

Report on an unannounced inspection of

HMP Elmley

by HM Chief Inspector of Prisons

2–13 June 2014

Glossary of terms

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Contents

Introduction	5
Fact page	9
About this inspection and report	11
Summary	13
Section 1. Safety	21
Section 2. Respect	33
Section 3. Purposeful activity	47
Section 4. Resettlement	55
Section 5. Summary of recommendations and housekeeping points	63
Section 6. Appendices	71
Appendix I: Inspection team	71
Appendix II: Progress on recommendations from the last report	73
Appendix III: Prison population profile	81
Appendix IV: Summary of prisoner questionnaires and interviews	85

Introduction

HMP Elmley is a local prison on the Isle of Sheppey in Kent. For a long time Elmley was part of the 'Sheppey cluster' of three prisons on the island; it is now a stand alone establishment. At the time of this inspection, it held 1,252 men, well above its certified normal accommodation of 985. Like other prisons in the south east of England, Elmley struggled to deal with the pressures created by a large number of staff vacancies. This inspection revealed very serious concerns.

At the heart of the prison's problems was a very restricted and unpredictable regime. Association, exercise and domestic periods were cancelled at short notice every day. We witnessed many examples of prisoners being turned away from education and work because prison officers were not available for supervision. About 15% of the population, or almost 200 men, were unemployed and they routinely spent 23 hours a day locked in their cells.

The prison had recently appointed a new learning and skills manager after the post had been vacant for a year. There were some signs of improvement but provision at the time of the inspection remained very poor. Ofsted judged the limited activity that was on offer as inadequate in every area. Much of the work was very mundane and the excessive 200 prisoners employed on domestic tasks were not kept fully occupied. To get a job, prisoners needed basic levels of English and maths – about 30% of the population needed assistance to reach this level but there was insufficient provision to meet the need. Some prisoners who wanted to improve their basic skills and wanted to work were therefore required to be idle. The quality of teaching available was not good enough and achievement rates were low. Insufficient resources slowed learning. Some poor work practice and behaviour by prisoners was not challenged by activities staff. Despite the commendable efforts of the staff involved, access to the gym and library was very restricted.

The very poor quality and quantity of purposeful activity prepared prisoners badly for release, and rehabilitation activity overall was unsatisfactory. The offender management unit was overwhelmed. Only a half of the offender supervisor posts were filled and these staff were frequently redeployed to other duties in the prison. One of the offender supervisors had 47 high risk cases, none of whom she had seen in the last six to eight months. Prison offender supervisors received no training or meaningful supervision appropriate to their role. There was a backlog of 271 risk assessments. None of the cases reviewed by the probation inspectors showed that meaningful work had been done to address the offending behaviour of the prisoner concerned. Critical information in risk of harm assessments was missed or misrepresented, which could have left staff, other prisoners and victims vulnerable. Public protection work was weak. We identified one prisoner whose phone calls should have been monitored but were not. Attendance at fortnightly public protection meetings was poor and this undermined multi-agency public protection arrangements. Oversight of categorisation decisions was insufficient and prisoners serving indeterminate sentences were not identified or supported and found it difficult to progress.

Although offender management was very poor, practical resettlement services, which are especially important for a local prison that discharges large numbers of short stay prisoners, were better. Prisoners' practical resettlement needs were addressed efficiently on arrival and again 10 weeks before discharge. There was a small amount of useful 'through the gate' work. Crucial accommodation services were good but this service was due to be temporarily halted after the inspection because of staff shortages. Support to help prisoners obtain education, training or employment after release was good when it was available, but only a quarter of prisoners were able to attend the useful pre-release course before they left the prison. Practical help with health, substance abuse and money issues after release was good. Lack of association time meant that prisoners found it difficult to use the phone to maintain contact with their families and work to support prisoners in maintaining positive family relationships was very limited. Visiting times were disrupted by staff shortages and there was little recognition of the difficulties visitors faced due to the

prison's isolated location. At the time of the inspection it was hard to see how the prison would be ready for its new function as a resettlement prison.

Staff shortages affected relationships between staff and prisoners. Inspectors were frequently mobbed by prisoners wanting simple domestic issues resolved and although we saw some good interactions between staff and prisoners, and prisoners told us about helpful staff, contact was too limited. There were a very high number of complaints and many of these concerned minor matters that could have been dealt with informally by staff. Physical conditions required improvement and this was exacerbated by the length of time prisoners spent in their cells. Almost 200 prisoners were held three to a cell designed for two and 416 prisoners were doubled up in single cells. Many cells were poorly ventilated, very warm in the week of the inspection and had inadequately screened toilets. Prisoners told us they had difficulty obtaining cleaning materials and managers explained this was a consequence of budget restrictions. Cell bells were not answered quickly. Some communal areas were dirty with litter piled into corners and had damaged toilets and showers. There was a major problem with bird droppings inside the buildings which were evident in many communal areas and on floors, hand rails and stair wells.

While there were some weaknesses in equality and diversity work, prisoners from black and minority groups reported more positively than their white counterparts and those with an identified disability were well cared for. Significant efforts had been made to meet the complex needs of three transgender prisoners. Faith provision was good and the chaplaincy played an active and positive role in the life of the prison. Most aspects of health care were good and despite all the difficulties in the prison, we saw prisoners in the recovery unit with serious mental health problems being treated with kindness, patience, sensitivity and skill by hard-pressed staff. However, management of medicines was very poor, and this created serious risks of prisoners receiving the wrong dose at the wrong time and that the trading or theft of prescribed medicines would lead to trouble in the prison as a whole.

Prisoners carried out many essential roles in the prison: induction insiders, Listeners, diversity representatives, violence reduction representatives, resettlement peer workers, and more. They played an essential role but we were not assured that the governance and supervision of prisoners in these powerful positions was adequate.

Though levels of violence were similar to comparable prisons, they were deteriorating quickly. The overall number of fights and assaults had increased by 60% over the past year and the trend was upwards. The number of serious assaults had also increased sharply. Over the previous 11 months there had been 11 acts of concerted indiscipline when prisoners had refused to return to their cells. There had been none in the 12 months before that. More than half of prisoners told us they had felt unsafe at some time and a quarter told us they had felt unsafe at the time of the inspection. The first night centre was an unstable and frightening environment with a toxic mix of new prisoners and others who had been in trouble elsewhere in the prison. Inspectors witnessed vulnerable prisoners being abused without staff intervention.

The number of self-harm incidents had increased and there had been five self-inflicted deaths since the last inspection in 2012. Care for prisoners at risk was reasonable but insufficient attention was given to recommendations from the Prisons and Probation Ombudsman and monitoring procedures were not always completed adequately. We found one example of a man who had been identified as at risk, who had a history of self-harm and whose mother had died three weeks earlier but who had not had the required initial assessment for almost four days. Staff told us this was not unprecedented. It was clear that some prisoners were seeking refuge in the segregation unit and were refusing to return to the wings once there. Relationships in the segregation unit were reasonable but the regime was poor. There were a high number of adjudications and about one in six were because prisoners had refused to return to the wings. Use of force had increased. There was insufficient positive work to encourage prisoners to improve their behaviour.

Security was reasonable. The mandatory drug testing (MDT) rate was relatively low but we did not believe that provided an accurate picture of drug use in the prison. Forty per cent of prisoners told us it was easy to get drugs, the MDT programme was flawed and there were indications that the use of new psychoactive substances such as 'Spice', which were not easily detectable, was common. One in 10 prisoners told us they had developed a drug problem in the prison.

These are very concerning findings and the first priority should be to stabilise the prison. While the inspection was taking place, plans were being made to introduce a much more restricted regime the following week until temporary staff could be recruited. This would further restrict the amount of purposeful activity and resettlement support available. However, by concentrating officers on the wings, the intention was to ensure prisoners had regular, predictable and safe association and time for domestic duties. This was a necessary step. Good communication is required, and a full regime needs to be reintroduced as soon as it is practical and safe to do so. However, the plan relies heavily on the arrival of temporary staff to relieve the pressure. If that does not occur, the population at Elmley should be reduced to a level that can be managed safely and effectively by the staff available.

Nick Hardwick
HM Chief Inspector of Prisons

November 2014

Fact page

Task of the establishment

Elmley is a purpose-built local prison serving courts in Kent and Sussex. It holds remand and convicted adults and young adults.

Prison status

Public

Region

Kent and Sussex

Number held

1242 on 3 June 2014

Certified normal accommodation

1252

Operational capacity

985

Date of last full inspection

March 2012

Brief history

The establishment opened in 1992 and includes a category C unit built in 1997, holding up to 240 prisoners. Elmley is the largest of three prisons on the Isle of Sheppey.

Short description of residential units

House block 1 – First night centre and residential unit

House block 2 – Remand and convicted adults and young adults

House block 3 – Integrated drug treatment system addressing the needs of remand and convicted adults and young adults with alcohol or drug problems

House block 4 – Remand and convicted adults and young adults

House block 5 – Category C resettlement unit

House block 6 – This unit holds vulnerable prisoners and foreign national prisoners on two separate spurs. These prisoners are a mix of remand or convicted adults or young adults and those held on behalf of the Home Office.

Name of governor

James Carmichael

Escort contractor

GEOAmey

Health service providers

Central and North West London NHS Foundation Trust

Integrated Care 24 Ltd

Oxleas NHS Foundation Trust

Minster Medical Group

Learning and skills provider

The Manchester College

Independent Monitoring Board chair

Bob Chapman

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:

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and 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 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*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ 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** *Prisoners were generally positive about escorts. The reception process was reasonably quick. Many prisoners said they felt unsafe on their first night and the mix of prisoners in the first night unit was unstable. Overall levels of violence were similar to other prisons but there had been numerous acts of concerted indiscipline and violence reduction measures were poor. Self-harm had increased. The Trust Programme, a local intervention to support at risk adults, was no longer running. Security information was processed efficiently but actions did not always take place promptly. Mandatory drug testing (MDT) positive rates were not high but there was some evidence that MDT was failing to detect a large quantity of drugs. Prisoners on the basic level of the incentives and earned privileges (IEP) scheme had an appropriate regime. Adjudications were conducted fairly. The use of force had increased and paperwork was poor. Prisoners spent less time in the segregation unit than at the previous inspection. Substance use services were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2** *At the last inspection in 2012 we found that outcomes for prisoners in Elmley were reasonably good against this healthy prison test. We made 21 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, four had been partially achieved and nine had not been achieved.*
- S3** Prisoners were reasonably positive about how escort staff treated them. Person escort records were completed well. Escort vehicles were waiting outside reception for shorter periods than at our previous inspection.
- S4** The reception area was clean and well maintained. Prisoners generally went through reception reasonably quickly. New arrivals were held in the first night unit with a mix of other prisoners who were accommodated there for a variety of reasons. At times the unit felt chaotic and unpredictable. All first night cells inspected were dirty and some had broken furniture and graffiti. In our survey, fewer prisoners than the comparator said that they felt safe on their first night. Insiders (prisoners who introduce new arrivals to prison life) provided new arrivals with good support around the clock, but lacked sufficient supervision. The induction process was well structured and delivered.
- S5** The overall number of fights and assaults was similar to other local prisons, but had increased since the previous inspection. The number of serious assaults had risen and concerted indiscipline, previously almost unknown, had been on average a monthly occurrence in the previous year. Prisoners and staff said the unpredictable hours during which prisoners were unlocked had raised tensions. More than half of the prisoners in our survey said they had felt unsafe at some point and almost all types of victimisation were reported at higher levels than the comparator. Staff and prisoners said that bullying was not uncommon and we saw vulnerable prisoners subjected to verbal abuse by other prisoners. Violence reduction measures were unsophisticated and failed to address underlying causes. The monthly safer custody meetings focused appropriately on incidents and patterns, but failed to analyse trends adequately.

- S6 The number of self-harm incidents had increased substantially and the number of assessment, care in custody and teamwork (ACCT) case management documents had risen in line with this. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were well supported by the Samaritans and were effective. The Listener suites were well used. Assessments were not always completed within 24 hours and, despite regular management checks, care plans were often too generic. Night staff carried ligature knives, but not all of them were confident about entering a cell if life was in danger. ACCT quality issues and night-time responses were the subject of a repeated recommendation in Prisons and Probation Ombudsman reports on deaths in custody.
- S7 The Trust Programme, a local intervention to support adults at risk that we previously identified as good practice, was no longer running. Young people did not receive any systematic support for their transition to the adult estate.
- S8 The management of security intelligence was good. The security committee was well constructed but links with safer custody were underdeveloped. Staff shortages meant that security issues were not always dealt with promptly. Risk management systems were generally effective, but the poor and unpredictable regime affected dynamic security and the supervision of prisoners in residential units. Links with the local police were strong and relevant information about drugs was shared well.
- S9 The MDT positive rate for the six months to the end of April 2014 was below target at around 7.2%. However, drug testing was too predictable and very few suspicion drug tests had been completed in the previous six months. Intelligence and drug finds also suggested that a large proportion of substances used could not be detected through MDT.
- S10 There was little evidence that the incentives and earned privileges scheme encouraged good behaviour. Some prisoners remained on the entry level for longer than two weeks. The regime for the small number of prisoners on the basic level was reasonable, but reviews were cursory. Disciplinary hearings were well managed.
- S11 The use of force had increased since the previous inspection. The analysis of the use of force had improved but paperwork was often poor and much of it was incomplete. Documentation authorising the use of special accommodation was also poor and provided little assurance that it was always justified.
- S12 Communal areas in the segregation unit were reasonably clean but many cells were dirty and had graffiti; some had filthy toilets. Prisoners were being moved out of the segregation unit more promptly than previously. However, segregation was used frequently and a large proportion of prisoners used the unit as a place of safety. Relationships between segregation staff and prisoners were reasonably good but the regime was poor. Reintegration planning was underdeveloped.
- S13 A generally good substance use service was struggling as a result of regime problems. Poorly supervised medication queues contributed to trading in medicines. Programmes were cancelled because there were insufficient prison officers.

Respect

S14 *Many cells were overcrowded and in poor condition. The grounds outside were well maintained but general cleanliness was poor. Staff-prisoner relationships were mixed. The personal officer scheme was ineffective. Outcomes for some minority groups appeared good but diversity work was under-resourced and there was little structured support. Faith provision was generally good. Prisoners resorted to the complaints system for minor matters that wing staff should have managed. Prisoners generally had poor access to legal information. Health services were reasonable overall, but medicines management was very poor and too many appointments were missed. Prisoners were very negative about the food. New arrivals sometimes waited too long for their first shop order.*
Outcomes for prisoners were not sufficiently good against this healthy prison test.

S15 *At the last inspection in 2012 we found that outcomes for prisoners in Elmley were reasonably good against this healthy prison test. We made 25 recommendations in the area of respect.² At this follow-up inspection we found that seven of the recommendations had been achieved, three had been partially achieved and 15 had not been achieved.*

S16 Almost 200 prisoners were held three to a cell designed for two, while more than 400 were held two to a cell designed for one. Many communal areas were dirty and seriously affected by bird droppings, and most shower areas were in poor condition. Cells were stuffy and ventilation was a major problem. Many cells had graffiti and damaged fabric. Cleaners and prisoners could not obtain enough cleaning products. Laundry facilities were adequate, but not all prisoners regularly received clean bedding or towels. Few prisoners reported prompt emergency cell bell responses and the prison's own data indicated that it had on occasion taken up to half an hour for bells to be answered. Applications were not tracked consistently and many prisoners reported a lack of response.

S17 In our survey, about two thirds of prisoners said that most staff treated them with respect, fewer than at our previous inspection and than at other similar prisons. Some prisoners mentioned helpful staff but said they had little time to interact meaningfully with the men in their care. The personal officer scheme was ineffective.

S18 The equalities team was under-resourced. The monitoring of protected groups was superficial. Investigations and replies relating to discrimination incident reporting forms were reasonably good but few were submitted and they were not freely available on all wings. Diversity representatives lacked training and a clear sense of purpose, and were not managed properly.

S19 There were no meetings for protected groups. In our survey, black and minority ethnic prisoners were more positive than white prisoners about respect from staff and safety. Twenty-three immigration detainees were held and subject to an inappropriately restrictive prison regime. Professional interpretation was not always used with prisoners who could not speak English when accuracy or confidentiality were necessary, including during health care consultations. Travellers and Gypsies were under-identified and there was no specific provision for them, young adults or gay or bisexual prisoners. Evacuation plans were held in house block offices and disabled prisoners were well cared for. Older prisoners received little support. The prison had identified three transgender prisoners and efforts had been made to meet their complex needs. A prominent chaplaincy catered for all major faiths. Faith facilities were suitable but prisoners said that their access to religious services had been reduced.

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

- S20 Too many prisoners used the complaints system for minor issues that wing staff could have dealt with informally. In our survey, fewer prisoners than in the comparator said that complaints were dealt with fairly. Complaint responses were prompt and normally polite. Trends were logged month by month, but the prison did not analyse them on a long-term basis and there was little evidence that issues arising were discussed.
- S21 Prisoners did not have access to any bail or family law advice, and little help was available on immigration matters. Prisoners usually had to rely on publications for legal information, but had very limited access to the library.
- S22 In our survey, fewer prisoners than at comparator prisons said that their access to and the quality of health services were good. Initial and secondary screenings of new and returning prisoners were effective and there was an appropriate focus on drug, alcohol and mental health issues. Nurse triage was reasonable but access to primary care clinics was compromised by a very high non-attendance rate of 40% to 50%. Prisoners often missed appointments because they were not unlocked, were not told about their appointments or had to choose between them and other activities. The overall quality of health care we saw was reasonably good. The recovery (inpatient) unit provided prisoners with a decent environment with good access to therapeutic activities. However, medicines management was very poor and there were many instances of missed medications and inadequate dose intervals. Stock control was poor and medicines regularly went missing. Supervision during medicines administration was poor. The high demand for dental services was managed reasonably well. A good range of mental health services was offered.
- S23 In our survey, only 11% of prisoners said the food was good. Some portions appeared small, but overall the food we tasted was reasonable. Kitchen staff consulted and communicated with prisoners through meetings, wing visits and newsletters. The prison shop provided an adequate range of goods but new arrivals could wait too long for their first shop order.

