

Report on an unannounced inspection of

# **HMP Swaleside**

by HM Chief Inspector of Prisons

**22 April – 2 May 2014**

## **Glossary of terms**

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# Introduction

HMP Swaleside is a relatively modern category B training prison on the Isle of Sheppey in Kent. At the time of this inspection it held 1,107 adult men. Like a number of other prisons in the south east of England, HMP Swaleside was seriously affected by significant staff vacancies. This adversely affected outcomes for prisoners in every area of the prison and there appeared to be no immediate prospect of the problem being resolved. The Prison Service nationally needs to take urgent steps to ensure its recruitment policies and procedures enable it to maintain appropriate staffing levels.

Good relationships between staff and prisoners and a generally good environment mitigated some of the worst effects of staff shortages. The prison appeared calm. Although our observations and survey results provided evidence of these positive relationships, prisoners were frustrated by their inability to contact staff when they needed them. Prisoners appreciated good consultation and communication arrangements and the governor's weekly bulletin gave prisoners advance warning of curtailment to the regime, so prisoners could at least, to some extent, plan accordingly. Prisoners with protected characteristics generally reported similarly to the population as a whole, but arrangements to meet the legitimate needs of some groups, such as the attendance of Muslim prisoners at Friday prayers, involved a restriction in the regime for others and this created some tensions. All prisoners were held in properly equipped single cells and internal and external areas of the prison were clean and in good condition. Prisoners appreciated the opportunity to cater for themselves when this was available. Health care was reasonable although access to the dentist was poor. The governor had taken the sensible and correct decision to slowly phase in the new incentives and earned privileges scheme so as not to create tensions as she did not have the staff to manage this safely.

Nevertheless, despite these efforts, serious concerns remained. Prisoners spent too much time locked in their cells. At an average of just over eight hours on weekdays, the planned time out of cell was too limited but this was curtailed even more because of staff shortages. Association was frequently cancelled up to three times a week. About one in five of the population were unemployed and these men spent just two hours a day out of their cell. We found about a third of the population locked in their cells during the working day. HMP Swaleside was failing in its central task as a training prison. Ofsted judged that the overall effectiveness of learning and skills and work required improvement, although the new governor and the learning and skills manager were beginning to make improvements. There were insufficient activity places available for the whole population but not all of these were fully used and allocation to activities was not sufficiently based on an assessment of prisoners' needs. Work started late and finished early and most did not fully occupy the prisoners. There were insufficient opportunities for prisoners to have their achievements recognised in qualifications; and despite a good focus on English, Maths and ESOL, pass rates in these subjects were disappointingly low and needed urgent improvement. The work in some workshops was exceptionally mundane. The rag-cutting workshop, which involved cutting up and bagging rags for the painting and decorating industry, was stultifyingly boring. However, there were better opportunities: the quality of work in some of the workshops such as woodwork and visual arts was of a good standard. Mentors were well used and PE provision was good. The library was a good facility but staff shortages severely restricted access.

Few prisoners were released straight back into the community from HMP Swaleside, but arrangements for the few who were released were weak. Work to help prisoners maintain and grow relationships with their families required further development. Offender management processes should have been central to HMP Swaleside's efforts to enable the men it held to address their behaviour and progress through their sentence. However, the acute staff shortages had completely undermined this crucial function and meant that the identification and management of risks was dangerously inadequate. We did not believe that the interim arrangements made by the prison to address this were effective or made the best use of the limited resources they had. Despite the weaknesses in offender management organisation, the availability of offender behaviour programmes

was a real strength of the prison and met the needs of the population. The 'Pathways' programme which was developing the capacity for a multi-disciplinary team to work intensively with up to 100 prisoners to change their attitudes, thinking and behaviour, was a very promising development.

Although most prisoners reported feeling safe and the prison felt calm, there were some concerning contra-indications. The violence reduction policy was not adequately implemented, which may have been a reflection of staff shortages. Required mandatory drug testing had not been carried out by the prison and staff therefore had no accurate idea about the availability of drugs. Almost a third of prisoners told us it was easy to get drugs, which was similar to comparable prisons, but significantly more prisoners than elsewhere told us it was easy to get alcohol. There had also been number of serious assaults on prisoners and staff. Some prisoners had been slashed with weapons and prisoners told us they were worried about the availability of weapons. We found prisoners scattered throughout the prison who were frightened to come out of their cells, and 30 prisoners who were too frightened to go elsewhere were held on the induction wing. The safer prisons team was unaware of these men.

There had been two self-inflicted deaths since the last inspection in 2011. Measures to prevent suicide and self-harm were inadequate. The prison did not have its own policy tailored to its specific needs. Long periods locked in the cells affected the wellbeing of men subject to assessment, care in custody and teamwork (ACCT) for prisoners at risk of self-harm or suicide. Almost half the staff did not have up-to-date training on the issue and prisoners told us it was difficult to speak to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to other prisoners). Men on ACCTs were held in segregation without sufficient attention paid to the exceptional circumstances required to justify this.

Occupation of the segregation unit was high and it held some very difficult prisoners. The regime was punitive and the environment was dirty and ill-equipped. Men exercised individually in six caged exercise yards. The use of force documentation was among the worst we have seen in any prison. Record keeping was completely inadequate to provide managers – or inspectors – with assurance that the force used was necessary and proportionate, and without such safeguards it was unlikely that it was. 'Special accommodation', the harshest accommodation in any prison (a small bare cell without furniture), was used six times as much as at comparable prisons and prisoners were held in these cells for much longer than we see elsewhere.

Some of our concerns about HMP Swaleside can, and should, be addressed by the prison itself. As a training prison it needs to create a better work ethic. Offender management services need to be better and more safely organised. Frightened prisoners need to be identified and supported and the violence reduction policy rigorously implemented. Management of the use of force also requires urgent improvement. However, other much-needed improvements, which go to the heart of the prison's challenges, require staffing levels to be brought up to at least the agreed levels and to do this the prison needs much more effective support from the centre.

**Nick Hardwick**  
HM Chief Inspector of Prisons

September 2014

# Fact page

## Task of the establishment

HMP Swaleside is a category B adult male training prison.

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

Public

## Region/Department

Kent and Sussex

## Number held

1,107

## Certified normal accommodation

1,112

## Operational capacity

1,112

## Date of last inspections (full and short follow-up)

Full inspection: 31 March – 4 April 2008

Short follow-up inspection: 4–7 July 2011

## Brief history

Swaleside opened in 1988 with four wings. E wing was added in 1998, F wing in 1999, G wing in 2009 and H wing in March 2010.

## Short description of residential units

A wing – 126 prisoners.

B wing – 126 prisoners.

C wing – 126 prisoners.

D wing – 126 prisoners

E wing – 120 prisoners., all enhanced and working in the DHL warehouse.

F wing – 120 prisoners, including those on the 'Pathways' programme (for those with a personality disorder)

G wing – 179 prisoners, induction wing and IDTS

H wing – 179 prisoners, including the RAPt/drug-free wing

Segregation unit – 25-bed unit

Health care unit – 17-bed inpatient unit

## Name of governor/director

Sarah Coccia

## Escort contractor

GEOAmey

## Health service commissioner and providers

Commissioner: NHS England

Provider: IC 24

Mental health provider: Oxleas

**Learning and skills providers**

The Manchester College

**Independent Monitoring Board chair**

Sally Murch



# About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: 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.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**  
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.**  
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.**  
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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: 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 and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

## This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and II respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup>

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<sup>1</sup> 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.

# Summary

## Safety

**S1** *Reception and first night processes were reasonable and prisoners were supported by prisoner Insiders. Induction was comprehensive but prisoners spent too long locked up during their early days. Most prisoners felt safe but too little was done to identify and support those feeling unsafe. Self-harm and suicide prevention arrangements were not sufficiently robust. Security was proportionate. Prisoners told us illegal drug availability was not high but the mandatory drug testing programme had been neglected. Governance of use of force, including use of the special cell, was extremely poor and we were not assured that use of these measures was always justified. The segregation unit regime was over-punitive. Substance misuse services were very good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S2** Most prisoners had short journeys to the prison but some had long waits in vans on arrival as reception was closed over the lunch period.
- S3** All new prisoners were strip-searched on arrival, irrespective of the risks posed. Reception processes included a private interview with a first night member of staff, who checked that they felt safe, and Insiders (prisoners who introduce new arrivals to prison life) provided valuable support to new prisoners in reception and on the induction wing. All new prisoners went directly to the induction wing, where cells were adequately prepared, but there were no enhanced first night observations or continuing checks by night staff.
- S4** Induction was comprehensive but did not start on the day after arrival. Prisoners waited too long after induction to start activities, spending most of their time locked up.
- S5** Most prisoners felt safe. A wide range of information about incidents of violence and bullying was collated and a senior safety managers meeting took some remedial action. However, trends and patterns were not sufficiently analysed by the safer custody meeting and were not shared systematically with residential managers to identify ways in which the prison could be made safer. A number of serious violent incidents and assaults had occurred, involving the use of weapons. Prisoners told us that they were worried by the number of weapons in the establishment but the prison was sighted on these issues and taking some action. There was a well-structured violence reduction strategy but crucial aspects, especially the role of the wing violence liaison officer, were not operating and there was no formal process to manage perpetrators and protect victims of bullying and violent behaviour. Some prisoners felt too unsafe to leave their cell and the safer custody team was not aware of all of them, which meant that they were not being actively managed or supported. Many prisoners who felt unsafe were also inappropriately located on the induction wing.
- S6** Self-harm and suicide prevention arrangements were not sufficiently robust, and there was no policy tailored to the specific circumstances of the establishment. Prisoners subject to assessment, care in custody and teamwork (ACCT) procedures felt well cared for by staff but this was not always reflected in the quality of ACCT documents, which was variable, with some weak care planning and inadequate attendance at review meetings. Segregated prisoners who were subject to ACCT procedures were not given an enhanced review. There had been two self-inflicted deaths in custody since the previous full inspection and action plans had been completed. Compliance with these was monitored effectively. There were insufficient Listeners (prisoners trained by the Samaritans to provide confidential

emotional support to fellow prisoners) for the population and prisoners experienced delays in their arrival when requested.

- S7 Physical and procedural security arrangements were proportionate to the risks posed. The prison was sighted on the most significant threats, and effective dynamic security supported a good flow of intelligence. Visits restrictions were well managed and applied appropriately. Prisoners told us that the availability of illegal drugs was not high and was similar to other prisons, but the mandatory drug testing (MDT) programme had been neglected. In the previous six months, less than a third of random MDT tests had been conducted, rendering the MDT positive rate meaningless. There was a continuing problem with illicitly brewed alcohol, although the prison was taking action on this.
- S8 Over 700 prisoners were on the enhanced level of the incentives and earned privileges scheme. Plans to introduce the new national version of the scheme fully had appropriately been staged to protect the stability of the prison owing to some issues over regime restrictions. However, the current arrangements were confusing and not applied consistently.
- S9 The number of adjudications was not high. Processes were appropriate, and regular monitoring and quality assurance were undertaken. Use of force was so poorly documented that in many cases we were not assured that it had been reasonable or proportionate. Almost all of the dossiers from the previous six months were incomplete. Planned uses of force were not routinely video-recorded and no such recordings could be made available to us. The use of force committee was ineffective and failed to provide sufficient analysis or managerial oversight. Use of special accommodation was very high and records of its use were poor and often failed to evidence the need to impose this extreme measure.
- S10 Occupation of the segregation unit was consistently high and it held a number of very problematic prisoners. The regime on the unit was over-punitive, with insufficient access to showers and telephones. Most cells were dirty, contained considerable graffiti and were poorly equipped. The number of prisoners transferring out from the segregation unit had fallen but reintegration planning was poor.
- S11 Demand for clinical substance misuse services was low. Both clinical and psychosocial treatment services were well integrated and delivered appropriate, high-quality interventions. More prisoners than at comparator prisons expressed satisfaction with substance use recovery support. Peer supporters were well trained but their work was sometimes frustrated by reduced access to prisoners during long periods locked up.

## Respect

- S12** *Most areas of the prisons were clean but some parts of the older wings were shabby and worn. Access to showers and telephones was compromised by limited time unlocked. Staff–prisoner relationships were generally good but prisoners were frustrated by an inability to access staff readily for help. The management of equality was weak and there was little formal support for prisoners with protected characteristics. Faith provision was reasonably good. Prisoner complaints were poorly managed. Health services, including mental health provision, were mostly good. Food was reasonable and self-catering highly valued. The prisoner purchasing system was in disarray. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S13 Internal and external areas of the prison were mostly clean and well maintained but some parts of the older wings were shabby and worn. Cells were adequately equipped and furnished but toilets in cells were poorly screened. A number of showers on the older wings were in a poor state of repair and had inadequate screening. Daily access to showers and telephones was compromised by limited association opportunities. Prisoners could wear their own clothing, and laundry facilities were mostly good. There was no effective tracking or managerial oversight of applications, and prisoners were negative about the process.
- S14 Prisoners were positive about relationships with staff but were frustrated at not having ready access to them because of the long periods locked up. The interactions we saw were friendly and respectful across the prison. The personal officer scheme was largely ineffective and electronic case notes were generally poor. Prisoner consultation and communication arrangements were good, with regular prisoner council meetings and evidence of some action taken.
- S15 The strategic management of equality was underdeveloped. The policy lacked detail, equality action team meetings were sporadic and the monitoring of treatment and conditions for those with protected characteristics was inadequate. Protected characteristics were identified on induction but this information was not routinely shared with the equality team. Prisoner diversity representatives provided valued support to some prisoners.
- S16 There were no specific forums or support services for prisoners with protected characteristics, beyond a newly introduced older prisoners group. In our survey, older prisoners reported more positively than their younger counterparts, particularly about respectful treatment by staff. Although prisoners with disabilities reported more negatively than others across some key areas, including safety and victimisation, those we spoke to reported very positively on their care. Care plans for those with additional needs were not routinely used.
- S17 In our survey, black and minority ethnic prisoners mostly reported similarly to white prisoners about their treatment and conditions. Professional interpreting services were not always used for foreign national prisoners who spoke little English, and some were isolated. The delay in unlocking non-Muslim prisoners for association in order to facilitate Friday prayers was creating tension.
- S18 Despite negative survey results, the chaplaincy was well integrated within the prison. Services for most faiths were provided and prisoners had good access to them. Facilities for worship were mostly adequate, although there were no washing facilities for Muslim prisoners attending Friday prayers in the multi-faith room
- S19 Prisoners had little confidence in the complaints system. Responses to complaints were generally polite but did not always address the issue raised. Too many were late, some by several months. There was no structured quality assurance of complaint responses or monitoring of trends.
- S20 There were no dedicated legal services officers and there was no access to the community legal advice helpline. There were eight 'Access to Justice' laptop computers held at the prison but prisoners were unable to borrow them to work on their case.
- S21 Although prisoners in our survey were dissatisfied with access to health services and the quality of care, we found access to nurse and GP clinics to be very good, with appointments usually available within 48 hours of a request, or earlier if required. However, access to dental care and outside hospital appointments was poor. A wide range of clinics was provided, including screening services. Inpatient facilities and care were good and the unit provided a relaxed and therapeutic environment. Medicines were well managed and most

patients received their medicines in possession. There were good protocols for the management of pain but the use of tramadol was high.

- S22 A wide range of primary and secondary mental health care was provided by the mental health team. Transfers to secure mental health units were swift.
- S23 Despite a negative survey result about the quality of the food, we found it to be reasonable. Facilities for self-catering, although popular, did not meet the demand and dining out opportunities were limited on all wings.
- S24 Prisoners were able to purchase a wide range of items from the prison shop. A new system for ordering goods through Amazon had been introduced; this was promising but prisoners and staff were confused about this system, and had not yet started using it. There was a large backlog in processing catalogue orders.

## Purposeful activity

**S25** *There was relatively little planned time unlocked for most prisoners and this was further reduced by the regular cancellation of association due to staff shortages. The learning and skills strategy was suitably focused on functional and employability skills, and the overall management was improving. There were too few activity places available and not all places were fully utilised, leading to high levels of unemployment. The quality of teaching and learning and overall success rates in education classes required improvement. Coaching in workshops was good. Opportunities to accredit work and vocational skills were missed. Peer workers were used extensively and effectively across the provision. The library was good but access was problematic. PE provision was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S26 Prisoners complained vociferously about the amount of time they were locked up, and their concerns were legitimate. There was relatively little planned time unlocked for most prisoners, at an average of just over eight hours each weekday, but staff shortages had resulted in the routine cancellation of many association sessions. Cancellations were mostly advertised in advance to prisoners but still impacted considerably on their well-being and access to showers, telephones and services. Time out of cell for the many unemployed prisoners was particularly poor, at an average of two hours per weekday. During our spot checks, too many prisoners were locked up during the core day.
- S27 The overall management of learning and skills had improved and the most recent self-assessment report was accurate, with a clear and appropriately challenging development plan. There was a good overarching learning and skills strategy to prioritise English and mathematics and to focus on employability skills. Performance management in education classes was poor, and teaching and learning had failed to improve beyond satisfactory for the previous three years. There was insufficient use of management information to improve provision. Allocation processes were poor and not informed by prisoner need or sentence plans. Although the prison had enough activity places for only 80% of the population, even these were not fully utilised and only around two-thirds of the population were involved in activity at any one time. Over 200 prisoners were unemployed. Work activities often started late and finished early and most work did not fully occupy prisoners, which promoted a poor work ethic.
- S28 The balance of education, training and work was appropriate but a relatively high proportion of work was mundane and low skilled. The quality of teaching and learning and planning for

individual learning in some workshops was weak but coaching in the workshops was effective. There was extensive and effective use of peer mentors across the provision.

- S29 Overall success rates in education classes required improvement. Success rates in English and mathematics had been particularly low but were improving. There were high standards of work in wood production and engineering workshops, but these were not adequately recognised through accreditation at a sufficiently high level, and opportunities to accredit vocational skills in other work areas were generally missed.
- S30 The library was pleasant and well stocked, with good recreational and learning resources. Although sessions were timetabled to give all prisoners access to it, many were unable to attend because of regime and staffing issues.
- S31 The gym was well-managed, with good facilities and effective use of qualified peer workers. There were effective links with the health care department, and the provision of English and mathematics in the gym was very effective. Around 60% of the population were regular users but access to the gym in the evenings was curtailed by staff redeployment.

## Resettlement

**S32** *The strategic management of resettlement was poor. Acute staff shortages resulted in inadequate offender management services. A lack of dedicated offender supervisors and a large backlog of offender assessment system (OASys) assessments hindered progression for many prisoners. Public protection arrangements were generally sound. Categorisation processes were very poor. Demand for most resettlement provision was low but we were not assured that needs were always assessed or met. The children and families provision was underdeveloped. Offending behaviour work was very good and the newly developed personality disorder unit was extremely promising. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S33 The strategic management of resettlement was poor, with little evidence of management oversight or direction over recent months. The resettlement strategy did not include a vision for offender management and departments appeared to work in isolation of each other. The needs analysis was limited and did not include the specific needs of the long-term, high-risk population held at the establishment.
- S34 Acute staff shortages had resulted in interim arrangements for the delivery of offender management. These arrangements provided an inadequate service, with no dedicated offender supervisors, no continuing support for prisoners and a lack of focus on reducing their risk of harm. Half of the offender assessment system (OASys) assessments due to be completed by the prison had not been done and some were significantly late. This was directly hindering progression for many prisoners, which caused them frustration. OASys assessments completed within the OMU were not always of adequate quality, lacking good risk management and sentence plans.
- S35 Public protection arrangements resulted in restrictions being applied and reviewed appropriately but attendance at the public protection meeting was poor. Multi-agency public protection arrangements (MAPPAs) levels for prisoners due for release were not always known, limiting risk information sharing and involvement in risk management planning.

