.73 The induction to learning and skills should be improved to stimulate prisoners' interests and, particularly, to promote distance learning courses better. (6.20)

Learning and skills and work activities: work

- 10.74 The data on activity places should be improved to identify accurate attendance figures across the provision. (6.22)
- 10.75 Attendance and punctuality across all learning and skills areas should be improved to ensure prisoners make full use of activity time. (6.23)
- 10.76 Skills developed by prisoners in work areas with no accreditation should be recognised and recorded. (6.24)

Learning and skills and work activities: education

- 10.77 There should be more education courses above level 2. (6.28)
- 10.78 The pass rates on education courses should continue to be improved. (6.29)

Learning and skills and work activities: library

- 10.79 Data on prisoners' library use should be collected, analysed and used to inform the provision. (6.32)
- 10.80 All prisoners should receive a library induction. (6.33)
- 10.81 There should be better access to the library for all prisoners, particularly those in the newer wings. (6.34)

Physical education and health promotion

- 10.82 There should be urgent repairs to the outside all-weather pitch and the closed gym reopened as soon as possible. (6.40)

Security and rules

- 10.83 Actions requested on security information reports should be completed within appropriate timescales. (7.15)
- 10.84 There should be more meaningful analysis of the monthly intelligence report, which should be used to inform appropriate security objectives. (7.16)
- 10.85 All prisoners placed on the restrictions list should have a formal care, support and reintegration plan. (7.17)
- 10.86 Exclusions should only be applied if there is intelligence on individuals or information related to corporate worship that supports the exclusion. (7.18)
- 10.87 Prisoners should only be placed on closed visits when there is sufficient intelligence to support this. (7.19)
- 10.88 Prisoners should only be strip searched after visits when there is intelligence to support this. (7.20)
- 10.89 Rules should be applied consistently by all staff. (7.21)

Discipline: disciplinary procedures

- 10.90 Adjudicators should ensure that all charges are appropriately investigated before reaching a verdict for adjudications and minor reports. (7.29)
- 10.91 Mitigation offered in adjudications or minor reports should be recorded and taken into account with any finding of guilt. (7.30)
- 10.92 A formal quality assurance procedure for adjudication and minor report documentation should be introduced. (7.31)
- 10.93 Adjudication standardisation meetings should take place more frequently and be attended by relevant personnel. (7.32)

10.94 Data collected on minor reports should be improved. (7.33)

Discipline: the use of force

10.95 Any use of a baton should be independently investigated to give assurance that its use is appropriate and proportionate. (7.42)

10.96 All planned interventions should be video-recorded and subsequently reviewed, with appropriate action taken where necessary. (7.43)

10.97 The special accommodation log should record explicitly whether use relates to the special cell or gated or safer cell. (7.44)

Discipline: segregation unit

10.98 The communal showers and toilets in the segregation unit should be refurbished. (7.55)

10.99 Good order or discipline paperwork to authorise segregation should be completed thoroughly and contain individualised behaviour improvement targets. (7.56)

10.100 The differential regime operated in the segregation unit should be reviewed and access to in-cell power should not be restricted. (7.57)

10.101 Personal officers should record regular and constructive engagement with prisoners in case notes. (7.58)

10.102 Data gathered on segregation should be analysed for patterns and trends and used to take appropriate action on any concerns highlighted. (7.59)

10.103 The segregation unit and, in particular, special accommodation should only be used for prisoners on assessment, care in custody and teamwork (ACCT) monitoring in exceptional and justifiable circumstances. (7.60)

Incentives and earned privileges

10.104 Prisoners on the basic regime should be allowed a period of association weekly. (7.69)

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

Catering

10.106 All serveries should be kept clean and well maintained. (8.8)

10.107 Lunch should be served no earlier than 12 noon and dinner no earlier than 5pm. (8.9)

10.108 Prisoners should be able to dine in association. (8.10)

10.109 The way in which the 'grab bag' lunches are distributed should be reviewed. (8.11)

10.110 Breakfast should be served on the morning that it is to be consumed. (8.12)

Prison shop

10.111 New arrivals should be able to access the prison shop within their first 24 hours. (8.19)

Strategic management of resettlement

10.112 There should be an annual needs assessment of prisoners, which should be used to inform service development. (9.6)

Offender management and planning: sentence planning and offender management

10.113 Details of work undertaken by the offender management unit should be clearly identified and outlined in a policy document to inform practitioners and other departments. (9.18)

10.114 All prisoners should have a completed and up-to-date OASys (offender assessment system) assessment. (9.19)

10.115 Sentence planning boards should include contributions from all relevant departments. (9.20)

10.116 Offender managers should actively participate in sentence planning meetings, monitor and manage the implementation of objectives, and maintain sufficient contact with prisoners. (9.21)

10.117 There should be regular casework supervision for all offender supervisors to ensure effective and consistent provision. (9.22)

10.118 Appropriate prisoners should be assessed for and progress to the resettlement unit at the earliest opportunity. (9.23)

Offender management and planning: public protection

10.119 The interdepartmental risk management team should, where possible, review prisoners subject to multi-agency public protection arrangements (MAPPA) six months before their release and as regularly as required thereafter. (9.30)

Resettlement pathways: accommodation

10.120 There should be an additional community resettlement worker, funding permitting. (9.37)

Resettlement pathways: education, training and employment

10.121 Further links should be developed with external training providers and education establishments to support prisoners in applying for and going into courses when they leave. (9.41)

Resettlement pathways: mental and physical health

- 10.122 An up-to-date and relevant palliative care policy should be produced without undue delay. (9.45)

Resettlement pathways: finance, benefit and debt

- 10.123 Further specialist debt management for prisoners with significant debt should be provided. (9.51)
- 10.124 The prison should reintroduce the money management programme. (9.52)

Resettlement pathways: drugs and alcohol

- 10.125 The drug strategy committee should meet regularly and all relevant departments and service providers should attend. (9.64)
- 10.126 The drug strategy document should include alcohol services and contain up-to-date performance measures and detailed action plans that are informed by the needs analysis. (9.65)
- 10.127 CARAT (counselling, assessment, referral, advice and throughcare) officers should not be diverted to operational duties. (9.66)
- 10.128 CARAT and integrated drug treatment system (IDTS) services should gather user feedback to inform future provision, such as designated gym sessions. (9.67)
- 10.129 Prisoners receiving opiate substitute treatment should not be prevented from undertaking the P-ASRO programme solely on these grounds. (9.68)
- 10.130 There should be a peer support scheme to offer additional support to prisoners during and after the P-ASRO programme. (9.69)

Resettlement pathways: children and families of offenders

- 10.131 Visitors should be able to book their next visit while they are at the prison. (9.82)
- 10.132 Prisoners should not have to wear bibs during visits. (9.83)
- 10.133 The children's play area should be staffed during visits. (9.84)
- 10.134 The prison should survey prisoners to ascertain why many did not feel the prison supported their maintenance of contact with family and friends. (9.85)

Resettlement pathways: attitudes, thinking and behaviour

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

- 10.136 Subject to risk assessment, prisoners should be able to have release on temporary licence to attend offending behaviour programmes in the community not available at the prison. (9.93)

Housekeeping points

First days in custody: reception

- 10.137 The holding room toilet should be kept clean and free from graffiti. (1.17)
- 10.138 New arrivals should be given a higher amount of non-repayable telephone credit on their first night. (1.18)