Purposeful activity

S24 *Time out of cell was unpredictable. Association, exercise and activities were routinely cancelled, causing much frustration among prisoners and instability in the prison. Management of learning and skills was improving but was weak in education, and teaching was generally poor. There was less accredited vocational training than at the previous inspection. Achievement of basic English and maths qualifications was poor. Access to the library was unacceptably poor. Prisoners appreciated the physical education (PE) provision but too few participated. **Outcomes for prisoners were poor against this healthy prison test.***

S25 *At the last inspection in 2012 we found that outcomes for prisoners in Elmley were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this follow-up inspection we found that one of the recommendations had been achieved, two had been partially achieved and 10 had not been achieved.*

S26 The published core day was not being consistently adhered to, and, as a consequence, too many prisoners spent most of the day locked in their cells. Association, exercise, domestic periods and scheduled activities were often cancelled as a result of staff shortages and the regime was routinely curtailed due to late unlocking. A substantial number of unemployed prisoners spent as little as an hour a day out of their cells. During a roll check in the middle of the core day when few activities had been formally cancelled, nearly half of all prisoners were still locked in their cells. This led to instability, caused frustration among prisoners, and affected most other aspects of the prison's operation. A new core day was planned to be

introduced immediately after the inspection. This would further reduce the amount of purposeful activity some prisoners could have but was intended to make the core day and association more consistent and predictable.

- S27 The management of learning and skills was inadequate, though improving. A new self-assessment action plan updated in June 2014 was appropriate, but few practical outcomes had been achieved to date. Management of education was weak. Education managers did not adequately use data to improve provision.
- S28 There were more activity places than at the previous inspection and it was positive that nearly all remand prisoners were allocated to some form of activity. However, around 200 prisoners were still unemployed, and mundane wing-based jobs had increased by a quarter since the previous inspection to around 200. The number and range of vocational training places had decreased. The range of education courses was appropriate, but waiting lists for English and mathematics were too long and participation had declined. Few work areas provided accredited vocational qualifications. Vulnerable prisoners had less access to purposeful activities than others.
- S29 Prisoners for whom English was a second language were not adequately assessed and were not necessarily participating in lessons that were appropriate or taking suitable qualifications. Prisoners received some good vocational coaching in bricklaying and industrial cleaning. Prisoner peer mentors and assessors provided good support. However, the overall quality of teaching had declined and too much was not good enough.
- S30 The achievement of qualifications was high on a few courses. The standard of work in bricklaying often exceeded the qualification level and the laundry provided an excellent commercial environment for skills development. Prisoners' achievements in basic English and maths were low. Attendance at activities was poor.
- S31 The library was well managed and stocked, but access was generally very poor. Many prisoners said that they had not been able to visit the library for many months. Library staff made efforts to compensate by providing extra trolley services on the wings. Prisoners appreciated the PE provision but too few participated. PE staff were often redeployed, limiting what they could offer.

Resettlement

- S32** *Strategic management of resettlement was weak. The offender management unit (OMU) was overwhelmed with work and unable to deliver an effective service. There was a large offender assessment system (OASys) document backlog and little effective offender supervisor work. Public protection work was variable. Re-categorisation processes lacked rigour. Prisoners' resettlement needs were appropriately assessed on arrival. Good pre-release provision relating to accommodation, health, drugs and alcohol and finance was available. An employment, training and education induction programme helped prisoners prepare for release, but was undermined by the poor quality and number of activities. Provision for visits and children and families work had deteriorated.*
Outcomes for prisoners were not sufficiently good against this healthy prison test.
- S33 *At the last inspection in 2012 we found that outcomes for prisoners in Elmley were reasonably good against this healthy prison test. We made 10 recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, two had been partially achieved and five had not been achieved.*

- S34 Strategic management of resettlement was disjointed and there were few links between offender management and resettlement pathway work. There were no resettlement meetings and both the rehabilitation strategy and needs analysis were out of date. The prison was inadequately prepared for its future role as a resettlement prison. In our survey, prisoners were negative about almost all resettlement areas.
- S35 The offender management unit (OMU) was unable to give prisoners adequate supervision or support. Offender supervisors were routinely redeployed and only half of profiled posts were filled. Most offender supervisors were inadequately trained. Probation staff worked effectively but their time and skills were not well used: they had no prisoner caseload and provided offender supervisors with little support. Sentence planning and management were poor and there was a large backlog of OASys documents. Risk management plans were poor. Information on prisoners' risks of harm and reoffending was inaccurate and could have left staff, other prisoners and victims vulnerable. Nearly all home detention curfew assessments were late.
- S36 Initial public protection screening processes and monitoring arrangements were well managed. Public protection meetings were not attended by key staff, such as offender supervisors or security personnel.
- S37 Initial categorisation decisions were generally timely and had management oversight. Not all re-categorisation decisions were signed off by managers, which was inappropriate. A substantial number of category D prisoners were awaiting transfer, some of whom had been in the prison for long periods. There was no longer any use of release on temporary licence to support the resettlement of these prisoners.
- S38 Prisoners facing an indeterminate sentence were not identified on remand or supported. Lifer prisoners were frustrated because they had little contact with the OMU and subsequently found it difficult to progress through their sentence plan.
- S39 A good immediate needs assessment was undertaken shortly after a prisoner's arrival and before discharge. Prisoners appreciated peer worker involvement. A small amount of through-the-gate work was undertaken by external agencies such as The Kenwood Trust.
- S40 Over 90% of prisoners were released to settled accommodation. Two officers provided prisoners with useful support with general housing needs and those with no fixed abode were referred to a range of housing providers. Housing officers had useful links with the local integrated offender management teams. We were told that this service was being discontinued.
- S41 An employment, training and education induction programme helped prisoners prepare for release, but too few prisoners could access it and it was undermined by the poor quality and number of activities. The National Careers Service was unable to interview all prisoners on arrival or before discharge.
- S42 Prisoners received a summary of their health record on release, advice about registering with a GP and a seven-day supply of prescribed medication where appropriate. There were effective links with community mental health teams. Links with community drug and alcohol services were good.
- S43 A designated officer provided prisoners with good support with finance, benefit and debt issues, including assistance with opening bank accounts. Citizens Advice visited the prison monthly to help with more complex financial problems and Jobcentre Plus staff provided benefits information.

- S44 A family link officer provided prisoners and their families with some useful individual support. However, family support work had deteriorated since the previous inspection. Visits routinely started late. The visits hall was functional but had a grubby waiting area and dirty toilets. The visitors' centre was clean, provided appropriate information and hot food. However, the centre closed half an hour before the arrival of the only local bus service. Visitors reported long delays in getting through on the telephone booking line; it was too early to judge the efficiency of a new national booking system.
- S45 Completion rates for the three accredited programmes were within target but low compared to the size of the population.

Main concerns and recommendations

- S46 Concern: There was a rising level of violence and the number of serious incidents had increased sharply. The approach to violence reduction lacked sophistication.

Recommendation: A new behaviour management strategy should be implemented and its effectiveness monitored. The strategy should emphasise positive reinforcement and focus on investigating and addressing the underlying causes of the increase in violence.

- S47 Concern: The prison was overcrowded, standards of repair and cleanliness in cells and communal areas were poor, and prisoners could not obtain enough cleaning products to keep cells and house blocks clean.

Recommendation: Cells should not hold more prisoners than they were designed for and all areas of the prison should be in good repair and clean. Prisoners should be able to access sufficient cleaning materials.

- S48 Concern: Medicines management was very poor. There were many instances of missed medications and inadequate dose intervals, creating significant risks for prisoner and the prison. Stock control was poor and medicines regularly went missing. Supervision during medicines administration was poor.

Recommendation: Medicines management should be reviewed as a matter of urgency. Action should be taken to ensure that medicines are not missed, dose intervals are safe, stock control is improved and the administration of controlled drugs is effectively supervised.

- S49 Concern: The core day was not being delivered consistently and, as a result, many prisoners were spending nearly all day locked in their cells. They were often unable to attend activities or appointments with health care and other departments. The lack of predictability in the regime was a source of anger and frustration and created a volatile environment.

Recommendation: The prison should prioritise the delivery of a stable and equitable regime in which all prisoners have consistent access to association with sufficient time to undertake domestic tasks. As stability is restored, prisoners' access to purposeful activity should be significantly increased on an equitable basis.

S50 Concern: Strategic management of resettlement was weak, offender management was not being delivered, and the prison was inadequately prepared for its role as a resettlement prison.

Recommendation: There should be a coordinated, whole-prison approach to resettlement. An up-to-date strategy should demonstrate meaningful integration between offender management and pathways work and be based on a current needs analysis. Offender supervisors should have time to manage prisoners' sentences appropriately.

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 said escort staff treated them well. Personal documents, including prison records and sentence plans, accompanied prisoners. Prisoners waited in vans outside reception for shorter periods than at our previous inspection. Property did not always accompany prisoners.*

I.2 In our survey, 70% of prisoners said that escort staff treated them, more than the comparator of 67%. Personal documents, including prison records and sentence plans accompanied prisoners. Person escort records were generally completed well but some of those completed at Elmley contained references to the potential for self-harm that were vague and unhelpful.

I.3 Escort vans we inspected were clean and food and water was available. Some prisoners reported that vehicles were poorly ventilated and, in our survey, 32% said they spent more than two hours in escort vans compared with only 20% in other similar establishments. Some had lengthy waits in court cells and long journeys to the prison because of the number of prisoners being dropped off at other establishments first. Prisoners spent much less time waiting outside reception on vans than at our previous inspection, although disembarkation could still take about half an hour.

I.4 Escort contractors had imposed a limit on the amount of property prisoners being transferred could have with them. Bags of property were transported separately from prisoners and some went missing. In our survey, fewer prisoners than the comparator said that their property arrived at the prison at the same time as they did. Prisoners acquitted or receiving non-custodial sentences at court had to contact the prison to make arrangements to collect their property.

Recommendations

I.5 **Person escort records should be completed thoroughly and clearly identify specific risks.**

I.6 **Prisoners should not have long waits in court cells before transfer to Elmley.**

I.7 **Property should accompany prisoners to court and during transfer.**

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.

I.8 *The reception area was clean and prisoners were treated well on arrival. All prisoners arriving late could have a hot meal. All new receptions went to the first night centre. The first night centre held a mix of prisoners, creating a sometimes chaotic environment. First night cells were dirty and some were overcrowded. Prison Insiders (prisoners who introduce new arrivals to prison life) and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) worked in the first night centre to reassure all new arrivals round the clock. They lacked sufficient supervision. Insiders delivered a well structured induction programme.*

I.9 The reception area was clean and well maintained, and we saw prisoners treated well on arrival. Most prisoners went through reception fairly promptly. Those arriving after 5.30pm received a hot meal, either on reception or in the first night centre.

I.10 All new arrivals went to the first night centre. Seventeen other men had been housed there for a variety of reasons, often for their own protection. At times the unit was unstable and unpredictable, which created a potentially frightening environment for newly arrived prisoners. There was evidence that they were being bullied by other prisoners held on the unit (see section on bullying and violence reduction). First night cells we inspected were dirty and poorly prepared (see section on residential units).

I.11 In our survey, only 65% said they had felt safe on their first night at Elmley and 36% said that they had received information in the first 24 hours about support for those feeling depressed or suicidal. In both cases, this was lower than at the previous inspection and than at comparator prisons. It was unacceptable that some prisoners had waited more than three weeks to telephone their families, which also affected their access to visits.

I.12 Insiders and Listeners lived in the first night centre; they were organised, enthusiastic and provided new prisoners with much needed assistance. Insiders helped prisoners complete their induction and immediate needs assessment documentation, although they were regularly allocated inappropriate tasks beyond their remit with little staff supervision. Insiders had put together a well designed induction programme, but it was not yet meeting the needs of all prisoners; in our survey, only 40% of prisoners against a comparator of 56% said it told them what they needed to know about the prison.

Recommendations

I.13 **The first night unit should provide a clean, safe and adequately prepared environment for newly arrived prisoners and should not house prisoners who cannot be on a main wing for any reason.**

I.14 **All prisoners should be informed clearly on arrival about support if they feel depressed, and all identified as being at risk of self-harm should be properly assessed within 24 hours.**

- I.15 Insiders should be adequately supervised and supported.**
- I.16 Managers should ensure that the induction programme effectively meets prisoners' needs.**

Housekeeping Point

- I.17** Prisoners should have speedy access to telephone numbers after arrival.

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.18 *The number of violent incidents had increased and prisoners felt less safe than previously and than those in comparator prisons. Despite the increase, overall levels of violence were not higher than comparable prisons. Incidents of concerted indiscipline, previously very rare, had, on average, become monthly occurrences. The first night centre's unstable mix of residents was particularly unsafe. A punitive approach to eliminating violence, supplemented by the proactive but relatively unsupervised work of prisoner violence reduction representatives, was not working well. A detailed analysis of what was happening wing by wing and month by month was undertaken, but there was no strategic grasp of themes or trends across the prison.*

- I.19** In April 2014 there were 60% more fights and assaults than in April 2013, and the intervening months showed a reasonably consistent upward trend. The level of violence had risen since the previous inspection. The number of serious incidents involving prisoners inflicting injuries on other prisoners had increased sharply and consistently over the previous 18 months. In the previous 11 months, there had been 11 incidents of concerted indiscipline, where a group of prisoners had refused to return to their cells; there had been none in the preceding 12 months. Prisoners felt that the frustrations created by reduced hours out of their cells and reduced staff numbers increased the likelihood that violent incidents or non-compliance would occur and many staff voiced similar concerns (see section on time out cell section and main recommendation S46). Despite the increase, overall levels of violence were not higher than comparable prisons
- I.20** In our survey, 56% of prisoners said they had at some time felt unsafe and 25% said they currently felt unsafe – more than at the previous inspection, or than the comparator. Almost all types of victimisation were reported as being worse than the comparator and worse than at the last inspection. Inspectors witnessed vulnerable prisoners being verbally harassed without staff intervention. More than twice as many prisoners as at the previous inspection or compared with similar prisons said they had had items from the shop or other property taken and 41% said they had been victimised by staff. Twice as many as the comparator (10%) said that staff had assaulted them. A number of prisoners and staff confirmed that new first-time prisoners were commonly bullied by other prisoners in the first night centre (see section on early days in custody).

- I.21** Prisoner violence reduction representatives played a high profile role; they helped maintain order by filling the gaps left by the inconsistent staff presence on the wings and attended meetings with managers to discuss their work. However, they were given too much power and we were not assured that they were always exercising it responsibly.
- I.22** The monthly safer custody meeting focused appropriately on statistics, narrative information and trends on violence, including a wing-by-wing analysis, but did not consider patterns or themes for more than a month or across the prison as a whole. The supervision of walkways – highlighted at the previous inspection – had improved.
- I.23** Staff investigations into and responses to reports of bullying or violence were not thorough or consistent. The approach to violence reduction was negative and focused on punitive responses: the strategy document emphasised a ‘positive behavioural approach’, but its implementation consisted almost exclusively of putting perpetrators on the basic regime or in the segregation unit or moving them to another prison. There was no targeted work to address the specific behaviour management issues of young adults (see main recommendation S46).

Recommendation

- I.24** **The system of prisoner violence reduction representatives should be overhauled to ensure that these prisoners work in support of staff and not in place of them.**

Housekeeping point

- I.25** The safer custody meeting should discuss regular reports on patterns and trends across time and across the prison, and set objectives for action accordingly.

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.26** *The number of self-harm incidents had increased considerably, and there had been several apparently self-inflicted deaths. Support for those at risk of self-harm was reasonable, but the prison suffered from lapses in the quality of care and recording. The Listener system was working well. There had been insufficient attention to recommendations in the Prisons and Probation Ombudsman (PPO) reports on deaths in custody.*

- I.27** At the previous inspection, the number of self-harm incidents and assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm had been below average. Both had since become more frequent. In the previous six months, 92 prisoners had harmed themselves and there had been five apparently self-inflicted deaths since the previous inspection. Inadequate information and support was given to prisoners in their early days (see paragraph I.11 and recommendation I.14).

- I.28** A large and committed group of Listeners worked effectively and received excellent support from the local Samaritans. The three Listener suites were poorly furnished and not all were clean, but they were well used.
- I.29** Regular log entries in ACCT documents were of a reasonable standard. However, in spite of regular management checks, too many care plans relied on standard objectives, repeated for different individuals, and staff usually mistook the purpose of the ‘triggers for immediate review’ section. The initial assessment had not been carried out within 24 hours in at least one case (almost four days for a man with a history of serious self-harm who had said on arrival that his mother had died three weeks earlier). Staff said this was not unprecedented.
- I.30** All staff now carried anti-ligature knives. Some night staff were not confident about going straight into a cell, subject to a risk assessment, if life appeared to be in immediate danger in spite of clear local guidance. Both ACCT issues and night-time responses were the subject of repeated recommendations made in Prisons and Probation Ombudsman reports on deaths in custody, received since the previous inspection.

Recommendations

- I.31** **ACCT management checks should be used to ensure that care plans are consistently formulated and implemented, and as the basis for up-skilling individual staff and informing training.**
- I.32** **All night staff should be trained in emergency procedures, and their competence regularly tested.** (Repeated recommendation I.34)

Housekeeping point

- I.33** The Listener suites should be furnished to a reasonable standard and kept clean.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

I.34 *Although adults at risk on the designated wing were generally kept safe, others were in less appropriate locations, and there was no longer a programme for reintegrating people into the main population. There was a lack of care planning for those who came to the adult estate on turning 18.*

- I.35** The Trust Programme designed to reintegrate prisoners at risk back into the normal prison location, which we identified as good practice at the previous inspection, was no longer running. The prison had little flexibility when it came to accommodating adults at risk, who were usually kept on the designated vulnerable adult unit, and there was no longer a clear process for supporting people’s return to a normal location. Several prisoners were put into

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

segregation because of the lack of space on the vulnerable adults wing or because they had been bullied there and could not go anywhere else, and others were placed in the first night centre (see section on early days in custody).

- I.36** There was no evidence of the prison liaising with local adult safeguarding structures. There was no systematic support for young people's transition from the under-18 estate to the adult estate, or for the safeguarding of young adults at risk located in an adult population.