- S36 Recategorisation reviews were extremely poor, lacked evidence and analysis and were not authorised at the appropriate level. Too many prisoners had recategorisation and progressive moves blocked by the lack of an up-to-date OASys assessment and too many prisoners experienced delays in being transferred.
- S37 Few prisoners were released directly from the establishment, so demand for resettlement services was relatively low. However, information gathered during the induction assessment did not always result in all necessary referrals being made. This assessment was done by a prisoner peer worker, which was inappropriate, given the potentially personal information disclosed. Most prisoners did not know who to turn to for help with resettlement issues and there was limited specialist resettlement advice provided.
- S38 Most prisoners were released into approved premises, so demand for accommodation advice was low, but we were not assured that all those needing help had received it. Some helpful debt advice and case management was provided but prisoners were unable to access specialist support, although they were able to set up bank accounts before release.
- S39 The pre-release course provided appropriate employment and education information. The National Careers Service offered little individual support for those due for release.
- S40 Health care discharge planning was effective, including for those with enduring mental health problems. There were good procedures for the care and management of patients who were terminally ill. Prisoners with substance use issues had access to the national network of community resources set up by the Rehabilitation of Addicted Prisoners trust (RAPt), including housing support, family support, and a meet and greet service.
- S41 Visitors and prisoners we spoke to were positive about their visits experience, although many found it difficult to book visits by telephone. They appreciated the regular bus service from London. Children and family work was underdeveloped. There was no family support worker and limited family and parenting advice and support available.
- S42 The range of accredited offender behaviour programmes was good and reflected the needs of the population. Waiting times were not excessive and drop-out rates were low. Prisoners with a personality disorder could be selected for the new personality disorder unit and the 'Pathways' programme on F wing, which were extremely promising. The fundamental principle of the unit was to improve safety by engaging prisoners with personality disorders to function more positively within the prison setting. The range of group meetings and activities available on the unit included a developing portfolio of cognitive behavioural modules aimed at changing attitudes, thinking and behaviour.

## Main concerns and recommendations

- S43 Concern: Measures to reduce violence and support victims were inadequate. Although most prisoners felt safe there had been a number of serious assaults on prisoners and staff in the last 12 months. Some aspects of the violence reduction strategy were not implemented effectively. A large number of prisoners who felt unsafe were inappropriately located on the induction wing and a small number located on a variety of wings felt unsafe, were isolated and refused to leave their cells. Some were not notified to the safer custody team and were not being actively managed or supported.

**Recommendation: The violence reduction strategy should be reviewed and fully implemented. In addition, measures should be introduced to identify all prisoners who feel unsafe. Formal process to manage perpetrators and protect victims of bullying and violent behaviour should be introduced.**



S44 Concern: We were not assured that use of force was always necessary or justified. The use of special accommodation was very high and the recording of this and other use of force was extremely poor and mostly incomplete. Video recordings of planned use of force were not available for us to view. The use of force meetings provided inadequate monitoring and managerial oversight.

**Recommendation: The recording of all uses of force, and especially use of special accommodation, should be complete and fully justify the need for force. All planned uses of force should be video-recorded. Effective management monitoring arrangements should be in place.**

S45 Concern: Prisoners spent too much time locked up. Planned time out of cell for most prisoners was, on average, just over eight hours each weekday and as low as two hours for the many unemployed. This planned time out was reduced further as acute staff shortages resulted in the routine cancellation of many association sessions. This impacted negatively on prisoners' well-being and access to showers, telephones and services.

**Recommendation: Staff shortages should be addressed as a matter of urgency and the amount of time unlocked should be increased. All prisoners should have at least 10 hours unlocked and access to periods of association each evening.**

S46 Concern: Despite being a training prison, there were insufficient purposeful activity places for the population and even these were not fully used. Only two-thirds of the population was engaged in activity at any one time and 200 prisoners were unemployed. Allocation to activity was not informed by prisoners' identified needs in their sentence plans.

**Recommendation: The number of learning and skills and work activity places should be increased and all places should be fully utilised. All prisoners should have an activity and this should be allocated according to their identified need.**

S47 Concern: Offender management arrangements were inadequate, with no dedicated offender supervisors, no continuing support for prisoners and a lack of focus on reducing their risk of harm. Many OASys assessments had not been done and some were significantly late. This was directly hindering progression for many prisoners, and they were extremely frustrated.

**Recommendation: All prisoners should have an up-to-date offender assessment system (OASys) assessment, and a dedicated offender supervisor who provides continuing support, motivation and challenge and actively monitors progression.**

S48 Concern: Like a number of other prisons in south east England outcomes for prisoners in all areas were seriously affected by staff shortages.

**Recommendation: The National Offender Management Service should take immediate steps to recruit sufficient capable staff to fill Swaleside's vacant posts so the prison can run safely and effectively.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

**I.1** *Most prisoners had short journeys to the establishment but some had long waits on the van outside the prison. Prisoners being transferred were given sufficient notice but could not always take all their property with them.*

**I.2** In our survey and our groups, most prisoners said that they had had short journeys to the establishment and that they had been treated reasonably by escorting staff. However, the few who had had longer journeys had not been offered toilet breaks.

**I.3** Prisoners arriving during the lunch period were not disembarked until reception staff returned from their break, and some prisoners described long waits outside the prison on the van.

**I.4** Prisoners being transferred were given sufficient notice to pack their possessions and inform friends and family. The amount of property they were allowed to take was limited by the escort provider and the remainder had to be sent on later, which left it at risk of going missing. Our survey results about the cleanliness of vans and access to food and drinks during the journey were negative.

### Recommendations

**I.5** **Arriving prisoners should be disembarked promptly on arrival at the prison.**

**I.6** **Prisoners being transferred should be able to take all their property with them.**

### Housekeeping point

**I.7** Prisoners travelling more than two hours should be offered toilet breaks.

## Early days in custody

### Expected outcomes:

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

- 1.8** *Conditions in reception were reasonable and supportive but some processes took too long. All new arrivals were strip-searched. Induction was comprehensive but did not start on the day after arrival. Prisoners waited too long to start an activity.*
- 1.9** In our survey, fewer prisoners than at comparator establishments said that they had been treated well in reception (66% versus 75%) and that they had spent less than two hours in reception (44% versus 69%). We found reception staff to be efficient and professional, and they were assisted by Insiders (prisoners who introduce new arrivals to prison life), who provided valuable support and advice.
- 1.10** The reception area was clean and not particularly busy, with an average of 13 new receptions a week. Holding rooms contained helpful information notices. All arriving prisoners were subjected to a full search, without a risk assessment, even though most would have been transferred directly from another establishment. As well as meeting an Insider, new arrivals also met a first night officer in private, who checked that they felt safe and asked if they had any urgent concerns. Prisoners were provided with telephone credit but some told us that they had not had an opportunity to make a telephone call because of the lateness of their arrival. In addition, some late arrivals were not able to shower on their first night.
- 1.11** All new arrivals were accommodated on the induction wing. Cells for new prisoners were clean and fully equipped. The induction wing accommodated a number of prisoners who were refusing to move because of fears for their safety, and there was a risk that they might have a malign influence on new arrivals (see section on bullying and violence reduction and main recommendation S43).
- 1.12** There were no enhanced first night observations or continuing checks by night staff, and in our survey fewer prisoners than at comparator establishments said that they had felt safe on their first night (77% versus 83%).
- 1.13** Induction did not start until the Monday after arrival, so prisoners could wait up to six days to start the programme. This was mitigated to some extent by the presence on the wing of the Insiders they had met in reception, who were available during unlock periods to provide advice and support. The induction programme was comprehensive, and included a presentation about basic procedures and rules by an Insider, followed by presentations and assessments by staff from key departments, including work, education, the gym, the library and the offender management unit. It lasted a week and was delivered reliably, with 95% of prisoners in our survey reporting that they had been on an induction course.
- 1.14** After induction, most prisoners waited too long to start employment. New arrivals we spoke to had completed induction two weeks earlier and were still unemployed and locked up for most of the day. Most prisoners waited six to eight weeks before being offered an activity.

## Recommendations

- I.15** New arrivals should only be subjected to a full search when justified by a risk assessment.
- I.16** Prisoners should be able to make a telephone call and have a shower on their first night, and there should be enhanced observations and checks of their safety.
- I.17** Induction should start on the next working day after arrival.
- I.18** Prisoners should be provided with an activity as soon as they have completed their induction.

## Bullying and violence reduction

### Expected outcomes:

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

**I.19** *The safer custody policy was not implemented effectively and there were no formal systems for dealing with perpetrators or supporting victims. The safer custody committee was poorly attended and information was not analysed but some action had been identified by the senior management group. Most prisoners felt safe. Some prisoners felt too unsafe to leave their cell or their wing and the safer custody team was not aware of all of them. Prisoner violence reduction representatives and staff provided limited mediation.*

- I.20** Most prisoners felt safe. In our survey, 17% said that they currently felt unsafe, which was in line with the comparator. The proportions reporting victimisation by staff (29%) and by other prisoners (29%) were similar to the respective comparators. The establishment had recorded 30 assaults on prisoners and 11 on staff in the previous six months. Some of these had been serious, including nine incidents in the previous 12 months in which prisoners had been stabbed or slashed. Some prisoners told us that the prevalence of weapons in the establishment caused them serious concern and this issue had been prioritised by the security department (see section on security) and action taken.
- I.21** Although there was a well-structured policy on bullying and violence reduction, key aspects were lacking or were not operated effectively. The safer custody committee met monthly. Prisoner violence reduction representatives attended the meeting but representation from staff around the prison was generally poor, with only the safer custody team in attendance at some meetings. A comprehensive range of data about violent incidents, from a range of sources, was discussed but there was no consideration of trends and patterns of behaviour, and minutes failed to show that actions were identified or that decisions were regularly shared across the prison. However, a group of senior managers, chaired by the deputy governor, met occasionally to consider safer custody and security information, to identify pragmatic measures that could be taken to reduce levels of violence (see main recommendation S43).
- I.22** A violence reduction survey of prisoners had been undertaken at the beginning of 2014 but the safer custody manager considered the response to have been poor and the findings inconclusive, so it had not informed any action.

- I.23** The violence reduction policy stated that residential units would nominate a link staff member who would provide information about bullying and violent incidents on their wing and promote safer custody within their staff group. In practice, although wings had a nominal staff member, there was little evidence of them being proactive or attending safer custody meetings.
- I.24** Incidents of violence were collated by the safer custody team and referred to wing managers for investigation and action. However, due to staff absences, this system had lapsed for a long period, during which incidents had not been investigated or acted on. There was no system for formally monitoring and addressing the behaviour of perpetrators, or supporting victims, and it was not clear what was expected of managers who had investigated an incident, beyond applying routine disciplinary or preventive measures. This meant that there were no checks on the effectiveness of any actions taken and no records kept (see main recommendation S43).
- I.25** During the inspection, we found prisoners who had been victims of bullying, intimidation and violence who were afraid to leave their cells. On the G wing induction unit, there were 30 prisoners who refused to move on to other wings because they felt unsafe. There were no formal plans to support such prisoners, other than to bring meals to those who refused to leave their cells. The safer custody team was unaware of some of these prisoners and was actively working with only a few of them. Measures to challenge those refusing to move on from G wing had been drawn up but not implemented (see main recommendation S43).
- I.26** Prisoner violence reduction representatives were present on all wings and told us that they had a role in mediating between prisoners to reduce levels of violence and bullying. In a small number of cases, safer custody staff had offered mediation and more residential staff were being trained to provide the service.

## Recommendations

- I.27** **Analysis of violence-related data should be regularly monitored and reviewed to identify trends and emerging patterns of behaviour, and action taken to improve safety.**
- I.28** **An effective system should be implemented for identifying the views of prisoners on violence reduction.**

## Housekeeping point

- I.29** Attendance at the safer custody meeting should be improved.

## Self-harm and suicide prevention

### Expected outcomes:

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

- I.30** *There was no self-harm and suicide prevention policy tailored to the prison and information about self-harm was not used sufficiently well to guide action. The quality of assessment, care in custody and teamwork (ACCT) management was inadequate and there were insufficient Listeners.*
- I.31** The prison did not have its own self-harm and suicide prevention policy tailored to the circumstances of the establishment but followed the generic Prison Service Order.
- I.32** The safer custody team gathered a range of information about self-harm and suicide but it was not analysed or used effectively. Some good work had been done with individuals who were prolific self-harmers, especially those who had been settled in the 'Pathways' programme for prisoners with a personality disorder (see section on attitudes, thinking and behaviour).
- I.33** The number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of self-harm or suicide was consistent with that in similar prisons, and prisoners we spoke to who were subject to ACCT procedures felt well cared for. However, some expressed frustration that issues affecting their well-being, such as a lack of activity and prolonged spells locked in their cells, were not being addressed. The overall quality of ACCT management was inadequate. Although we saw some good assessments, too many care plans did not address issues well and were not updated at review meetings, and attendance at reviews was too often poor, lacking contributions from staff who knew the prisoner. A total of 133 members of staff (44% of the staff group) did not have up-to-date ACCT training.
- I.34** During the inspection, there were up to three prisoners subject to ACCT procedures in segregation and there was no enhanced review acknowledging their vulnerability and authorising continued segregation.
- I.35** Since the previous full inspection, there had been two self-inflicted deaths. Action plans had been drawn up in response to the Prisons and Probation Ombudsman's report recommendations and there was a quarterly meeting of safer custody managers from the Isle of Sheppey prison cluster to review continued compliance. Serious incidents of self-harm were investigated by the safer custody manager, who identified the care needs of the prisoners concerned but did not address any shortcomings in prison procedure or staff practice which could have affected the outcomes.
- I.36** In our survey, only 45% of respondents (against the 64% comparator) said that they were able to speak to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) at any time. At the time of the inspection, there were only five trained Listeners in post and nine were being trained; this was not sufficient for the population. Prisoners and Listeners told us of delays in making them available, and of instances where two prisoners had requested a Listener but only one had been made available to meet with them in succession. Listener suites were available but not used.

## Recommendations

- I.37** Information about incidents of self-harm should be analysed by the safer custody committee and used to inform planned action.
- I.38** The quality of assessment, care in custody and teamwork (ACCT) management should be improved and all staff should be trained appropriately in the procedures.
- I.39** There should be documented reviews of segregated prisoners subject to ACCT procedures to authorise their continued segregation and plan how their needs will be met.
- I.40** Investigations into serious incidents of self-harm should address issues of procedure and practice which could have improved the care for the prisoner concerned.
- I.41** There should be sufficient trained Listeners for the population and prisoners should have prompt and reliable access to them.

## Housekeeping point

- I.42** The prison should have a self-harm and suicide prevention policy specific to the circumstances of the establishment.

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>2</sup>**

**I.43** *Adult safeguarding procedures had not been developed and there were no links with the local social services department.*

- I.44** The prison did not have adult safeguarding procedures and staff were not trained in referring adults requiring assessment to the local social services. No links had been made with local social services departments to develop practice, but prison managers were aware that a consistent approach to providing for the care needs of vulnerable adults was needed and they had entered discussions with service commissioners to agree responsibilities.
- I.45** At the time of the inspection, the prison was holding one prisoner with disabilities who required high levels of specialist care and was agreeing responsibilities for him with the health care provider.

<sup>2</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).



## Recommendation

- I.46** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.**

**I.47** *Security arrangements were proportionate. Intelligence was well managed and responses to identified risks were appropriate. Mandatory drug testing arrangements in recent months had been poor. Illicitly brewed alcohol was a continuing problem but diverted medication issues had reduced.*

- I.48** Physical and procedural security arrangements were mostly effective and were proportionate to the challenges posed. Dynamic security was good and was underpinned by the high-quality staff-prisoner relationships at the prison but this risked being undermined by staff shortages (see section on staff-prisoner relationships).
- I.49** The monthly security committee meeting was well attended and considered a wide range of data in order to gain an understanding of current and emerging threats to the safety and security of the prison, including a perceived increase in the availability of weapons, illicit alcohol and gang-related activity. A good flow of intelligence information reports (IRs) demonstrated a high level of engagement by residential staff but there were some gaps in contributions, most notably from activities staff, which potentially left the prison unsighted on some issues. IR processes were expedient and the intelligence received was used to direct security operations; these included target searches, drug dog activities and combined operations with the police, who provided a useful support service to the prison, with effective bilateral communication and information sharing.
- I.50** An appropriate range of monthly security objectives was drawn up and published but we were not assured that they were communicated sufficiently well to frontline staff; we asked 10 staff, of varying grades, what the current objectives were but none knew.
- I.51** Workplace risk assessment processes were haphazard and it was almost impossible to establish waiting times for clearance. There was no routine assessment of prisoners' risk levels and all such clearances were conducted on an 'on-demand' basis, which further exacerbated waiting times if the security team was busy with other duties.
- I.52** Visits restrictions were applied appropriately and were adjusted or removed as soon as the level of risk was deemed to have changed.
- I.53** In our survey, 29% of respondents said that it was easy to get illegal drugs at the prison, which was similar to the comparator. However, finds of illicitly brewed alcohol indicated a continuing problem, and in our survey more than at comparator prisons (28% versus 20%) said that it was easy to get alcohol. A number of initiatives had been implemented to deal with this. Conversely, finds and other evidence of diverted medication, which had been recognised as a problem in the past, had reduced. Liaison with health care practitioners had

led to doctors prescribing alternative drugs, resulting in fewer prisoners being prescribed 'tradable' medications. In our survey, very few prisoners said that they had developed a problem with diverted medication.

- I.54** The mandatory drug testing (MDT) programme had just been re-started for April 2014, following a long period of inactivity. Key performance targets for the completion of random mandatory drug tests had not been achieved since August 2013. In the previous six months, 77.7% of random mandatory drug tests had not been conducted. No testing had been carried out in February and March 2014. This prolonged lack of testing rendered the random MDT positive rate figure meaningless. Similarly, there had been virtually no suspicion testing completed in the previous 12 months.

## Recommendation

- I.55** **Mandatory drug testing should be carried out appropriately within identified timescales.**

## Housekeeping points

- I.56** Contributions to the security information reporting system from all areas of the prison should be sought and monitored.
- I.57** Monthly security objectives should be communicated effectively to all relevant staff.

## Incentives and earned privileges

### Expected outcomes:

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

- I.58** *The incentives and earned privileges scheme was not universally understood, operated or enforced. Monitoring and management of those on the basic level were poor.*

- I.59** The current incentives and earned privileges scheme was not universally understood or applied. Plans to introduce the new national version of the scheme fully had appropriately been staged to protect the stability of the prison in the light of staff shortages and the amount of time that prisoners spent locked up. Consequently, at the time of the inspection there were over 700 prisoners on the enhanced level of the scheme who had yet to be reassessed.
- I.60** The benefits of enhanced status included more visits, access to better-paid jobs and a higher spending capacity via the prison shop.
- I.61** In our survey, fewer prisoners than at comparator prisons considered the system to be fair, although more black and minority ethnic than white prisoners said that the system encouraged them to change their behaviour.