Residential units: accommodation and facilities

- 10.139 Staff should ensure that the areas behind wings are kept clean and litter-free. (2.16)
- 10.140 Wing notice boards should display information in relevant languages. (2.17)
- 10.141 Staff should ensure that the offensive display policy is adhered to. (2.18)
- 10.142 Regular cell inspections should be meaningful and ensure that graffiti is eradicated and cells kept clean. (2.19)
- 10.143 The prisoner council meeting should be managed to ensure it is an orderly meeting in which everyone can participate. (2.20)

Residential units: hygiene

- 10.144 The cleanliness of the shower rooms in the older accommodation should be improved. (2.29)

Bullying and violence reduction

- 10.145 The violence reduction officer should be provided with a copy of all complaints with a bullying element and, where appropriate, should be involved in investigating and providing a response to them. (3.20)

Self-harm and suicide

- 10.146 The self-harm and suicide prevention policy document should include a comprehensive section on the support and care available for those in crisis. (3.38)
- 10.147 Accurate ACCT training data should be kept. (3.39)

Health services: general

- 10.148 All graffiti should be removed from health care areas. (5.7)

Health services: pharmacy

- 10.149 Loose tablets and foils should not be present in stock. (5.45)
- 10.150 Maximum and minimum temperatures should be recorded daily by nursing staff for medicine refrigerators in treatment rooms. Corrective action should be taken where necessary and monitored by pharmacy staff. (5.46)

Security and rules

- 10.151 Minutes of the monthly intelligence executive team meeting should be maintained. (7.22)
- 10.152 The security committee should be attended by appropriate residential managers. (7.23)

Discipline: segregation unit

- 10.153 Toilets in cells in the segregation unit should be clean. (7.61)

Incentives and earned privileges

- 10.154 Staff should be encouraged to issue good behaviour tickets. (7.71)

Catering

- 10.155 Food comments books should be readily available at each servery and responses to comments should be timely. (8.13)

Offender management and planning: sentence planning and offender management

- 10.156 Telephone conferencing facilities should be used when offender managers cannot physically attend sentence planning boards. (9.24)
- 10.157 Video-conferencing facilities should be made available for sentence planning boards. (9.25)

Resettlement pathways: drugs and alcohol

- 10.158 The establishment should ensure that P-ASRO awareness training is delivered to staff. (9.70)
- 10.159 Offender supervisors should be encouraged to attend P-ASRO post-programme reviews. (9.71)

Examples of good practice

- 10.160 The use of the daily briefing sheet for prisoners on an ACCT document allowed all staff to be aware of risk factors for those in crisis. (3.40)

- 10.161 The issue of pocket-sized translated cards to foreign national prisoners ensured staff were quickly made aware of the need to use the professional interpreting service and the language the prisoner spoke. (4.36)
- 10.162 A member of the mental health in-reach team visited the segregation unit daily and spoke with each prisoner about their general and mental health. They routinely discussed coping strategies with individuals, monitored patterns of behaviour and also advised staff how best to manage these prisoners. (7.62)
- 10.163 The establishment had developed a good range of services for prisoners who were problem alcohol users, including alcohol awareness and alcohol management sessions, one-to-one work and the COVAID programme. (9.72)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Andrea Walker	Inspector
Laura Nettleingham	Senior researcher
Adam Altoft	Researcher

Specialist inspectors

Sigrid Engelen	Drugs inspector
Bridget McEvilly	Health services inspector
Martin Wedgwood	Pharmacist
Simon Denton	Dentist

Neil Edwards	Ofsted inspector
Nick Crombie	Ofsted inspector
Anne Pike	Ofsted inspector

Ian Simpkins	HMI Probation
Eileen O'Sullivan	HMI Probation

Appendix II: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	521	62	
Recall	1	0	
Convicted unsentenced	37	7	
Remand	2	0	
Total	562	69	

Sentence	18–20 yr olds	21 and over	%
Less than 6 months	34	1	
6 months to less than 12 months	45	1	
12 months to less than 2 years	128	5	
2 years to less than 4 years	258	41	
4 years to less than 10 years	95	19	
Life	2	2	
Total	562	69	

Age	Number of prisoners	%
Under 21 years: <i>minimum age=18</i>	562	
21 years to 29 years	69	
Total	631	

Nationality	18–20 yr olds	21 and over	%
British	460	59	
Foreign nationals	90	9	
Not stated	12	1	
Total	562	69	

Security category	18–20 yr olds	21 and over	%
Uncategorised sentenced	7	2	
Unclassified	49	9	
Unsentenced	21	6	
Closed YOI	484	52	
Category C	1	0	
Total	112	624	

Ethnicity	18–20 yr olds	21 and over	%
<i>White:</i>			
British	249	32	
Irish	4	0	
Other white	15	3	
<i>Mixed:</i>			
White and black Caribbean	23	5	
White and black African	9	0	
White and Asian	4	1	
Other mixed	15	2	
<i>Asian or Asian British:</i>			
Indian	8	0	
Pakistani	13	0	
Bangladeshi	11	2	
Other Asian	19	3	
<i>Black or black British:</i>			
Caribbean	73	12	

African	68	4	
Other black	19	1	
<i>Chinese or other ethnic group:</i>			
Other ethnic group	10	1	
<i>Not stated:</i>	22	3	
Total	562	69	

Religion	18–20 yr olds	21 and over	%
Church of England	68	12	
Roman Catholic	138	14	
Other Christian denominations	80	9	
Muslim	141	16	
Hindu	2	0	
Buddhist	4	0	
Sikh	3	0	
Jewish	1	0	
Other	1	0	
No religion	124	18	
Total	562	69	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	135	24.1	2	2.9
1 month to 3 months	156	27.8	7	10.1
3 months to 6 months	133	23.7	21	30.4
6 months to 1 year	105	18.7	21	20.4
1 year to 2 years	32	5.7	15	21.7
2 years to 4 years	0	0	3	4.3
Total	561		69	

Main offence	18–20 yr olds	21 and over	%
Violence against the person	165	27	30
Burglary	72	5	12
Robbery	137	20	25
Theft and handling	37	8	7
Fraud and forgery	3	0	0
Drugs offences	87	19	17
Other offences	39	6	7
Civil offences	4	0	1
Offence not recorded/holding warrant	1	1	0
Total	545	86	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 19 January 2011, the prisoner population at HMYOI Rochester was 613. The sample size was 205. Overall, this represented 33% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. No 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;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

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

Response rates

In total, 184 respondents completed and returned their questionnaires. This represented 30% of the prison population. The response rate was 90%. In addition to the five respondents who refused to complete a questionnaire, 12 questionnaires were not returned and four were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in young adult prisons. This comparator is based on all responses from prisoner surveys carried out in 13 young adult prisons since 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMYOI Rochester in 2005.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.