Recommendations

- I.37** **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.** (Repeated recommendation I.40)
- I.38** **There should be a multidisciplinary care plan for every young person transferred from the children and young people's estate, and for any young adult who is vulnerable.** (Repeated recommendation I.41)

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.39** *The management of security intelligence was good but staff shortages were affecting the prison's ability to deal with some security issues promptly. There were strong links with local police services and good sharing of relevant information about gang and drug activity. Some risk management systems were effective but there were gaps in some elements of dynamic security. The security committee was well constructed but links with safer custody were underdeveloped.*

- I.40** The physical security and general condition of the fabric of the prison was reasonably good and we found no obvious weaknesses or anomalies.
- I.41** Intelligence was managed properly and security committee meetings were well constructed. The standing agenda was appropriate and included a thorough analysis of the information reports (IRs) received during the month. Security objectives were agreed and reviewed once intelligence had been considered. Reports from other areas of the prison, such as residential units, were also discussed. However, links between the security committee and the safer custody department were not adequately developed and attendance at security committee meetings by safer custody staff was poor.
- I.42** The security department received an average of about 300 IRs relating to security each month. They were processed and categorised promptly by full-time security collators and analysts. Intelligence was communicated to other areas of the prison, but staff shortages were affecting the prison's ability to react promptly to immediate security issues. The two designated security officers were usually deployed to other duties and, as a result, intelligence-led searching and target drug testing were often not carried out.

- I.43** Some important elements of dynamic security were also weak. Relationships between staff and prisoners were sometimes distant and the supervision of prisoners when they were unlocked was often poor (see sections on staff-prisoner relationships and time out of cell).
- I.44** Security risk assessments and subsequent management systems were generally sound, and information about prisoners' recent custodial behaviour as well as historic data informed assessments. There was no evidence that the prison was risk averse in allocating activity spaces to prisoners.
- I.45** The prison operated a modified 'free-flow' system to allow prisoners to move around the prison supervised during the beginning and end of planned activities. Supervision was unobtrusive and allowed prisoners to walk freely within certain areas.
- I.46** Good links had been established with the local police, especially on drugs operations. Police intelligence officers had been appointed and were based at the prison to collate information, particularly on continuing criminal issues, and to help pursue investigations within the prison.
- I.47** In our survey, more than the comparator (40% compared with 31%) said it was easy to get illegal drugs. Similarly, 25% compared to 13% said it was easy to get alcohol. The positive random mandatory drug testing (MDT) rate for the six months to the end of April 2014 was relatively low at 7.2%. However, this could have been misleading as the MDT programme was inconsistently delivered, and testing tended to be more intensive towards the end of the month to achieve targets. Weekend testing had not been conducted in four out of the six months and only nine suspicion tests had been conducted out of 20 that had been requested. The non-completion of tests was attributed to staff shortages.
- I.48** In addition, evidence from drug finds and prisoner reports indicated that the use of new psychoactive substances not detectable by MDT was common. In our survey, more than the comparator, 10% compared with 8%, said they had developed a drug problem since they had been at the prison.
- I.49** The MDT suite had six holding cells that were reasonably clean. The rest of the suite, while reasonably clean, was inappropriately laid out. The strip-searching area was in direct view of one of the holding cells and the sampling urinal was visible from two cells.

Recommendations

- I.50** **Reactions to security concerns should be prompt.**
- I.51** **The MDT programme should be sufficiently resourced to undertake all necessary suspicion tests and the required level of weekend random testing.**
- I.52** **The MDT suite should provide sufficient privacy.**

Housekeeping

- I.53** Links between the security and safer custody departments should be improved.

Incentives and earned privileges⁴

Expected outcomes:

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

I.54 *There was little evidence that the IEP scheme encouraged good behaviour. The regime for the small number of prisoners on the basic level was reasonable but reviews were cursory and prisoners rarely attended them. We found some evidence to suggest that prisoners sometimes remained on the entry level for longer than two weeks.*

I.55 During the inspection, about 65% of prisoners were on the standard level of the IEP scheme, just over 20% were on the enhanced regime and 13% on the entry level. Only 2% were on the basic level, which was low. The scheme gave prisoners different levels of access to private cash, computer games, visits and time out of cell, depending on what level they were on.

I.56 The scheme was generally managed inadequately. Prisoners on the entry level were not always reviewed on time and we found some who remained on this level for more than two weeks. Reviews for the small number of prisoners on the basic level took place on time but were often cursory, poorly attended and rarely focused on relevant issues. However, the regime for basic level prisoners was reasonable and they could attend activities and had the same periods of association as prisoners on the standard level.

I.57 Individual behaviour improvement plans were not in place and there were no support structures to help individuals deal with some of the issues that might have caused poor behaviour. There was little evidence that poor behaviour was being challenged consistently, or that good behaviour was being praised or rewarded.

I.58 We saw examples of poor behaviour going unchallenged and occasions where prisoners had been demoted to the basic level following an alleged single incident without a thorough enough investigation of the facts. In our survey only 28% of respondents said the scheme treated them fairly and 33% said it encouraged them to change their behaviour. These were worse than the comparators of 43% and 44% respectively.

I.59 Staff and managers we spoke to said that staff shortages meant they did not have enough time to manage the scheme properly.

Recommendation

I.60 The IEP scheme should be an effective means of encouraging prisoners to improve their behaviour. It should be properly managed and consistently implemented.

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

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.61 *The number of adjudications was high but hearings were well managed. Use of force had increased in the previous year. Analysis of use of force information had improved but paperwork was sometimes poor and much of it was incomplete. Authorisation documentation for special accommodation were also poorly completed and provided little assurance that its use was always justified. Communal areas in the segregation unit were clean but many cells were dirty. Segregation was used frequently and a large proportion of prisoners were placed there for their own safety. Relationships between staff and prisoners were reasonably good but the regime was poor and reintegration planning had not been adequately developed.*

Disciplinary procedures

- I.62** There had been 1581 adjudications in the six months prior to the inspection. Most records of hearings we examined showed that proceedings were conducted fairly and indicated that prisoners were given the opportunity to explain fully their version of events.
- I.63** The most common charges were disobeying lawful orders, threatening behaviour and possessing unauthorised articles. A large number of adjudications (about 17%) were for failing to return to cells in the main prison, which was unusually high.
- I.64** Monthly statistics on the number and nature of adjudications were presented to senior managers, but there was little indication that they were used strategically to help address or identify trends or patterns.

Recommendation

- I.65** **Adjudications information should be better analysed to help identify and address trends and patterns.**

The use of force

- I.66** Force had been used in 182 incidents in the six months from December 2013 to the end of May 2014, showing an actual increase of about 46 when compared to the six months from December 2012 to May 2013.
- I.67** Incidents were discussed at the monthly use of force committee meetings and reviews of planned video-recorded incidents took place regularly. However, some aspects of oversight had deteriorated. We found that use of force paperwork had not been processed properly for months prior to our inspection, and over 100 examples of incomplete documentation, including missing accounts from officers and missing reports of injuries from health care staff.
- I.68** Written accounts from officers were reasonably good, but we found some that did not assure us that de-escalation had been used to full effect or that all incidents were sufficiently well supervised.

- 1.69** The special cells in the segregation unit had been used 12 times in the six months prior to our inspection, which was high. Although prisoners stayed there for relatively short periods (about 1.5 hours on average), the authorisation documentation we examined was generally poor and sometimes did not adequately show that its use was justified.
- 1.70** Batons had been drawn but not used on seven occasions. We were satisfied managers had investigated the incidents properly.

Recommendation

- 1.71** **The use of force and special accommodation should be rigorously monitored. Paperwork should be completed correctly and provide assurance that such measures are justified and proportionate.**

Segregation

- 1.72** The segregation unit accommodation comprised 20 ordinary cells, two special cells and three cells that could be used for prisoners on a dirty protest. There was also a staff office, an adjudication room, showers and a small kitchen servery. There were four cage-like exercise yards. Communal landings were reasonably clean but a number of cells were very dirty, some toilets were filthy and graffiti was scratched into plastic windows and was on the walls.
- 1.73** Segregation was used frequently and increasingly since the previous inspection. We calculated that about 347 prisoners had been segregated in the six months prior to the inspection. This was substantially higher than at the previous inspection when we found that about 221 prisoners had been segregated over a similar period.
- 1.74** The average length of stay was shorter than at the previous inspection at about 14 days, although a small but significant number of prisoners were segregated for longer. It was rare for prisoners to remain in the unit for more than three or four weeks.
- 1.75** Although prisoners were held in segregation under different rules, for most, the actual reason was that they had refused to return to their cells, and 11 of the 18 held (61%) said it was unsafe for them to do so. Staff said that this was typical of the segregation unit profile.
- 1.76** As at the previous inspection management of segregation was underdeveloped. Monthly meetings reviewed segregation, but issues raised were not always followed up.
- 1.77** On the whole, written observations about prisoners were poor and usually focused on the daily regime, without indicating whether or not a prisoner's emotional or mental wellbeing were being monitored effectively.
- 1.78** Relationships between staff and prisoners were reasonable but the regime was poor. A basic programme consisted of daily showers, exercise and access to telephones, but prisoners had to apply in the morning for each element and we were not assured that it was being applied fairly. For example, we saw examples where prisoners asking for telephone calls in the afternoon were being refused them because they had failed to make an application in the morning. Although we were told that longer stay prisoners could attend gym and education sessions following a risk assessment, we found no examples of this happening.
- 1.79** Planning to return prisoners to the normal prison location had not been adequately developed. Individual case reviews took place on time but most were cursory and prisoners were frequently unable to attend them because of staff shortages.

Recommendations

- I.80** Segregation cells should be clean and free from graffiti.
- I.81** The daily regime for prisoners in segregation should be improved and include some purposeful activity.
- I.82** The reasons why prisoners do not feel safe enough to return to the wings should be investigated and addressed, and reintegration planning to help prisoners return to the normal prison location should be developed.

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.83 *The drug services delivered a well balanced recovery-focused service. However, continued prison staff shortages meant controlled drugs administration was delivered inconsistently. The deployment of untrained prison staff in the drugs unit was a problem. Prison staff shortages also led to psychosocial interventions and peer support sessions being cancelled. Dual diagnosis services were good. No specific drug strategy committee was in place.*

- I.84** Clinical services were provided by the Central and North West London NHS Foundation Trust. At the time of the inspection, 154 prisoners were receiving opiate substitution treatment, 30% of whom were on reducing doses which was appropriate for a local prison. Seven prisoners were receiving alcohol detoxification.
- I.85** Although the facilities and environment for the administration of controlled drugs had improved, the timing of opiate substitution medication administration was inconsistent due to frequent shortages of discipline staff. Prisoners told us that they would never know if they would get their opiate substitution medication in the morning or afternoon. Medication administration sessions that we observed were supervised by inexperienced officers who were not always alert to potential trading in medication. The integrated drug treatment system unit (house block 3) did not have a consistent discipline staff team, which led to a lack of continuity in addressing the complex needs of substance users.
- I.86** Psychosocial services were provided by the Rehabilitation for Addicted Prisoners Trust. The caseload stood at 363 in structured treatment through one-to-one work and groups. The range and content of groups was good and appropriate for the local prison client group. Prisoners appreciated the work of drug team workers but the amount of time they spent locked in cells caused anxiety and stress; peer supporters and Listeners were also locked up most of the time and could not provide support to those in crisis. Low discipline staffing levels meant groups and one-to-one psychosocial sessions had to be cancelled. This was reflected in our survey where only 53% against a comparator of 76% said the support they had received had been helpful.
- I.87** Services for prisoners with a dual diagnosis of substance misuse and mental health problems were well developed. We saw many examples of a good integrated care approach involving drug services, mental health in-reach workers and psychiatric practitioners.

- I.88** No drug strategy committee was in place, although the security meeting was well attended by most stakeholders including drug services. Separate treatment-related meetings also took place daily to discuss individual cases in need.
- I.89** Overall, outcomes for drug-using prisoners at Elmley could have been good. But service delivery was consistently let down by the lack of discipline staff and outcomes for prisoners were diminishing as a result (see section on health services). Plans to develop a recovery unit to support prisoners who wanted to be drug-free had been abandoned.

Recommendation

- I.90** **Suitably trained discipline staff should be available to staff the drug unit consistently.**

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 *Overcrowding remained a problem. Cells and communal areas were in poor condition. Ingrained dirt, litter, graffiti, poor ventilation and bird droppings were problems in the majority of house blocks. Cleaning products were in short supply. There were delays in prisoners receiving mail and in responses to cell bell calls. Laundry facilities were adequate but prisoners did not always receive clean sheets or towels each week. The application system was applied inconsistently.*

- 2.2** As at our last inspection, the prison was overcrowded and almost 200 prisoners were held three to a cell in cells designed for two and 416 two to a cell in cells designed for one (see main recommendation S47).
- 2.3** With the exception of house block 6, residential units were in a poor condition. Communal areas were dirty with litter piled into corners. Landings required repainting and refurbishment. Shower areas had improved little since our previous inspection. Many had broken tiles, blocked drains and damaged skirting. Water fountains on landings did not work. Some toilets had been blocked off and we found blocked urinals filled with stagnant urine (see main recommendation S47).
- 2.4** Bird droppings were a major problem in many house blocks. Birds entered through open windows and vents and nested in rafters. We saw a locked-off room covered in droppings after a bird had been trapped in it. Droppings were evident in many communal areas, on floors, hand rails and stairwells (see main recommendation S47).
- 2.5** Poor ventilation in many cells made living conditions difficult. Some cells had toilets that were only screened behind curtains. Only a few prisoners had lockable cupboards. Graffiti in cells was a problem and the offensive displays policy was not consistently enforced.
- 2.6** There were insufficient supplies of cleaning products for wing cleaners and other prisoners. In our survey, only 30% of prisoners said they normally got cleaning materials every week, fewer than at our previous inspection (77%) and than at similar prisons (57%). Managers said budget cuts were responsible.
- 2.7** Laundry facilities were adequate and prison laundry orderlies were based on each wing; however, prisoners did not always receive clean sheets or towels every week. In our survey, far fewer prisoners (32%) than the comparator (78%) and compared to our previous inspection (88%) said that they normally received clean sheets every week. Managers confirmed that not all prisoners received clean sheets or towels each week.
- 2.8** Cells bells were not always answered promptly. In our survey, only 8% of prisoners said their cell bell was normally answered within five minutes, fewer than at our previous inspection (21%) and compared with similar prisons (32%). According to a sample of the prison's own data, only half of all calls were answered within five minutes, with some taking half an hour.

- 2.9** As at our previous inspection, many prisoners received their mail late. In our survey, more prisoners (64%) than at our last inspection (60%) or compared with other similar prisons (47%) said they had problems sending or receiving mail. Mail room staff confirmed they did not always have the capacity to process incoming mail on the day it arrived with delays of up to two days.
- 2.10** Sixty-one per cent of respondents said they had problems accessing telephones, compared with only 32% in other similar prisons. The core day was not adhered to and prisoners spent too much time in their cells, which might have affected their access to telephones (see section on time out of cell and main recommendation S49).
- 2.11** The applications system was applied inconsistently. Prisoners submitted applications in quadruplicate but what happened to each copy varied among staff. In our survey, only 37% of prisoners who had made an application said that they were dealt with fairly and only 22% said they were dealt with promptly.

Recommendations

- 2.12 In-cell emergency call bells should receive a response within five minutes.**
- 2.13 The persistent late delivery of prisoners' mail should be addressed and resolved.**
(Repeated recommendation 2.12)
- 2.14 Applications should be dealt with consistently and promptly.**

Housekeeping point

- 2.15** Prisoners should receive clean bedding and towels each week.

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.

2.16 *Staff-prisoner relationships had deteriorated since our previous inspection. Staff had little time to interact meaningfully with or support prisoners. The personal officer scheme did not function properly. Managers and officers consulted prisoners but issues raised were not always addressed.*

- 2.17** Relationships between prisoners and staff had deteriorated since our previous inspection. In our survey, prisoners were more negative than previously or compared to similar prisons about staff-prisoner relationships. Around two-thirds said that most staff treated them with respect against a local prison comparator of 74%.
- 2.18** We saw some positive interactions and some prisoners told us about helpful staff. However, staff had little time to interact meaningfully or support the men in their custody. We saw no evidence on P-Nomis (the Prison Service IT system) or in house blocks of staff supporting prisoners to achieve resettlement or reducing reoffending outcomes.

- 2.19** A personal officer scheme existed, but in practice it was ineffective. In our survey, only 13% of prisoners said that they had a personal officer, less than the comparator (42%) or than at our previous inspection (50%). Officers confirmed that they did not pay any particular attention to prisoners assigned to them under the scheme.
- 2.20** Prisoner representatives met with the senior management team once every two months. The meetings were well attended and minutes showed that some issues were progressed but many more were not. House block consultation meetings were held erratically and not all were minuted.
- 2.21** Officers made few case note entries about prisoners on P-Nomis. In one case we looked at there were no entries for over three months. Many entries described prisoners' behaviour without passing judgement. Most entries commented on negative behaviour while only a few highlighted positive behaviour.

Recommendations

- 2.22** **Staff should actively engage with prisoners to help them achieve objectives for resettlement and reducing reoffending.** (Repeated recommendation 2.20)
- 2.23** **Prisoners should have a nominated individual officer they can turn to for support or to resolve problems in the prison.**

Housekeeping point

- 2.24** Case note entries should be balanced and indicate interaction with the prisoner.