- I.62** At the time of the inspection, there were 41 prisoners on the basic level. Despite the policy outlining weekly reviews and daily comments in electronic case notes for such prisoners, few comments had been made and almost all of those on basic served an arbitrary period of 28 days, with an automatic reversion to the standard level unless reported for further poor behaviour.

## Recommendations

- I.63** A suitable scheme to encourage good behaviour should be introduced.
- I.64** The management of those on the basic level should seek to improve behaviour through active encouragement, monitoring and regular review.

## 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.**

- I.65** *Adjudications were conducted appropriately and management oversight was appropriate. Governance of use of force was poor, planned interventions were not video-recorded and too many prisoners were placed in special accommodation without sufficient evidence to prove the proportionality of its use. Occupancy of the segregation unit was consistently high, the regime was unnecessarily punitive for most and there was no reintegration planning.*

## Disciplinary procedures

- I.66** The number of adjudications was similar to that at comparator prisons and was not high. The adjudications and records we saw demonstrated that processes were appropriate and that regular monitoring and quality assurance were undertaken. The adjudication standardisation meeting met regularly and considered a wide range of demographic information to identify any emerging trends.
- I.67** Prisoners were fully involved in the process and given every opportunity to question evidence and to contribute to the hearing. The independent adjudicator attended monthly to hear the most serious of charges, with some of these being passed to the police for prosecution.

## The use of force

- I.68** Use of force documentation was among the worst that we have seen. Almost all of the dossiers for the previous six months (49) were incomplete, despite having been reviewed by the use of force committee (see main recommendation S44). Some even failed to identify the officers involved, and far too many lacked a F213 (injury to prisoner) form; if this was present, it was inappropriately annotated with 'see SystemOne' (the electronic clinical record), which was accessible only to health services staff.
- I.69** Despite meeting regularly and recording a list of dossiers reviewed, it was difficult to see any effect of the use of force committee on the overall governance of use of force. Data

collection was poor; there was virtually no trend analysis and an insufficient focus on the high use of the special accommodation cells (see main recommendation S44).

- I.70** Documentation was so poor that in many cases we were unable to gain assurance that uses of force had been reasonable or proportionate. There was no routine video-recording of planned incidents and the prison was unable to produce any such videos for us to view. The video recorder was held in the segregation unit but was not even used for planned interventions on the unit (even during the inspection) (see main recommendation S44).
- I.71** The use of special accommodation was six times higher than that at comparator prisons, with 63 uses in 2013 and 22 to date in 2014. Prisoners remained there for far too long, with an average stay of around 10 hours. Records of the use of this accommodation were poor and often failed to evidence the need to impose this extreme measure (see main recommendation S44).

## Recommendation

- I.72 F213 forms should be fully completed in all events of use of force.**

## Segregation

- I.73** Occupation of the large segregation unit was routinely high and it held some very difficult prisoners. The regime on the unit was over-punitive and prisoners could not have daily showers or access to telephones. The on-unit library was poor (see section on library). The recording of information on prisoners was poor, with insufficient detail included in daily entries to afford an understanding of behaviour or emerging issues, or to provide a reasonable account for review boards. In our survey, only 15% of segregated prisoners (against the 55% comparator) said that they had been treated well or very well on the unit.
- I.74** Many cells on the unit were dirty, ill equipped and contained much (often offensive) graffiti, some of which had clearly been there for some time. In-cell toilets were dirty and scaled, as was the communal toilet on the upper landing, even though we raised this as a concern every day of the inspection.
- I.75** The six caged exercise yards were bare and all prisoners exercised individually, regardless of risk.
- I.76** The proportion of prisoners transferring out from the segregation unit had fallen from almost 60% in 2013 to a little over 20% in 2014. Nevertheless, many of the prisoners located on the unit were demanding a transfer and there were no reintegration plans to manage them back onto normal wings. Review boards were held on time but were routinely perfunctory and failed to address poor behaviour adequately.

## Recommendations

- I.77 The regime in the segregation unit should include daily showers and access to telephones.**
- I.78 Reintegration planning should be routinely carried out for all prisoners located on the segregation unit.**

## Housekeeping points

- I.79** Daily entries in segregation unit records should be comprehensive and demonstrate effective interaction with prisoners.
- I.80** All communal areas and cells on the segregation unit should be clean and well equipped.

## Substance misuse

### Expected outcomes:

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

**I.81** *Although demand was low, both clinical and psychosocial treatment services were well integrated and delivered appropriate, high-quality interventions. More prisoners than at comparator prisons expressed satisfaction with substance use recovery support. Access to peer supporters was hindered by long periods of time locked up. Compact-based drug testing was in place on the drug- and alcohol-free wing.*

- I.82** Clinical treatment was provided by a well-resourced nursing team from the Central and North West London NHS Foundation Trust. At the time of the inspection, only 36 prisoners (3% of the total population) were receiving opiate substitution treatment, of whom 29 (80%) were voluntarily on reducing doses. We were satisfied that the remaining seven (20%) were maintained for legitimate clinical reasons. Prescribing was flexible and prisoners' clinical reviews were timely and involved a good level of integrated care from both clinical and psychosocial staff. More complex cases, where prisoners had a dual diagnosis of drug dependency and mental health problems, involved mental health nurses as needed.
- I.83** Psychosocial services were delivered by the Rehabilitation of Addicted Prisoners trust (RAPt), with provision being divided between a case management team and a programmes team.
- I.84** High-quality, recovery-focused one-to-one and group-based interventions were available for prisoners in clinical treatment on the recovery unit on G wing. Those who were abstinent and housed on the 'drug- and alcohol-free unit' (H wing) could take part in the 12-step 'substance dependency treatment programme' (SDTP). This highly effective group-based programme covered drugs and alcohol but with an emphasis on the underlying causes of addiction rather than the choice of substances used. Prisoners told us that engagement in this programme had been 'life changing' for many of them. Alcoholics Anonymous and Cocaine Anonymous meetings were also available, run by external facilitators. Prisoners said that uniformed staff on H wing were an important additional source of support for them in their recovery.
- I.85** Eight well-trained peer supporters offered support and co-facilitated group-work sessions, although prisoners had limited access to them owing to the long periods of time spent locked in cells (see section on time out of cell and main recommendation S45). In our survey, the number of respondents with drug or alcohol problems who said that they had received support with these at the prison was similar to the comparator, but more than the comparator (93% versus 77%) said that they had found this helpful.

- I.86** All prisoners on the drug- and alcohol-free wing were subject to compact-based drug testing, regardless of whether or not they were engaged in the RAPt programme, and this provided a supportive environment. The testing suite was dirty and untidy.

### **Recommendation**

- I.87** The establishment should improve prisoners' access to peer supporters.

### **Housekeeping point**

- I.88** The compact-based drug testing suite on H wing should be kept clean and tidy as a respectful and suitable testing environment.

## Section 2. Respect

### Residential units

#### Expected outcomes:

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

- 2.1** *The quality and cleanliness of accommodation were reasonable but access to showers and telephones was limited. Some showers were in a poor condition. Laundry facilities were good. Responses to prisoner applications were not well managed. Association areas were adequate and well supervised.*
- 2.2** Internal and external areas of the prison were mostly clean and well maintained. All prisoners were accommodated in single cells. The quality of the accommodation units varied from shabby and worn on the four older wings (A, B, C and D) to bright and spacious on the newer ones.
- 2.3** Cells were adequately equipped but there was little screening around toilets in cells. Although, in our survey, fewer prisoners than the average (61% versus 78%) said that they could get cleaning materials every week, we found that they could be obtained, although the supply had been reduced.
- 2.4** Prisoners were allowed to wear their own clothes and our survey results about access to clean clothes for the week were more favourable than at similar establishments and than at the time of the previous full inspection. Each wing had its own laundry and prisoners had weekly access to it, although some machines had been out of action for a long time.
- 2.5** Although only 15% of respondents to our survey (against the 34% comparator) said that they could get access to their stored property, we found no outstanding applications in the reception property store.
- 2.6** There were sufficient showers available but reduced association time (see section on time out of cell and main recommendation S45) had made it difficult for prisoners to access them. In our survey, only 70% said that they could shower every day, against the 98% comparator. The quality of some showers on the older wings was poor, with inadequate privacy screening and decaying fabric. A programme of refurbishment had started but too many remained broken or unhygienic.
- 2.7** There were sufficient telephones on the wings, located in areas which afforded some privacy and with adequate privacy hoods. However, access was limited because of the reduced association time, so prisoners could not make telephone calls every day.
- 2.8** Application forms were freely available on all wings and applications made were logged by wing staff. In our survey and our groups, prisoners were very negative about responses to applications. Only 20% of prisoners in our survey said that applications were dealt with quickly, against the 52% comparator. There was no tracking of applications or checking by managers of the timeliness or quality of responses.

- 2.9** Each wing had reasonable association areas, with a range of activities. The association periods we observed were well supervised and relaxed. A wide range of notices was displayed around common areas, providing information and outlining rules and procedures.

## Recommendations

- 2.10** Toilets in cells should be adequately screened.
- 2.11** All prisoners should be able to shower every day in privacy and in decent conditions.
- 2.12** All prisoners should be able to make private telephone calls every day.
- 2.13** The timeliness and quality of responses to prisoner applications should be assured by managers.

## Housekeeping point

- 2.14** Wing laundry machines should be maintained in good working order.

## Staff-prisoner relationships

### Expected outcomes:

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

- 2.15** *Our survey results were positive in relation to respectful treatment but there was little confidence in the personal officer scheme. Electronic case-note records were generally poor. Consultation was good.*

- 2.16** Our survey results about overall respectful treatment were very positive and we saw good staff–prisoner relationships across the prison. However, these were at risk of being undermined by the increases in time locked up (see section on time out of cell and main recommendation S45), which restricted prisoners’ access to staff, and by the regular redeployment of staff to other tasks, which reduced the continuity of staffing on wings.
- 2.17** Our survey results were universally poor in relation to the personal officer scheme, which, at best, involved the identification of a nominated officer. Electronic case-note entries were generally poor and irregular, with some, ironically, comprising only comments from managers requesting officer entries month after month. The only regular entries we could find were all reports of negative behaviour.
- 2.18** Consultation arrangements were good and wing representatives contributed to the regular council meetings, which were appropriately chaired by the deputy governor; there was clear evidence of subsequent positive responses to requests. The weekly governor’s bulletin, which identified upcoming events (including scheduled loss of association), was valued by prisoners.



## Recommendation

- 2.19** The personal officer scheme should provide appropriate levels of contact with, and support to, prisoners, with weekly qualitative entries made in electronic case notes.

## Equality and diversity

### Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>3</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.20** *The strategic management of equality was underdeveloped. The monitoring of treatment and conditions for those with protected characteristics was inadequate. There were no specific forums or support services for them, except for older prisoners. Some prisoners with protected characteristics reported more negatively in our survey about safety and victimisation. Professional interpreting services were not always used when required. Unlocking practices for Friday prayers had created tension between Muslim and non-Muslim prisoners.*

## Strategic management

- 2.21** The strategic management of equality was underdeveloped. A team of three staff, two of whom were new into post, was responsible for the equality agenda. There was an equality policy but it lacked detail about the needs and management of prisoners with protected characteristics. The equality action team meetings were sporadic; there had been a meeting in September 2013 and another in February 2014 but, combined with the absence of any live action plans, the meeting was not sufficiently focused on equality issues at the establishment. The meetings were not sufficiently multidisciplinary but were attended by prisoner diversity representatives, who provided valued support to some prisoners.
- 2.22** The monitoring of treatment and conditions for those with protected characteristics was inadequate; systematic monitoring and analysis of the race equality template (SMART) data relating to black and minority ethnic prisoners had been produced but no other monitoring was undertaken. A new equality monitoring tool, incorporating more protected groups, was planned but had not yet been implemented. Protected characteristics were identified during induction but this information was sent directly to the offender management unit without being routinely shared with the equality team.
- 2.23** There had been 38 discrimination incident report forms (DIRFs) submitted in the previous six months, although many of these did not relate to incidents of discrimination. Those that did had been investigated appropriately by the equality team and signed off by the deputy governor. A proportion of DIRFs was scrutinised externally each month and useful feedback was provided.

<sup>3</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Recommendations

- 2.24** The overarching equality policy should include detail of, and provision for, all protected characteristics, and should be accompanied by an up-to-date equality action plan.
- 2.25** Effective and regular monitoring of all protected characteristics should be in place, to ensure fair treatment and access to services.

## Housekeeping points

- 2.26** Equality action team meetings should be regular, multidisciplinary and attended by all relevant staff.
- 2.27** Information on protected characteristics collected during induction should be routinely shared with the equality team.

## Protected characteristics

- 2.28** There were no specific forums or support services for prisoners with protected characteristics, beyond a newly introduced older prisoners group.
- 2.29** At the time of the inspection, 42% of prisoners were from a minority ethnic background. In our survey, black and minority ethnic prisoners mostly reported similarly to white prisoners about their treatment and conditions. A Gypsy/Traveller diversity representative was available but he had not been called on to support prisoners or advise staff since taking up the role some months previously.
- 2.30** There were 190 foreign national prisoners at the establishment. Home Office staff paid monthly visits, which the prison inappropriately viewed as a support forum for foreign nationals. There was no access to accredited, independent immigration advice, and foreign national prisoners expressed frustration at the lack of information provided about their immigration status post-sentence. Professional telephone interpreting services were not used routinely for those who spoke little English, and some prisoners were isolated as a result. Inappropriately, other prisoners had been used to interpret in assessment, care in custody and teamwork (ACCT) reviews and adjudications.
- 2.31** The three main religious groups in the prison population were Muslim (28%), Anglican (19.7%) and Roman Catholic (16.8%); almost 16% did not follow a religion. Non Muslim prisoners complained that they were being unlocked late on Friday afternoon as staff were busy accommodating Muslim Friday prayers. This reduced their time out on association and was creating palpable tension between Muslim and non-Muslim prisoners, which was further exacerbated by the significant dissatisfaction prisoners felt about their overall time out of cell (see section on time out of cell and main recommendation S45).
- 2.32** In our survey, 17% of prisoners said that they had a disability. Prisoners with disabilities reported more negatively than their able-bodied counterparts across some key areas: 37% (compared with 13%) said that they currently felt unsafe, 56% (compared with 23%) that they had been victimised by other prisoners and 39% (compared with 27%) that they had been victimised by staff. Despite this, the prisoners with disabilities we spoke to, some of whom had very complex needs, reported very positively on their care. Care plans for those with additional needs were not routinely used and there were no paid carer roles, although prisoners were allocated informally to provide help to those requiring it. There were four

suitably adapted cells in the prison. Thirty-seven prisoners had personal emergency evacuation plans but some were stored electronically and not readily available, and not all staff were aware of their content.

- 2.33** At the time of the inspection, there were 175 prisoners aged 50 or over, including six who were aged 70 or over. In our survey, older prisoners reported more positively than their younger counterparts – most notably, 100% reported respectful treatment by staff. However, 43% said that they had been victimised by other prisoners, compared with 27% of those under 50. An older prisoners forum had been developed, the first meeting of which had taken place just before the inspection. Some retired prisoners were locked in their cells during the working day (see section on time out of cell and main recommendation S45) and were required to pay for their television, both of which were inappropriate.
- 2.34** In our survey, 1% of prisoners said that they were gay or bisexual. The prison was not aware of how many such prisoners they had, but had recently been in discussion with a prisoner who was interested in developing a support forum for them, and plans were progressing well. There were no transgender prisoners at the time of the inspection. A policy for such prisoners had been developed but it had not yet been distributed or implemented.

## Recommendations

- 2.35 Support forums should be developed for prisoners with protected characteristics.**
- 2.36 Foreign national prisoners should have access to accredited, independent immigration advice.**
- 2.37 Professional telephone interpreting services should be used for prisoners who cannot speak English.**
- 2.38 The prison should investigate the negative perceptions of safety held by prisoners with protected characteristics, and take action to address the findings.**
- 2.39 Care plans should be in place for prisoners who need them.**
- 2.40 Retired prisoners should not be required to pay for their television.**

## Housekeeping points

- 2.41** Personal emergency evacuation plans should be readily accessible to wing staff, who should be aware of their content.
- 2.42** The transgender policy should be disseminated and implemented.

## Faith and religious activity

### Expected outcomes:

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

**2.43** *Despite negative results in our survey, the chaplaincy was well integrated within the prison. Services for most faiths were provided and prisoners had good access to them. Facilities for worship were mostly adequate. A wide range of religious festivals was observed.*

**2.44** The chaplaincy was well integrated within the prison. The on-duty chaplain visited the segregation unit daily, attended ACCT reviews as appropriate and was the lead contact in cases of serious illness or bereavement. However, in our survey, fewer prisoners than at comparator establishments and than at the time of the previous full inspection said that their religious beliefs were respected, and that they could speak to a religious leader of their faith.

**2.45** There was an Anglican chaplain and a Roman Catholic chaplain, both of whom were employed full time. Two Muslim chaplains had recently left the prison but arrangements had been made for a sessional Muslim chaplain to facilitate Friday prayers. Most other faiths were provided for using sessional chaplains and volunteers. Services were easily accessed by prisoners and well advertised. A wide range of religious festivals was observed across most faiths, including Easter, Ramadan, Passover and Baisakhi/Vaisakhi, with some celebrations including the provision of culturally specific food.

**2.46** Facilities for worship were mostly adequate, consisting of a large chapel, a mosque and a multi-faith room. Over 200 of the 311 Muslim prisoners attended Friday prayers, some in the mosque and some in the multi-faith room. Washing facilities in the former were adequate but there were none in the latter.

### Recommendation

**2.47 Adequate washing facilities should be available to all Muslim prisoners attending prayers.**

## Complaints

### Expected outcomes:

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

**2.48** *Prisoners had little confidence in the complaints system. Complaints boxes were not emptied daily. Responses to complaints were generally polite but did not always address the issue raised and too many were late. There was no structured system of quality assurance or monitoring of trends.*

- 2.49** A total of 1,910 complaints had been submitted in the previous six months. In our survey, only 58% of respondents, against the 70% comparator, said that it was easy to make a complaint; of those who had done so, only 10% said that they were dealt with quickly and 21% that they were dealt with fairly, both of which were far worse than the respective comparators.
- 2.50** There were complaints boxes with forms on each wing but they were not emptied every day. Responses were generally polite but some did not address the issue raised. Too many complaints received late responses; around 70 submitted in April 2014 were already late, and 57 from January and a similar number from February were also outstanding. Three complaints submitted in December 2013 had not been responded to. There was no structured quality assurance system to oversee quality and timeliness, and no structured identification of emerging trends.

## Recommendation

- 2.51** **An effective quality assurance and monitoring system should be in place to ensure that responses to complaints are appropriate and timely, and that any trends are identified.**

## Housekeeping point

- 2.52** Complaints boxes should be emptied daily.