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

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

Summary

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

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

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

Survey results

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	163 (89%)
	<i>21 - 29</i>	21 (11%)
	<i>30 - 39</i>	0 (0%)
	<i>40 - 49</i>	0 (0%)
	<i>50 - 59</i>	0 (0%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	161 (88%)
	<i>Yes - on recall</i>	22 (12%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	0 (0%)
	<i>Less than 6 months</i>	16 (9%)
	<i>6 months to less than 1 year</i>	23 (13%)
	<i>1 year to less than 2 years</i>	45 (25%)
	<i>2 years to less than 4 years</i>	73 (41%)
	<i>4 years to less than 10 years</i>	21 (12%)
	<i>10 years or more</i>	0 (0%)
	<i>IPP (indeterminate sentence for public protection)</i>	1 (1%)
	<i>Life</i>	0 (0%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	Not sentenced	0 (0%)
	<i>6 months or less</i>	90 (55%)
	<i>More than 6 months</i>	75 (45%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	14 (8%)
	<i>1 to less than 3 months</i>	33 (19%)
	<i>3 to less than 6 months</i>	39 (22%)
	<i>6 to less than 12 months</i>	57 (32%)
	<i>12 months to less than 2 years</i>	25 (14%)
	<i>2 to less than 4 years</i>	9 (5%)
	<i>4 years or more</i>	0 (0%)

Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)			
	Yes			20 (11%)
	No			157 (89%)
Q1.8	Is English your first language?			
	Yes			160 (90%)
	No			17 (10%)
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	85 (47%)	<i>Asian or Asian British - Bangladeshi</i>	5 (3%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> ..	4 (2%)
	<i>White - other</i>	4 (2%)	<i>Mixed race - white and black Caribbean</i>	8 (4%)
	<i>Black or black British - Caribbean</i>	27 (15%)	<i>Mixed race - white and black African</i>	3 (2%)
	<i>Black or black British - African</i>	23 (13%)	<i>Mixed race - white and Asian</i> ..	2 (1%)
	<i>Black or black British - other</i> ..	2 (1%)	<i>Mixed race - other</i>	5 (3%)
	<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Chinese</i>	0 (0%)
	<i>Asian or Asian British - Pakistani</i>	3 (2%)	<i>Other ethnic group</i>	4 (2%)
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	Yes			9 (5%)
	No			162 (95%)
Q1.11	What is your religion?			
	<i>None</i>	55 (30%)	<i>Hindu</i>	0 (0%)
	<i>Church of England</i>	30 (17%)	<i>Jewish</i>	3 (2%)
	<i>Catholic</i>	38 (21%)	<i>Muslim</i>	44 (24%)
	<i>Protestant</i>	1 (1%)	<i>Sikh</i>	0 (0%)
	<i>Other Christian denomination</i>	6 (3%)	<i>Other</i>	2 (1%)
	<i>Buddhist</i>	2 (1%)		
Q1.13	Do you consider yourself to have a disability?			
	Yes			16 (9%)
	No			165 (91%)
Q1.14	How many times have you been in prison before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	87 (48%)	27 (15%)	46 (25%)	21 (12%)
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?			
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	18 (10%)	160 (88%)	4 (2%)	
Q1.16	Do you have any children under the age of 18?			
	Yes			46 (25%)
	No			136 (75%)

Section 2: Courts, transfers and escorts

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

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van	13 (7%)	77 (43%)	35 (19%)	32 (18%)	14 (8%)	10 (6%)	0 (0%)
Your personal safety during the journey	15 (8%)	105 (59%)	30 (17%)	14 (8%)	7 (4%)	6 (3%)	1 (1%)
The comfort of the van	4 (2%)	20 (11%)	10 (6%)	42 (24%)	97 (55%)	3 (2%)	0 (0%)
The attention paid to your health needs	8 (5%)	49 (28%)	57 (32%)	26 (15%)	24 (14%)	8 (5%)	5 (3%)
The frequency of toilet breaks	3 (2%)	19 (11%)	24 (14%)	35 (20%)	64 (36%)	7 (4%)	24 (14%)

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
16 (9%)	99 (55%)	54 (30%)	10 (6%)	2 (1%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
22 (12%)	103 (57%)	44 (24%)	7 (4%)	2 (1%)	3 (2%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	168 (92%)	13 (7%)	1 (1%)
Before you arrived here did you receive any written information about what would happen to you?	70 (39%)	100 (56%)	9 (5%)
When you first arrived here did your property arrive at the same time as you?	159 (89%)	16 (9%)	3 (2%)

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	32 (19%)	<i>Money worries</i>	50 (29%)
<i>Loss of property</i>	34 (20%)	<i>Feeling depressed or suicidal</i>	89 (52%)
<i>Housing problems</i>	68 (40%)	<i>Health problems</i>	110 (64%)
<i>Contacting employers</i>	26 (15%)	<i>Needing protection from other prisoners</i>	37 (22%)
<i>Contacting family</i>	93 (54%)	<i>Accessing phone numbers</i> ...	90 (52%)
<i>Ensuring dependants were being looked after</i>	28 (16%)	<i>Other</i>	3 (2%)

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

<i>Didn't have any problems</i>	58 (38%)	<i>Money worries</i>	31 (20%)
<i>Loss of property</i>	32 (21%)	<i>Feeling depressed or suicidal</i>	16 (10%)
<i>Housing problems</i>	47 (31%)	<i>Health problems</i>	22 (14%)
<i>Contacting employers</i>	9 (6%)	<i>Needing protection from other prisoners</i>	11 (7%)
<i>Contacting family</i>	34 (22%)	<i>Accessing phone numbers</i>	39 (25%)
<i>Ensuring dependants were looked after</i>	8 (5%)	<i>Other</i>	3 (2%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	166 (92%)	9 (5%)	6 (3%)
When you were searched, was this carried out in a respectful way?	143 (81%)	25 (14%)	8 (5%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
21 (12%)	103 (57%)	36 (20%)	16 (9%)	4 (2%)	2 (1%)

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

<i>Information about what was going to happen to you</i>	109 (63%)
<i>Information about what support was available for people feeling depressed or suicidal</i>	86 (49%)
<i>Information about how to make routine requests</i>	81 (47%)
<i>Information about your entitlement to visits</i>	92 (53%)
<i>Information about health services</i>	108 (62%)
<i>Information about the chaplaincy</i>	92 (53%)
<i>Not offered anything</i>	33 (19%)

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

<i>A smoker's/non-smoker's pack</i>	165 (92%)
<i>The opportunity to have a shower</i>	48 (27%)
<i>The opportunity to make a free telephone call</i>	101 (56%)
<i>Something to eat</i>	158 (88%)
<i>Did not receive anything</i>	2 (1%)

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

<i>Chaplain or religious leader</i>	65 (37%)
<i>Someone from health services</i>	137 (77%)
<i>A Listener/Samaritans</i>	32 (18%)
<i>Did not meet any of these people</i>	31 (17%)

Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes	11 (6%)
	No	168 (94%)
Q3.9	Did you feel safe on your first night here?	
	Yes	139 (77%)
	No	27 (15%)
	Don't remember	14 (8%)
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course</i>	10 (6%)
	<i>Within the first week</i>	124 (70%)
	<i>More than a week</i>	33 (19%)
	<i>Don't remember</i>	10 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	10 (6%)
	Yes	118 (66%)
	No	33 (19%)
	Don't remember	17 (10%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
		<i>N/A</i>				
	Communicate with your solicitor or legal representative?	14 (8%)	52 (29%)	35 (20%)	42 (24%)	20 (11%)
	Attend legal visits?	14 (8%)	76 (44%)	34 (20%)	13 (8%)	6 (4%)
	Obtain bail information?	5 (3%)	28 (17%)	36 (22%)	33 (20%)	22 (14%)
						38 (23%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					36 (20%)
	Yes					66 (38%)
	No					74 (42%)
Q4.3	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>	
	Are you normally offered enough clean, suitable clothes for the week?	121 (68%)	55 (31%)	2 (1%)	1 (1%)	
	Are you normally able to have a shower every day?	153 (86%)	24 (14%)	0 (0%)	0 (0%)	

Do you normally receive clean sheets every week?	159 (90%)	14 (8%)	2 (1%)	2 (1%)
Do you normally get cell cleaning materials every week?	132 (75%)	41 (23%)	3 (2%)	1 (1%)
Is your cell call bell normally answered within five minutes?	92 (53%)	67 (39%)	10 (6%)	5 (3%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	114 (67%)	54 (32%)	1 (1%)	2 (1%)
Can you normally get your stored property, if you need to?	67 (38%)	59 (34%)	40 (23%)	9 (5%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
1 (1%)	36 (20%)	37 (21%)	60 (34%)	42 (24%)

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

<i>Have not bought anything yet</i>	4 (2%)
<i>Yes</i>	85 (48%)
<i>No</i>	89 (50%)

Q4.6 Is it easy or difficult to get either:

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	77 (43%)	70 (39%)	13 (7%)	9 (5%)	5 (3%)	5 (3%)
An application form	90 (51%)	68 (39%)	8 (5%)	6 (3%)	2 (1%)	1 (1%)

Q4.7 Have you made an application?