Equality and diversity

Expected outcomes:

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

2.25 *Equality and diversity work was under-resourced. The monitoring of outcomes for protected groups was unsophisticated. Discrimination incident reporting forms (DIRFs) were not always freely available. Prisoner equality representatives were an underdeveloped resource and there were no consultation meetings with protected groups. Black and minority ethnic and older prisoners were generally more positive in our survey than their white and younger counterparts, but other protected groups were more negative. Many immigration detainees were held at the prison and conditions for them were too restrictive. Prisoners with a disability were under-identified but those with mobility problems were reasonably well cared for. There was no targeted support for young adults, or for gay or bisexual prisoners. Significant efforts were made to meet the complex needs of three transgender prisoners.*

Strategic management

- 2.26** The diversity and equality action team (DEAT) comprised a senior manager, a custodial manager and an officer, and was supported by two administrators. The managers were also responsible for safer custody and the officer was frequently redeployed to other duties. As a result the strategic management of equalities was not adequate.
- 2.27** The DEAT had stopped using race monitoring data to highlight outcomes for black and minority ethnic prisoners and a new national monitoring tool covering all protected groups had yet to be launched. Instead the DEAT relied on its own tools to monitor outcomes for Travellers, young adults and older prisoners. These tools were not as wide ranging or sophisticated as race monitoring tools and did not compare outcomes against the majority of prisoners. This data was reviewed at the DEAT meetings, held once every two months.
- 2.28** Prisoners could report unfair treatment on DIRFs, but they were not freely available on all wings; on one wing prisoners had to ask staff for a DIRF and on another the equality representative had them in his cell. This probably contributed to the steep decline in reported discrimination incidents since our previous inspection. In the six months before our previous inspection, 42 incidents had been reported while in a similar period before this inspection only six were reported. The quality of investigations and replies was reasonably good.
- 2.29** The DEAT had stopped using race monitoring data to highlight outcomes for black and minority ethnic prisoners and a new national monitoring tool covering all protected groups had yet to be launched. However, unlike many other prisons, the DEAT had initiated some monitoring of outcomes for Travellers, young adults and older prisoners, which provided a useful starting point for further investigations. The monitoring did not compare outcomes

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

against the majority of prisoners and was not sufficiently wide ranging or sophisticated. This data was reviewed at the DEAT meetings which was held once every two months.

Recommendations

- 2.30 Equality treatment monitoring should be extended to include all minority groups. Swift action should be taken in all cases to investigate and address disparities.** (Repeated recommendation 2.27)
- 2.31 Prisoner diversity representatives should have appropriate training and supervision.**

Housekeeping point

- 2.32** DIRFs should be freely available on all wings.

Protected characteristics

- 2.33** Eighty per cent of the prison population was white. The largest black and minority groups were from black, Asian and mixed populations. Black and minority ethnic prisoners were more positive than white prisoners in our survey. More of them (73%) than white prisoners (65%) said that most staff treated them with respect. They were also more positive about safety than white prisoners and those we spoke to did not report direct discrimination.
- 2.34** In our survey, 91 prisoners said they were from Gypsy, Traveller or Romany groups, but the prison had only identified 24. A chaplain from a local evangelical church popular with Travellers attended the prison regularly. There was no other targeted provision for this group.
- 2.35** There were about 200 foreign nationals, including 23 who had completed their custodial sentences being held under immigration powers. Their regime did not change once they had completed their custodial sentence and was too restrictive. Immigration detainees told us they were unhappy about being held in a prison and being treated the same as convicted prisoners; they also complained about the lack of affordable good quality legal representation.
- 2.36** The prison's foreign national policy and information booklet for prisoners was out of date. Prison staff, including health care, routinely used multilingual prisoners rather than professional telephone interpreters to communicate with prisoners who could not speak English, even when accuracy or confidentiality were required. Officers from the Home Office's immigration enforcement directorate attended the prison every week and the support organisation Migrant Help attended every other week.
- 2.37** In our survey, more prisoners (5%) than the comparator (3%) or than at our previous inspection (1%) said that they had been victimised by other prisoners because of their religion. Similarly prisoners were also more likely to say they had been victimised by staff because of their religion. The reasons for these findings were not clear.
- 2.38** The prison had identified 213 prisoners with a disability but our survey suggested the actual figure was closer to 375. The prison had no information on whether another 288 prisoners had a disability or not. There was no multidisciplinary planning for prisoners with a disability, but prisoners with mobility problems told us they were generally well cared for. Wing staff

could identify prisoners requiring assistance in an emergency through personal emergency and evacuation plans held in house block offices.

- 2.39** The prison held 165 prisoners over the age of 50, the oldest being 88. In our survey, the over 50s were more positive in a number of areas, including about how staff treated them. However, other than dedicated gym sessions for the over 45s, there was no targeted provision for older prisoners.
- 2.40** There was no specific support or resources for the prison's 84 young adults. Despite only comprising 7% of the population, young adults were involved in 17% of all incidents where force was used. Likewise, 29% of all prisoners on the basic level of the incentives and earned privileges scheme were young adults.
- 2.41** The prison had identified 14 gay or bisexual prisoners but in our survey 3% of prisoners said they were gay or bisexual (about 35 prisoners). There was no provision for gay or bisexual prisoners and Lesbian Gay Bisexual and Transgender (LGBT) History Month was not celebrated. The prison held three transgender prisoners in single cells in the vulnerable prisoners unit. The prison had issued staff with guidance on their care; staff made significant efforts to meet their complex needs.

Recommendations

- 2.42** **Minority groups should be systematically identified, supported and consulted, to ensure that needs are assessed, negative perceptions are understood and inequalities of treatment are addressed.**
- 2.43** **Immigration detainees should only be held in prisons in exceptional circumstances and following an individual risk assessment.**
- 2.44** **Managers should ensure that professional interpretation services are used to communicate with prisoners who do not understand English where confidentiality and accuracy are required.**
- 2.45** **There should be regular celebrations of significant cultural diversity events, such as LGBT History Month.**

Housekeeping point

- 2.46** The foreign national policy and information booklet should be updated.

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.

- 2.47** *Prisoners complained of difficulties attending religious services but overall faith provision was good. All major faiths were catered for and the chaplaincy was well integrated into prison life. The facilities were suitable and arrangements for Ramadan were sound.*

- 2.48** Fifty-two per cent of the population were Christian, 35% said they had no religion, and 8% were Muslim. In our survey, fewer prisoners (33%) than at similar prisons (45%) or than at the previous inspection (45%) said that it was easy to attend religious services. This was probably because activities were frequently cancelled (see section on time out of cell).
- 2.49** Despite these difficulties, faith provision was good. The team, comprising a managing chaplain and three full-time chaplains, was complemented by 13 sessional chaplains. All major faiths were catered for.
- 2.50** The chaplaincy was well integrated into prison life. A member of the team saw all new arrivals and visited the health care and segregation units each day. The team was closely involved in assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm and supported prisoners in crisis. Two members of the team were trained as family liaison officers. The team attended a range of departmental meetings across the prison.
- 2.51** Faith facilities were suitable. Christian and Muslim services took place in the same multi-faith space. Close cooperation ensured that the space was suitable for each faith's needs. The multi-faith space was complemented by a vestry and two rooms for group meetings. The team provided a wide range of services and study groups through the week. The Muslim chaplain confirmed that preparations for Ramadan, underway during our inspection, were good.

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.

2.52 *Prisoners resorted to complaints when minor matters were not dealt with by wing staff. Responses were normally prompt and polite. There was no evidence that complaints were being analysed.*

- 2.53** Over 1,700 complaints had been submitted in the previous six months. Some prisoners were using the complaints system for minor issues that could have been resolved by wing staff. In our survey, fewer prisoners than in the comparator who had made a complaint felt that it had been dealt with fairly.
- 2.54** The complaints clerk logged complaints daily and added them to a central database. Monthly reports were provided to the head of safer custody, highlighting the areas most commonly complained about. Prominent themes were property issues, being unlocked for activities or association, and offender management unit queries. Overall they were dealt with promptly and politely. However, there was no evidence of regular meetings taking place where complaints were discussed or emerging themes identified, nor were complaints regularly discussed in prisoner house block consultation meetings.

Recommendation

- 2.55** **Complaint trends should be analysed and discussed, and emerging issues addressed.**

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.

2.56 *Prisoners found it difficult to communicate with a solicitor and could access information on legal services only through fellow prisoners, or the library on the rare occasions when they could visit it.*

2.57 Our survey was consistently negative about access to legal rights: for example, only 8% said it was easy to obtain bail information compared with 21% at comparator prisons. There was no direct source of advice on bail, appeals or on family law issues, and little on immigration matters. Prisoners had to rely on published material, most of which was hard to consult because they had limited access to the library: only 20% said that they could get legal books from the library against a comparator of 37%. They received some information during the induction programme, but only from peer advisers. This situation was compounded by the fact that only 24% said that it was easy for them to communicate with their solicitor against a comparator of 40%.

Recommendation

2.58 **Prisoners should have ready access to legal advice, both written and in person.**

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.

2.59 *Health services were reasonable. Initial risk assessments were effective but the very limited regime and the failure to inform prisoners of their appointments had led to high non-attendance rates at nurse triage and other primary care clinics. Inpatient provision was good. Too many prisoners took their medicines too soon after a previous dose or missed medication times because they were not unlocked. Dental appointments were suitably prioritised and the prison had a helpful range of mental health provision.*

Governance arrangements

2.60 Primary care and mental health services were provided by Integrated Care 24 and Oxleas NHS Foundation Trust respectively. General practitioner (GP) services were provided by Minster Medical Group.

2.61 Good collaborative working took place between health providers, commissioners and the prison through a quarterly partnership board; however, this did not mitigate the risks

involved when delivering health care within such a limited regime (see sections on delivery of care (physical health) and pharmacy). The health needs assessment was out of date and a new one was being commissioned.

- 2.62** A quarterly quality board was informed by patient safety, clinical effectiveness and patient experience meetings and associated action plans. An integrated providers meeting and complex care review meeting addressed immediate operational issues.
- 2.63** Primary care nursing had eight registered nurse and two health care support worker (HCA) vacancies, 25% of the total nursing staffing; services relied on support workers to carry out a range of functions, including secondary screenings and medicines management. Support workers were backed by additional training, and registered nurse vacancies were mitigated to some extent by some experienced and long-term agency staff. Clinical supervision was reasonable.
- 2.64** A comprehensive audit programme included infection control and clinical records; standards had improved and overall they complied with infection control best practice.
- 2.65** Care plans were used appropriately for prisoners with long-term conditions, but not consistently for wound management. The availability of health promotion literature was variable.
- 2.66** Prisoners' complaints were managed confidentially and promptly. There had been 248 in the previous six months. The majority related to medicines, access to appointments and communication with health staff.
- 2.67** Clinical incidents were effectively reported and there were mechanisms for learning lessons from incidents. A total of 413 incidents had been reported in the first three months of the year; 356 (86%) related to cancelled or rescheduled hospital appointments. Almost half of these (172) were related to a lack of prison escorts to enable prisoners to attend booked appointments (see recommendation 2.80).
- 2.68** Policies and protocols covered areas such as communicable diseases, blood borne viruses, consent to share information and clinical supervision. Some were out of date. Health staff had received up-to-date basic life support training and a high proportion had been trained in basic life support and the use of the automated external defibrillator. The joint health-prison resuscitation policy was clear but required a review. Emergency kits in treatment rooms were checked daily.
- 2.69** The main health care unit was clean and suitably equipped. House block treatment rooms varied in size, but were clinically suitable and clean.

Recommendations

- 2.70** **An up-to-date health needs assessment should inform health provision, and all policies and protocols should be brought up to date.**
- 2.71** **Care plans should be used for all complex and ongoing care issues, including wound management.**

Delivery of care (physical health)

- 2.72** In our survey, fewer prisoners than at comparator prisons said that access to nurses and the GP was easy and that the overall quality of health services was good.
- 2.73** Health professionals we observed were largely patient, clinically thorough and responded appropriately to challenging behaviour, but a few prisoners told us they had experienced a poor attitude from staff.
- 2.74** We observed effective screening of new and returning prisoners with a good focus on drug, alcohol and mental health issues. Nurse triage was reasonable and supported the effective use of GP time. An audit of the nurse triage clinic showed a non-attendance rate of 58%; a large proportion related to the prison's failure to ensure the prisoner was able to get to health appointments (see main recommendation S49).
- 2.75** Prisoners were seen by a GP within two or three days of their application for a routine appointment and we noted that appointments for those with urgent medical needs were prioritised well and promptly offered. GP care was generally good, but safe prescribing of some pain medication was compromised by prisoners receiving in-possession medicines inappropriately (see pharmacy section). A recent audit of non-attendance at GP clinics, showed a high proportion related to the prison 'failing to produce' the prisoner.
- 2.76** Access to primary care clinics was compromised by a very high overall non-attendance rate of 40-50%. Prisoners similarly missed appointments because they were not unlocked, not told about their appointment or had to choose between health care appointments and legal visits, education, work or family visits (see main recommendation S49).
- 2.77** Appointment waits for clinics were often too long. The over 50s clinic had 22 men waiting with the longest wait at 22 weeks, and the weight management clinic was compromised by waits of up to six months. Despite 119 on the optician waiting list, most men waited no more than five weeks. Some waited too long for a smoking cessation appointment; 131 prisoners were on this waiting list.
- 2.78** Care for prisoners with long-term conditions was reasonable. An external diabetic retinopathy screening service ran annually. A small number of prisoners appeared not to have received appropriate care, including regular wound management (see section on governance). Good use was made of a specialist pain clinic and physiotherapy to support pain management.
- 2.79** The recovery (inpatient) unit had a total of 29 spaces and provided a decent environment with some access to good therapeutic activities. There was a clear admissions and discharge protocol based on clinical need and the majority of prisoners on the recovery unit had mental health problems. Despite efforts by mental health trained nurses to unlock prisoners as much as possible, the absence of discipline staff meant prisoners frequently remained locked in their cells for long periods. Prisoners could participate in a weekly urban art group run by the mental health team and a prisoner-led creative writing group and had some access to fresh air, but they could not use the gym or attend education classes. Prisoners we spoke to were complimentary about nursing care but some felt isolated from the wider prison and had little access to prison information or services. Planned preparation for discharge from the unit back to the prison or to an external placement were appropriate.

Recommendations

2.80 Prisoners should access primary care and hospital appointments without delay.

2.81 Prisoners in the recovery unit should be able to access the gym and education.

Pharmacy

2.82 Pharmacy services were supplied through HMP Rochester. A pharmacist visited weekly and a technician attended the prison to check stocks. There were no pharmacy-led clinics, but there were plans to introduce pharmacist-led medicine reviews.

2.83 Overall management of medicines was very poor. The limited prison regime restricted medicines administration times, which meant men received doses too close together or not at all. Medicine administration was scheduled for 9am, 2pm and 4pm, with night time medicines given between approximately 6pm and 7.30pm; however, the actual administration times varied considerably. Scheduled intervals between doses were unsafe and further compounded by changes in the regime. Nurses dispensed evening medicines from Henley bags (bags used for medication) that other staff had previously prepared and labelled.

2.84 Nurses could not monitor prisoners taking their medicines properly because it was difficult to see prisoners from behind the medicine hatches. There was poor officer supervision during medicines administration. We observed men walking away from hatches and nurses attempting to ask them to come back and take their medicines in front of the hatch. Confidentiality was compromised by crowding at the hatches (see main recommendation S48).

2.85 Most medicines were given in possession, including some tradable medications, which were often received as weekly or monthly supplies. The in-possession risk assessment was based only on the patient and not the medicine and too many prisoners were receiving tradable medicines in possession.

2.86 Printed SystmOne (electronic clinical information system) prescriptions were used for in-possession medicines and paper medicines administration charts for supervised medicines; records were good and reasons were recorded when a medicine was not given.

2.87 Patient group directions (which enable nurses to supply and administer prescription-only medicine) were not used. Prisoners who needed pain relief outside GP clinic times could obtain single doses of paracetamol from health and prison staff.

2.88 Stock control was poor and medicines regularly went missing. This happened up to 15 times a month; some came back as 'returns' to the pharmacy, but others remained unaccounted for. In the previous few weeks there had also been several instances of prisoners taking boxes of medicines at the hatch or trying to gain access to treatment rooms by force (see main recommendation S48).

2.89 Storage and stock levels of medicines, including emergency stock, was reasonable except on house block 6 where the cupboard's door was missing.

2.90 The medicines management committee had suitable representation but had not met regularly. The prison had a medicines management policy, which had been reviewed in the weeks before the inspection; much prescribing of tradable medicines was initiated by local community prescribers. Despite efforts to prescribe tradable medications safely, prisoners

often had their prescriptions increased following release and then returned to the prison on higher doses.

Recommendations

- 2.91** The criteria for in-possession medicines should ensure both the type and quantity of medicine is suitable for a secure environment.
- 2.92** Patient group directions should be developed to enable nurses to give a wider range of medicines and support effective prioritisation of GP time.

Good practice

- 2.93** *Prisoners could obtain paracetamol from prison officers outside clinic times providing them with early pain relief.*

Dentistry

- 2.94** We did not inspect the surgery or speak to the dentist as the session fell outside our inspection visit. Fewer prisoners were positive about access to the dentist (3%) than at comparator prisons (10%).
- 2.95** The high demand for dental services was managed reasonably well within the weekly sessions; approximately 18 men were scheduled each week and prisoners waited up to 10 weeks for a routine appointment.
- 2.96** There was a waiting list of almost 300; men with indications of pain, injury and infection were prioritised and seen the following week with medication prescribed in the interim where needed. We noted a man with signs of infection who was seen by the GP, prescribed antibiotics on the same day and scheduled to be first on the dental list for the following week.
- 2.97** The health care manager stated that all dental equipment had been serviced and maintained according to specialist and national guidance.

Delivery of care (mental health)

- 2.98** A good range of mental health services included access to cognitive behavioural therapy and psychology; regular psychiatrist sessions included work with men with mental health needs on the inpatient and segregation units.
- 2.99** Prisoners received a mental health needs screening on arrival and those with a previous history and current concerns were promptly referred to the in-reach team. Referrals were prioritised at a daily referral meeting. Urgent referrals were seen within 24 hours. All others were seen within 72 hours except those referred to the Improving Access to Psychological Therapies (IAPT) service, where referrals received an initial assessment within five to 10 days. Prisoners with acute needs could be admitted to the recovery unit until a full mental health assessment could be made.