## Legal rights

### Expected outcomes:

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

- 2.53** *Access to advice and information was limited; there was limited written information, and laptop computers provided to assist prisoners were inaccessible.*

- 2.54** In our survey, prisoners were more negative than at similar prisons about their access to legal information or advice. There were no dedicated legal services officers and prisoners could not access the community legal advice helpline. There was limited written information on legal rights available to prisoners in the library.
- 2.55** Although there were eight 'Access to Justice' laptops held at the prison, prisoners were unable to borrow them or to use stand-alone desktop computers to work on their cases because of unexplained, unnecessary delays in setting them up. Legal visits took place on Monday to Thursday and lawyers confirmed that there were adequate slots to meet demand.

## Recommendation

- 2.56** **Prisoners should be able to access the community legal advice helpline, and to use 'Access to Justice' laptop computers.**

## Health services

### Expected outcomes:

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

**2.57** *Access to primary care and mental health services was good but to the dentist was poor. Outside hospital appointments were disrupted by poor escorting arrangements that were often cancelled at short notice. A wide range of appropriate primary care clinics was provided. Pharmacy services were good and the provision of dental services had been greatly increased to deal with the long waiting list. The mental health team provided a wide range of primary and secondary care services, with expeditious transfers to secure units.*

### Governance arrangements

- 2.58** The health care provider delivered care at two other sites and there was a cluster arrangement for clinical governance, with representation by the governor and head of health care at the joint partnership board.
- 2.59** The health care centre was large and comprised rooms for consultation and treatment, and a good inpatient unit. All care was delivered at the centre, apart from for one prisoner, who was receiving social care and support in his cell on the wing. All clinical areas were well equipped and suited to the care and treatment of patients.
- 2.60** The most recent health needs assessment had been completed in 2011 and a contract for a new assessment had started. Health services were well managed on site by a health care manager and overseen by the head of health care for the cluster of local prisons. There were seven nurse vacancies at the time of the inspection but a robust recruitment programme and use of agency staff ensured that adequate levels of staff were maintained. The health care manager led a team of well-qualified staff and much investment had been made in the training and development of health care assistants, enabling them to provide a range of health care services. Training needs were managed well by a lead nurse for the cluster. Clinical supervision was available to all clinical staff as required.
- 2.61** A 24-hour health care service was provided, with a wide range of clinics and many specialists visiting the prison regularly. A large number of GP clinics was provided during the week and one GP worked late at a neighbouring prison and could see late receptions if needed. Access to the out-of-hours service was the same as that for the local community. Pharmacy services were provided by Oxleas NHS Foundation Trust and medicines were supplied from the pharmacy in HMP Rochester. Dental services were provided by the NHS and the number of sessions had been greatly increased to deal with a long waiting list.
- 2.62** Clinical records were maintained electronically using SystemOne and any paper records were either archived or scanned as required, in accordance with the Data Protection Act and Caldicott guidelines.
- 2.63** Health care representatives from each of the wings attended a monthly forum where health care issues were discussed, and the minutes of meetings were displayed on some of the wings. An average of 15 health care complaints was submitted each month; these were mainly raised through the general prison complaints process, while remaining confidential.

They were collated and analysed well by one of the senior health services staff. All complainants received a typed response and those that we sampled had been dealt with sensitively. However, information provided about the process, including the NHS complaints procedure, was not sufficiently robust.

- 2.64** A good level of health promotion literature was available on the wings and in the health care centre. Health care screening and advice were provided and there was access to condoms if required.
- 2.65** Emergency resuscitation equipment was located on both floors of the health care centre and was well maintained. Each wing also had an automated external defibrillator (AED) that was checked daily. Although a large proportion of discipline staff had been trained in first aid, only four had received training in the use of AEDs.

## Recommendations

- 2.66** Prisoners should have access to information on how to make a health care complaint.
- 2.67** Sufficient discipline staff should be trained in the use of automated external defibrillators.

## Delivery of care (physical health)

- 2.68** Health care screening was carried out in a small room in reception that was adequate for purpose but was not secured with a health care suite key. Prisoners were provided with appropriate information about access to health care, and signposting was available in a range of languages.
- 2.69** Nurses provided a daily triage clinic, where patients were prioritised for treatment and referral. Prisoners were also able to attend a daily 'special sick' clinic to address specific illness needs on the same day. A large range of clinics was available, including those for the care and management of lifelong conditions. Chronic disease care was currently managed by the GPs; this was expected to become more nurse-led as the recruitment and training of specialist nurses continued. Waiting times for all primary care clinics were good. The main waiting room in the health care centre was large and displayed a wide range of health care information and a television. However, prisoners in our survey were dissatisfied with the access to and quality of health care provided, with only 18% prisoners, against the 36% comparator, saying that the overall quality of health services was good or very good. Non-attendance rates at GP and nurse-led clinics were high.
- 2.70** Relationships between health services and segregation unit staff were good and prisoners located there were seen daily by health services staff.
- 2.71** The prison had established good relationships with local hospitals. For prisoners requiring outside hospital appointments, attendance was disrupted by regular cancellation of escort arrangements by discipline staff, often on the day of the appointment.
- 2.72** The ground floor of the health care centre comprised a 17-bed inpatient unit, which provided a constructive and therapeutic environment. The regime on the unit was relaxed and inpatients were unlocked for most of the day. At the time of the inspection, there were 12 prisoners on the unit, some with complex health care needs. All prisoners had care plans developed from an extensive range of templates but detailed contemporaneous records of

treatment were lacking. Prisoners were generally positive about the care and treatment they were receiving on the unit.

## Recommendations

- 2.73 Attendance rates should be investigated and measures taken to improve the use of clinics where appropriate.**
- 2.74 Escort arrangements should be adequate and effective to meet the health care needs of the prison population.**

## Housekeeping points

- 2.75** The health care room in reception should be secured with a health care suite key.
- 2.76** Care planning for inpatients should be detailed and contemporaneous.

## Pharmacy

- 2.77** Medicines arrived in a timely manner, and limited stock medicines were kept in the main pharmacy room in the health care centre for use in emergencies. The stock levels and date checking were monitored by the pharmacy technician and pharmacy assistant. Medicine cabinets were clean, orderly and secure. Refrigerator temperatures were monitored daily, and heat-sensitive medicines were stored appropriately.
- 2.78** Around 90% of patients received medicines in possession, and risk assessments for several patients had been attached to the record on SystmOne. We found evidence that risk assessments had been reviewed when prisoners' circumstances changed.
- 2.79** The pharmacist visited the prison weekly and prisoners were able to request medicine reviews if required.
- 2.80** Medicines were administered three times a day, with the last session between 3.30pm and 5pm. Night-time medicines were given in possession; if this was inappropriate, the nurse from the inpatient unit visited the cells at night to administer the medicine.
- 2.81** The administration records we saw were good for both supervised and in-possession medicines. Methadone was administered on G wing via a Methasoft machine, and calibration records were kept. The administration session we observed in the main pharmacy room was orderly and had provision for patient confidentiality. The main pharmacy room and treatment rooms were clean, tidy and in good decorative order, but we found an old British National Formulary in the main treatment room.
- 2.82** No patient group directions (to enable nurses to supply and administer prescription-only medicine) were in place. There were written policies for prescribing in-possession medicines, and for out-of-hours and 'special sick' (immediate health treatment without an appointment) care, and these had been reviewed in September 2013. The medicines and therapeutics committee met three or four times a year; meetings were comprehensive and had good stakeholder attendance. There was evidence that prescribing data were used in the meetings.
- 2.83** There were generally low levels of prescribing of substances liable to misuse, although there were still around 111 patients on tramadol at the time of the inspection, which was high. The



pharmacist said that this level had come down, and that they were working to reduce it further. Prisoners also had access to a pain management clinic that provided an alternative range of treatments.

## Recommendation

- 2.84 Patient group directions should be introduced to enable the supply of more potent medication by the pharmacist and/or nurse.**

## Housekeeping point

- 2.85** Old reference books should be discarded, and only the most recent copy should be kept, to ensure that all information used is up to date.

## Dentistry

- 2.86** The dental surgery was located on the upper floor of the health care centre and provided a good facility. However, only 3% of prisoners in our survey (against the 15% comparator) said that it was easy to see the dentist and only 19% (against the 45% comparator) said the quality of dental care was good or very good. At the time of the inspection, there were over 200 patients on the waiting list, some of whom had been waiting for up to nine months to be seen. Additional sessions had been contracted in the month before the inspection in order to address this issue. Appointments were managed electronically using SystemOne but the long waiting list had overwhelmed the capacity to prioritise effectively. In the sessions that we observed, patients were treated well, with respect for their privacy maintained. Oral health promotion was provided by the dental team during appointments.

## Recommendation

- 2.87 Prisoners should have satisfactory access to dental care and treatment, and measures should continue to reduce the number of patients on the waiting list.**

## Delivery of care (mental health)

- 2.88** Relationships between the prison and mental health team were good. The team offered mental health awareness training but over the previous year no discipline staff had been able to attend.
- 2.89** A wide range of primary and secondary mental health care was provided by the team, with additional primary care support by the Kent Counselling and Addiction (KCA) service. The team was adequately staffed to meet the demands of the prison, including the service of a visiting psychiatrist two days each week. Prisoners no longer had access to a separate professional counselling service.
- 2.90** The total caseload averaged 90 patients, including those seen by KCA and those attending group therapies. The demand for mental health care was lower than at comparator prisons, and prisoners were generally satisfied with the level of service.

- 2.91** Prisoners with enduring mental health problems were managed using the care programme approach. Clinical records were well managed and there were limited but effective links with the community mental health service. Five patients had been transferred to secure mental health units in the previous six months and they had all been moved swiftly.

## Recommendations

- 2.92** **All discipline officers should receive regular mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems.**
- 2.93** **Prisoners should have access to professional counselling 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.**

**2.94** *The food provided was very unpopular with prisoners but we found it to be satisfactory. Servery workers were inadequately trained and some serveries were dirty. Facilities for self-catering were valued by prisoners.*

- 2.95** In our survey, only 11% of respondents said that the food provided was good, against the 36% comparator, and many prisoners we spoke to said that the quality of the food was poor. Despite this, with the exception of breakfast packs, which were too small and issued on the day before consumption, we found the quality and quantity to be reasonable.
- 2.96** The menu operated over a four-week cycle and catered for religious and medical diets. Five options, including hot dishes, were available at lunch and the evening meal.
- 2.97** The kitchen was clean and well equipped. Forty-two prisoners were employed in the kitchen but they could not attain vocational qualifications in catering (see recommendation 3.18).
- 2.98** Many servery workers had not received food hygiene training and some serveries, particularly in the segregation unit, were dirty. Some serveries were inadequately supervised and some prisoners were not correctly dressed. Facilities for self-catering on the wings were well equipped and popular but did not meet the demand, and dining out opportunities were limited on all wings.
- 2.99** A food consultation forum had recently started. Food comment books were not present on all wings and some of the responses to comments that we saw were unhelpful.

## Recommendations

- 2.100** **Breakfast packs should be enhanced and should be issued on the day they are to be eaten.**

- 2.101 All prisoners involved in the delivery of food should be appropriately trained and dressed, and adequately supervised.**
- 2.102 All food preparation and delivery areas should be maintained at an acceptable standard of cleanliness.**

### Housekeeping point

- 2.103** Food comments books should be readily available on all serveries and should be regularly monitored by the catering manager, with appropriate responses recorded when required.

## Purchases

### Expected outcomes:

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

**2.104** *Shop arrangements were reasonable but the catalogue ordering system was in disarray. Consultation processes were reasonable.*

- 2.105** Shop ordering arrangements were adequate and prisoners were able to choose from a wide range of items. In our survey, more prisoners than at comparator establishments said that the prison shop sold a wide enough range of goods to meet their needs, although prisoners from minority groups were less positive.
- 2.106** There was a large backlog in processing catalogue orders and prisoners we spoke to were frustrated by the resultant long delays in purchasing items. A new system for ordering through Amazon had been introduced; this looked promising and offered access to a wider range of goods, but we found that many prisoners and staff were confused by the new system and it had not yet been used to place orders.
- 2.107** Consultation about the list of shop goods available was adequate and amendments were made quarterly.

### Housekeeping point

- 2.108** Clear information on the process for ordering goods should be widely published to staff and prisoners.



## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>4</sup>**

**3.1** *There was relatively little planned time unlocked for most prisoners, and staff shortages resulted in the cancellation of too many association sessions. Time out of cell for unemployed prisoners was particularly poor and too many prisoners were locked up during the core day.*

**3.2** Prisoners complained vociferously about the amount of time they were locked up, and their concerns were legitimate. There was relatively little planned time unlocked for most prisoners, at an average of just over eight hours each weekday. However, this was reduced further as acute staff shortages resulted in the routine cancellation of many association sessions – up to three per week per wing. Although cancellations were mostly advertised in advance to prisoners through a regular bulletin, they still impacted considerably on their well-being and access to showers, telephones, staff and services.

**3.3** The amount of time out of cell for the many unemployed prisoners was particularly poor, at an average of two hours per weekday. During our spot checks, too many prisoners – over 30% – were locked up during the core day, including some retired prisoners and those with disabilities (see main recommendation S45).

### Learning and skills and work activities

#### Expected outcomes:

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

**3.4** *The learning and skills strategy was suitably focused on functional and employability skills, and the overall management was improving. There were too few activity places available, yet not all places were fully utilised, leading to high levels of unemployment. The quality of teaching and learning and overall success rates in education classes required improvement. Coaching in workshops was good. Opportunities to accredit work and vocational skills were missed. Peer workers were used extensively and effectively across the provision. The library was good but access was problematic.*

**3.5** *Ofsted<sup>5</sup> made the following assessments about the learning and skills and work provision:*

<sup>4</sup> Time out of cell, in addition to formal ‘purposeful activity’, includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

<sup>5</sup> Ofsted is the Office for Standards in Education, Children’s Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted’s inspection framework, please visit: <http://www.ofsted.gov.uk>.

<i>Overall effectiveness of learning and skills and work:</i>	<i>Requires Improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

## Management of learning and skills and work

- 3.6** The overall management of learning and skills had improved since the arrival of the new governor and the recent appointment of a learning and skills manager. The prison had introduced an appropriate education curriculum, with a clear strategic focus on improving prisoners' English, mathematics and employability skills. Prisoners undertaking open and distance learning courses were supported well.
- 3.7** The quality improvement group met regularly to review the quality of provision across the prison and was supported well by the governor. The most recent self-assessment report was accurate and the resulting development plan was clear and appropriately challenging. However, at the time of the inspection this had not resulted in a significant improvement to the experience of prisoners, and progress was hampered by insufficient management information to inform decisions and measure the impact of improvement measures. The self-assessment score had failed to improve beyond satisfactory for the previous three years.
- 3.8** The quality of education and vocational training provision required improvement. Performance management was ineffective and had not had a substantial impact on improving the quality of teaching, learning and assessment. Teachers in education classes were observed routinely but the resulting individual action plans were not sufficiently comprehensive or challenging to help teachers to improve. Teachers in vocational training workshops had not been observed, although the learning and skills manager had recently undertaken training for this role.

## Recommendations

- 3.9** **The prison should collect and use an appropriate range of data to monitor and improve the quality of education, training and work across the provision in order to improve the quality of teaching, learning and assessment in education to at least 'good'.**
- 3.10** **Clear staff performance management arrangements should be implemented to support quality improvements in education.**

## Provision of activities

- 3.11** The balance of education, training and work was appropriate but there were activity places for just 80% of prisoners, and only two-thirds of the population was engaged in purposeful activity at any one time. A relatively high proportion of the work was mundane and repetitive and did not occupy prisoners for the full session. Unemployment was high, at 19%, which equated to around 200 prisoners (see main recommendation S46).

- 3.12** The allocation of prisoners to activities was fragmented and did not take sufficient account of their needs or sentence planning targets (see main recommendation S46). Pay for those attending education classes was low and inequitable (and lower than for those undertaking education in the workplace), which was a disincentive for some prisoners.
- 3.13** Prisoners received an appropriate assessment of need during induction. At the time of the inspection, about a third had been assessed as having English and/or mathematic skills below level 1. The requirement for all prisoners with only entry-level English and mathematics to undertake education courses was a welcome approach to improving their skills and employment prospects, and had resulted in an increase in take-up for these courses.
- 3.14** There were 689 full-time work places. Prisoners could work on the wings (as orderlies) and in wood production, engineering, the DHL warehouse, assembly workshops, cutting and packing rags, and the kitchens and gardens. Not enough activity areas offered prisoners the opportunity to gain qualifications.
- 3.15** At the time of the inspection, 246 prisoners attended education classes part time. Education provision included functional skills in English and mathematics from entry level to level 2; English for speakers of other languages (ESOL) at entry level; and information technology and business studies at levels 1 and 2. Personal and social development courses included art and design and peer mentoring.
- 3.16** There was insufficient accreditation of vocational training. Qualifications were available in wood production, engineering, information and communications technology, and industrial cleaning. No kitchen workers undertook qualifications in catering, other than essential food hygiene awards, and prisoners in the engineering workshop could only achieve a level 1 award. The gardens team maintained the prison grounds to a good standard, although no prisoners were taking accredited awards.

## Recommendations

- 3.17** **Levels of pay for attending educational activities should be raised to ensure that they are not a disincentive to attending classes.**
- 3.18** **The availability of accredited qualifications should be broadened to recognise fully the skills that prisoners develop in work and training activities.**

## Quality of provision

- 3.19** Most teaching and learning was weak and required improvement, although it was good in vocational areas. In the better lessons, tutors planned well for individual learning through activities that motivated and engaged the prisoner. They used questioning techniques effectively to test prisoners' understanding and to develop their knowledge further. Teaching and learning in visual arts was particularly good. Peer workers were used extensively and effectively across the provision.
- 3.20** In the weaker sessions, tutors did not use prisoners' initial assessment sufficiently to plan for their learning. They delivered sessions at levels that were often too high for the less able and did not stretch the more able sufficiently. Recording of prisoners' progress was inconsistent and not always reliable. Most English, mathematics and ESOL sessions required improvement.

- 3.21** Visits by education tutors to teach and assess employability awards and mathematics in work areas were highly effective and valued by prisoners.
- 3.22** The DHL warehouse was an extremely industrious area. Impressive individualised learning was well organised and assessment was clearly recorded in the industrial cleaning workshop. Prisoners working in the engineering and wood production workshops and DHL warehouse benefitted from good levels of coaching and learnt good vocational skills. However, safety in the engineering workshop was compromised by prisoners not closing safety screens during welding activities. In contrast to the robust assessment of food hygiene qualifications in the kitchen, the assessment of these awards for the general population, including servery workers, was poor and cast doubt over their validity.
- 3.23** Resources in the education department were adequate to meet the needs of learners and were good in vocational training workshops. However, in some sessions, tutors did not have access to learning technology and, when available, tutors did not use this sufficiently to enrich and extend learning. Prisoners with additional learning needs, such as dyslexia, were well supported.

## Recommendation

- 3.24 A validation process should be introduced for food hygiene awards.**

## Housekeeping point

- 3.25** Safety screens should be closed during welding activities in the engineering workshop.