<i>Yes</i>	164 (93%)
<i>No</i>	12 (7%)

Q4.8 Please answer the following questions concerning applications:

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

	Not made one	<i>Yes</i>	<i>No</i>
Do you feel <i>applications</i> are dealt with fairly?	12 (7%)	113 (63%)	55 (31%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	12 (7%)	79 (45%)	85 (48%)

Q4.9 Have you made a complaint?

<i>Yes</i>	72 (41%)
<i>No</i>	104 (59%)

Q4.10 Please answer the following questions concerning complaints:

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

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	104 (59%)	35 (20%)	38 (21%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	104 (59%)	29 (17%)	42 (24%)
Were you given information about how to make an appeal?	62 (38%)	44 (27%)	57 (35%)

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

Not made a complaint	104 (58%)
Yes	20 (11%)
No	55 (31%)

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

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
70 (40%)	10 (6%)	30 (17%)	34 (19%)	20 (11%)	11 (6%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	3 (2%)
<i>Enhanced</i>	75 (41%)
<i>Standard</i>	98 (54%)
<i>Basic</i>	4 (2%)
<i>Don't know</i>	1 (1%)

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?

Don't know what the IEP scheme is	3 (2%)
Yes	86 (49%)
No	71 (41%)
<i>Don't know</i>	14 (8%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

Don't know what the IEP scheme is	3 (2%)
Yes	98 (56%)
No	56 (32%)
<i>Don't know</i>	17 (10%)

Q4.16 Please answer the following questions about this prison

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	28 (16%)	150 (84%)
In the last six months have you spent a night in the segregation/care and separation unit?	42 (24%)	130 (76%)

Q4.17	Please answer the following questions about your religious beliefs	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	113 (64%)	28 (16%)	35 (20%)
	Are you able to speak to a religious leader of your faith in private if you want to?	99 (57%)	20 (11%)	55 (32%)
Q4.18	Can you speak to a Listener at any time if you want to?	Yes 87 (48%)	No 23 (13%)	<i>Don't know</i> 70 (39%)
Q4.19	Please answer the following questions about staff in this prison	Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	125 (69%)	55 (31%)	
	Do most staff treat you with respect?	111 (64%)	63 (36%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?	Yes 73 (41%)	No 107 (59%)																				
Q5.2	Do you feel unsafe in this prison at the moment?	Yes 24 (13%)	No 155 (87%)																				
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i>..... 107 (62%)</td> <td><i>At mealtimes</i>..... 9 (5%)</td> </tr> <tr> <td><i>Everywhere</i> 12 (7%)</td> <td><i>At health services</i> 8 (5%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 11 (6%)</td> <td><i>Visits area</i> 8 (5%)</td> </tr> <tr> <td><i>Association areas</i>..... 25 (14%)</td> <td><i>In wing showers</i>..... 28 (16%)</td> </tr> <tr> <td><i>Reception area</i> 2 (1%)</td> <td><i>In gym showers</i>..... 22 (13%)</td> </tr> <tr> <td><i>At the gym</i> 19 (11%)</td> <td><i>In corridors/stairwells</i> 9 (5%)</td> </tr> <tr> <td><i>In an exercise yard</i> 18 (10%)</td> <td><i>On your landing/wing</i> 19 (11%)</td> </tr> <tr> <td><i>At work</i>..... 20 (12%)</td> <td><i>In your cell</i> 13 (8%)</td> </tr> <tr> <td><i>During movement</i>..... 40 (23%)</td> <td><i>At religious services</i> 8 (5%)</td> </tr> <tr> <td><i>At education</i>..... 13 (8%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> 107 (62%)	<i>At mealtimes</i> 9 (5%)	<i>Everywhere</i> 12 (7%)	<i>At health services</i> 8 (5%)	<i>Segregation unit</i> 11 (6%)	<i>Visits area</i> 8 (5%)	<i>Association areas</i> 25 (14%)	<i>In wing showers</i> 28 (16%)	<i>Reception area</i> 2 (1%)	<i>In gym showers</i> 22 (13%)	<i>At the gym</i> 19 (11%)	<i>In corridors/stairwells</i> 9 (5%)	<i>In an exercise yard</i> 18 (10%)	<i>On your landing/wing</i> 19 (11%)	<i>At work</i> 20 (12%)	<i>In your cell</i> 13 (8%)	<i>During movement</i> 40 (23%)	<i>At religious services</i> 8 (5%)	<i>At education</i> 13 (8%)	
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<i>Everywhere</i> 12 (7%)	<i>At health services</i> 8 (5%)																						
<i>Segregation unit</i> 11 (6%)	<i>Visits area</i> 8 (5%)																						
<i>Association areas</i> 25 (14%)	<i>In wing showers</i> 28 (16%)																						
<i>Reception area</i> 2 (1%)	<i>In gym showers</i> 22 (13%)																						
<i>At the gym</i> 19 (11%)	<i>In corridors/stairwells</i> 9 (5%)																						
<i>In an exercise yard</i> 18 (10%)	<i>On your landing/wing</i> 19 (11%)																						
<i>At work</i> 20 (12%)	<i>In your cell</i> 13 (8%)																						
<i>During movement</i> 40 (23%)	<i>At religious services</i> 8 (5%)																						
<i>At education</i> 13 (8%)																							
Q5.4	Have you been victimised by another prisoner or group of prisoners here?	Yes 29 (16%)	No 149 (84%)																				
			If No, go to question 5.6																				
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends)</i></td> <td>16 (9%)</td> <td><i>Because of your sexuality</i></td> <td>0 (0%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends)</i>	16 (9%)	<i>Because of your sexuality</i>	0 (0%)																
<i>Insulting remarks (about you or your family or friends)</i>	16 (9%)	<i>Because of your sexuality</i>	0 (0%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	14 (8%)	<i>Because you have a disability</i>	2 (1%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your religion/religious beliefs.....</i>	3 (2%)
<i>Because of your race or ethnic origin.....</i>	1 (1%)	<i>Because of your age.....</i>	2 (1%)
<i>Because of drugs.....</i>	1 (1%)	<i>Being from a different part of the country than others.....</i>	6 (3%)
<i>Having your canteen/property taken.....</i>	9 (5%)	<i>Because of your offence/crime.....</i>	0 (0%)
<i>Because you were new here..</i>	13 (7%)	<i>Because of gang related issues.....</i>	8 (4%)

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

Yes.....	32 (18%)	If No, go to question 5.8
No.....	146 (82%)	