- 2.100** Primary mental health assessments were good. We observed a good initial assessment of a man who was in prison for the first time, with careful attention to his risk. There was good access to brief interventions such as cognitive behavioural therapy (CBT) from specialist practitioners supported by the psychologist.
- 2.101** Prisoners with specific needs including learning disability and autistic spectrum disorders were seen by an appropriate specialist practitioner. One initial assessment addressed a prisoner's anxiety and fears well and requested his consent to make contact with a parent to confirm his medical history.
- 2.102** The psychologist provided one-to-one support and supervision to individuals with specific highly complex needs and facilitated the group programme for individuals with moderate to highly complex needs. Group programmes included Understanding Personality, Managing Mood and Understanding Life Patterns, as well as urban art and urban music; there were plans to develop an Understanding Paranoid Thinking group. A limited counselling service was about to start.
- 2.103** Prisoners with severe and enduring mental health needs and personality disorders were supported well through sensitive and constructive approaches. We observed some thoughtful and helpful support for prisoners with complex needs and challenging behaviour, and good links with prison staff.
- 2.104** Practitioners struggled to find an appropriate space in which to see prisoners and the rooms used in house blocks were often dirty and untidy.
- 2.105** There had been 34 transfers under the Mental Health Act 1983 between September 2013 and May 2014. Most were admitted to the recovery unit prior to transfer. A small number of men had waited too long, up to three months, between having their mental health needs identified and transfer.

Recommendation

- 2.106 Consultation space for mental health appointments should be decent and respectful.**

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.

- 2.107** *The hot meal prisoners received each day was adequate, but prisoners' perception of the food overall was very negative. Catering staff now consulted prisoners more actively, but the approach to food service on the wings was not always respectful.*

- 2.108** Only 11% of prisoners in our survey said the food was good or very good, less than half the comparator figure. Many prisoners said that portions were smaller than they had been. The one hot meal prisoners received each day was adequate on the evidence of the meals tasted during the inspection. Food service on the wings was reasonably well supervised by staff.

- 2.109** Lunch on weekdays and the evening meal at weekends consisted of a 'grab bag' of cold food, though often containing an instant soup sachet. At weekends staff distributed the lunch bags and the next day's breakfast pack to prisoners in their cells. Several prisoners said that the bags were often just thrown into the cell; one spoke for others when he said: 'They bring the food in a bag and just throw them in, make us feel as if we are animals.'
- 2.110** Kitchen staff consulted and communicated with prisoners through meetings, monthly newsletters and visits to the wings. There had been a big drop in complaints, and there were relatively few entries in wing food comments books.

Housekeeping point

- 2.111** All food should be given to prisoners in a hygienic and respectful manner.

Purchases

Expected outcomes:

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

2.112 *The number of items that prisoners could purchase was reasonable but some waited too long to receive a full canteen order.*

- 2.113** The prison shop arrangements were effective for most prisoners. New arrivals were offered a reception pack.
- 2.114** Prisoners could purchase a reasonable range of goods that met diverse needs. The prison shop list contained over 300 items and was part of the national contract. In our survey 52% of respondents said that the shop sold a wide enough range of goods, which was better than the comparator of 47%.
- 2.115** Prisoners who arrived late could submit a shop order, but newly arrived prisoners could wait more than a week for full access to the shop. Order forms were collected only on Tuesday mornings, which meant that some prisoners could wait up to 11 days before receiving a full canteen order, depending on the day they arrived. Prisoners could shop from catalogues and order newspapers and magazines every week.

Recommendation

- 2.116** **Prisoners should be able to access a full canteen order within 72 hours of arrival.**

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.⁶

3.1 *The published core day was not being adhered to consistently and too many prisoners spent most of the day locked in their cells. This lack of predictability in the regime was a source of anger and frustration for prisoners, and had an impact on all other aspects of the prison. The prison planned to introduce a temporary regime that would be more restricted but more reliable immediately after the inspection.*

3.2 The published activity schedule for prisoners that described the times they were unlocked (the core day) indicated that a fully employed prisoner could achieve about eight hours Monday to Thursday and about six hours on Friday out of his cell. In reality, owing to staff shortages, the core day was not being adhered to consistently and, as a result, many prisoners were spending nearly all day locked in their cells. The prison planned to introduce an interim regime immediately after the inspection which would further restrict access to purposeful activity but was intended to be more equitable and reliable for the population as a whole.

3.3 Association, exercise, domestic periods and scheduled activities were cancelled every day and we observed routine curtailments in the already reduced regime as a result of late unlocking. Activities were routinely cancelled at short notice because prison officers were not available to supervise work or education areas. We saw many examples of prisoners being turned away from education classrooms and workshops.

3.4 We estimated that unemployed prisoners routinely spent as little as an hour a day unlocked. During a roll check in the middle of the core day prior to any regime cancellations, about 46% of prisoners were locked in their cells.

3.5 Prisoners were frustrated and angry about the unpredictability of the regime, causing tension between staff and prisoners and instability in the prison (see main recommendation S49).

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

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.

3.6 *The leadership and management of learning and skills and work were inadequate. The management of the education provision was poor. Quality assurance arrangements were ineffective. There were insufficient activity places and those available were under-used. Attendance was poor. Too much teaching and learning in education sessions was not good enough. Prisoners benefited from good individual coaching in the small amount of vocational training available and experienced commercial pressures in most prison workshops. Achievement rates were low for most English and mathematics courses, but high for personal and social development and industrial cleaning. Prisoners rarely visited the library.*

3.7 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

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

Management of learning and skills and work

3.8 *The leadership and management of learning and skills and work were inadequate. The prison had appointed a learning and skills manager after over a year without one, and improvements had started to take place. The education and vocational training provision, provided by The Manchester College (TMC), was inadequate.*

3.9 *Quality assurance of the prison's activities was insufficient overall. The contract and laundry workshops had appropriate quality control. The prison's self-assessment report was overly positive in places, but had led to an action plan that was clear and appropriately challenging.*

3.10 *TMC's quality assurance arrangements were inadequate. Quality assurance processes and staff development activities had been ineffective in supporting teachers to do better. Action plans teachers received following observations of their sessions, were not detailed or challenging enough to help them make timely improvements. Managers did not evaluate the development of prisoners' English or mathematics skills or the promotion of equality and diversity when they observed the quality of teaching and learning sessions. Best practice, identified through the observation process, was not routinely shared. TMC collected a wide range of data but did not analyse it well enough to be able to evaluate the participation and performance of different groups of prisoners.*

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

- 3.11** The 2012–13 TMC self-assessment report, finalised in December 2013, was broadly accurate in its key judgements. The related action plan, updated in June 2014, acknowledged that many areas for improvement had not been dealt with. Prisoners' learning suffered from too many prison officer and teaching staff shortages and absences, leading to activities being cancelled (see also section on time out of cell and main recommendation S49).

Recommendations

- 3.12** **Quality assurance arrangements should be improved and applied consistently across learning and skills and work.**
- 3.13** **Data should be used effectively to identify and address any concerning trends relating to participation or achievements among different groups of prisoners.**

Provision of activities

- 3.14** The prison had insufficient purposeful activity places for the population. The demand for places was high as nearly all of the 380 remand prisoners voluntarily participated in activities. Despite increasing activity places by 200 since the previous inspection, there were only places for 84% of the prison population and these were not used fully. Unemployment was high at 15%. Attendance at activities had been erratic and was declining overall. In May 2014, the attendance at education sessions was 43% and in prison workshops it was 58%.
- 3.15** There was too little vocational training and the range had declined since the previous inspection. The three remaining areas were basic bricklaying, mentoring and industrial cleaning, and these only involved around 50 prisoners.
- 3.16** The range of work was limited. There were approximately 200 cleaning, servery, laundry, orderly and painting jobs based in house blocks. This represented an increase of 25% in such jobs since the previous inspection. They did not occupy prisoners fully and these workers were not always unlocked to carry out their duties. Other work included kitchens, contract workshops, gardening, litter-pickers and peer mentors. Too few work areas offered vocational qualifications. The skills prisoners developed in prison jobs were recorded and accredited to support prisoners seeking work in the community on release.
- 3.17** The pay policy was equitable. The eligibility criteria for activities and jobs were clear. A new allocation to activities process had been introduced which was starting to link prisoners' sentence planning needs better to their activity choices.
- 3.18** The prison had specified that prisoners needed to have English level 1 and mathematics entry level 3 qualifications to be eligible for a prison job. Assessment of prisoners' English and mathematics abilities had shown around 30% needed to improve their skills before being able to apply for prison work. However, the prison's English and mathematics provision was not sufficient to meet the population's needs, waiting lists were long and participation had declined.
- 3.19** The range of education courses met the needs of the majority of prisoners, except those who needed to learn English as a foreign language. TMC did not provide English for speakers of other languages (ESOL) qualifications, even though there were nearly 200 foreign national prisoners; it inappropriately enrolled them onto English short courses instead.

- 3.20** The range of provision for vulnerable prisoners was poor and only included laundry or house block work, study for English, mathematics or mentoring qualifications, or distance learning programmes.

Recommendations

- 3.21** Prisoners should be able to engage in more accredited vocational training, including qualifications at level 2.
- 3.22** TMC should provide more education places especially in English and mathematics and should introduce ESOL courses to meet the high demand.
- 3.23** Vulnerable prisoners should have access to a wider variety of learning activities, and work that meets their needs and resettlement goals.

Quality of provision

- 3.24** The initial assessment of prisoners' education and training needs at induction, while appropriate for most, did not accurately identify the needs of prisoners who spoke English as a second language. When it became evident that prisoners were not on the appropriate course or correct level, not all teachers carried out further diagnostic assessments.
- 3.25** Too much teaching in the education department was not good enough. Teachers did not plan learning effectively enough to meet individual needs. Teachers had insufficient resources, which affected the prisoners' pace of learning and slowed their progress. For example, prisoners wasted too much time in a mathematics class drawing grids before they could carry out the set task as they were not given graph paper.
- 3.26** Teachers had limited access to information learning technology and, where it was available, did not use it to enhance prisoners' learning or make the sessions more interesting. Teachers primarily used workbooks and handouts as their main teaching resource. The library was under-used as a learning resource. Too few prisoners were improving their reading skills by taking part in the Toe by Toe reading scheme despite many having very low levels of literacy.
- 3.27** Prisoners did not receive sufficiently detailed feedback on their assessed work to help them understand what they needed to do to improve. Teachers did not always correct prisoners' spelling mistakes to help them improve their English language skills.
- 3.28** Equality and diversity were not promoted well in the majority of sessions. Teachers did not always plan sessions well enough to meet the diverse cultural needs of their groups or challenge prisoners' stereotypical views. Prisoners' behaviour in education classes was satisfactory overall, but some teachers struggled to manage those who were more challenging or disruptive.
- 3.29** Prisoners received good individual coaching in bricklaying and industrial cleaning. Trainers used discussions, demonstrations and appropriately probing question and answer techniques to reinforce prisoners' understanding of new information. Prisoner peer mentors and assessors were appropriately qualified and provided good support.
- 3.30** Prison workshops mostly had a demanding workflow to reflect commercial pressures and deadlines and the laundry was a particularly good commercial facility. Prisoners were effectively supervised by staff in workshops to maximise available production times. Reduced

workshop hours, a consequence of prison officers being unavailable to escort prisoners to and from their house blocks, did not promote good employability skills or work ethics. Too many workshops had poor ventilation, making working conditions difficult, especially in hot weather.

- 3.31** Staff did not consistently reinforce prisoners' compliance with hygiene or health and safety practices that were basic requirements for employment. For example, prisoners exhibited poor hygiene practices in two food-packing workshops. Behaviour was good and relationships between staff and prisoners were usually mutually respectful. However, staff did not adequately challenge two prisoners who rolled cigarettes and flicked a lighter on and off in an induction session.

Recommendations

- 3.32 All prisoners should receive an adequate initial assessment and further diagnostic assessments where appropriate to make sure they are enrolled onto appropriate qualifications.**
- 3.33 All aspects of teaching should be improved to ensure that prisoners benefit from well taught and interesting learning sessions and are able to make progress.**
- 3.34 Staff should promote equality and diversity through learning.**
- 3.35 Workshops should be properly ventilated and provide appropriate working conditions.**

Housekeeping point

- 3.36** Staff should reinforce hygiene and health and safety practices with prisoners and challenge those who do not conform.

Education and vocational achievements

- 3.37** Success rates for the Cambridge progression English and mathematics short qualifications and functional skills in English were low; on personal and social development short courses they were high. The standard of prisoners' work in education was adequate.
- 3.38** Prisoners' had high success rates on industrial cleaning courses. Prisoners who attended the level 1 basic construction course, taught by a new bricklaying trainer, quickly acquired competence in the use of hand tools. They were effective in applying their new knowledge to solve practical problems independently and made good progress.
- 3.39** Prisoners in workshops generally demonstrated a good work ethic. Those in the plastic assembly and headphone refurbishment workshops developed good teamwork and mutual support skills. They also learnt the importance of quality control to maintain contracts and the need for careful monitoring of each prisoner's performance to achieve this.

Recommendation

- 3.40 Prisoners' success rates in English and mathematics qualifications should improve significantly.**

Library

- 3.41** Kent County library service ran the prison library. Prisoners rarely went to the library as a result of a lack of staff to escort or supervise them. Even prisoners studying in the adjacent education classrooms found accessing the library difficult. Our survey reported only 6% of prisoners visited the library at least once a week. This was a significant decline from 20% at the previous inspection and lower than comparable prisons at 32%.
- 3.42** The well managed library had seven staff and two orderlies. The library orderlies had mentoring qualifications. Library staff had tried to mitigate the low prisoner visitor numbers by extending their trolley services to residential house blocks. Prisoners could not easily access legal texts, immigration information or Prison Service Orders and Instructions, which were kept for reference in the library. Book loss was unacceptably high; 2,307 books had been missing since January 2014. Library staff did not have a good system in place for prisoners to return books.

Recommendation

- 3.43** **An effective book returns system should be implemented to reduce the loss of book stock.**

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.

3.44 *The physical education (PE) and healthy living provision was adequate, but too few prisoners regularly attended sessions. Facilities were good, but prisoners rarely used the outside areas. PE staffing was 70% of the required level and PE officers were frequently deployed to other duties. A large number of PE sessions were being cancelled. Accredited vocational PE qualifications that led to employment in the fitness industry on release had ceased as a result of insufficient staffing.*

- 3.45** PE timetables provided all prisoners with access to at least two sessions a week, but low staffing levels and the redeployment of PE officers led to frequent cancellations. Those most affected were prisoners who had full-time jobs and used the PE facilities in the evenings and weekends. In our survey, only 15% of the prison population said they went to PE three or more times a week. This was less than half the percentage at the previous inspection and lower than comparable prisons at 28%.
- 3.46** The large sports hall and gymnasium were well equipped and there was an exercise area with a range of static exercise apparatus outside house block 5. An outdoor all-weather sports pitch was underused because there were not enough staff to supervise the multiple PE areas. Prisoners wanting to stop smoking or lose weight could attend training sessions delivered by PE staff in a nearby classroom. Prisoners' access to shower facilities was very limited and they were in need of refurbishment. Drinking water was not readily available during exercise sessions.

- 3.47** All prisoners received an induction to the gym that included a prisoner self-declaration and health care assessment. PE staff worked well with health care staff to identify and respond to the needs of prisoners, such as those with mental health, anxiety and pre- and post-operative care requirements. PE timetables included sessions for health care referrals and minority groups, such as older prisoners. PE orderlies with health trainer qualifications acted as health champions to promote healthy lifestyles to their peers. Accredited vocational programmes that led to employment in the fitness industry had not been available for two years (see recommendation 3.21).

Recommendation

- 3.48** The prison should ensure that PE is fully staffed so that the facilities can be used by all prisoners who wish to do so.

Housekeeping point

- 3.49** Prison staff should provide prisoners with appropriate access to drinking water when they are using the PE facilities.

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 strategic management of resettlement was weak. There were no resettlement meetings, and both the rehabilitation strategy and the needs analysis were out of date. Release on temporary licence (ROTL) was no longer used. In our survey, prisoners were negative about almost all areas of resettlement. The prison was not adequately prepared for its role as a resettlement prison.*

4.2 The strategic management of resettlement was disjointed with no meaningful strategic links between offender management and resettlement pathway work. The resettlement function had been separated from what was formerly the Sheppey cluster around 12 weeks previously. There were no resettlement meetings, and both the rehabilitation strategy and the needs analysis were out of date and based on the previous clustered arrangements. There were no plans in place to commission a new needs analysis owing to the impending transition to a resettlement prison and the transfer of some resettlement functions to community rehabilitation companies. There was a separate two-year offender management strategy but it did not include a clear focus on resettlement services. The prison was not adequately prepared for its role as a resettlement prison (see main recommendation, paragraph S50).

4.3 Despite having a category C unit and a number of category D prisoners in the prison, release on temporary licence (ROTL) was not being used for resettlement purposes (see recommendation 4.26).

4.4 In our survey, prisoners were negative about almost all areas of resettlement. Only 43% said they had done anything in the prison that would make them less likely to offend in future.

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 *The offender management unit (OMU) was overwhelmed. There were insufficient staff and support for prisoners was inadequate. Offender supervisors were not appropriately trained. Two hundred and seventy-one offender assessment system (OASys) documents were outstanding and sentence planning and management were poor. Risk management plans were poor and 95% of home detention curfew (HDC) releases took place late. Public protection screening and monitoring were generally well managed but meetings were poorly attended and there was no multidisciplinary case discussion. Some re-categorisation decisions were not signed off by management and some category D prisoners remained at the prison for too long. There was no specific provision for indeterminate sentence prisoners, and several we spoke to were frustrated by a lack of contact with the OMU and difficulties with progression.*

4.6 Around 300 prisoners were in scope for offender management (prisoners serving 12 months or more and classified as posing a high risk to the public). The OMU was overwhelmed; only half of the 32 offender supervisor posts were filled, and staff who were in post were so frequently redeployed that as little as 10% of their time was spent in the OMU. One offender supervisor said she had 47 high risk cases, none of whom she had been able to see in the previous six to eight months.

4.7 Offender supervisors received no offender supervisor training. There was no meaningful management oversight of case management, apart from when OASys documents were countersigned. There were two probation officers who worked effectively, but their time and skills were not well used; they had no prisoner caseload and provided offender supervisors with little support.

4.8 Offender supervisor contact with prisoners was not regular or meaningful; prisoners were not consistently interviewed on arrival and offender supervisors did not routinely read existing OASys documents. Any contact was generally requested by the prisoner. Offender supervisors did not maintain an accurate record of contact with prisoners; in some instances there were no case notes at all.