## Education and vocational achievements

- 3.26** Overall success rates for qualifications in education classes required improvement, mainly owing to particularly low pass rates for English, mathematics and ESOL; however, these were improving for English and mathematics in the current year. Success rates for the small number taking vocational training courses were high. There were no significant differences in achievement by prisoners from different backgrounds.
- 3.27** Prisoners in the wood production and engineering workshops developed good skills and produced work to a high standard but these achievements were not sufficiently recognised through accreditation at a sufficiently high level, and opportunities to accredit vocational skills in other work areas were generally missed. The standard of prisoners' work in visual arts classes was outstanding, and in business studies and creative media was high. However, a lack of timely verification by education staff delayed some prisoners from attaining their qualification. The standard of the work produced by most prisoners in English, mathematics and ESOL required improvement.
- 3.28** Prisoners in contract workshops applied themselves well to completing their work quotas. However, too often the work was exceptionally mundane; for example, in the rag-cutting workshop prisoners spent their entire day cutting up and bagging up rags for the painting and decorating industry. In some workshops, there was insufficient work to occupy prisoners for the full session, limiting the development of employability skills.



- 3.29** Although the prison had increased the utilisation of education places, attendance was low. Attendance was good in vocational training and work. Punctuality was poor; too many lessons and work activities started late and finished early, thus failing to develop a positive work ethic.

## Recommendations

- 3.30** The achievement rates on English, mathematics and ESOL courses should be improved as a matter of urgency.
- 3.31** Assessments of prisoners' work should be verified quickly.
- 3.32** Prisoners should be kept fully occupied while at work, for the full time specified within the prison regime.

## Library

- 3.33** The library was provided by the Kent County Library Service. It was located in the education department and was furnished and maintained well. It was well organised and managed by a part-time manager and five part-time library assistants. Four prison orderlies who worked in the library gained recognised qualifications through their work.
- 3.34** The library met the needs of most prisoners well. Its stock included a wide range of fiction, non-fiction, easy-reads, audio-books, books on vocational topics, legal textbooks, DVDs, relevant Prison Service Orders and Instructions, and books in 32 languages, which reflected the needs of the prison population. Prisoners who could not attend the library, such as inpatients or those located on the segregation unit, were provided with a range of books but the stock on the segregation unit was not refreshed sufficiently often and was of a poor quality.
- 3.35** The library promoted a number of initiatives, such as the 'Six-Book Challenge', competitions and monthly themes to encourage more prisoners to engage in reading.
- 3.36** Only around 45% of prisoners used the library. It was open only in the mornings and afternoons and, although sessions were timetabled to enable all prisoners to attend, many were unable to because of regime and staffing issues. The number of prisoners from each wing accessing the library was not monitored.

## Recommendations

- 3.37** The quality of library provision in satellite areas (including the health care department and segregation unit) should be improved and closely monitored.
- 3.38** The monitoring of library attendance should be improved to gauge and improve use of the facility for the whole establishment.

## Physical education and healthy living

### Expected outcomes:

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

**3.39** *PE provision was good. PE officers and peer workers were well qualified. Recreational sessions were busy and organised efficiently to offer a wide range of activities. Achievement of accredited awards was high. Facilities were good. Recent evening and weekend closures had adversely affected access by some full-time workers.*

**3.40** PE induction was thorough and timely. It took place within a week of prisoners' arrival. Useful skills in first aid, manual handling, health screening and planning for individual prisoners' health and fitness needs were also taught during the induction. PE links with health services staff and the local NHS were effective. Activities related well to common sentence plan targets, including annual health screening, smoking cessation, healthy eating, and reducing alcohol and drugs dependence, and there was also a good focus on numeracy and literacy skills.

**3.41** Prisoner participation in PE activities was good, at around 60% of the population. All prisoners, except for the few on the basic regime, could access facilities at least twice a week.

**3.42** Good data analysis ensured that all wings and prisoner groups were equitably represented in gym use. Older prisoners, those on the segregation unit and those on the Rehabilitation of Addicted Prisoners trust (RAPt) course had separate weekly sessions. Recently, however, too many cancellations of evening and weekend sessions, due to PE staff redeployment to cover wing and visit duties, had adversely penalised some full-time workers.

**3.43** The gym was well managed and PE officers had a wide range of specialist sports qualifications and commercial experience, and all had teacher-training awards. The peer workers held PE qualifications and most held health trainer or peer mentor awards and were used effectively to enhance PE provision.

**3.44** The gym was large and well organised. The large sports hall used for team sports was a good facility. Adjacent teaching and treatment rooms were well equipped. There was a good outdoor all-weather pitch. Prisoners on the RAPt course used a range of outside equipment in their exercise area, supervised by wing officers.

**3.45** Achievement of accredited awards was high in 2013/14, with 106 accreditations gained. Success rates were high. Courses at level 2 included sports leaders, gym instructor, healthier foods and special diets, and understanding health improvement.

**3.46** The combined PE, English and mathematics course taught in the PE department, with visiting education teachers, was highly successful in getting hard-to-reach prisoners to engage with education. Twenty prisoners were on the course at the time of the inspection.

### Recommendation

**3.47** **The gym should operate in line with the published core day and provide the full range of activities available.**

## Good practice

- 3.48** *The combined PE, English and mathematics course taught in the PE department was highly successful in getting hard-to-reach prisoners to engage with education.*



## Section 4. Resettlement

### Strategic management of resettlement

#### Expected outcomes:

**Planning for a prisoner's release or transfer starts on their arrival at the prison.**

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

**Good planning ensures a seamless transition into the community.**

**4.1** *The rehabilitation strategy was limited and did not include a detailed vision for offender management. It was not based on evidence of the specific needs of those held at the establishment and lacked adequate management oversight.*

**4.2** The establishment had a rehabilitation strategy but management oversight was poor, with no evidence of meetings in recent months. The strategy was limited to the seven resettlement pathways and did not set out a plan for offender management and its role in rehabilitation and reducing reoffending. There were insufficient links between offender management, public protection and resettlement, and there was evidence of departments working in isolation of each other, with a lack of coordination between the services.

**4.3** An analysis of offending-related needs had been undertaken in 2012 across the three prisons on the Isle of Sheppey but it had not included the specific needs of the long-term, high-risk population at the establishment. The analysis had also been limited to prisoner views and had not included an analysis of the available offender assessment system (OASys) data, which would have provided further evidence of the rehabilitation services required.

#### Recommendation

**4.4** **Strategic management oversight should be improved through regular meetings and the rehabilitation strategy should be based on the specific needs of the population held at the establishment, setting out a detailed plan for offender management and its integrated role with other departments.**

## Offender management and planning

### Expected outcomes:

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

**4.5** *Acute staff shortages had led to an interim offender management model which was providing little support to prisoners. Half of the offender assessment system (OASys) reviews for which the prison was responsible were late, and this directly impacted on progression for some prisoners. Some OASys assessments were of poor quality and P-Nomis was not used extensively enough to record contacts and progress. Public protection restrictions were appropriately applied and reviewed but attendance at the monthly meeting was poor. Multi-agency public protection arrangements (MAPPA) levels were not always confirmed in advance of release. Categorisation reviews had many failings and some category C prisoners waited too long for a progressive move.*

**4.6** At the time of the inspection, there were only seven out of 16 offender supervisors in post. Such acute staffing shortages made it impossible fully to deliver the offender management model, so an interim model, based around the achievement of key performance indicators, had been adopted in October 2013. This model had significant weaknesses and provided inadequate support to prisoners. For example, they were not allocated an offender supervisor, and in our survey over half (58%) said that nobody was helping them achieve their sentence plan targets (see main recommendation S47). There was no continuing contact with prisoners and a lack of focus on the management of risk of harm. The offender management unit (OMU) staff groups worked largely in isolation from each other, which led to some duplication of information gathering. OMU staff felt that the unit was isolated from the rest of the prison and that their role and purpose were not well understood (see recommendation 4.4).

**4.7** Half of the 700 OASys reviews due to be carried out by the prison had not been completed and some of these were over 12 months late (see main recommendation S47). There was no clear strategy for managing this backlog and for many prisoners the lack of an up-to-date assessment was directly hindering their progression (see section on categorisation) and caused them understandable frustration. The number of late OASys assessments due to be completed by probation staff in the community was not monitored, so we were unable to evidence the extent of this problem. Only three out of the 20 cases we inspected had had a sentence planning meeting.

**4.8** In the 20 cases we inspected which were the responsibility of probation staff, too many risk of harm analyses and plans were inadequate. Shortcomings related to poor analysis of current or previous behaviour. Only five of the risk management plans we examined were of acceptable quality.

**4.9** We looked at a number of OASys assessments completed by offender supervisors at the prison and found some to be inadequate. In one case, the assessment and risk management plan had not changed since before sentencing. Most of the sentence plan objectives related to maintaining good behaviour in prison, education classes and employment, with insufficient focus on work to address offending behaviour and risk of harm (see main recommendation S47).

- 4.10** P-Nomis (electronic case notes) was not widely used. OMU staff used a separate case recording sheet, which was not readily available to other staff, and some departments rarely made entries in P-Nomis about prisoners' progress and behaviour. This made it difficult for those writing OASys assessments or parole reports to find relevant information.

## Recommendation

- 4.11** **P-Nomis should be used consistently to record contact with prisoners and their progress.**

## Public protection

- 4.12** Two probation officers worked alongside case administrators in the public protection team. They were responsible for identifying prisoners on arrival and applying contact restrictions where appropriate, and this worked well. Cases were discussed at the monthly public protection meeting and we saw evidence of mail and telephone monitoring being reviewed and removed when it was judged safe to do so.
- 4.13** However, attendance at the public protection meeting was poor; few representatives from departments outside of the OMU attended, which limited information exchange.
- 4.14** Most prisoners were multi-agency public protection arrangements (MAPPA) cases. We came across some cases where the prisoner was due for release within the next couple of weeks but did not have an up-to-date MAPPA level assigned. This hindered involvement by the prison in risk management planning at MAPPA level 2 and 3 meetings in the community. We were also not assured that the public protection meeting discussed these cases, which limited information exchange within the prison.

## Recommendation

- 4.15** **Revised multi-agency public protection arrangements (MAPPA) levels should be sought well ahead of release, to ensure the prison's involvement in all relevant level 2 and 3 MAPPA meetings in the community.**

## Housekeeping point

- 4.16** Attendance at the public protection meeting should be improved, to promote better information exchange, and all MAPPA level 2 and 3 cases due for release should be reviewed at that meeting.

## Categorisation

- 4.17** Recategorisation reviews were carried out on time but in many cases the quality of reviews was extremely poor. Assessment of risk of escape or behavioural concerns was done by one of two business administrators, neither of whom had been trained in assessing such risks. The reviews involved insufficient analysis of factors and there was a lack of information from other departments – for example, health care – which further limited quality. Recommendations made by one business administrator were approved by the other, which provided insufficient accountability, scrutiny or managerial authority.

- 4.18** Indeterminate-sentenced prisoners (ISPs) were not reviewed if they did not have an up-to-date OASys assessment; this directly hindered their progression, and little was done to ensure that they would have an up-to-date assessment in the immediate future (see main recommendation S47). In one case, recategorisation to a lower level had been rejected based on the prisoner appealing his conviction, without adequately taking into account his behaviour and compliance with his sentence plan targets.
- 4.19** At the time of the inspection, the establishment held 400 category C prisoners. Too many recategorisations and subsequent progressive moves were prevented because of the lack of an OASys assessment and many waited too long to be transferred owing to a lack of places nationally. The number waiting for transfer and the reason for delays were not routinely monitored by managers. The transfer of category D prisoners was relatively quick and few were waiting at the time of the inspection.

## Recommendation

- 4.20** **Recategorisation reviews should be of a good quality, completed by trained staff and approved by a competent manager to provide adequate accountability and defensible decision making.**

## Housekeeping point

- 4.21** Waits for a progressive transfer should be monitored and appropriate action taken.

## Indeterminate sentence prisoners

- 4.22** Half of the total population at the establishment (584) were ISPs, of whom 179 were serving indeterminate sentences for public protection. Offender supervisors were trained to complete parole reports and these were up to date.
- 4.23** ISPs accessed the same regime as other prisoners. Many of those we spoke to were frustrated by the lack of contact with an offender supervisor, and most complained about the lack of progression due to the lack of an up-to-date OASys assessment (see section on categorisation and main recommendation S47).



## Reintegration planning

### Expected outcomes:

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

**4.24** *Assessment of resettlement needs on arrival and before discharge was weak and too few prisoners knew who to turn to for help. The initial assessment was done by a prisoner peer worker, who inappropriately dealt with sensitive information. Most prisoners were released into approved premises, so demand for accommodation advice was low. Some helpful debt advice and case management was provided but there was no specialist support. The pre-release course was reasonable but input from the National Careers Service was poor. Health care discharge arrangements were sound and there were links with national services for those released requiring drug treatment support services. The children and families pathway was underdeveloped. The visits experience was generally positive. A wide range of accredited offending behaviour programmes met the needs of the population and the 'Pathways' programme looked promising in supporting complex prisoners and those with a personality disorder.*

**4.25** Reintegration planning on arrival was weak. Relatively few prisoners were released from the establishment, so the demand for resettlement services was relatively low. However, in our survey, too few prisoners knew who to turn to for help across almost all the resettlement pathways, and the range of services available was too limited.

**4.26** The initial resettlement needs assessment, completed during induction, was done by a prisoner peer worker, which was inappropriate, given the potentially personal information disclosed. Information gathered during this assessment was passed to the OMU but because of staff shortages not all necessary referrals were made.

**4.27** The identification of required offending behaviour programmes relied on self-reporting by the prisoner, which had the potential to miss information or needs. The completed induction booklets lacked adequate information about specific resettlement needs, and there was no cross-reference to the risk management plan at that stage.

**4.28** The peer workers carried out a check 12 weeks before release but we were not convinced that all prisoners were seen or that all their resettlement needs were identified or addressed, particularly relating to accommodation, and finance, benefit and debts.

### Recommendation

**4.29** **All immediate resettlement needs should be thoroughly assessed by trained staff during induction and again before release, and the information gathered should result in all necessary referrals being made.**

### Accommodation

**4.30** Most prisoners were released into approved premises, so demand for accommodation advice was low. While some referrals were made to local authorities, access to specialist advice was limited and we were not assured that all those needing help had received it.

## Recommendation

**4.31 Access to specialist housing advice should be made available when requested.**

## Education, training and employment

**4.32** There was insufficient accredited vocational training available to prepare prisoners for work. Employability courses had been introduced by the education department, but their effectiveness was hampered by poor punctuality and a lack of work in many work areas. The pre-release course, which had recently been reinstated, provided appropriate employment and education information for prisoners due for release.

**4.33** The quality of the National Careers Service (NCS), provided by Tribal, was inadequate. NCS staff interviewed prisoners during induction and responded to individual prisoners' requests for additional support, but did not provide adequate individual support for those due for release. NCS staff participated in the pre-release course but did not provide any other structured or planned support for the approximately 100 prisoners who were released into the community each year. Links with employers, mainly facilitated by the education department, were embryonic.

## Recommendation

**4.34 The quality of the National Careers Service should be improved, to ensure that all prisoners being released to the community receive appropriate levels of support.**

## Health care

**4.35** Health care discharge planning was effective and prisoners were provided with medication, where required, and information about access to NHS services in the community. The care programme approach continued for those with enduring mental health problems. There were good procedures for the care and management of patients who were terminally ill.

## Drugs and alcohol

**4.36** Following release, prisoners with substance use issues had access to the national network of community resources set up by the Rehabilitation of Addicted Prisoners trust (RAPt), including housing support, family support, and a meet and greet service, with free transport to accommodation, probation appointments and community drug services.

## Finance, benefit and debt

**4.37** Some helpful financial advice and case management was provided but prisoners were unable to access specialist support. Those approaching release were able to attend a course on managing money, organised through the education department, and were assisted to set up bank accounts before release.

## Children, families and contact with the outside world

- 4.38** Provision under this pathway was underdeveloped. There was no lead manager or family support worker. Storybook Dads (in which prisoners record stories for their children) had not run for several months and a course aimed at improving how fathers interact with their children had been delivered only twice, with little clarity about the longer-term plan. The provision of family days was inconsistent, with four in the previous year but none so far in 2014, and only prisoners on the enhanced level of the incentives and earned privileges scheme could attend. In our survey, fewer prisoners than at comparator establishments (30% versus 40%) said that they had been helped to maintain contact with family and friends.
- 4.39** Visitors and prisoners were positive about the visits experience. A coach service from London operated on Wednesdays and Saturdays and was greatly appreciated. Visits could be booked by email and telephone, although visitors told us that it was very difficult to get through on the telephone.
- 4.40** The visitors centre provided a relaxed environment, although there was no support for families with additional needs. The visits hall was large, clean and airy, although some furniture was broken. We observed a relaxed atmosphere in the visits hall, and visitors were allowed to embrace prisoners in a respectful way at the start and finish of the session. However, prisoners had to wear coloured sashes.
- 4.41** There was a large, well equipped play area, run by the Prison Advice and Care Trust (PACT) but it was only open on Tuesdays, Wednesdays and Thursdays. There was no safeguarding children policy and visits staff who came into contact with children had not received safeguarding children training.

## Recommendations

- 4.42** **The children, families and contact with the outside world pathway should be developed and include delivery of interventions to support parenting, and a programme of family days which are open to a wider range of prisoners.**
- 4.43** **Access to the visits booking system should be improved to remove unnecessary delays.**
- 4.44** **Children should be able to access the play area during all visits sessions.**
- 4.45** **A safeguarding children policy should be introduced and all appropriate staff trained in its application.**
- 4.46** **Prisoners should not have to wear sashes in the visits hall.**

## Attitudes, thinking and behaviour

- 4.47** A wide range of accredited offender behaviour programmes was available to meet the needs of the high-risk and potentially violent population held. This included a programme targeting domestic violence perpetrators, which was to be supplemented during 2014 by a second, higher-intensity programme. The programmes team was fully resourced and there were effective links with the OMU, and staff from the unit attended post-programme reviews.

- 4.48** Completion targets for the previous year had mostly been exceeded and there were plans to deliver an increased number of programme places in the current year. Waiting lists were well managed and not excessive. Drop-out rates were low and good attention was given to prioritising the limited number of places.
- 4.49** The new personality disorder unit on F wing, which ran a programme known locally as 'Pathways', provided a good environment for prisoners to address their problems through a process of engagement, treatment and progression, and was extremely promising. The fundamental principle of the unit was to improve safety by engaging prisoners with personality disorders to function more positively within the prison setting. The unit was staffed by key worker discipline staff and a clinical team of psychologists, psychotherapists, an occupational therapist, a social worker and a nurse. There were 30 residents at the time of the inspection, with capacity for 102. There was a wide range of group meetings and activities available on the unit, including a developing portfolio of cognitive behavioural modules aimed at changing attitudes, thinking and behaviour.

## Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

### Main recommendations to the governor

- 5.1** The violence reduction strategy should be reviewed and fully implemented. In addition, measures should be introduced to identify all prisoners who feel unsafe. Formal process to manage perpetrators and protect victims of bullying and violent behaviour should be introduced. (S43)
- 5.2** The recording of all uses of force, and especially use of special accommodation, should be complete and fully justify the need for force. All planned uses of force should be video-recorded. Effective management monitoring arrangements should be in place. (S44)
- 5.3** Staff shortages should be addressed as a matter of urgency and the amount of time unlocked should be increased. All prisoners should have at least 10 hours unlocked and access to periods of association each evening. (S45)
- 5.4** The number of learning and skills and work activity places should be increased and all places should be fully utilised. All prisoners should have an activity and this should be allocated according to their identified need. (S46)
- 5.5** All prisoners should have an up-to-date offender assessment system (OASys) assessment, and a dedicated offender supervisor who provides continuing support, motivation and challenge and actively monitors progression. (S47)
- 5.6** The National Offender Management Service should take immediate steps to recruit sufficient capable staff to fill Swaleside's vacant posts so the prison can run safely and effectively. (S48)

### Recommendation to Prisoner Escort and Custody Services

Courts, escort and transfers

- 5.7** Prisoners being transferred should be able to take all their property with them. (I.6)

### Recommendations to the Governor

Courts, escort and transfers

- 5.8** Arriving prisoners should be disembarked promptly on arrival at the prison. (I.5)

### Early days in custody

- 5.9** New arrivals should only be subjected to a full search when justified by a risk assessment. (1.15)
- 5.10** Prisoners should be able to make a telephone call and have a shower on their first night, and there should be enhanced observations and checks of their safety. (1.16)
- 5.11** Induction should start on the next working day after arrival. (1.17)
- 5.12** Prisoners should be provided with an activity as soon as they have completed their induction. (1.18)

### Bullying and violence reduction

- 5.13** Analysis of violence-related data should be regularly monitored and reviewed to identify trends and emerging patterns of behaviour, and action taken to improve safety. (1.27)
- 5.14** An effective system should be implemented for identifying the views of prisoners on violence reduction. (1.28)

### Self-harm and suicide

- 5.15** Information about incidents of self-harm should be analysed by the safer custody committee and used to inform planned action. (1.37)
- 5.16** The quality of assessment, care in custody and teamwork (ACCT) management should be improved and all staff should be trained appropriately in the procedures. (1.38)
- 5.17** There should be documented reviews of segregated prisoners subject to ACCT procedures to authorise their continued segregation and plan how their needs will be met. (1.39)
- 5.18** Investigations into serious incidents of self-harm should address issues of procedure and practice which could have improved the care for the prisoner concerned. (1.40)
- 5.19** There should be sufficient trained Listeners for the population and prisoners should have prompt and reliable access to them. (1.41)

### Safeguarding

- 5.20** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.46)

### Security

- 5.21** Mandatory drug testing should be carried out appropriately within identified timescales. (1.55)

### Incentives and earned privileges

- 5.22** A suitable scheme to encourage good behaviour should be introduced. (1.63)

- 5.23** The management of those on the basic level should seek to improve behaviour through active encouragement, monitoring and regular review. (1.64)

### Discipline

- 5.24** F213 forms should be fully completed in all events of use of force. (1.72)
- 5.25** The regime in the segregation unit should include daily showers and access to telephones. (1.77)
- 5.26** Reintegration planning should be routinely carried out for all prisoners located on the segregation unit. (1.78)

### Substance misuse

- 5.27** The establishment should improve prisoners' access to peer supporters. (1.87)

### Residential units

- 5.28** Toilets in cells should be adequately screened. (2.10)
- 5.29** All prisoners should be able to shower every day in privacy and in decent conditions. (2.11)
- 5.30** All prisoners should be able to make private telephone calls every day. (2.12)
- 5.31** The timeliness and quality of responses to prisoner applications should be assured by managers. (2.13)

### Staff-prisoner relationships

- 5.32** The personal officer scheme should provide appropriate levels of contact with, and support to, prisoners, with weekly qualitative entries made in electronic case notes. (2.19)

### Equality and diversity

- 5.33** The overarching equality policy should include detail of, and provision for, all protected characteristics, and should be accompanied by an up-to-date equality action plan. (2.24)
- 5.34** Effective and regular monitoring of all protected characteristics should be in place, to ensure fair treatment and access to services. (2.25)
- 5.35** Support forums should be developed for prisoners with protected characteristics. (2.35)
- 5.36** Foreign national prisoners should have access to accredited, independent immigration advice. (2.36)
- 5.37** Professional telephone interpreting services should be used for prisoners who cannot speak English. (2.37)
- 5.38** The prison should investigate the negative perceptions of safety held by prisoners with protected characteristics, and take action to address the findings. (2.38)
- 5.39** Care plans should be in place for prisoners who need them. (2.39)

**5.40** Retired prisoners should not be required to pay for their television. (2.40)

### Faith and religious activity

**5.41** Adequate washing facilities should be available to all Muslim prisoners attending prayers. (2.47)

### Complaints

**5.42** An effective quality assurance and monitoring system should be in place to ensure that responses to complaints are appropriate and timely, and that any trends are identified. (2.51)

### Legal rights

**5.43** Prisoners should be able to access the community legal advice helpline, and to use 'Access to Justice' laptop computers. (2.56)

### Health services

**5.44** Prisoners should have access to information on how to make a health care complaint. (2.66)

**5.45** Sufficient discipline staff should be trained in the use of automated external defibrillators. (2.67)

**5.46** Attendance rates should be investigated and measures taken to improve the use of clinics where appropriate. (2.73)

**5.47** Escort arrangements should be adequate and effective to meet the health care needs of the prison population. (2.74)

**5.48** Patient group directions should be introduced to enable the supply of more potent medication by the pharmacist and/or nurse. (2.84)

**5.49** Prisoners should have satisfactory access to dental care and treatment, and measures should continue to reduce the number of patients on the waiting list. (2.87)

**5.50** All discipline officers should receive regular mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems. (2.92)

**5.51** Prisoners should have access to professional counselling services. (2.93)

### Catering

**5.52** Breakfast packs should be enhanced and should be issued on the day they are to be eaten. (2.100)

**5.53** All prisoners involved in the delivery of food should be appropriately trained and dressed, and adequately supervised. (2.101)

**5.54** All food preparation and delivery areas should be maintained at an acceptable standard of cleanliness. (2.102)



### Learning and skills and work activities

- 5.55** The prison should collect and use an appropriate range of data to monitor and improve the quality of education, training and work across the provision in order to improve the quality of teaching, learning and assessment in education to at least 'good'. (3.9)
- 5.56** Clear staff performance management arrangements should be implemented to support quality improvements in education. (3.10)
- 5.57** Levels of pay for attending educational activities should be raised to ensure that they are not a disincentive to attending classes. (3.17)
- 5.58** The availability of accredited qualifications should be broadened to recognise fully the skills that prisoners develop in work and training activities. (3.18)
- 5.59** A validation process should be introduced for food hygiene awards. (3.24)
- 5.60** The achievement rates on English, mathematics and ESOL courses should be improved as a matter of urgency. (3.30)
- 5.61** Assessments of prisoners' work should be verified quickly. (3.31)
- 5.62** Prisoners should be kept fully occupied while at work, for the full time specified within the prison regime. (3.32)
- 5.63** The quality of library provision in satellite areas (including the health care department and segregation unit) should be improved and closely monitored. (3.37)
- 5.64** The monitoring of library attendance should be improved to gauge and improve use of the facility for the whole establishment. (3.38)

### Physical education and healthy living

- 5.65** The gym should operate in line with the published core day and provide the full range of activities available. (3.47)

### Strategic management of resettlement

- 5.66** Strategic management oversight should be improved through regular meetings and the rehabilitation strategy should be based on the specific needs of the population held at the establishment, setting out a detailed plan for offender management and its integrated role with other departments. (4.4)

### Offender management and planning

- 5.67** P-Nomis should be used consistently to record contact with prisoners and their progress. (4.11)
- 5.68** Revised multi-agency public protection arrangements (MAPPA) levels should be sought well ahead of release, to ensure the prison's involvement in all relevant level 2 and 3 MAPPA meetings in the community. (4.15)

- 5.69** Recategorisation reviews should be of a good quality, completed by trained staff and approved by a competent manager to provide adequate accountability and defensible decision making. (4.20)

### Reintegration planning

- 5.70** All immediate resettlement needs should be thoroughly assessed by trained staff during induction and again before release, and the information gathered should result in all necessary referrals being made. (4.29)
- 5.71** Access to specialist housing advice should be made available when requested. (4.31)
- 5.72** The quality of the National Careers Service should be improved, to ensure that all prisoners being released to the community receive appropriate levels of support. (4.34)
- 5.73** The children, families and contact with the outside world pathway should be developed and include delivery of interventions to support parenting, and a programme of family days which are open to a wider range of prisoners. (4.42)
- 5.74** Access to the visits booking system should be improved to remove unnecessary delays. (4.43)
- 5.75** Children should be able to access the play area during all visits sessions. (4.44)
- 5.76** A safeguarding children policy should be introduced and all appropriate staff trained in its application. (4.45)
- 5.77** Prisoners should not have to wear sashes in the visits hall. (4.46)

## Housekeeping point to Prisoner Escort and Custody Services

### Courts, escort and transfers

- 5.78** Prisoners travelling more than two hours should be offered toilet breaks. (1.7)

## Housekeeping points to the Governor

### Bullying and violence reduction

- 5.79** Attendance at the safer custody meeting should be improved. (1.29)

### Self-harm and suicide

- 5.80** The prison should have a self-harm and suicide prevention policy specific to the circumstances of the establishment. (1.42)

### Security

- 5.81** Contributions to the security information reporting system from all areas of the prison should be sought and monitored. (1.56)

**5.82** Monthly security objectives should be communicated effectively to all relevant staff. (1.57)

### Discipline

**5.83** Daily entries in segregation unit records should be comprehensive and demonstrate effective interaction with prisoners. (1.79)

**5.84** All communal areas and cells on the segregation unit should be clean and well equipped. (1.80)

### Substance misuse

**5.85** The compact-based drug testing suite on H wing should be kept clean and tidy as a respectful and suitable testing environment. (1.88)

### Residential units

**5.86** Wing laundry machines should be maintained in good working order. (2.14)

### Equality and diversity

**5.87** Equality action team meetings should be regular, multidisciplinary and attended by all relevant staff. (2.26)

**5.88** Information on protected characteristics collected during induction should be routinely shared with the equality team. (2.27)

**5.89** Personal emergency evacuation plans should be readily accessible to wing staff, who should be aware of their content. (2.41)

**5.90** The transgender policy should be disseminated and implemented. (2.42)

### Complaints

**5.91** Complaints boxes should be emptied daily. (2.52)

### Health services

**5.92** The health care room in reception should be secured with a health care suite key. (2.75)

**5.93** Care planning for inpatients should be detailed and contemporaneous. (2.76)

**5.94** Old reference books should be discarded, and only the most recent copy should be kept, to ensure that all information used is up to date. (2.85)

### Catering

**5.95** Food comments books should be readily available on all serveries and should be regularly monitored by the catering manager, with appropriate responses recorded when required. (2.103)

## **Purchases**

- 5.96** Clear information on the process for ordering goods should be widely published to staff and prisoners. (2.108)

## **Learning and skills and work activities**

- 5.97** Safety screens should be closed during welding activities in the engineering workshop. (3.25)

## **Offender management and planning**

- 5.98** Attendance at the public protection meeting should be improved, to promote better information exchange, and all MAPPA level 2 and 3 cases due for release should be reviewed at that meeting. (4.16)

- 5.99** Waits for a progressive transfer should be monitored and appropriate action taken. (4.21)

## **Example of good practice**

### **Physical education and healthy living**

- 5.100** The combined PE, English and mathematics course taught in the PE department was highly successful in getting hard-to-reach prisoners to engage with education. (3.48)

## Section 6. Appendices

### Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector
Angus Mulready-Jones	Inspector
Beverley Alden	Inspector
Alissa Redmond	Researcher
Gemma Quayle	Researcher
Rachel Murray	Senior researcher

#### **Specialist inspectors**

Paul Roberts	Substance misuse inspector
Michael Bowen	Health services inspector
Simon Denton	Pharmacist
Ian Craig	CQC
Phil Romain	Ofsted inspector
Neil Edwards	Ofsted inspector
Richard Beaumont	Ofsted inspector
Liz Smith	Offender management inspector
Les Smith	Offender management inspector
Bev Reid	Offender management inspector



## Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	1078	97.5
Recall	0	28	2.5
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
<b>Total</b>	<b>0</b>	<b>1,106</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	1	0.1
Less than six months	0	0	0
six months to less than 12 months	0	0	0
12 months to less than 2 years	0	3	0.3
2 years to less than 4 years	0	12	1.0
4 years to less than 10 years	0	142	12.8
10 years and over (not life)	0	351	31.7
ISPP (indeterminate sentence for public protection)	0	177	16
Life	0	420	54
<b>Total</b>	<b>0</b>	<b>1,106</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years	-	-
21 years to 29 years	379	34.3
30 years to 39 years	333	30.1
40 years to 49 years	215	19.4
50 years to 59 years	135	12.2
60 years to 69 years	37	3.3
70 plus years	7	0.6
Please state maximum age here:	81	
<b>Total</b>	<b>1,106</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	0	915	82.7
Foreign nationals	0	191	17.3
<b>Total</b>	<b>0</b>	<b>1,106</b>	<b>100</b>

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	1	0.1
Category A	0	0	0
Category B	0	670	60.6
Category C	0	415	37.5
Category D	0	19	1.7
Other	0	1	0.1
<b>Total</b>	<b>0</b>	<b>1,106</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	0	497	44.9
Irish	0	22	2.0
Gypsy/Irish Traveller	0	10	0.9
Other white	0	76	6.9
<b>Mixed</b>			
White and black Caribbean	0	25	2.3
White and black African	0	3	0.3
White and Asian	0	2	0.2
Other mixed	0	18	1.6
<b>Asian or Asian British</b>			
Indian	0	29	2.6
Pakistani	0	24	2.2
Bangladeshi	0	18	1.6
Chinese	0	2	0.2
Other Asian	0	41	3.7
<b>Black or black British</b>			
Caribbean	0	158	14.3
African	0	83	7.5
Other black	0	56	5.1
<b>Other ethnic group</b>	0		
Arab	0	2	0.2
Other ethnic group	0	11	1.0
Not stated	0		
<b>Total</b>	<b>0</b>	<b>1,106</b>	<b>100</b>

<b>Religion</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	2	0.2
Church of England	0	217	19.6
Roman Catholic	0	182	16.5
Other Christian denominations	0	110	9.9
Muslim	0	312	28.2
Sikh	0	15	1.4
Hindu	0	12	1.1
Buddhist	0	41	3.7
Jewish	0	23	2.1
Other	0	18	1.6
No religion	0	172	15.6
<b>Total</b>	<b>0</b>	<b>1,106</b>	<b>100.0</b>

<b>Other demographics</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>



**Sentenced prisoners only**

<b>Length of stay</b>	<b>18–20-year-olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	0	0	48	4.3
1 month to 3 months	0	0	112	10.2
3 months to six months	0	0		
six months to 1 year	0	0	198	17.9
1 year to 2 years	0	0	246	22.2
2 years to 4 years	0	0	232	21.0
4 years or more	0	0	157	14.2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1,105</b>	<b>100</b>

**Sentenced prisoners only**

	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		18	2
<b>Total</b>	<b>0</b>	<b>18</b>	<b>2</b>



## 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.

#### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

#### Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

#### Survey response

At the time of the survey on 22 April 2014, the prisoner population at HMP Swaleside was 1,107. Using the method described above, questionnaires were distributed to a sample of 221 prisoners.

We received a total of 188 completed questionnaires, a response rate of 85%. This included three questionnaires completed via interview. Sixteen respondents refused to complete a questionnaire, 11 questionnaires were not returned and six were returned blank.

Wing/Unit	Number of completed survey returns
A	14
B	20
C	24
D	22
E	22

F	21
G	29
H	32
Health care	1
Segregation unit	3

## Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Swaleside.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Swaleside in 2014 compared with responses from prisoners surveyed in all other Category B training prisons. This comparator is based on all responses from prisoner surveys carried out in 8 Category B training prisons since April 2008.
- The current survey responses from HMP Swaleside in 2014 compared with the responses of prisoners surveyed at HMP Swaleside in 2008.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2014 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2014 survey between those who are aged 50 and over and those under 50.

## Survey summary

### Section I: About You

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i>		0 (0%)
	<i>21 - 29</i>		54 (29%)
	<i>30 - 39</i>		63 (34%)
	<i>40 - 49</i>		45 (24%)
	<i>50 - 59</i>		16 (9%)
	<i>60 - 69</i>		5 (3%)
	<i>70 and over</i>		2 (1%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	<i>Yes</i>		182 (97%)
	<i>Yes - on recall</i>		6 (3%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<i>Not sentenced</i>		0 (0%)
	<i>Less than 6 months</i>		0 (0%)
	<i>6 months to less than 1 year</i>		0 (0%)
	<i>1 year to less than 2 years</i>		2 (1%)
	<i>2 years to less than 4 years</i>		7 (4%)
	<i>4 years to less than 10 years</i>		26 (14%)
	<i>10 years or more</i>		53 (29%)
	<i>IPP (indeterminate sentence for public protection)</i>		28 (15%)
	<i>Life</i>		65 (36%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship.)</b>		
	<i>Yes</i>		24 (13%)
	<i>No</i>		161 (87%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i>		186 (99%)
	<i>No</i>		1 (1%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i>		187 (99%)
	<i>No</i>		1 (1%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	81 (44%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	4 (2%)	<i>Asian or Asian British - other</i> 3 (2%)
	<i>White - other</i>	11 (6%)	<i>Mixed race - white and black Caribbean</i> 10 (5%)
	<i>Black or black British - Caribbean</i>	29 (16%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	13 (7%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	5 (3%)	<i>Mixed race - other</i> 0 (0%)
	<i>Asian or Asian British - Indian</i>	7 (4%)	<i>Arab</i> 2 (1%)
	<i>Asian or Asian British - Pakistani</i>	5 (3%)	<i>Other ethnic group</i> 7 (4%)

*Asian or Asian British - Bangladeshi* 7 (4%)

<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes		10 (6%)
	No		165 (94%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None	41 (23%)	Hindu 2 (1%)
	Church of England	42 (23%)	Jewish 3 (2%)
	Catholic	27 (15%)	Muslim 38 (21%)
	Protestant	2 (1%)	Sikh 5 (3%)
	Other Christian denomination	6 (3%)	Other 5 (3%)
	Buddhist	10 (6%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight		179 (99%)
	Homosexual/Gay		0 (0%)
	Bisexual		2 (1%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)</b>		
	Yes		32 (17%)
	No		154 (83%)
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	Yes		9 (5%)
	No		174 (95%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes		67 (36%)
	No		120 (64%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes		89 (48%)
	No		97 (52%)
<b>Q3.1</b>	<b>How long were you in reception?</b>		
	Less than 2 hours		83 (44%)
	2 hours or longer		86 (46%)
	Don't remember		19 (10%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours		50 (27%)
	2 hours or longer		114 (61%)
	Don't remember		24 (13%)
<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>		
	My journey was less than two hours		50 (28%)
	Yes		88 (49%)
	No		32 (18%)
	Don't remember		11 (6%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>		
	My journey was less than two hours		50 (27%)