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

<i>Insulting remarks (about you or your family or friends).....</i>	15 (8%)	<i>Because you have a disability...</i>	1 (1%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	5 (3%)	<i>Because of your religion/religious beliefs.....</i>	5 (3%)
<i>Sexual abuse.....</i>	4 (2%)	<i>Because of your age.....</i>	4 (2%)
<i>Because of your race or ethnic origin.....</i>	7 (4%)	<i>Being from a different part of the country than others.....</i>	5 (3%)
<i>Because of drugs.....</i>	1 (1%)	<i>Because of your offence/crime..</i>	5 (3%)
<i>Because you were new here....</i>	8 (4%)	<i>Because of gang related issues</i>	5 (3%)
<i>Because of your sexuality.....</i>	1 (1%)		

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

<i>Not been victimised</i>	127 (74%)
Yes.....	16 (9%)
No.....	28 (16%)

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

Yes.....	39 (22%)
No.....	138 (78%)

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

Yes.....	25 (14%)
No.....	151 (86%)

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

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
16 (9%)	15 (9%)	13 (7%)	6 (3%)	25 (14%)	99 (57%)

Section 6: Health services

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	26 (15%)	20 (11%)	48 (27%)	24 (14%)	44 (25%)	14 (8%)
The nurse	18 (11%)	37 (22%)	71 (42%)	22 (13%)	19 (11%)	4 (2%)
The dentist	32 (19%)	6 (3%)	21 (12%)	21 (12%)	44 (26%)	48 (28%)
The optician	57 (34%)	8 (5%)	28 (16%)	17 (10%)	35 (21%)	25 (15%)

Q6.2 Are you able to see a pharmacist?

Yes	93 (62%)
No	57 (38%)

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	45 (26%)	15 (9%)	55 (32%)	26 (15%)	21 (12%)	11 (6%)
The nurse	25 (15%)	22 (13%)	60 (35%)	23 (14%)	28 (16%)	12 (7%)
The dentist	75 (45%)	10 (6%)	36 (21%)	18 (11%)	16 (10%)	13 (8%)
The optician	90 (55%)	12 (7%)	31 (19%)	14 (8%)	11 (7%)	7 (4%)

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

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
15 (9%)	9 (5%)	73 (42%)	31 (18%)	30 (17%)	15 (9%)

Q6.5 Are you currently taking medication?

Yes	43 (25%)
No	132 (75%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication</i>	132 (76%)
Yes	32 (18%)
No	10 (6%)

Q6.7 Do you feel you have any emotional well-being/mental health issues?

Yes	28 (16%)
No	146 (84%)

Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

<i>Do not have any issues/not receiving any help</i>	161 (94%)
<i>Doctor</i>	3 (2%)
<i>Nurse</i>	0 (0%)
<i>Psychiatrist</i>	3 (2%)
<i>Mental health in-reach team</i>	8 (5%)
<i>Counsellor</i>	2 (1%)
<i>Other</i>	1 (1%)

Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	53 (31%)	119 (69%)	
	Alcohol	27 (17%)	132 (83%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes		5 (3%)	
	No		169 (97%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes		45 (26%)	
	No		10 (6%)	
	<i>Did not/do not have a drug or alcohol problem</i>		116 (68%)	
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison?			
	Yes		42 (25%)	
	No		13 (8%)	
	<i>Did not/do not have a drug or alcohol problem</i>		116 (68%)	
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes		36 (21%)	
	No		7 (4%)	
	<i>Did not have a problem/have not received help</i>		129 (75%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	<i>Don't know</i>
	Drugs	12 (7%)	138 (80%)	23 (13%)
	Alcohol	9 (6%)	136 (84%)	16 (10%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes		17 (10%)	
	No		17 (10%)	
	N/A		130 (79%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply)	
	Prison job	122 (72%)
	Vocational or skills training	28 (16%)
	Education (including basic skills)	54 (32%)
	Offending behaviour programmes	20 (12%)

Not involved in any of these 24 (14%)

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

	Not been involved	Yes	No	Don't know
Prison job	16 (10%)	63 (39%)	67 (42%)	14 (9%)
Vocational or skills training	39 (30%)	56 (44%)	20 (16%)	13 (10%)
Education (including basic skills)	29 (21%)	78 (56%)	18 (13%)	14 (10%)
Offending behaviour programmes	41 (34%)	44 (37%)	19 (16%)	16 (13%)

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

Don't want to go	22 (13%)
<i>Never</i>	62 (36%)
<i>Less than once a week</i>	38 (22%)
<i>About once a week</i>	29 (17%)
<i>More than once a week</i>	4 (2%)
<i>Don't know</i>	18 (10%)

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
10 (6%)	11 (6%)	9 (5%)	42 (24%)	77 (44%)	10 (6%)	16 (9%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
41 (24%)	26 (15%)	38 (22%)	38 (22%)	19 (11%)	10 (6%)

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

<i>Less than 2 hours</i>	27 (16%)
<i>2 to less than 4 hours</i>	23 (13%)
<i>4 to less than 6 hours</i>	56 (33%)
<i>6 to less than 8 hours</i>	31 (18%)
<i>8 to less than 10 hours</i>	11 (6%)
<i>10 hours or more</i>	8 (5%)
<i>Don't know</i>	15 (9%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
1 (1%)	2 (1%)	8 (5%)	34 (20%)	124 (72%)	3 (2%)

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

Do not go on association	5 (3%)
<i>Never</i>	27 (15%)
<i>Rarely</i>	38 (22%)
<i>Some of the time</i>	62 (35%)
<i>Most of the time</i>	28 (16%)
<i>All of the time</i>	15 (9%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>	66	(38%)			
	<i>In the first week</i>	47	(27%)			
	<i>More than a week</i>	41	(24%)			
	<i>Don't remember</i>	19	(11%)			
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/ her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	66 (38%)	25 (14%)	31 (18%)	26 (15%)	15 (9%)	12 (7%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>	0	(0%)			
	<i>Yes</i>	89	(53%)			
	<i>No</i>	80	(47%)			
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>	80	(47%)			
	<i>Very involved</i>	30	(17%)			
	<i>Involved</i>	27	(16%)			
	<i>Neither</i>	12	(7%)			
	<i>Not very involved</i>	7	(4%)			
	<i>Not at all involved</i>	16	(9%)			
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>	80	(48%)			
	<i>Yes</i>	69	(41%)			
	<i>No</i>	19	(11%)			
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>	80	(47%)			
	<i>Yes</i>	40	(24%)			
	<i>No</i>	49	(29%)			
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>	0	(0%)			
	<i>Yes</i>	66	(39%)			
	<i>No</i>	104	(61%)			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>	40	(23%)			
	<i>No</i>	132	(77%)			
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>	85	(49%)			

No 76 (43%)
 Don't know..... 14 (8%)

Q8.10 Have you had any problems getting access to the telephones?

Yes 79 (45%)
 No 91 (52%)
 Don't know..... 5 (3%)

Q8.11 Did you have a visit in the first week that you were here?

Not been here a week yet 14 (8%)
 Yes 40 (23%)
 No 112 (64%)
 Don't remember..... 9 (5%)

Q8.12 How many visits did you receive in the last week?

<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
14 (8%)	90 (52%)	65 (38%)	3 (2%)	1 (1%)

Q8.13 How are you and your family/friends usually treated by visits staff?

Not had any visits 39 (22%)
Very well 22 (13%)
Well 57 (33%)
Neither 29 (17%)
Badly 9 (5%)
Very badly 4 (2%)
Don't know..... 14 (8%)

Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?