4.9 Sentence planning and management were poor; in our survey only 30% of prisoners said they had a sentence plan, of whom only 45% said they were involved in its development, both poorer than the comparator at 37% and 58% respectively. There was a backlog of 271 outstanding OASys documents. Some prisoners we spoke to had a sentence plan but did not know what was in it, as offender supervisors did not routinely have sentence planning sessions with prisoners. In our survey only 5% of sentenced respondents said an offender supervisor was working with them to achieve sentence plan targets, against a comparator of 32%, and 68% said nobody was working with them in this way against a comparator of 44%.

4.10 Of the 12 cases we inspected in detail, nine assessments of prisoners' likelihood of reoffending were not carried out to a sufficient standard. While most cases had a sentence plan, not all sufficiently identified or addressed key factors associated with the likelihood of reoffending or risk of harm, and most did not contain objectives that were focused on outcomes. We did not consider any of the prisoners in the sample to be undertaking sufficient offending behaviour work.

- 4.11** The majority of offender supervisors were not proficient in risk of serious harm (RoSH) screenings and analysis, completing risk management plans or sentence plans. RoSH analyses were thorough in only three cases we looked at, and there was a current and sufficient risk management plan in only one case. OASys reviews were superficial and many simply replicated previous reports. In some cases, critical information on risk of harm and risk of reoffending was missed or misrepresented, which could have left staff, other prisoners and victims vulnerable.
- 4.12** Ninety-five per cent of home detention curfew (HDC) releases in the previous six months had taken place beyond the prisoner's HDC eligibility date; the average was around two weeks later but some prisoners waited months beyond their eligibility date.

Recommendations

- 4.13** **The OMU should be sufficiently staffed to ensure the prison can deliver timely OASys documents, sentence planning and regular offender supervisor contact with prisoners.**
- 4.14** **Offender supervisors should be given adequate training and robust quality assurance should ensure that good quality case work is maintained.**
- 4.15** **Prisoners who require one should have a full RoSH analysis and a good quality risk management plan that identifies prison interventions to reduce risks.**
- 4.16** **Prisoners approved for HDC should be released as close as possible to their HDC eligibility dates.**

Housekeeping points

- 4.17** More effective use should be made of the skills and experience of probation staff.
- 4.18** Offender supervisors should record prisoner contact on an easily accessible central system.

Public protection

- 4.19** Two public protection clerks managed initial screening processes and monitoring arrangements reasonably well using the violent and sexual offenders register and other pertinent information. Two probation officers, who were responsible for overseeing public protection work, undertook further checks. However, we found one case where monitoring should have been implemented but was not. There were 164 prisoners subject to mail and/or telephone monitoring at the time of inspection.
- 4.20** Fortnightly public protection meetings took place, but attendance was poor; at one meeting, only the two public protection clerks and a probation officer attended. Key staff such as offender supervisors and security staff did not attend at all. As a result there was no multidisciplinary discussion about public protection prisoners' cases or release arrangements. The meeting only identified newly arrived prisoners of interest and reviewed monitoring arrangements. Three prisoners in the sample we looked at were subject to multi-agency public protection arrangements (MAPPA), but there was no evidence of discussions about the prisoners' release or of timely communication with offender managers and MAPPA coordinators. MAPPA was treated as an administrative process, rather than a core part of offender management. However, we examined three MAPPA F information-sharing reports

from other cases that were well written and used a wide variety of evidential source material.

Recommendations

- 4.21 All relevant staff should attend public protection meetings, which should take a robust, interdepartmental approach to public protection and risk management.**
- 4.22 MAPPA levels should be confirmed at least six months in advance of a prisoner's release to promote communication between the prison and offender managers and information-sharing on risk management.**

Categorisation

- 4.23** Initial categorisation decisions were generally timely and had management oversight. Re-categorisation reports were collated by two observation, classification and allocation (OCA) clerks and drew on a good range of pertinent information from areas such as security, education and OASys data. However, offender supervisors rarely had any input and there was no input from external offender managers. If the OCA clerk recommended a reduction in categorisation level from C to D, the paperwork was sent to the head of the OMU for sign off. There were no re-categorisation boards. There was no management input or oversight at all if the recommendation was for the prisoner to remain at the same level, which was inappropriate. Some prisoners we spoke to who had not been re-categorised did not know why.
- 4.24** There were 77 category D prisoners at the prison. Most were transferred to open conditions, usually the neighbouring Stanford Hill, relatively quickly. However, some had been at the prison for several months since being re-categorised, and one had not been moved on since the end of 2012, which was too long. ROTL was no longer used to aid their resettlement (see paragraph 4.3).

Recommendations

- 4.25 All relevant staff, including offender supervisors and external offender managers, should contribute to re-categorisation reports, and all decisions should be made and signed off by a manager irrespective of the outcome.**
- 4.26 All category D prisoners should be transferred to open conditions as soon as possible, unless there is a specific reason not to, such as a medical hold. If they remain in the prison, appropriate, well managed use should be made of ROTL to aid resettlement.**

Housekeeping point

- 4.27** Prisoners should be told why they have not been successfully re-categorised.

Indeterminate sentence prisoners

- 4.28** There were 67 lifer prisoners and 55 indeterminate sentence for public protection prisoners. None were identified on remand and supported, for example by being provided with

information on the nature of their possible sentence. There was also no specific provision for sentenced prisoners, such as a consultation group or family days.

- 4.29** In our groups, indeterminate sentence prisoners (ISPs) were frustrated by the minimal contact they had with the OMU and offender supervisors. Many we spoke found it difficult to progress through their sentence plans, and felt there was little concern about the impact this had on them as ISPs who needed to demonstrate progression to the parole board (see recommendation in section on offender management, paragraph 4.13).

Recommendations

- 4.30 Prisoners facing an indeterminate sentence should be identified on remand and supported as necessary.**
- 4.31 The prison should consult ISPs to determine their specific needs and make reasonable provisions to meet them.**

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.

4.32 *A good pathway-focused needs assessment was undertaken. Some useful through-the-gate work took place. Some good work was being undertaken to help prisoners with accommodation issues, but this service was to be discontinued after the inspection. There was useful pre-release assistance for prisoners with needs relating to employment, training and education, health and drug services and finance, benefit and debt. Family support interventions were limited and visits provision had deteriorated. The prison had three accredited offending behaviour programmes but completion rates were low.*

- 4.33** Prisoners' immediate needs were effectively assessed against the resettlement pathways shortly after they arrived and then again 10 weeks before discharge. Peer workers were involved in the process, which prisoners told us they appreciated. Information was shared with the resettlement team, assisting prisoners with pathway-related needs and made referrals to relevant agencies. A small amount of useful through-the-gate work was undertaken by external agencies such as The Kenwood Trust; their staff visited the prison to interview prisoners and a volunteer mentor service was also provided. However, in our survey prisoners were still less likely than the comparator to be aware of help available on release.

Accommodation

- 4.34** Around 93% of prisoners were released to settled accommodation. Two officers worked as part of the resettlement team to provide helpful support to prisoners with general housing issues, such as maintaining tenancies and housing benefits. They also had good links with a large number of private housing providers, to which they referred homeless prisoners. The small number of prisoners whom landlords were unwilling to accept, such as those convicted of arson offences, were referred to the local authority on release. The officers, who had not

been given training for the role, also had useful links to the local Ashford, Canterbury and Medway integrated offender management team, which facilitated good information exchange between the prison and the community. However, we were told that the service the officers were providing was to be discontinued, at least temporarily, the week after the inspection as a result of staff shortages.

Recommendation

- 4.35 All prisoners should continue to have access to high quality services that provide assistance and support with accommodation issues.**

Education, training and employment

- 4.36** The Manchester College and National Careers Service (NCS) worked well together to help prisoners prepare for release. They ran the newly accredited employment, training and education induction, and a week-long pre-release employability programme. Both were positive new initiatives. Prisoners received useful input and support from teachers, careers advisers, Jobcentre Plus staff and qualified peer mentors. Prisoners were encouraged to assess their own learning development needs during the activities induction to help them plan their time in prison and prepare for employment on release. However, prisoners' plans could not always be implemented because of the limited choice of learning activities and interruptions due to staff shortages. The prison released approximately 130 prisoners a month, but only eight could attend the useful pre-release programme each week. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not in use.
- 4.37** The NCS had too few advisers and could not interview all prisoners on arrival or before discharge. Two new staff had been recruited and were due to start imminently. Prisoners who had interviews with NCS advisers generally benefited from their good knowledge, experience and local community information. Advisers found it difficult to find suitable interview spaces where confidential discussions could take place without interruption.

Recommendations

- 4.38 The prison should ensure that all prisoners receive pre-release education, training and employment guidance in the three months prior to their release.**
- 4.39 NCS interviews should take place in a suitably private location.**

Health care

- 4.40** Prisoners were given a summary of their health record and helpful written advice about how to register with a GP before release. Those on prescribed medication were provided with a seven-day supply. Effective links with community mental health teams (CMHTs) meant some CMHT practitioners attended pre-release care programme approach (mental health services for individuals diagnosed with a mental illness) planning meetings.

Drugs and alcohol

- 4.41** Resettlement opportunities for drug and alcohol users were good and several locally run prison gate meet-and-greet services were offered. The Rehabilitation for Addicted Prisoners Trust (RAPt) team could also link prisoners to support from a wide range of community agencies as well as the national RAPt recovery network.

Finance, benefit and debt

- 4.42** A designated officer, who had received training from Citizens Advice, provided prisoners with good support on finance, benefit and debt issues and dealt with around 30 to 40 prisoners per month. He helped 10-20 people a month to open bank accounts. Since the middle of May, prisoners could also opt to open a credit union account, into which the prison encouraged them to deposit a small sum each month to help build up a credit rating and promote saving. Citizens Advice visited the prison every month to provide support with more complex financial problems, such as debt relief orders and bankruptcy, and Jobcentre Plus offered advice on benefits.

Children, families and contact with the outside world

- 4.43** In our survey 20% of prisoners, compared with 33% in other similar establishments, said staff supported them in maintaining contact with family or friends.
- 4.44** A family link officer oversaw family interventions and provided some helpful individual support. Interventions included a limited range of family support work, a short family relationship course and Storybook Dads (in which prisoners record stories for their children). However, some prisoners were unaware of the interventions and there were no posters advertising them. The eight-week intensive Time for Families relationship course was no longer delivered. The prison had commissioned a four-day relationship course for fathers called Time to Connect, which was only aimed at those serving short sentences. Only one such course was planned at the time of the inspection. The prison no longer ran any family days, nor were any planned.
- 4.45** The visits hall was light and airy and provided adequate space for privacy during visits. Staff supervision was unobtrusive. However, the visitor waiting area outside the hall was shabby and the toilets were dirty. The visitors' centre was well maintained, with a newly decorated and well-equipped children's play area, and it provided appropriate information. There was a tea bar providing hot snacks and drinks, which was well used. The public telephone was out of order.
- 4.46** Visits regularly failed to start on time because of delays in escorting prisoners across to the visits hall. Many visitors had travelled long distances to the relatively isolated prison location. Visiting times were not co-ordinated with the local public transport timetable and the centre closed half an hour before the arrival of the only local bus service.
- 4.47** Visitors said it was difficult to maintain contact with prisoners by telephone because of prisoners' reduced amount of time out of their cell; prisoners reported lengthy waiting times to use the telephone (see main recommendation S49).
- 4.48** The prison's family work lacked strategic planning and no routine monitoring data was available to the inspection team. A demographic breakdown of visitors was not being collated and while statistics were regularly collected from the booking line system, the needs of visitors were not being assessed through consultation or surveys. Visitors and visits staff

reported inconsistencies with the visits telephone booking line, including long waiting times and administration mistakes. It was too early to judge the efficiency of a new national booking system that had been implemented.

Recommendations

- 4.49 Regular and well promoted family and relationship interventions should be available for all prisoners, including longer sentence prisoners and lifers.**
- 4.50 Sufficient family days should be provided to meet the needs of the population.**
- 4.51 Visitors should be able to book visits quickly and easily, and all visits should start on time.**
- 4.52 Monitoring data on visits and consultation with visitors should routinely inform the strategic development of family support work.**

Housekeeping points

- 4.53** The waiting area outside the visits hall should be decorated and maintained and toilets kept clean.
- 4.54** The visitors' centre should remain open until the arrival of the local bus service and the public telephone should be kept in good working order.

Attitudes, thinking and behaviour

- 4.55** There were three accredited offending behaviour programmes, Focus on Resettlement, Thinking Skills and Resolve. Although completion rates were within target, they were low compared to the size of the overall population. Waiting lists were short. There was no victim awareness course. The prison could not be sure what the offending behaviour needs of its population were, or if these programmes met them, as there was no up-to-date needs analysis (see main recommendation S50).

Recommendation

- 4.56 Prisoners should have timely access to offending behaviour programmes and other interventions in line with their identified needs. (Repeated recommendation 4.43)**

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1** A new behaviour management strategy should be implemented and its effectiveness monitored. The strategy should emphasise positive reinforcement and focus on investigating and addressing the underlying causes of the increase in violence. (S46)
- 5.2** Cells should not hold more prisoners than they were designed for and all areas of the prison should be in good repair and clean. Prisoners should be able to access sufficient cleaning materials. (S47)
- 5.3** Medicines management should be reviewed as a matter of urgency. Action should be taken to ensure that medicines are not missed, dose intervals are safe, stock control is improved and the administration of controlled drugs is effectively supervised. (S48)
- 5.4** The prison should prioritise the delivery of a stable and equitable regime in which all prisoners have consistent access to association with sufficient time to undertake domestic tasks. As stability is restored, prisoners' access to purposeful activity should be significantly increased on an equitable basis. (S49)
- 5.5** There should be a coordinated, whole-prison approach to resettlement. An up-to-date strategy should demonstrate meaningful integration between offender management and pathways work and be based on a current needs analysis. Offender supervisors should have time to manage prisoners' sentences appropriately. (S50)

Recommendations

Courts, escort and transfers

- 5.6** Person escort records should be completed thoroughly and clearly identify specific risks. (1.5)
- 5.7** Prisoners should not have long waits in court cells before transfer to Elmley. (1.6)
- 5.8** Property should accompany prisoners to court and during transfer. (1.7)

Early days in custody

- 5.9** The first night unit should provide a clean, safe and adequately prepared environment for newly arrived prisoners and should not house prisoners who cannot be on a main wing for any reason. (1.13)

- 5.10** All prisoners should be informed clearly on arrival about support if they feel depressed, and all identified as being at risk of self-harm should be properly assessed within 24 hours. (1.14)
- 5.11** Insiders should be adequately supervised and supported. (1.15)
- 5.12** Managers should ensure that the induction programme effectively meets prisoners' needs. (1.16)

Bullying and violence reduction

- 5.13** The system of prisoner violence reduction representatives should be overhauled to ensure that these prisoners work in support of staff and not in place of them. (1.24)

Self-harm and suicide prevention

- 5.14** ACCT management checks should be used to ensure that care plans are consistently formulated and implemented, and as the basis for up-skilling individual staff and informing training. (1.31)
- 5.15** All night staff should be trained in emergency procedures, and their competence regularly tested. (1.32, repeated recommendation 1.34)

Safeguarding

- 5.16** 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. (1.37, repeated recommendation 1.40)
- 5.17** There should be a multidisciplinary care plan for every young person transferred from the children and young people's estate, and for any young adult who is vulnerable. (1.38, repeated recommendation 1.41)

Security

- 5.18** Reactions to security concerns should be prompt. (1.50)
- 5.19** The MDT programme should be sufficiently resourced to undertake all necessary suspicion tests and the required level of weekend random testing. (1.51)
- 5.20** The MDT suite should provide sufficient privacy. (1.52)

Incentives and earned privileges

- 5.21** The IEP scheme should be an effective means of encouraging prisoners to improve their behaviour. It should be properly managed and consistently implemented. (1.60)

Discipline

- 5.22** Adjudications information should be better analysed to help identify and address trends and patterns. (1.65)

- 5.23** The use of force and special accommodation should be rigorously monitored. Paperwork should be completed correctly and provide assurance that such measures are justified and proportionate. (1.71)
- 5.24** Segregation cells should be clean and free from graffiti. (1.80)
- 5.25** The daily regime for prisoners in segregation should be improved and include some purposeful activity. (1.81)
- 5.26** The reasons why prisoners do not feel safe enough to return to the wings should be investigated and addressed, and reintegration planning to help prisoners return to the normal prison location should be developed. (1.82)

Substance misuse

- 5.27** Suitably trained discipline staff should be available to staff the drug unit consistently. (1.90)

Residential units

- 5.28** In-cell emergency call bells should receive a response within five minutes. (2.12)
- 5.29** The persistent late delivery of prisoners' mail should be addressed and resolved. (2.13, repeated recommendation 2.12)
- 5.30** Applications should be dealt with consistently and promptly. (2.14)

Staff-prisoner relationships

- 5.31** Staff should actively engage with prisoners to help them achieve objectives for resettlement and reducing reoffending. (2.22, repeated recommendation 2.20)
- 5.32** Prisoners should have a nominated individual officer they can turn to for support or to resolve problems in the prison. (2.23)

Equality and diversity

- 5.33** Equality treatment monitoring should be extended to include all minority groups. Swift action should be taken in all cases to investigate and address disparities. (2.30, repeated recommendation 2.27)
- 5.34** Prisoner diversity representatives should have appropriate training and supervision. (2.31)
- 5.35** Minority groups should be systematically identified, supported and consulted, to ensure that needs are assessed, negative perceptions are understood and inequalities of treatment are addressed. (2.42)
- 5.36** Immigration detainees should only be held in prisons in exceptional circumstances and following an individual risk assessment. (2.43)
- 5.37** Managers should ensure that professional interpretation services are used to communicate with prisoners who do not understand English where confidentiality and accuracy are required. (2.44)

- 5.38** There should be regular celebrations of significant cultural diversity events, such as LGBT History Month. (2.45)

Complaints

- 5.39** Complaint trends should be analysed and discussed, and emerging issues addressed. (2.55)

Legal rights

- 5.40** Prisoners should have ready access to legal advice, both written and in person. (2.58)