	Yes	6 (3%)
	No	128 (68%)
	Don't remember	4 (2%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes	107 (58%)
	No	61 (33%)
	Don't remember	16 (9%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes	146 (78%)
	No	35 (19%)
	Don't remember	6 (3%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well	40 (21%)
	Well	85 (45%)
	Neither	48 (26%)
	Badly	4 (2%)
	Very badly	6 (3%)
	Don't remember	4 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>	
	Yes, someone told me	113 (60%)
	Yes, I received written information	39 (21%)
	No, I was not told anything	35 (19%)
	Don't remember	9 (5%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes	162 (87%)
	No	22 (12%)
	Don't remember	3 (2%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	Less than 2 hours	83 (44%)
	2 hours or longer	86 (46%)
	Don't remember	19 (10%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes	147 (79%)
	No	21 (11%)
	Don't remember	19 (10%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well	37 (20%)
	Well	86 (46%)
	Neither	43 (23%)
	Badly	15 (8%)
	Very badly	2 (1%)
	Don't remember	4 (2%)

<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>		
	<i>Loss of property</i>	36 (20%)	<i>Physical health</i> 16 (9%)
	<i>Housing problems</i>	10 (5%)	<i>Mental health</i> 18 (10%)
	<i>Contacting employers</i>	3 (2%)	<i>Needing protection from other prisoners</i> 6 (3%)
	<i>Contacting family</i>	32 (18%)	<i>Getting phone numbers</i> 15 (8%)
	<i>Childcare</i>	2 (1%)	<i>Other</i> 6 (3%)
	<i>Money worries</i>	19 (10%)	<i>Did not have any problems</i> 93 (51%)
	<i>Feeling depressed or suicidal</i>	20 (11%)	
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>		
	<i>Yes</i>		18 (10%)
	<i>No</i>		69 (38%)
	<i>Did not have any problems</i>		93 (52%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>		
	<i>Tobacco</i>		112 (60%)
	<i>A shower</i>		56 (30%)
	<i>A free telephone call</i>		67 (36%)
	<i>Something to eat</i>		102 (55%)
	<i>PIN phone credit</i>		113 (60%)
	<i>Toiletries/ basic items</i>		92 (49%)
	<i>Did not receive anything</i>		18 (10%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>		
	<i>Chaplain</i>		85 (46%)
	<i>Someone from health services</i>		109 (59%)
	<i>A Listener/Samaritans</i>		55 (30%)
	<i>Prison shop/ canteen</i>		38 (21%)
	<i>Did not have access to any of these</i>		39 (21%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>		
	<i>What was going to happen to you</i>		102 (56%)
	<i>What support was available for people feeling depressed or suicidal</i>		70 (38%)
	<i>How to make routine requests (applications)</i>		96 (53%)
	<i>Your entitlement to visits</i>		81 (45%)
	<i>Health services</i>		87 (48%)
	<i>Chaplaincy</i>		79 (43%)
	<i>Not offered any information</i>		35 (19%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>		
	<i>Yes</i>		143 (76%)
	<i>No</i>		31 (17%)
	<i>Don't remember</i>		13 (7%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>		
	<i>Have not been on an induction course</i>		10 (5%)
	<i>Within the first week</i>		122 (66%)
	<i>More than a week</i>		40 (22%)
	<i>Don't remember</i>		13 (7%)



<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i>	10 (5%)
	<i>Yes</i>	108 (59%)
	<i>No</i>	44 (24%)
	<i>Don't remember</i>	22 (12%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i>	21 (11%)
	<i>Within the first week</i>	75 (40%)
	<i>More than a week</i>	62 (33%)
	<i>Don't remember</i>	29 (16%)

#### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to.....</b>					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	20 (11%)	67 (37%)	24 (13%)	33 (18%)	16 (9%) 20 (11%)
	<i>Attend legal visits?</i>	19 (12%)	60 (38%)	21 (13%)	16 (10%)	6 (4%) 34 (22%)
	<i>Get bail information?</i>	2 (2%)	10 (8%)	22 (17%)	10 (8%)	9 (7%) 77 (59%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>					
	<i>Not had any letters</i>					24 (13%)
	<i>Yes</i>					92 (50%)
	<i>No</i>					68 (37%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>					
	<i>Yes</i>					69 (38%)
	<i>No</i>					27 (15%)
	<i>Don't know</i>					88 (48%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	142 (76%)	39 (21%)	6 (3%)		
	<i>Are you normally able to have a shower every day?</i>	131 (70%)	56 (30%)	0 (0%)		
	<i>Do you normally receive clean sheets every week?</i>	85 (46%)	90 (49%)	10 (5%)		
	<i>Do you normally get cell cleaning materials every week?</i>	113 (61%)	68 (37%)	5 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	93 (50%)	77 (42%)	15 (8%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	135 (73%)	48 (26%)	2 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	28 (15%)	129 (69%)	29 (16%)		
<b>Q4.5</b>	<b>What is the food like here?</b>					
	<i>Very good</i>					0 (0%)
	<i>Good</i>					20 (11%)
	<i>Neither</i>					40 (22%)
	<i>Bad</i>					63 (34%)
	<i>Very bad</i>					61 (33%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>					
	<i>Have not bought anything yet/ don't know</i>					1 (1%)
	<i>Yes</i>					95 (51%)
	<i>No</i>					89 (48%)

<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes	84 (45%)
	No	11 (6%)
	Don't know	93 (49%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes	92 (50%)
	No	30 (16%)
	Don't know/ N/A	61 (33%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes	92 (49%)
	No	10 (5%)
	Don't know/ N/A	85 (45%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	I don't want to attend	27 (15%)
	Very easy	45 (24%)
	Easy	57 (31%)
	Neither	20 (11%)
	Difficult	7 (4%)
	Very difficult	1 (1%)
	Don't know	28 (15%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	151 (80%)
	No	33 (18%)
	Don't know	4 (2%)
<b>Q5.2</b>	<b>Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option.)</b>	
		Not made one    Yes    No
	Are applications dealt with fairly?	7 (4%)    74 (44%)    87 (52%)
	Are applications dealt with quickly (within seven days)?	7 (4%)    31 (19%)    126 (77%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	107 (58%)
	No	42 (23%)
	Don't know	34 (19%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option.)</b>	
		Not made one    Yes    No
	Are complaints dealt with fairly?	55 (31%)    25 (14%)    96 (55%)
	Are complaints dealt with quickly (within seven days)?	55 (32%)    12 (7%)    107 (61%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	34 (19%)
	No	141 (81%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	Don't know who they are	48 (28%)
	Very easy	7 (4%)
	Easy	32 (18%)

Neither	49 (28%)
Difficult	26 (15%)
Very difficult	12 (7%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i>	6 (3%)
	Yes	100 (53%)
	No	70 (37%)
	<i>Don't know</i>	11 (6%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i>	6 (3%)
	Yes	83 (47%)
	No	72 (40%)
	<i>Don't know</i>	17 (10%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes	10 (5%)
	No	175 (95%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i>	159 (89%)
	Very well	2 (1%)
	Well	1 (1%)
	Neither	7 (4%)
	Badly	5 (3%)
	Very badly	5 (3%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	153 (85%)
	No	28 (15%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	131 (73%)
	No	49 (27%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes	48 (26%)
	No	137 (74%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	5 (3%)
	Never	25 (14%)
	Rarely	40 (22%)
	Some of the time	70 (38%)
	Most of the time	29 (16%)
	All of the time	14 (8%)

<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	64 (35%)
	<i>In the first week</i>	36 (20%)
	<i>More than a week</i>	38 (21%)
	<i>Don't remember</i>	43 (24%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i>	64 (37%)
	<i>Very helpful</i>	23 (13%)
	<i>Helpful</i>	33 (19%)
	<i>Neither</i>	24 (14%)
	<i>Not very helpful</i>	18 (10%)
	<i>Not at all helpful</i>	12 (7%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i>	72 (39%)
	<i>No</i>	115 (61%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	<i>Yes</i>	31 (17%)
	<i>No</i>	148 (83%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<i>Never felt unsafe</i>	115 (64%)
	<i>Everywhere</i>	20 (11%)
	<i>Segregation unit</i>	8 (4%)
	<i>Association areas</i>	29 (16%)
	<i>Reception area</i>	2 (1%)
	<i>At the gym</i>	26 (14%)
	<i>In an exercise yard</i>	15 (8%)
	<i>At work</i>	15 (8%)
	<i>During movement</i>	34 (19%)
	<i>At education</i>	12 (7%)
	<i>At meal times</i>	14 (8%)
	<i>At health services</i>	23 (13%)
	<i>Visits area</i>	8 (4%)
	<i>In wing showers</i>	21 (12%)
	<i>In gym showers</i>	14 (8%)
	<i>In corridors/stairwells</i>	27 (15%)
	<i>On your landing/wing</i>	23 (13%)
	<i>In your cell</i>	12 (7%)
	<i>At religious services</i>	12 (7%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	<i>Yes</i>	53 (29%)
	<i>No</i>	131 (71%)
<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	19 (10%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	15 (8%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	32 (17%)
	<i>Having your canteen/property taken</i>	11 (6%)
	<i>Medication</i>	8 (4%)
	<i>Debt</i>	5 (3%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	12 (7%)
	<i>Your religion/religious beliefs</i>	10 (5%)
	<i>Your nationality</i>	7 (4%)
	<i>You are from a different part of the country than others</i>	8 (4%)
	<i>You are from a traveller community</i>	4 (2%)
	<i>Your sexual orientation</i>	1 (1%)

Your age	5 (3%)
You have a disability	6 (3%)
You were new here	8 (4%)
Your offence/ crime	3 (2%)
Gang related issues	6 (3%)

**Q8.6 Have you been victimised by staff here?**

Yes	53 (29%)
No	128 (71%)

**Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)**

Insulting remarks (about you or your family or friends)	22 (12%)
Physical abuse (being hit, kicked or assaulted)	8 (4%)
Sexual abuse	1 (1%)
Feeling threatened or intimidated	17 (9%)
Medication	6 (3%)
Debt	1 (1%)
Drugs	2 (1%)
Your race or ethnic origin	5 (3%)
Your religion/religious beliefs	9 (5%)
Your nationality	2 (1%)
You are from a different part of the country than others	2 (1%)
You are from a traveller community	2 (1%)
Your sexual orientation	1 (1%)
Your age	2 (1%)
You have a disability	6 (3%)
You were new here	8 (4%)
Your offence/ crime	5 (3%)
Gang related issues	7 (4%)

**Q8.8 If you have been victimised by prisoners or staff, did you report it?**

Not been victimised	108 (65%)
Yes	20 (12%)
No	38 (23%)

**Section 9: Health services****Q9.1 How easy or difficult is it to see the following people?**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	16 (9%)	8 (4%)	39 (21%)	28 (15%)	65 (36%)	27 (15%)
The nurse	15 (9%)	17 (10%)	65 (38%)	34 (20%)	28 (16%)	14 (8%)
The dentist	17 (10%)	3 (2%)	3 (2%)	10 (6%)	45 (25%)	99 (56%)

**Q9.2 What do you think of the quality of the health service from the following people?**

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	18 (10%)	4 (2%)	38 (21%)	35 (20%)	52 (29%)	31 (17%)
The nurse	14 (8%)	10 (6%)	50 (29%)	45 (26%)	30 (17%)	23 (13%)
The dentist	40 (23%)	5 (3%)	20 (12%)	22 (13%)	35 (20%)	49 (29%)

**Q9.3 What do you think of the overall quality of the health services here?**

Not been	13 (7%)
Very good	5 (3%)
Good	25 (14%)
Neither	42 (23%)
Bad	57 (31%)
Very bad	40 (22%)

<b>Q9.4</b>	<b>Are you currently taking medication?</b>	
	Yes	88 (47%)
	No	98 (53%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<i>Not taking medication</i>	98 (53%)
	<i>Yes, all my meds</i>	67 (36%)
	<i>Yes, some of my meds</i>	18 (10%)
	No	3 (2%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	Yes	39 (21%)
	No	145 (79%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)</b>	
	<i>Do not have any emotional or mental health problems</i>	145 (80%)
	Yes	17 (9%)
	No	19 (10%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes	34 (18%)
	No	150 (82%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes	31 (17%)
	No	153 (83%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy	33 (18%)
	Easy	20 (11%)
	Neither	14 (8%)
	Difficult	7 (4%)
	Very difficult	10 (5%)
	Don't know	99 (54%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	23 (13%)
	Easy	29 (16%)
	Neither	13 (7%)
	Difficult	10 (5%)
	Very difficult	7 (4%)
	Don't know	101 (55%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes	9 (5%)
	No	174 (95%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes	9 (5%)
	No	174 (95%)

<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i>	145 (82%)
	Yes	21 (12%)
	No	11 (6%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	153 (84%)
	Yes	20 (11%)
	No	10 (5%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	149 (83%)
	Yes	29 (16%)
	No	2 (1%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	8 (4%)	7 (4%)	26 (14%)	26 (14%)	61 (33%)	55 (30%)
	Vocational or skills training	26 (15%)	1 (1%)	23 (13%)	33 (19%)	51 (30%)	37 (22%)
	Education (including basic skills)	24 (14%)	5 (3%)	56 (33%)	36 (21%)	32 (19%)	19 (11%)
	Offending behaviour programmes	31 (18%)	6 (4%)	27 (16%)	31 (18%)	39 (23%)	37 (22%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	<i>Not involved in any of these</i>					42 (24%)	
	Prison job					119 (67%)	
	Vocational or skills training					11 (6%)	
	Education (including basic skills)					34 (19%)	
	Offending behaviour programmes					27 (15%)	
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	23 (14%)	57 (35%)	73 (45%)	10 (6%)		
	Vocational or skills training	35 (27%)	50 (38%)	32 (25%)	13 (10%)		
	Education (including basic skills)	30 (20%)	70 (48%)	32 (22%)	15 (10%)		
	Offending behaviour programmes	31 (21%)	65 (45%)	30 (21%)	20 (14%)		
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i>					18 (10%)	
	<i>Never</i>					16 (9%)	
	<i>Less than once a week</i>					71 (39%)	
	<i>About once a week</i>					61 (34%)	
	<i>More than once a week</i>					14 (8%)	
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>						
	<i>Don't use it</i>					27 (15%)	
	Yes					90 (50%)	
	No					63 (35%)	
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>						
	<i>Don't want to go</i>					34 (19%)	
	0					16 (9%)	

	<i>1 to 2</i>	80 (45%)
	<i>3 to 5</i>	46 (26%)
	<i>More than 5</i>	3 (2%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	16 (9%)
	<i>0</i>	6 (3%)
	<i>1 to 2</i>	66 (37%)
	<i>3 to 5</i>	60 (33%)
	<i>More than 5</i>	32 (18%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	6 (3%)
	<i>0</i>	3 (2%)
	<i>1 to 2</i>	41 (24%)
	<i>3 to 5</i>	112 (64%)
	<i>More than 5</i>	12 (7%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>	
	<i>Less than 2 hours</i>	23 (13%)
	<i>2 to less than 4 hours</i>	46 (26%)
	<i>4 to less than 6 hours</i>	37 (21%)
	<i>6 to less than 8 hours</i>	31 (18%)
	<i>8 to less than 10 hours</i>	13 (7%)
	<i>10 hours or more</i>	11 (6%)
	<i>Don't know</i>	14 (8%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	<i>Yes</i>	52 (30%)
	<i>No</i>	119 (70%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	<i>Yes</i>	83 (46%)
	<i>No</i>	98 (54%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i>	41 (23%)
	<i>No</i>	140 (77%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	19 (11%)
	<i>Very easy</i>	7 (4%)
	<i>Easy</i>	32 (18%)
	<i>Neither</i>	33 (19%)
	<i>Difficult</i>	39 (22%)
	<i>Very difficult</i>	44 (25%)
	<i>Don't know</i>	2 (1%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	0 (0%)



	Yes	135 (78%)
	No	39 (22%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i>	39 (22%)
	<i>No contact</i>	42 (24%)
	<i>Letter</i>	50 (28%)
	<i>Phone</i>	46 (26%)
	<i>Visit</i>	45 (25%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	65 (37%)
	No	111 (63%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	0 (0%)
	Yes	141 (78%)
	No	39 (22%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (23%)
	<i>Very involved</i>	21 (12%)
	<i>Involved</i>	43 (25%)
	<i>Neither</i>	16 (9%)
	<i>Not very involved</i>	26 (15%)
	<i>Not at all involved</i>	28 (16%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (23%)
	<i>Nobody</i>	77 (45%)
	<i>Offender supervisor</i>	28 (16%)
	<i>Offender manager</i>	24 (14%)
	<i>Named/ personal officer</i>	17 (10%)
	<i>Staff from other departments</i>	15 (9%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (22%)
	Yes	93 (53%)
	No	24 (14%)
	<i>Don't know</i>	20 (11%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (22%)
	Yes	37 (21%)
	No	78 (44%)
	<i>Don't know</i>	23 (13%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (22%)
	Yes	30 (17%)
	No	65 (37%)
	<i>Don't know</i>	40 (23%)

**Q13.10 Do you have a needs based custody plan?**

Yes	9 (5%)
No	87 (50%)
Don't know	78 (45%)

**Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**

Yes	20 (11%)
No	154 (89%)

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

	Do not need help	Yes	No
Employment	33 (20%)	23 (14%)	110 (66%)
Accommodation	31 (20%)	18 (11%)	109 (69%)
Benefits	31 (20%)	17 (11%)	108 (69%)
Finances	29 (19%)	15 (10%)	112 (72%)
Education	28 (18%)	34 (21%)	98 (61%)
Drugs and alcohol	44 (28%)	34 (22%)	80 (51%)

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

Not sentenced	0 (0%)
Yes	105 (62%)
No	64 (38%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Swaleside 2014

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

#### Key to tables

		HMP Swaleside 2014	Category B Training Prisons	HMP Swaleside 2014	HMP Swaleside 2008
	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				
<b>Number of completed questionnaires returned</b>		<b>188</b>	<b>1187</b>	<b>188</b>	<b>124</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	3%	3%	3%	3%
1.4	Is your sentence less than 12 months?	0%	2%	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	16%	24%	16%	40%
1.5	Are you a foreign national?	13%	12%	13%	20%
1.6	Do you understand spoken English?	100%	99%	100%	100%
1.7	Do you understand written English?	100%	98%	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	48%	29%	48%	42%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	4%	6%	6%
1.1	Are you Muslim?	21%	14%	21%	23%
1.11	Are you homosexual/gay or bisexual?	1%	4%	1%	0%
1.12	Do you consider yourself to have a disability?	17%	22%	17%	16%
1.13	Are you a veteran (ex-armed services)?	5%	9%	5%	5%
1.14	Is this your first time in prison?	36%	42%	36%	37%
1.15	Do you have any children under the age of 18?	48%	47%	48%	51%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	61%	64%	61%	59%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	67%	75%	67%	67%
2.3	Were you offered a toilet break?	4%	13%	4%	4%
2.4	Was the van clean?	58%	68%	58%	58%
2.5	Did you feel safe?	78%	75%	78%	78%
2.6	Were you treated well/very well by the escort staff?	67%	67%	67%	66%
2.7	Before you arrived here were you told that you were coming here?	60%	66%	60%	60%
2.7	Before you arrived here did you receive any written information about coming here?	21%	16%	21%	21%
2.8	When you first arrived here did your property arrive at the same time as you?	87%	88%	87%	82%
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	44%	69%	44%	44%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	82%	79%	66%