Yes 56 (33%)
 No 115 (67%)

Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)

<i>Don't know who to contact</i> .	67 (41%)	<i>Help with your finances in preparation for release</i>	46 (28%)
<i>Maintaining good relationships</i>	34 (21%)	<i>Claiming benefits on release</i> ..	55 (34%)
<i>Avoiding bad relationships</i>	21 (13%)	<i>Arranging a place at college/continuing education on release</i>	43 (26%)
<i>Finding a job on release</i>	63 (38%)	<i>Continuity of health services on release</i>	33 (20%)
<i>Finding accommodation on release</i>	67 (41%)	<i>Opening a bank account</i>	63 (38%)

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

<i>No problems</i>	68 (42%)	<i>Help with your finances in preparation for release</i>	35 (22%)
<i>Maintaining good relationships</i>	16 (10%)	<i>Claiming benefits on release</i> ..	32 (20%)
<i>Avoiding bad relationships</i>	21 (13%)	<i>Arranging a place at college/continuing education on release</i>	43 (27%)
<i>Finding a job on release</i>	68 (42%)	<i>Continuity of health services on release</i>	16 (10%)
<i>Finding accommodation on release</i>	46 (28%)	<i>Opening a bank account</i>	20 (12%)

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

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	88 (52%)
<i>No</i>	81 (48%)

Main comparator and comparator to last time



Prisoner survey responses HMYOI Rochester 2011

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

Key to tables

		HMYOI Rochester 2011	Young adults comparator	HMYOI Rochester 2011	HMYOI Rochester 2005
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		184	1492	184	93
SECTION 1: General information					
2	Are you under 21 years of age?	89%	87%	89%	87%
3a	Are you sentenced?	100%	83%	100%	100%
3b	Are you on recall?	12%	6%	12%	
4a	Is your sentence less than 12 months?	22%	15%	22%	27%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	8%	1%	0%
5	Do you have six months or less to serve?	55%	36%	55%	57%
6	Have you been in this prison less than a month?	8%	15%	8%	
7	Are you a foreign national?	11%	12%	11%	15%
8	Is English your first language?	90%	91%	90%	88%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	49%	32%	49%	39%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	5%	5%	
11	Are you Muslim?	24%	15%	24%	
12	Are you homosexual/gay or bisexual?	1%	2%	1%	
13	Do you consider yourself to have a disability?	9%	11%	9%	
14	Is this your first time in prison?	48%	42%	48%	47%
15	Have you been in more than five prisons this time?	2%	4%	2%	
16	Do you have any children under the age of 18?	25%	23%	25%	26%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	50%	40%	50%	34%
1b	Was your personal safety during the journey good/very good?	68%	61%	68%	63%
1c	Was the comfort of the van good/very good?	14%	11%	14%	16%
1d	Was the attention paid to your health needs good/very good?	32%	35%	32%	43%
1e	Was the frequency of toilet breaks good/very good?	13%	14%	13%	12%
2	Did you spend more than four hours in the van?	6%	6%	6%	4%
3	Were you treated well/very well by the escort staff?	69%	63%	69%	75%
4a	Did you know where you were going when you left court or when transferred from another prison?	92%	81%	92%	90%
4b	Before you arrived here did you receive any written information about what would happen to you?	39%	22%	39%	55%
4c	When you first arrived here did your property arrive at the same time as you?	89%	85%	89%	90%

Key to tables

Main comparator and comparator to last time

	Any percentage highlighted in green is significantly better	HM/YOI Rochester 2011	Young adults comparator	HM/YOI Rochester 2011	HM/YOI Rochester 2005
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	20%	14%	20%	
1c	Housing problems?	40%	29%	40%	
1d	Problems contacting employers?	15%	12%	15%	
1e	Problems contacting family?	54%	59%	54%	
1f	Problems ensuring dependants were looked after?	16%	12%	16%	
1g	Money problems?	29%	16%	29%	
1h	Problems of feeling depressed/suicidal?	52%	48%	52%	
1i	Health problems?	64%	60%	64%	
1j	Problems in needing protection from other prisoners?	22%	19%	22%	
1k	Problems accessing phone numbers?	52%	44%	52%	
2	When you first arrived:				
2a	Did you have any problems?	62%	58%	62%	52%
2b	Did you have any problems with loss of property?	21%	15%	21%	11%
2c	Did you have any housing problems?	31%	18%	31%	22%
2d	Did you have any problems contacting employers?	6%	6%	6%	3%
2e	Did you have any problems contacting family?	22%	21%	22%	14%
2f	Did you have any problems ensuring dependants were being looked after?	5%	3%	5%	0%
2g	Did you have any money worries?	20%	20%	20%	28%
2h	Did you have any problems with feeling depressed or suicidal?	10%	14%	10%	11%
2i	Did you have any health problems?	14%	12%	14%	6%
2j	Did you have any problems with needing protection from other prisoners?	7%	8%	7%	4%
2k	Did you have problems accessing phone numbers?	25%	17%	25%	
3a	Were you seen by a member of health services in reception?	92%	91%	92%	92%
3b	When you were searched in reception, was this carried out in a respectful way?	81%	78%	81%	77%
4	Were you treated well/very well in reception?	68%	61%	68%	79%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	63%	54%	63%	66%
5b	Support was available for people feeling depressed or suicidal?	49%	55%	49%	59%
5c	How to make routine requests?	47%	48%	47%	55%
5d	Your entitlement to visits?	53%	59%	53%	62%
5e	Health services?	62%	63%	62%	
5f	The chaplaincy?	53%	57%	53%	
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	92%	91%	92%	86%
6b	The opportunity to have a shower?	27%	44%	27%	37%
6c	The opportunity to make a free telephone call?	56%	69%	56%	81%
6d	Something to eat?	88%	81%	88%	88%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	37%	45%	37%	61%
7b	Someone from health services?	77%	78%	77%	76%

Key to tables

Main comparator and comparator to last time

Any percentage highlighted in green is significantly better		HM/YOI Rochester 2011	Young adults comparator	HM/YOI Rochester 2011	HM/YOI Rochester 2005
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
7c	A Listener/Samaritans?	18%	16%	18%	22%
8	Did you have access to the prison shop/canteen within the first 24 hours?	6%	12%	6%	22%
9	Did you feel safe on your first night here?	77%	78%	77%	81%
10	Have you been on an induction course?	94%	87%	94%	96%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	70%	60%	70%	78%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	37%	39%	37%	
1b	Attend legal visits?	53%	52%	53%	
1c	Obtain bail information?	20%	20%	20%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	39%	38%	36%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	68%	54%	68%	58%
3b	Are you normally able to have a shower every day?	86%	63%	86%	97%
3c	Do you normally receive clean sheets every week?	90%	82%	90%	92%
3d	Do you normally get cell cleaning materials every week?	75%	56%	75%	67%
3e	Is your cell call bell normally answered within five minutes?	53%	42%	53%	66%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	67%	56%	67%	68%
3g	Can you normally get your stored property if you need to?	38%	37%	38%	38%
4	Is the food in this prison good/very good?	21%	23%	21%	63%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	42%	48%	43%
6a	Is it easy/very easy to get a complaints form?	82%	82%	82%	86%
6b	Is it easy/very easy to get an application form?	90%	86%	90%	90%
7	Have you made an application?	93%	82%	93%	87%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	67%	61%	67%	79%
8b	Do you feel applications are dealt with promptly (within seven days)?	48%	47%	48%	70%
9	Have you made a complaint?	41%	43%	41%	43%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	48%	35%	48%	51%
10b	Do you feel complaints are dealt with promptly (within seven days)?	41%	42%	41%	54%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	27%	24%	27%	23%
10c	Were you given information about how to make an appeal?	27%	29%	27%	34%
12	Is it easy/very easy to see the Independent Monitoring Board?	23%	24%	23%	19%
13	Are you on the enhanced (top) level of the IEP scheme?	42%	34%	42%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	51%	49%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	56%	57%	56%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	16%	13%	16%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	24%	14%	24%	
13a	Do you feel your religious beliefs are respected?	64%	50%	64%	60%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	56%	57%	61%