Health services

- 5.41** An up-to-date health needs assessment should inform health provision, and all policies and protocols should be brought up to date. (2.70)
- 5.42** Care plans should be used for all complex and ongoing care issues, including wound management. (2.71)
- 5.43** Prisoners should access primary care and hospital appointments without delay. (2.80)
- 5.44** Prisoners in the recovery unit should be able to access the gym and education. (2.81)
- 5.45** The criteria for in-possession medicines should ensure both the type and quantity of medicine is suitable for a secure environment. (2.91)
- 5.46** Patient group directions should be developed to enable nurses to give a wider range of medicines and support effective prioritisation of GP time. (2.92)
- 5.47** Consultation space for mental health appointments should be decent and respectful. (2.106)

Purchases

- 5.48** Prisoners should be able to access a full canteen order within 72 hours of arrival. (2.116)

Learning and skills and work activities

- 5.49** Quality assurance arrangements should be improved and applied consistently across learning and skills and work. (3.12)
- 5.50** Data should be used effectively to identify and address any concerning trends relating to participation or achievements among different groups of prisoners. (3.13)
- 5.51** Prisoners should be able to engage in more accredited vocational training, including qualifications at level 2. (3.21)
- 5.52** TMC should provide more education places especially in English and mathematics and should introduce ESOL courses to meet the high demand. (3.22)
- 5.53** Vulnerable prisoners should have access to a wider variety of learning activities, and work that meets their needs and resettlement goals. (3.23)

- 5.54** All prisoners should receive an adequate initial assessment and further diagnostic assessments where appropriate to make sure they are enrolled onto appropriate qualifications. (3.32)
- 5.55** All aspects of teaching should be improved to ensure that prisoners benefit from well taught and interesting learning sessions and are able to make progress. (3.33)
- 5.56** Staff should promote equality and diversity through learning. (3.34)
- 5.57** Workshops should be properly ventilated and provide appropriate working conditions. (3.35)
- 5.58** Prisoners' success rates in English and mathematics qualifications should improve significantly. (3.40)
- 5.59** An effective book returns system should be implemented to reduce the loss of book stock. (3.43)

Physical education and healthy living

- 5.60** The prison should ensure that PE is fully staffed so that the facilities can be used by all prisoners who wish to do so. (3.48)

Offender management and planning

- 5.61** The OMU should be sufficiently staffed to ensure the prison can deliver timely OASys documents, sentence planning and regular offender supervisor contact with prisoners. (4.13)
- 5.62** Offender supervisors should be given adequate training and robust quality assurance should ensure that good quality case work is maintained. (4.14)
- 5.63** Prisoners who require one should have a full RoSH analysis and a good quality risk management plan that identifies prison interventions to reduce risks. (4.15)
- 5.64** Prisoners approved for HDC should be released as close as possible to their HDC eligibility dates. (4.16)
- 5.65** All relevant staff should attend public protection meetings, which should take a robust, interdepartmental approach to public protection and risk management. (4.21)
- 5.66** MAPPA levels should be confirmed at least six months in advance of a prisoner's release to promote communication between the prison and offender managers, and information-sharing on risk management. (4.22)
- 5.67** All relevant staff, including offender supervisors and external offender managers, should contribute to re-categorisation reports, and all decisions should be made and signed off by a manager irrespective of the outcome. (4.25)
- 5.68** All category D prisoners should be transferred to open conditions as soon as possible, unless there is a specific reason not to, such as a medical hold. If they remain in the prison, appropriate, well managed use should be made of ROTL to aid resettlement. (4.26)
- 5.69** Prisoners facing an indeterminate sentence should be identified on remand and supported as necessary. (4.30)

- 5.70** The prison should consult ISPs to determine their specific needs and make reasonable provisions to meet them. (4.31)

Reintegration planning

- 5.71** All prisoners should continue to have access to high quality services that provide assistance and support with accommodation issues. (4.35)
- 5.72** The prison should ensure that all prisoners receive pre-release education, training and employment guidance in the three months prior to their release. (4.38)
- 5.73** NCS interviews should take place in a suitably private location. (4.39)
- 5.74** Regular and well promoted family and relationship interventions should be available for all prisoners, including longer sentence prisoners and lifers. (4.49)
- 5.75** Sufficient family days should be provided to meet the needs of the population. (4.50)
- 5.76** Visitors should be able to book visits quickly and easily, and all visits should start on time. (4.51)
- 5.77** Monitoring data on visits and consultation with visitors should routinely inform the strategic development of family support work. (4.52)
- 5.78** Prisoners should have timely access to offending behaviour programmes and other interventions in line with their identified needs. (4.56, repeated recommendation 4.43)

Housekeeping points

Early days in custody

- 5.79** Prisoners should have speedy access to telephone numbers after arrival. (1.17)

Bullying and violence reduction

- 5.80** The safer custody meeting should discuss regular reports on patterns and trends across time and across the prison, and set objectives for action accordingly. (1.25)

Self-harm and suicide prevention

- 5.81** The Listener suites should be furnished to a reasonable standard and kept clean. (1.33)

Security

- 5.82** Links between the security and safer custody departments should be improved. (1.53)

Residential units

- 5.83** Prisoners should receive clean bedding and towels each week. (2.15)

Staff-prisoner relationships

- 5.84** Case note entries should be balanced and indicate interaction with the prisoner. (2.24)

Equality and diversity

- 5.85** DIRFs should be freely available on all wings. (2.32)
- 5.86** The foreign national policy and information booklet should be updated. (2.46)

Catering

- 5.87** All food should be given to prisoners in a hygienic and respectful manner. (2.111)

Learning and skills and work activities

- 5.88** Staff should reinforce hygiene and health and safety practices with prisoners and challenge those who do not conform. (3.36)

Physical education and healthy living

- 5.89** Prison staff should provide prisoners with appropriate access to drinking water when they are using the PE facilities. (3.49)

Offender management and planning

- 5.90** More effective use should be made of the skills and experience of probation staff. (4.17)
- 5.91** Offender supervisors should record prisoner contact on an easily accessible central system. (4.18)
- 5.92** Prisoners should be told why they have not been successfully re-categorised. (4.27)

Reintegration planning

- 5.93** The waiting area outside the visits hall should be decorated and maintained and toilets kept clean. (4.53)
- 5.94** The visitors' centre should remain open until the arrival of the local bus service and the public telephone should be kept in good working order. (4.54)

Example of good practice

- 5.95** Prisoners could obtain paracetamol from prison officers outside clinic times providing them with early pain relief. (2.93)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Colin Carroll	Inspector
Fionnuala Gordon	Inspector
Martin Kettle	Inspector
Gordon Riach	Inspector
Caroline Elwood	Research officer
Helen Ranns	Research officer
Alissa Redmond	Research officer

Specialist inspectors

Paul Roberts	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Simon Denton	Pharmacist
Huw Jenkins	Care Quality Commission
Nigel Bragg	Ofsted inspector
Julia Horsman	Ofsted inspector
Maria Navarro	Ofsted inspector
Mike Lane	Offender management inspector
Ian Simpkins	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2012, escort vehicles often arrived late in the evening. The reception process was quick and induction effective. Most prisoners said they felt safe, and recorded violence had reduced. Prisoners at risk of suicide and self-harm were generally well cared for. There was good support for vulnerable adults. Security was proportionate. The number of adjudications was high but reducing, and the incentives scheme was effective. There had been good work to reduce the use of force. Governance of the segregation unit was inadequate and too many prisoners went there pending adjudication. Substance misuse was not excessive and interventions were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The prison and escort contractor should ensure that late arrivals are exceptional and that prisoners are disembarked from escorts swiftly (1.5)

Achieved

Induction staff should fully explain to new arrivals the content of documents they are asked to sign and provide them with copies (1.15)

Partially achieved

All parts of the walkways should be supervised during prisoner movements. (1.25)

Achieved

The safer custody committee should investigate, through focus groups and other means, why Gypsy and Traveller prisoners feel less safe, and act on the findings. (1.26)

Not achieved

All night staff should be trained in emergency procedures, and their competence regularly tested. (1.34)

Not achieved (recommendation repeated, 1.32)

All staff should carry an anti-ligature knife. (1.35)

Achieved

The care suites should be furnished, equipped and decorated to a reasonable standard. (1.36)

Partially achieved

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. (1.40)

Partially achieved (recommendation repeated, 1.37)

There should be a multidisciplinary care plan for every young person transferred from the children and young people's estate, and for any young adult who is vulnerable. (1.41)

Not achieved (recommendation repeated, 1.38)

Managers should ensure that security information is acted upon promptly, and that targeted searches and suspicion drug testing are undertaken within the required time. Testing facilities should be improved. (1.48)

Not achieved

Prisoners should only be strip searched on the basis of intelligence or specific suspicion. (1.49)

Achieved

Closed visits should only be imposed on the basis of illicit activity related to visits. Reviews should consider all the information available, and restrictions should be lifted as soon as possible. (1.50)

Achieved

The incentives and earned privileges (IEP) policy should be fully implemented, reviews should take place as required, and documentation should be fully completed. (1.55)

Not achieved

Prisoners should not be demoted to basic before the outcome of an adjudication. (1.56)

Not achieved

All disciplinary charges should be fully investigated, particularly where prisoners raise matters relating to bullying and safety. (1.60)

Achieved

Planned use of force should be clearly filmed to include all key events, and recordings should be systematically reviewed for learning points. (1.65)

Achieved

There should be sustained improvements in the fabric, décor and cleanliness of cells and exercise yards in the segregation unit. (1.71)

Partially achieved

Governance of segregation should give assurance that the segregation of prisoners is appropriate and their individual circumstances considered at all stages. (1.72)

Not achieved

Reintegration planning and practice should be developed to return most prisoners to house blocks swiftly whenever possible. (1.73)

Not achieved

The facilities and the environment for methadone administration should be improved. (1.79)

Achieved

The prison should consider developing a recovery unit to offer additional support to prisoners wanting to become and remain drug free. (1.80)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2012, some of the accommodation was worn and there was significant overcrowding. Staff prisoner relationships were reasonably good. Strategic management of diversity was effective and incidents of discrimination were well investigated. Work to meet the specific needs of different groups varied, but provision for foreign nationals was particularly poor. Faith provision was good. Responses to complaints were polite but often did not answer the key issues. Health services were good overall, but many prisoners were negative about the access to and quality of health care. The food was of variable quality. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Three prisoners should not be located together in any cell designed for two. (HP44)

Not achieved

Recommendations

The showers on house blocks one to four should be refurbished urgently. (2.11)

Not achieved

The persistent late delivery of prisoners' mail should be addressed and resolved. (2.12)

Not achieved (recommendation repeated, 2.13)

Cell sharing risk should be reviewed whenever prisoners are located together. (2.13)

Not achieved

Staff should actively engage with prisoners to help them achieve objectives for resettlement and reducing reoffending. (2.20)

Not achieved (recommendation repeated, 2.22)

The scope of SMART equality treatment monitoring should be extended to include other minority groups. Swift action should be taken in all cases to investigate and address disparities. (2.27)

Not achieved (recommendation repeated,)

All staff should receive equality and diversity training. (2.28)

Not achieved

Consultation processes with black and minority ethnic and Gypsy and Traveller prisoners should be developed further to identify and resolve any inequality in treatment. (2.38)

Not achieved

There should be regular celebration of significant cultural diversity events, such as black history month and LGBT (lesbian, gay, bisexual and transgender) history month. (2.39)

Not achieved

The specific needs of foreign national prisoners should be met, with priority given to the provision of accredited independent immigration advice and specialist support for foreign nationals. Prison staff should have sufficient facility time to develop provision. (2.40)

Partially achieved

There should be regular and ongoing consultation with minority groups to assess needs, identify and resolve any inequality of treatment, and enable participation in the regime. (2.41)

Not achieved

Older prisoners should have suitable out-of-cell activities, and retired prisoners should not have to pay for their televisions. (2.42)

Not achieved

The prison should establish monitoring systems to identify trends relating to complaints upheld and refused, protected characteristics, location, prisoner type, quality of responses and outstanding final replies, backed up with quality assurance processes. (2.55)

Partially achieved

The prison should assess the legal services needed and clarify how this provision will be made available. (2.60)

Not achieved

Permanent health care staff should be recruited to meet prisoners' needs. (2.70)

Not achieved

Prisoners should be given more information about the quality and range of health services available, and the reasons for prisoner dissatisfaction with health care should be further explored and investigated. (2.71)

Achieved

Access to physiotherapy services should be improved. (2.77)

Achieved

Patient confidentiality should be maintained when medicines are administered or supplied. (2.83)

Not achieved

Medicines should be labelled in accordance with labelling requirements, loose tablets and tablet foils should not be present in stock, and secondary dispensing should stop immediately. (2.84)

Achieved

There should be full and complete records of administration of medicines, including all occasions where the patient refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (2.85)

Achieved

Patients should be able to see a dentist for routine treatment within a timescale equivalent to that in the NHS. (2.90)

Achieved

Dental records should be stored in accordance with the Caldicott guidelines on the use and confidentiality of personal health information and the Data Protection Act. (2.91)

Achieved

Prisoners should have access to dedicated counselling services. (2.95)

Partially achieved

The catering team should engage more actively with prisoners and staff to improve the quality and presentation of food. (2.100)

Achieved

New arrivals should be able to make purchases from the prison shop. (2.106)

Not achieved

Purposeful activity

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

At the last inspection, in 2012, too many prisoners were locked up during the core day. Management of learning and skills had improved recently, but most new initiatives had yet to take effect. Teaching and learning were adequate, but too few prisoners were engaged in purposeful activity. Success rates on courses were improving. The library was a good facility but underused. PE provision was good and there was effective promotion of healthy living. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

There should be sufficient purposeful activity places for the whole population, and allocation processes should ensure that all jobs and vocational training places are fully used. (HP45)

Not achieved

The range of vocational qualifications on offer should be substantially increased. (HP46)

Not achieved

Recommendations

Unemployed prisoners or those not required at work should have access to out of cell activities during the core day. (3.4)

Not achieved

All prisoners should be able to have association every evening and one hour's daily access time in the open air. (3.5)

Not achieved

There should be a clearer focus on learning in lesson observations, and more sharing of good practice with all teaching staff. (3.12)

Partially achieved

There should be better promotion of learning and skills, particularly vocational training, during the prisoner's induction. (3.18)

Not achieved

There should be better identification, recording and recognition of employability skills in work areas to assist prisoners gain future employment. (3.21)

Achieved

The prison should provide better quality work for prisoners. (3.22)

Partially achieved

The prison should continue to engage more prisoners with the Toe-by-Toe reading mentoring scheme. (3.23)

Not achieved

Attendance and punctuality across the learning and skills provision should be improved. (3.25)

Not achieved

The prison should continue to improve the success rates for all learners, particularly those with a recognised disability. (3.26)

Not achieved

All prisoners should be able to go to the library regularly, including at weekends. (3.29)

Not achieved

The prison should develop and introduce vocational PE programmes above level 1. (3.34)

Not achieved

Resettlement

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

At the last inspection, in 2012, the strategic management of resettlement was developing, although the strategy was not based on a needs analysis. Offender management and planning were generally effective, and there was reasonable work to meet the resettlement needs of prisoners out-of-scope of formal offender management structures. Public protection arrangements were sound, and indeterminate-sentenced prisoners were managed appropriately. Provision on most resettlement pathways was reasonable, and very good on some. Delays to the starts of visits were unacceptable. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

There should be an overarching resettlement policy incorporating all pathways, which is based on an up-to-date needs analysis. (4.6)

Not achieved

All prisoners, and in particular in-scope cases, should have a current OASys (offender assessment system) assessment. (4.15)

Not achieved

Sentence plans should include objectives related to education, training, employment and basic skills. (4.16)

Partially achieved

Risk management plans should be linked to sentence plans and identify prison interventions to reduce risk. (4.17)

Not achieved

There should be a full risk of serious harm analysis for all prisoners who require one. (4.21)

Not achieved

Specialist assistance with debt management or reduction should be available to prisoners from their arrival. (4.32)

Achieved

The visitors' centre and visits hall should be properly equipped to meet the diverse needs of visitors, including children. (4.38)

Achieved

Visitors should be escorted from the visitors' centre to the visits hall quickly and without undue delays so that all visits start on time. (4.39)

Partially achieved

Visitors should never be strip searched. (4.40)

Achieved

Prisoners should have timely access to offending behaviour programmes and other interventions in line with their identified needs. (4.43)

Not achieved (recommendation repeated, 4.56)

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	44	704	61.0
Recall	5	82	7.1
Convicted unsentenced	6	75	6.6
Remand	25	225	22.8
Civil prisoners	0	0	0.0
Detainees	3	20	1.9
Other	1	6	0.6
Total	84	1142	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	35	367	32.8
Less than 6 months	4	80	6.9
6 months to less than 12 months	4	59	5.1
12 months to less than 2 years	9	117	10.3
2 years to less than 3 years	15	80	7.7
3 years to less than 4 years	6	64	5.7
4 years to less than 10 years	10	188	16.2
10 years and over (not life)	1	65	5.4
ISPP (indeterminate sentence for public protection)	0	55	4.5
Life	0	67	10.0
Total	84	1142	100

Age	Number of prisoners	%
Please state minimum age here:	-	-
Under 21 years	84	6.9
21 years to 29 years	371	30.3
30 years to 39 years	374	30.5
40 years to 49 years	232	18.9
50 years to 59 years	110	9.0
60 years to 69 years	40	3.3
70 plus years	15	1.2
Please state maximum age here: 88	-	-
Total	1226	100

Nationality	18–20 yr olds	21 and over	%
British	67	935	81.7
Foreign nationals	13	185	16.2
Not stated	4	22	2.1
Total	84	1142	100

Security category	18–20 yr olds	21 and over	%
Cat B	0	128	
Cat C	0	423	
Cat D	0	77	

Unclass	2	28	
Unclassified	37	431	
Unsentenced	7	48	
YOI closed	38	7	
Total	84	1142	

Ethnicity	18–20 yr olds	21 and over	%
White			
British	55	765	66.9
Irish	1	17	1.5
Gypsy/Irish Traveller	2	22	2.0
Other white	3	114	9.5
Mixed			
White and black Caribbean	4	9	1.1
White and black African	1	4	0.4
White and Asian	0	3	0.2
Other mixed	2	8	0.8
Asian or Asian British			
Indian	0	10	0.8
Pakistani	0	9	0.7
Bangladeshi	0	1	0.1
Chinese	0	1	0.1
Other Asian	2	18	1.6
Black or black British			
Caribbean	3	40	3.5
African	4	38	3.4
Other black	3	19	1.8
Other ethnic group			
Arab	1	2	0.2
Other ethnic group	0	5	0.4
Not stated	3	57	0.6
Total	84	1142	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	4	0.3
Church of England	6	270	22.5
Roman Catholic	18	206	18.3
Other Christian denominations	9	123	10.8
Muslim	12	88	8.2
Sikh	0	8	0.7
Hindu	0	6	0.5
Buddhist	0	20	1.6
Jewish	0	5	0.4
Other	0	9	0.7
No religion	38	387	34.7
Not stated	1	16	1.4
Total	84	1142	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	6	0.5	128	10.4
1 month to 3 months	18	1.5	188	15.3
3 months to 6 months	17	1.4	171	13.9
6 months to 1 year	7	0.6	171	13.9
1 year to 2 years	1	0.1	74	6.0
2 years to 4 years	0	0.0	36	2.9
4 years or more	0	0.0	4	0.3
Other	0	0.0	3	0.2
Total	49	4.0	775	63.2

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	12	287	24.4
Total	12	287	24.4

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	6	0.5	98	8.0
1 month to 3 months	15	1.2	132	10.8
3 months to 6 months	8	0.7	91	7.4
6 months to 1 year	5	0.4	35	2.9
1 year to 2 years	1	0.1	9	0.7
2 years to 4 years	0	0.0	0	0.0
4 years or more	0	0.0	1	0.1
Other	0	0.0	1	0.1
Total	35	2.9	367	29.9

Main offence	18–20 yr olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded/holding warrant			
Total			

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

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.⁸ 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 2 June 2014 the prisoner population at HMP Elmley was 1225. Using the method described above, questionnaires were distributed to a sample of 222 prisoners.