## Main comparator and comparator to last time

### Key to tables

		HMP Swaleside 2014	Category B Training Prisons	HMP Swaleside 2014	HMP Swaleside 2008
	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				
3.3	Were you treated well/very well in reception?	66%	75%	66%	75%
	When you first arrived:				
3.4	Did you have any problems?	49%	59%	49%	47%
3.4	Did you have any problems with loss of property?	20%	19%	20%	21%
3.4	Did you have any housing problems?	6%	7%	6%	9%
3.4	Did you have any problems contacting employers?	2%	3%	2%	4%
3.4	Did you have any problems contacting family?	18%	20%	18%	16%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	3%	1%	5%
3.4	Did you have any money worries?	10%	12%	10%	13%
3.4	Did you have any problems with feeling depressed or suicidal?	11%	13%	11%	11%
3.4	Did you have any physical health problems?	9%	15%	9%	
3.4	Did you have any mental health problems?	10%	15%	10%	
3.4	Did you have any problems with needing protection from other prisoners?	3%	6%	3%	3%
3.4	Did you have problems accessing phone numbers?	8%	19%	8%	
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	21%	46%	21%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	60%	55%	60%	56%
3.6	A shower?	30%	41%	30%	44%
3.6	A free telephone call?	36%	46%	36%	41%
3.6	Something to eat?	55%	66%	55%	66%
3.6	PIN phone credit?	60%	23%	60%	
3.6	Toiletries/ basic items?	49%	48%	49%	
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	46%	46%	46%	
3.7	Someone from health services?	59%	63%	59%	
3.7	A Listener/Samaritans?	30%	35%	30%	
3.7	Prison shop/ canteen?	21%	22%	21%	18%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	56%	53%	56%	38%
3.8	Support was available for people feeling depressed or suicidal?	38%	44%	38%	37%
3.8	How to make routine requests?	53%	43%	53%	32%
3.8	Your entitlement to visits?	45%	42%	45%	35%
3.8	Health services?	48%	53%	48%	
3.8	The chaplaincy?	43%	46%	43%	
3.9	Did you feel safe on your first night here?	77%	83%	77%	84%
3.10	Have you been on an induction course?	95%	91%	95%	95%

## Main comparator and comparator to last time

### Key to tables

		HMP Swaleside 2014	Category B Training Prisons	HMP Swaleside 2014	HMP Swaleside 2008
	Any percentage highlighted in green is significantly better				
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	62%	68%	62%	63%
3.12	Did you receive an education (skills for life) assessment?	89%	87%	89%	
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	48%	59%	48%	67%
4.1	Attend legal visits?	51%	58%	51%	75%
4.1	Get bail information?	9%	12%	9%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	46%	50%	47%
4.3	Can you get legal books in the library?	38%	59%	38%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	76%	71%	76%	68%
4.4	Are you normally able to have a shower every day?	70%	98%	70%	99%
4.4	Do you normally receive clean sheets every week?	46%	71%	46%	91%
4.4	Do you normally get cell cleaning materials every week?	61%	78%	61%	80%
4.4	Is your cell call bell normally answered within five minutes?	50%	47%	50%	65%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73%	73%	73%	77%
4.4	Can you normally get your stored property, if you need to?	15%	34%	15%	33%
4.5	Is the food in this prison good/very good?	11%	36%	11%	34%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	48%	51%	61%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	64%	45%	69%
4.8	Are your religious beliefs are respected?	50%	58%	50%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	65%	49%	68%
4.10	Is it easy/very easy to attend religious services?	55%	53%	55%	
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	80%	86%	80%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	46%	57%	46%	50%
5.2	Do you feel applications are dealt with quickly (within seven days)?	20%	52%	20%	45%
5.3	Is it easy to make a complaint?	58%	70%	58%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	21%	35%	21%	30%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	10%	35%	10%	23%
5.5	Have you ever been prevented from making a complaint when you wanted to?	19%	18%	19%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	22%	34%	22%	45%

## Main comparator and comparator to last time

### Key to tables

		HMP Swaleside 2014	Category B Training Prisons	HMP Swaleside 2014	HMP Swaleside 2008
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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	63%	54%	66%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	48%	47%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	4%	5%	2%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	15%	55%	15%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	85%	80%	85%	82%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	79%	73%	75%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	47%	26%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	24%	30%	24%	40%
7.5	Do you have a personal officer?	65%	86%	65%	91%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	51%	66%	51%	72%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	39%	38%	39%	33%
8.2	Do you feel unsafe now?	17%	15%	17%	15%
8.4	Have you been victimised by other prisoners here?	29%	26%	29%	18%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	10%	13%	10%	13%
8.5	Hit, kicked or assaulted you?	8%	7%	8%	4%
8.5	Sexually abused you?	1%	1%	1%	2%
8.5	Threatened or intimidated you?	17%	21%	17%	
8.5	Taken your canteen/property?	6%	5%	6%	5%
8.5	Victimised you because of medication?	4%	4%	4%	
8.5	Victimised you because of debt?	3%	3%	3%	
8.5	Victimised you because of drugs?	1%	3%	1%	2%
8.5	Victimised you because of your race or ethnic origin?	7%	5%	7%	3%
8.5	Victimised you because of your religion/religious beliefs?	5%	3%	5%	4%
8.5	Victimised you because of your nationality?	4%	4%	4%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	4%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.5	Victimised you because of your age?	3%	2%	3%	
8.5	Victimised you because you have a disability?	3%	3%	3%	2%
8.5	Victimised you because you were new here?	4%	3%	4%	1%
8.5	Victimised you because of your offence/crime?	2%	6%	2%	
8.5	Victimised you because of gang related issues?	3%	1%	3%	

## Main comparator and comparator to last time

### Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	29%	29%	29%	19%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	12%	11%	12%	8%
8.7	Hit, kicked or assaulted you?	4%	3%	4%	3%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	9%	15%	9%	
8.7	Victimised you because of medication?	3%	3%	3%	
8.7	Victimised you because of debt?	1%	1%	1%	
8.7	Victimised you because of drugs?	1%	2%	1%	1%
8.7	Victimised you because of your race or ethnic origin?	3%	6%	3%	5%
8.7	Victimised you because of your religion/religious beliefs?	5%	4%	5%	3%
8.7	Victimised you because of your nationality?	1%	3%	1%	
8.7	Victimised you because you were from a different part of the country?	1%	5%	1%	3%
8.7	Victimised you because you are from a Traveller community?	1%	0%	1%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	1%	2%	1%	
8.7	Victimised you because you have a disability?	3%	2%	3%	2%
8.7	Victimised you because you were new here?	4%	4%	4%	3%
8.7	Victimised you because of your offence/crime?	3%	4%	3%	
8.7	Victimised you because of gang related issues?	4%	2%	4%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	35%	42%	35%	50%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	26%	33%	26%	
9.1	Is it easy/very easy to see the nurse?	47%	59%	47%	
9.1	Is it easy/very easy to see the dentist?	3%	15%	3%	
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	26%	43%	26%	38%
9.2	The nurse?	38%	57%	38%	45%
9.2	The dentist?	19%	45%	19%	46%
9.3	The overall quality of health services?	18%	36%	18%	35%
9.4	Are you currently taking medication?	47%	50%	47%	34%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	97%	93%	97%	
9.6	Do you have any emotional well being or mental health problems?	21%	27%	21%	
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	47%	55%	47%	

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	19%	14%	19%	6%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	13%	17%	4%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	27%	29%	41%
10.4	Is it easy/very easy to get alcohol in this prison?	28%	20%	28%	
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	6%	5%	
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	7%	5%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	66%	74%	66%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	67%	66%	67%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	93%	77%	93%	
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	18%	57%	18%	
11.1	Vocational or skills training?	14%	40%	14%	
11.1	Education (including basic skills)?	35%	59%	35%	
11.1	Offending behaviour programmes?	19%	25%	19%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	67%	77%	67%	
11.2	Vocational or skills training?	6%	16%	6%	
11.2	Education (including basic skills)?	19%	35%	19%	
11.2	Offending behaviour programmes?	15%	21%	15%	
11.3	Have you had a job while in this prison?	86%	93%	86%	
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	41%	46%	41%	
11.3	Have you been involved in vocational or skills training while in this prison?	73%	83%	73%	
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	53%	58%	53%	
11.3	Have you been involved in education while in this prison?	80%	91%	80%	
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	60%	67%	60%	
11.3	Have you been involved in offending behaviour programmes while in this prison?	79%	83%	79%	
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	57%	58%	57%	
11.4	Do you go to the library at least once a week?	42%	47%	42%	47%
11.5	Does the library have a wide enough range of materials to meet your needs?	50%	52%	50%	
11.6	Do you go to the gym three or more times a week?	27%	51%	27%	33%
11.7	Do you go outside for exercise three or more times a week?	51%	48%	51%	38%
11.8	Do you go on association more than five times each week?	7%	82%	7%	90%



## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
11.9	Do you spend ten or more hours out of your cell on a weekday?	6%	19%	6%	11%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	30%	40%	30%	
12.2	Have you had any problems with sending or receiving mail?	46%	40%	46%	34%
12.3	Have you had any problems getting access to the telephones?	23%	15%	23%	9%
12.4	Is it easy/ very easy for your friends and family to get here?	22%	13%	22%	
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	78%	92%	78%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	30%	26%	30%	
13.2	Contact by letter?	36%	43%	36%	
13.2	Contact by phone?	33%	34%	33%	
13.2	Contact by visit?	32%	34%	32%	
13.3	Do you have a named offender supervisor in this prison?	37%	87%	37%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	78%	86%	78%	88%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	48%	58%	48%	48%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	58%	38%	58%	
13.6	Offender supervisor?	21%	42%	21%	
13.6	Offender manager?	18%	32%	18%	
13.6	Named/ personal officer?	13%	31%	13%	
13.6	Staff from other departments?	11%	20%	11%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	68%	68%	68%	65%
13.8	Are there plans for you to achieve any of your targets in another prison?	27%	29%	27%	
13.9	Are there plans for you to achieve any of your targets in the community?	22%	17%	22%	
13.10	Do you have a needs based custody plan?	5%	8%	5%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	17%	12%	13%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	17%	24%	17%	
13.12	Accommodation?	14%	25%	14%	
13.12	Benefits?	14%	26%	14%	
13.12	Finances?	12%	22%	12%	
13.12	Education?	26%	28%	26%	
13.12	Drugs and alcohol?	30%	28%	30%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	62%	62%	62%	77%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMP Swaleside 2014

**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 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						
<b>Number of completed questionnaires returned</b>		<b>90</b>	<b>96</b>	<b>24</b>	<b>161</b>	<b>38</b>	<b>143</b>
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	16%	11%			9%	13%
1.6	Do you understand spoken English?	99%	100%	100%	99%	100%	99%
1.7	Do you understand written English?	100%	99%	96%	100%	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			58%	47%	92%	35%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	8%	13%	5%	0%	7%
1.1	Are you Muslim?	41%	3%	14%	21%		
1.12	Do you consider yourself to have a disability?	10%	24%	21%	16%	8%	20%
1.13	Are you a veteran (ex-armed services)?	1%	9%	0%	6%	0%	7%
1.14	Is this your first time in prison?	40%	33%	54%	33%	47%	33%
2.6	Were you treated well/very well by the escort staff?	66%	68%	74%	66%	61%	71%
2.7	Before you arrived here were you told that you were coming here?	62%	58%	42%	63%	63%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	84%	74%	79%	71%	83%
3.3	Were you treated well/very well in reception?	63%	70%	70%	65%	71%	66%
3.4	Did you have any problems when you first arrived?	43%	53%	59%	47%	39%	50%
3.7	Did you have access to someone from health care when you first arrived here?	56%	62%	59%	59%	49%	62%
3.9	Did you feel safe on your first night here?	78%	76%	67%	78%	79%	79%
3.10	Have you been on an induction course?	95%	94%	91%	95%	100%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	47%	41%	49%	63%	45%

## Diversity analysis

### Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British 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							
4.4	Are you normally offered enough clean, suitable clothes for the week?	79%	75%	75%	76%	84%	77%
4.4	Are you normally able to have a shower every day?	69%	72%	79%	69%	62%	72%
4.4	Is your cell call bell normally answered within five minutes?	53%	48%	59%	49%	60%	49%
4.5	Is the food in this prison good/very good?	12%	10%	17%	10%	13%	11%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	40%	63%	43%	53%	45%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	36%	54%	38%	45%	40%	46%
4.8	Do you feel your religious beliefs are respected?	56%	44%	64%	49%	54%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	50%	67%	47%	55%	48%
5.1	Is it easy to make an application?	81%	81%	79%	80%	84%	79%
5.3	Is it easy to make a complaint?	51%	65%	52%	60%	47%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	55%	54%	53%	47%	56%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	43%	55%	46%	49%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%	4%	6%	3%	6%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	82%	87%	92%	84%	81%	86%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	73%	79%	72%	70%	73%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	20%	27%	17%	25%	24%	23%
7.4	Do you have a personal officer?	64%	64%	58%	65%	69%	63%
8.1	Have you ever felt unsafe here?	41%	37%	42%	39%	46%	34%
8.2	Do you feel unsafe now?	16%	18%	5%	19%	18%	15%
8.3	Have you been victimised by other prisoners?	28%	31%	22%	30%	22%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	15%	20%	18%	18%	14%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	3%	13%	6%	3%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	3%	9%	5%	6%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	2%	18%	2%	3%	4%

## Diversity analysis

### Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because you have a disability? (By prisoners)	1%	5%	0%	4%	3%	4%
8.6	Have you been victimised by a member of staff?	30%	28%	18%	31%	36%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	7%	12%	0%	11%	6%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	0%	9%	2%	6%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	0%	4%	5%	19%	1%
8.7	Have you been victimised because of your nationality? (By staff)	2%	0%	4%	1%	3%	0%
8.7	Have you been victimised because you have a disability? (By staff)	4%	3%	4%	3%	6%	3%
9.1	Is it easy/very easy to see the doctor?	23%	26%	17%	27%	19%	26%
9.1	Is it easy/ very easy to see the nurse?	43%	51%	50%	47%	42%	48%
9.4	Are you currently taking medication?	34%	60%	50%	46%	33%	50%
9.6	Do you feel you have any emotional well being/mental health issues?	15%	27%	22%	21%	17%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	18%	40%	25%	30%	13%	34%
11.2	Are you currently working in the prison?	66%	69%	58%	68%	75%	65%
11.2	Are you currently undertaking vocational or skills training?	6%	6%	9%	6%	9%	6%
11.2	Are you currently in education (including basic skills)?	26%	13%	38%	16%	28%	17%
11.2	Are you currently taking part in an offending behaviour programme?	14%	17%	13%	16%	14%	15%
11.4	Do you go to the library at least once a week?	45%	37%	61%	39%	47%	39%
11.6	Do you go to the gym three or more times a week?	37%	20%	35%	26%	34%	25%
11.7	Do you go outside for exercise three or more times a week?	46%	56%	52%	51%	59%	50%
11.8	On average, do you go on association more than five times each week?	5%	9%	5%	7%	6%	8%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	10%	9%	5%	3%	8%
12.2	Have you had any problems sending or receiving mail?	45%	46%	46%	46%	50%	43%
12.3	Have you had any problems getting access to the telephones?	22%	23%	21%	23%	28%	20%



## Diversity Analysis

### Key question responses (disability, age over 50) HMP Swaleside 2014

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

#### Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>32</b>	<b>154</b>	<b>23</b>	<b>162</b>
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	16%	12%	4%	14%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	100%	99%	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	28%	53%	39%	49%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	6%	5%	6%
1.1	Are you Muslim?	10%	23%	5%	23%
1.12	Do you consider yourself to have a disability?			26%	16%
1.13	Are you a veteran (ex-armed services)?	13%	3%	19%	3%
1.14	Is this your first time in prison?	29%	37%	39%	35%
2.6	Were you treated well/very well by the escort staff?	56%	70%	86%	65%
2.7	Before you arrived here were you told that you were coming here?	56%	61%	74%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	79%	96%	77%
3.3	Were you treated well/very well in reception?	59%	67%	74%	65%
3.4	Did you have any problems when you first arrived?	68%	44%	38%	50%
3.7	Did you have access to someone from health care when you first arrived here?	66%	57%	57%	59%
3.9	Did you feel safe on your first night here?	59%	80%	87%	76%
3.10	Have you been on an induction course?	81%	97%	91%	95%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	49%	55%	48%
4.4	Are you normally offered enough clean, suitable clothes for the week?	69%	78%	87%	75%

## Diversity Analysis

### Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally able to have a shower every day?	62%	72%	91%	67%
4.4	Is your cell call bell normally answered within five minutes?	38%	54%	68%	49%
4.5	Is the food in this prison good/very good?	15%	9%	10%	11%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	59%	50%	61%	50%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	41%	61%	43%
4.8	Do you feel your religious beliefs are respected?	37%	54%	48%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	50%	61%	48%
5.1	Is it easy to make an application?	78%	81%	82%	80%
5.3	Is it easy to make a complaint?	65%	58%	70%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	55%	68%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	47%	48%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	5%	0%	6%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	90%	84%	100%	82%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	74%	91%	70%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	19%	25%	36%	22%
7.4	Do you have a personal officer?	50%	67%	70%	63%
8.1	Have you ever felt unsafe here?	66%	32%	30%	39%
8.2	Do you feel unsafe now?	37%	13%	18%	17%
8.3	Have you been victimised by other prisoners?	56%	23%	43%	27%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	41%	12%	13%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	5%	9%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	15%	3%	0%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	3%	0%	4%
8.5	Have you been victimised because of your age? (By prisoners)	10%	1%	9%	2%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	0%	0%	4%
8.6	Have you been victimised by a member of staff?	39%	27%	10%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	19%	7%	5%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	2%	0%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	5%	0%	6%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your age? (By staff)	3%	1%	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	19%	0%	0%	4%
9.1	Is it easy/very easy to see the doctor?	37%	24%	57%	21%
9.1	Is it easy/ very easy to see the nurse?	69%	43%	76%	43%
9.4	Are you currently taking medication?	85%	39%	61%	45%
9.6	Do you feel you have any emotional well being/mental health issues?	56%	13%	9%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	27%	18%	31%
11.2	Are you currently working in the prison?	45%	71%	64%	67%
11.2	Are you currently undertaking vocational or skills training?	0%	7%	0%	7%
11.2	Are you currently in education (including basic skills)?	11%	21%	9%	21%
11.2	Are you currently taking part in an offending behaviour programme?	8%	17%	14%	15%
11.4	Do you go to the library at least once a week?	29%	45%	41%	42%
11.6	Do you go to the gym three or more times a week?	11%	31%	27%	27%
11.7	Do you go outside for exercise three or more times a week?	40%	54%	41%	53%
11.8	On average, do you go on association more than five times each week?	11%	6%	19%	5%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	6%	0%	7%
12.2	Have you had any problems sending or receiving mail?	48%	45%	27%	48%
12.3	Have you had any problems getting access to the telephones?	29%	21%	5%	25%