Main comparator and comparator to last time

Key to tables

		HMYOI Rochester 2011	Young adults comparator	HMYOI Rochester 2011	HMYOI Rochester 2005
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
14	Are you able to speak to a Listener at any time if you want to?	48%	41%	48%	45%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	69%	74%	69%	83%
15b	Do most staff in this prison treat you with respect?	64%	69%	64%	76%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	41%	35%	41%	30%
2	Do you feel unsafe in this prison at the moment?	13%	15%	13%	
4	Have you been victimised by another prisoner?	16%	22%	16%	17%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	9%	13%	9%	10%
5b	Hit, kicked or assaulted you?	8%	9%	8%	11%
5c	Sexually abused you?	1%	1%	1%	0%
5d	Victimised you because of your race or ethnic origin?	1%	3%	1%	6%
5e	Victimised you because of drugs?	1%	2%	1%	2%
5f	Taken your canteen/property?	5%	6%	5%	7%
5g	Victimised you because you were new here?	7%	7%	7%	4%
5h	Victimised you because of your sexuality?	0%	1%	0%	
5i	Victimised you because you have a disability?	1%	2%	1%	
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	
5k	Victimised you because of your age?	1%	2%	1%	
5l	Victimised you because you were from a different part of the country?	3%	6%	3%	4%
5m	Victimised you because of your offence/crime?	0%	5%	0%	
5n	Victimised you because of gang related issues?	5%	6%	5%	
6	Have you been victimised by a member of staff?	18%	24%	18%	17%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	8%	12%	8%	10%
7b	Hit, kicked or assaulted you?	3%	5%	3%	7%
7c	Sexually abused you?	2%	1%	2%	1%
7d	Victimised you because of your race or ethnic origin?	4%	5%	4%	3%
7e	Victimised you because of drugs?	1%	2%	1%	2%
7f	Victimised you because you were new here?	5%	7%	5%	3%
7g	Victimised you because of your sexuality?	1%	1%	1%	
7h	Victimised you because you have a disability?	1%	2%	1%	
7i	Victimised you because of your religion/religious beliefs?	3%	3%	3%	
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	3%	5%	3%	0%
7l	Victimised you because of your offence/crime?	3%	4%	3%	
7m	Victimised you because of gang related issues?	3%	4%	3%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	36%	34%	36%	55%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	22%	27%	22%	21%
10	Have you ever felt threatened or intimidated by a member of staff in here?	14%	19%	14%	18%

Main comparator and comparator to last time

Key to tables

		HMV OI Rochester 2011	Young adults comparator	HMV OI Rochester 2011	HMV OI Rochester 2005
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	Percentages which are not highlighted show there is no significant difference				
11	Is it easy/very easy to get illegal drugs in this prison?	18%	20%	18%	16%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	39%	42%	39%	
1b	Is it easy/very easy to see the nurse?	63%	59%	63%	
1c	Is it easy/very easy to see the dentist?	16%	16%	16%	
1d	Is it easy/very easy to see the optician?	21%	17%	21%	
2	Are you able to see a pharmacist?	62%	48%	62%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	55%	62%	55%	78%
3b	The nurse?	57%	67%	57%	80%
3c	The dentist?	49%	45%	49%	51%
3d	The optician?	57%	46%	57%	52%
4	The overall quality of health services?	52%	54%	52%	71%
5	Are you currently taking medication?	25%	22%	25%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	76%	68%	76%	
7	Do you feel you have any emotional well-being/mental health issues?	16%	23%	16%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	60%	40%	60%	
8b	A doctor?	12%	26%	12%	
8c	A nurse?	0%	23%	0%	
8d	A psychiatrist?	12%	24%	12%	
8e	The mental health in-reach team?	32%	34%	32%	
8f	A counsellor?	8%	12%	8%	
9a	Did you have a drug problem when you came into this prison?	31%	29%	31%	12%
9b	Did you have an alcohol problem when you came into this prison?	17%	26%	17%	8%
10a	Have you developed a drug problem since you have been in this prison?	3%	5%	3%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	82%	82%	82%	
12	Have you received any help or intervention while in this prison?	77%	80%	77%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	84%	82%	84%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	20%	25%	20%	28%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	16%	24%	16%	19%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	50%	55%	50%	64%

Main comparator and comparator to last time

Key to tables

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SECTION 7: Purposeful activity				
1	Are you currently involved in any of the following activities:			
1a	A prison job?			
	72%	40%	72%	
1b	Vocational or skills training?			
	16%	19%	16%	
1c	Education (including basic skills)?			
	32%	37%	32%	
1d	Offending behaviour programmes?			
	12%	12%	12%	
2ai	Have you had a job while in this prison?			
	90%	73%	90%	
For those who have had a prison job while in this prison:				
2a	Do you feel the job will help you on release?			
	44%	50%	44%	
2bi	Have you been involved in vocational or skills training while in this prison?			
	70%	65%	70%	
For those who have had vocational or skills training while in this prison:				
2bii	Do you feel the vocational or skills training will help you on release?			
	63%	65%	63%	
2ci	Have you been involved in education while in this prison?			
	79%	79%	79%	
For those who have been involved in education while in this prison:				
2cii	Do you feel the education will help you on release?			
	71%	66%	71%	
2di	Have you been involved in offending behaviour programmes while in this prison?			
	66%	62%	66%	
For those who have been involved in offending behaviour programmes while in this prison:				
2dii	Do you feel the offending behaviour programme(s) will help you on release?			
	56%	57%	56%	
3	Do you go to the library at least once a week?			
	19%	32%	19%	30%
4	On average, do you go to the gym at least twice a week?			
	74%	48%	74%	77%
5	On average, do you go outside for exercise three or more times a week?			
	33%	38%	33%	32%
6	On average, do you spend ten or more hours out of your cell on a weekday?			
	5%	8%	5%	10%
7	On average, do you go on association more than five times each week?			
	72%	47%	72%	81%
8	Do staff normally speak to you most of the time/all of the time during association?			
	25%	25%	25%	29%
SECTION 8: Resettlement				
1	Do you have a personal officer?			
	62%	77%	62%	79%
For those with a personal officer:				
2	Do you think your personal officer is helpful/very helpful?			
	51%	62%	51%	77%
For those who are sentenced:				
3	Do you have a sentence plan?			
	53%	62%	53%	48%
For those with a sentence plan?				
4	Were you involved/very involved in the development of your plan?			
	62%	64%	62%	67%
5	Can you achieve some/all of your sentence plan targets in this prison?			
	79%	82%	79%	
6	Are there plans for you to achieve some/all your targets in another prison?			
	45%	47%	45%	
For those who are sentenced:				
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?			
	39%	40%	39%	
8	Do you feel that any member of staff has helped you to prepare for release?			
	23%	21%	23%	
9	Have you had any problems with sending or receiving mail?			
	49%	45%	49%	45%
10	Have you had any problems getting access to the telephones?			
	45%	32%	45%	28%
11	Did you have a visit in the first week that you were here?			
	23%	33%	23%	35%
12	Did you receive one or more visits in the last week?			
	40%	41%	40%	
For those who have had visits:				
13	How are you and your family/friends usually treated by visits staff? (Very well/well)			
	59%	52%	59%	

Main comparator and comparator to last time

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Percentages which are not highlighted show there is no significant difference				
14 Have you been helped to maintain contact with family/friends whilst in this prison?	33%	45%	33%	
15 Do you know who to contact within this prison to get help with the following:				
15b Maintaining good relationships?	21%	16%	21%	
15c Avoiding bad relationships?	13%	13%	13%	
15d Finding a job on release?	39%	35%	39%	55%
15e Finding accommodation on release?	41%	36%	41%	60%
15f With money/finances on release?	28%	24%	28%	40%
15g Claiming benefits on release?	34%	31%	34%	47%
15h Arranging a place at college/continuing education on release?	26%	28%	26%	51%
15i Accessing health services on release?	20%	19%	20%	51%
15j Opening a bank account on release?	39%	16%	39%	
16 Do you think you will have a problem with any of the following on release from prison?				
16b Maintaining good relationships?	10%	15%	10%	
16c Avoiding bad relationships?	13%	16%	13%	
16d Finding a job?	42%	48%	42%	
16e Finding accommodation?	28%	30%	28%	
16f Money/finances?	22%	26%	22%	
16g Claiming benefits?	20%	25%	20%	
16h Arranging a place at college/continuing education?	27%	26%	27%	
16i Accessing health services?	10%	12%	10%	
16j Opening a bank account?	12%	17%	12%	
For those who are sentenced:				
17 Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	60%	52%	68%

Diversity analysis



Key question responses for ethnicity, nationality and religion - HMYOI Rochester 2011

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		89	92	20	157	44	137
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.7	Are you a foreign national?	19%	4%			14%	11%
1.8	Is English your first language?	84%	98%	68%	94%	80%	95%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			80%	45%	91%	35%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	7%	5%	5%	2%	5%
1.11	Are you Muslim?	45%	4%	30%	23%		
1.12	Do you consider yourself to have a disability?	6%	12%	15%	8%	2%	11%
1.13	Is this your first time in prison?	55%	41%	68%	47%	50%	48%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	35%	29%	42%	32%	33%	33%
2.3	Were you treated well/very well by the escort staff?	68%	69%	65%	69%	64%	70%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	92%	92%	100%	92%	93%	92%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	54%	56%	52%	55%	55%	55%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	48%	56%	48%	53%	38%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	61%	68%	64%	65%	57%	66%
3.2a	Did you have any problems when you first arrived?	63%	62%	72%	61%	54%	65%
3.3a	Were you seen by a member of health care staff in reception?	89%	94%	96%	92%	81%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	79%	83%	79%	83%	77%	83%
3.4	Were you treated well/very well in reception?	70%	66%	70%	68%	68%	68%
3.7b	Did you have access to someone from health care within the first 24 hours?	76%	77%	75%	78%	71%	79%
3.9	Did you feel safe on your first night here?	72%	81%	75%	77%	79%	76%
3.10	Have you been on an induction course?	97%	92%	100%	94%	100%	92%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	34%	42%	36%	49%	34%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.3a	Are you normally offered enough clean, suitable clothes for the week?	68%	67%	75%	67%	70%	68%
4.3b	Are you normally able to have a shower every day?	90%	84%	96%	86%	91%	86%
4.3e	Is your cell call bell normally answered within five minutes?	51%	54%	55%	53%	61%	51%
4.4	Is the food in this prison good/very good?	19%	23%	27%	21%	19%	22%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	45%	50%	45%	49%	42%	49%
4.6a	Is it easy/very easy to get a complaints form?	82%	82%	80%	82%	77%	84%
4.6b	Is it easy/very easy to get an application form?	89%	91%	90%	90%	83%	93%
4.9	Have you made a complaint?	40%	41%	42%	42%	41%	41%
4.13	Are you on the enhanced (top) level of the IEP scheme?	41%	43%	60%	40%	48%	40%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	51%	64%	49%	36%	55%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	59%	67%	56%	41%	62%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	19%	13%	0%	18%	23%	14%
4.16b	In the last six months have you spent a night in the segregation/ care and separation unit?	28%	22%	16%	26%	38%	20%
4.17a	Do you feel your religious beliefs are respected?	76%	54%	73%	64%	74%	62%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	51%	65%	55%	58%	56%
4.18	Are you able to speak to a Listener at any time if you want to?	45%	51%	65%	45%	27%	55%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	64%	85%	68%	73%	69%
4.19b	Do most staff, in this prison, treat you with respect?	58%	69%	65%	63%	66%	63%
5.1	Have you ever felt unsafe in this prison?	37%	44%	35%	42%	34%	43%
5.2	Do you feel unsafe in this prison at the moment?	16%	11%	15%	13%	16%	13%
5.4	Have you been victimised by another prisoner?	15%	18%	15%	16%	18%	16%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	1%	0%	1%	0%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	2%	0%	1%	0%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	1%	0%	1%	5%	1%
5.6	Have you been victimised by a member of staff?	21%	15%	30%	16%	18%	18%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	1%	0%	5%	7%	3%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse						
Any percentage highlighted in orange shows a significant difference in prisoners' background details						
Percentages which are not highlighted show there is no significant difference						
5.7h Have you been victimised because you have a disability? (By staff)	0%	1%	0%	1%	0%	1%
5.7i Have you been victimised because of your religion/religious beliefs? (By staff)	4%	2%	5%	3%	7%	2%
5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	21%	24%	16%	24%	23%	22%
5.10 Have you ever felt threatened or intimidated by a member of staff in here?	17%	11%	11%	14%	14%	14%
5.11 Is it easy/very easy to get illegal drugs in this prison?	13%	23%	27%	17%	7%	22%
6.1a Is it easy/very easy to see the doctor?	32%	45%	35%	39%	20%	45%
6.1b Is it easy/ very easy to see the nurse?	61%	65%	72%	62%	59%	65%
6.2 Are you able to see a pharmacist?	55%	70%	59%	63%	43%	69%
6.5 Are you currently taking medication?	19%	30%	35%	24%	16%	27%
6.7 Do you feel you have any emotional well being/mental health issues?	12%	21%	5%	17%	12%	18%
7.1a Are you currently working in the prison?	72%	73%	77%	71%	73%	72%
7.1b Are you currently undertaking vocational or skills training?	21%	13%	35%	15%	14%	18%
7.1c Are you currently in education (including basic skills)?	34%	29%	47%	29%	36%	31%
7.1d Are you currently taking part in an offending behaviour programme?	17%	7%	18%	10%	18%	10%
7.3 Do you go to the library at least once a week?	25%	14%	21%	20%	25%	17%
7.4 On average, do you go to the gym at least twice a week?	83%	65%	89%	72%	77%	72%
7.5 On average, do you go outside for exercise three or more times a week?	38%	27%	22%	36%	34%	33%
7.6 On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	4%	0%	6%	2%	5%
7.7 On average, do you go on association more than five times each week?	71%	74%	73%	72%	73%	72%
7.8 Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	31%	25%	24%	20%	26%
8.1 Do you have a personal officer?	65%	60%	67%	60%	68%	60%
8.9 Have you had any problems sending or receiving mail?	50%	48%	52%	48%	48%	49%
8.10 Have you had any problems getting access to the telephones?	42%	48%	48%	45%	43%	46%