We received a total of 187 completed questionnaires, a response rate of 84%. This included six questionnaires completed via interview. Ten respondents refused to complete a questionnaire, 14 questionnaires were not returned and 11 were returned blank.

Wing/unit	Number of completed survey returns
House block 1	24
House block 2	25
House block 3	27
House block 4	26

⁸ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

House block 5	31
House block 6	49
Health care	3
Segregation unit	2

Presentation of survey results and analyses

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

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 significant⁹ 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 have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Elmley in 2014 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2008.
- The current survey responses from HMP Elmley in 2014 compared with the responses of prisoners surveyed at HMP Elmley in 2012.
- 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 and those who are foreign nationals.
- 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.
- A comparison within the 2014 survey between the vulnerable prisoner wing (6B) and the rest of the establishment, excluding health care and the care and separation unit.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About You

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

Q1.2	How old are you?		
	Under 21	11 (6%)	
	21 - 29.....	64 (34%)	
	30 - 39.....	56 (30%)	
	40 - 49.....	29 (16%)	
	50 - 59.....	15 (8%)	
	60 - 69.....	9 (5%)	
	70 and over	2 (1%)	
Q1.3	Are you sentenced?		
	Yes	117 (63%)	
	Yes - on recall.....	12 (6%)	
	No - awaiting trial.....	37 (20%)	
	No - awaiting sentence	19 (10%)	
	No - awaiting deportation.....	2 (1%)	
Q1.4	How long is your sentence?		
	Not sentenced.....	58 (32%)	
	Less than 6 months	17 (9%)	
	6 months to less than 1 year	10 (5%)	
	1 year to less than 2 years	25 (14%)	
	2 years to less than 4 years	23 (13%)	
	4 years to less than 10 years.....	24 (13%)	
	10 years or more.....	9 (5%)	
	IPP (indeterminate sentence for public protection)	10 (5%)	
	Life.....	8 (4%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	Yes	27 (15%)	
	No.....	159 (85%)	
Q1.6	Do you understand spoken English?		
	Yes	179 (96%)	
	No.....	8 (4%)	
Q1.7	Do you understand written English?		
	Yes	176 (94%)	
	No.....	11 (6%)	
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	123 (66%)	Asian or Asian British - Chinese..... 0 (0%)
	White - Irish	5 (3%)	Asian or Asian British - other
	White - other.....	23 (12%)	Mixed race - white and black Caribbean 7 (4%)

<i>Black or black British - Caribbean</i>	13 (7%)	<i>Mixed race - white and black African</i>	0 (0%)
<i>Black or black British - African</i>	4 (2%)	<i>Mixed race - white and Asian</i>	0 (0%)
<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>	0 (0%)
<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i>	2 (1%)
<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i>	4 (2%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

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

Yes	15 (8%)
No.....	164 (92%)

Q1.10 What is your religion?

<i>None</i>	63 (34%)	<i>Hindu</i>	1 (1%)
<i>Church of England</i>	50 (27%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	37 (20%)	<i>Muslim</i>	14 (8%)
<i>Protestant</i>	0 (0%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	8 (4%)	<i>Other</i>	8 (4%)
<i>Buddhist</i>	1 (1%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	175 (97%)
<i>Homosexual/Gay</i>	2 (1%)
<i>Bisexual</i>	3 (2%)

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

Yes	55 (30%)
No.....	131 (70%)

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

Yes	11 (6%)
No.....	176 (94%)

Q1.14 Is this your first time in prison?

Yes	81 (43%)
No.....	106 (57%)

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

Yes	89 (48%)
No.....	97 (52%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	116 (63%)
<i>2 hours or longer</i>	60 (32%)
<i>Don't remember</i>	9 (5%)

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

<i>My journey was less than two hours</i>	116 (63%)
Yes	34 (18%)
No.....	28 (15%)
<i>Don't remember</i>	6 (3%)

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

<i>My journey was less than two hours</i>	116 (63%)
Yes	2 (1%)

	No.....	61 (33%)	
	Don't remember	5 (3%)	
Q2.4	On your most recent journey here, was the van clean?		
	Yes	112 (62%)	
	No.....	58 (32%)	
	Don't remember	11 (6%)	
Q2.5	On your most recent journey here, did you feel safe?		
	Yes	125 (68%)	
	No.....	51 (28%)	
	Don't remember	7 (4%)	
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well.....	49 (26%)	
	Well.....	81 (43%)	
	Neither	36 (19%)	
	Badly.....	9 (5%)	
	Very badly	6 (3%)	
	Don't remember	6 (3%)	
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)		
	Yes, someone told me	118 (65%)	
	Yes, I received written information	8 (4%)	
	No, I was not told anything	49 (27%)	
	Don't remember	11 (6%)	
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes	131 (73%)	
	No.....	43 (24%)	
	Don't remember	6 (3%)	
Section 3: Reception, first night and induction			
Q3.1	How long were you in reception?		
	Less than 2 hours	99 (54%)	
	2 hours or longer	71 (39%)	
	Don't remember	12 (7%)	
Q3.2	When you were searched, was this carried out in a respectful way?		
	Yes	133 (74%)	
	No	43 (24%)	
	Don't remember	4 (2%)	
Q3.3	Overall, how were you treated in reception?		
	Very well.....	25 (13%)	
	Well.....	81 (44%)	
	Neither	45 (24%)	
	Badly.....	24 (13%)	
	Very badly.....	9 (5%)	
	Don't remember	2 (1%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	Loss of property	40 (22%)	Physical health
	Housing problems.....	34 (19%)	Mental health
			29 (16%)
			47 (26%)

Contacting employers	13 (7%)	Needing protection from other prisoners	20 (11%)
Contacting family	75 (41%)	Getting phone numbers.....	69 (38%)
Childcare	8 (4%)	Other	10 (6%)
Money worries.....	43 (24%)	Did not have any problems.....	31 (17%)
Feeling depressed or suicidal	39 (22%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes	34 (19%)
No.....	115 (64%)
Did not have any problems	31 (17%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

Tobacco.....	137 (76%)
A shower	30 (17%)
A free telephone call.....	44 (24%)
Something to eat.....	136 (75%)
PIN phone credit.....	96 (53%)
Toiletries/ basic items	115 (64%)
Did not receive anything	8 (4%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

Chaplain	74 (42%)
Someone from health services.....	126 (72%)
A Listener/Samaritans	70 (40%)
Prison shop/ canteen	25 (14%)
Did not have access to any of these.....	30 (17%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

What was going to happen to you	62 (36%)
What support was available for people feeling depressed or suicidal.....	62 (36%)
How to make routine requests (applications)	60 (35%)
Your entitlement to visits.....	54 (31%)
Health services	80 (46%)
Chaplaincy	68 (39%)
Not offered any information	52 (30%)

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

Yes	120 (65%)
No.....	53 (29%)
Don't remember	12 (6%)

Q3.10 How soon after you arrived here did you go on an induction course?

Have not been on an induction course	49 (27%)
Within the first week.....	106 (58%)
More than a week	14 (8%)
Don't remember	14 (8%)

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

Have not been on an induction course	49 (27%)
Yes	53 (29%)
No.....	59 (32%)
Don't remember	21 (12%)

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	49 (27%)
	<i>Within the first week</i>	78 (44%)
	<i>More than a week</i>	30 (17%)
	<i>Don't remember</i>	22 (12%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	<i>Communicate with your solicitor or legal representative?</i>	8 (4%)	35 (19%)	22 (12%)	41 (23%)	55 (31%)
	<i>Attend legal visits?</i>	19 (11%)	51 (30%)	34 (20%)	18 (11%)	19 (11%)
	<i>Get bail information?</i>	5 (3%)	8 (5%)	25 (16%)	26 (16%)	45 (28%)
						N/A
						19 (11%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					19 (11%)
	<i>Yes</i>					78 (44%)
	<i>No</i>					81 (46%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					35 (20%)
	<i>No</i>					35 (20%)
	<i>Don't know</i>					106 (60%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	78 (42%)	101 (55%)	5 (3%)		
	<i>Are you normally able to have a shower every day?</i>	83 (46%)	96 (53%)	3 (2%)		
	<i>Do you normally receive clean sheets every week?</i>	59 (32%)	116 (64%)	7(4%)		
	<i>Do you normally get cell cleaning materials every week?</i>	54 (30%)	120 (67%)	6 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	14 (8%)	158 (87%)	10 (5%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	87 (49%)	88 (49%)	4 (2%)		
	<i>If you need to, can you normally get your stored property?</i>	17 (10%)	125 (71%)	35 (20%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					0 (0%)
	<i>Good</i>					20 (11%)
	<i>Neither</i>					29 (16%)
	<i>Bad</i>					55 (30%)
	<i>Very bad</i>					81 (44%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	<i>Have not bought anything yet/ don't know</i>					8 (4%)
	<i>Yes</i>					93 (52%)
	<i>No</i>					78 (44%)
Q4.7	Can you speak to a Listener at any time, if you want to?					
	<i>Yes</i>					92 (51%)
	<i>No</i>					29 (16%)
	<i>Don't know</i>					60 (33%)
Q4.8	Are your religious beliefs respected?					
	<i>Yes</i>					78 (43%)
	<i>No</i>					31 (17%)

Don't know/ N/A..... 73 (40%)

Q4.9 Are you able to speak to a Chaplain of your faith in private if you want to?

Yes 71 (39%)
 No..... 27 (15%)
 Don't know/ N/A..... 82 (46%)

Q4.10 How easy or difficult is it for you to attend religious services?

I don't want to attend 45 (25%)
 Very easy..... 30 (17%)
 Easy 30 (17%)
 Neither 25 (14%)
 Difficult..... 11 (6%)
 Very difficult..... 10 (6%)
 Don't know 30 (17%)

Section 5: Applications and complaints

Q5.1 Is it easy to make an application?

Yes 127 (70%)
 No 49 (27%)
 Don't know 6 (3%)

Q5.2 Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option).

	Not made one	Yes	No
Are applications dealt with fairly?	10 (6%)	60 (34%)	104 (60%)
Are applications dealt with quickly (within seven days)?	10 (6%)	34 (20%)	123 (74%)

Q5.3 Is it easy to make a complaint?

Yes 99 (56%)
 No 40 (22%)
 Don't know 39 (22%)

Q5.4 Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option).

	Not made one	Yes	No
Are complaints dealt with fairly?	60 (34%)	20 (11%)	97 (55%)
Are complaints dealt with quickly (within seven days)?	60 (34%)	15 (9%)	99 (57%)

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

Yes 42 (24%)
 No..... 135 (76%)

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

Don't know who they are..... 80 (46%)
 Very easy 5 (3%)
 Easy 14 (8%)
 Neither 19 (11%)
 Difficult..... 27 (16%)
 Very difficult..... 29 (17%)

Section 6: Incentive and earned privileges scheme

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

Don't know what the IEP scheme is 45 (25%)
 Yes 51 (28%)

No	60 (33%)
Don't know	26 (14%)

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

Don't know what the IEP scheme is	45 (25%)
Yes	60 (33%)
No.....	55 (31%)
Don't know	20 (11%)

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

Yes	21 (11%)
No.....	163 (89%)

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

I have not been to segregation in the last 6 months	147 (83%)
Very well.....	1 (1%)
Well.....	6 (3%)
Neither	6 (3%)
Badly.....	8 (4%)
Very badly.....	10 (6%)

Section 7: Relationships with staff

Q7.1 Do most staff treat you with respect?

Yes	121 (67%)
No.....	60 (33%)

Q7.2 Is there a member of staff you can turn to for help if you have a problem?

Yes	117 (65%)
No.....	62 (35%)

Q7.3 Has a member of staff checked on you personally in the last week to see how you are getting on?

Yes	28 (15%)
No.....	156 (85%)

Q7.4 How often do staff normally speak to you during association?

Do not go on association	16 (9%)
Never.....	61 (34%)
Rarely	46 (26%)
Some of the time	35 (19%)
Most of the time	14 (8%)
All of the time.....	8 (4%)

Q7.5 When did you first meet your personal (named) officer?

I have not met him/her	157 (87%)
In the first week.....	4 (2%)
More than a week.....	9 (5%)
Don't remember	10 (6%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/ her	157 (88%)
Very helpful.....	3 (2%)
Helpful	6 (3%)
Neither	4 (2%)

Not very helpful	1 (1%)
Not at all helpful.....	7 (4%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	103 (56%)
	No.....	80 (44%)
Q8.2	Do you feel unsafe now?	
	Yes	43 (25%)
	No.....	132 (75%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	80 (47%)
	Everywhere	29 (17%)
	Segregation unit	7 (4%)
	Association areas	25 (15%)
	Reception area	13 (8%)
	At the gym	10 (6%)
	In an exercise yard	19 (11%)
	At work.....	13 (8%)
	During movement	33 (19%)
	At education	7 (4%)
	At meal times.....	16 (9%)
	At health services.....	19 (11%)
	Visits area	7 (4%)
	In wing showers	23 (13%)
	In gym showers	5 (3%)
	In corridors/stairwells.....	20 (12%)
	On your landing/wing	31 (18%)
	In your cell.....	15 (9%)
	At religious services.....	7 (4%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	80 (43%)
	No.....	104 (57%)
Q8.5	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)	28 (15%)
	Physical abuse (being hit, kicked or assaulted)	23 (13%)
	Sexual abuse	4 (2%)
	Feeling threatened or intimidated	42 (23%)
	Having your canteen/property taken.....	24 (13%)
	Medication.....	12 (7%)
	Debt	6 (3%)
	Drugs.....	9 (5%)
	Your race or ethnic origin.....	11 (6%)
	Your religion/religious beliefs	9 (5%)
	Your nationality	7 (4%)
	You are from a different part of the country than others.....	11 (6%)
	You are from a traveller community	5 (3%)
	Your sexual orientation	4 (2%)
	Your age.....	3 (2%)
	You have a disability.....	10 (5%)
	You were new here.....	17 (9%)
	Your offence/ crime	19 (10%)
	Gang related issues.....	14 (8%)
Q8.6	Have you been victimised by staff here?	
	Yes	74 (41%)
	No.....	105 (59%)
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)	26 (15%)
	Physical abuse (being hit, kicked or assaulted)	17 (9%)

Sexual abuse	5 (3%)
Feeling threatened or intimidated	32 (18%)
Medication	15 (9%)
Debt	5 (3%)
Drugs	6 (3%)
Your race or ethnic origin	8 (4%)
Your religion/religious beliefs	9 (5%)
Your nationality	11 (6%)
You are from a different part of the country than others	10 (6%)
You are from a traveller community	8 (4%)
Your sexual orientation	6 (3%)
Your age	7 (4%)
You have a disability	10 (6%)
You were new here	15 (9%)
Your offence/ crime	18 (10%)
Gang related issues	4 (2%)

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

Not been victimised	75 (48%)
Yes	29 (19%)
No	51 (33%)

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	17 (9%)	4 (2%)	24 (13%)	16 (9%)	63 (35%)	56 (31%)
The nurse	17 (10%)	9 (5%)	36 (21%)	21 (12%)	53 (30%)	38 (22%)
The dentist	29 (17%)	1 (1%)	5 (3%)	8 (5%)	38 (22%)	93 (53%)

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	29 (16%)	14 (8%)	35 (20%)	35 (20%)	30 (17%)	35 (20%)
The nurse	24 (14%)	15 (9%)	51 (29%)	35 (20%)	14 (8%)	37 (21%)
The dentist	60 (35%)	11 (6%)	16 (9%)	24 (14%)	19 (11%)	40 (24%)

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

Not been	22 (12%)
Very good	12 (7%)
Good	28 (15%)
Neither	21 (12%)
Bad	50 (28%)
Very bad	48 (27%)

Q9.4 Are you currently taking medication?

Yes	102 (55%)
No	83 (45%)

Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?

Not taking medication	83 (45%)
Yes, all my meds	53 (29%)
Yes, some of my meds	21 (11%)
No	28 (15%)

Q9.6 Do you have any emotional or mental health problems?

Yes	75 (41%)
No	108 (59%)

Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems.....</i>	108 (60%)
	Yes.....	26 (15%)
	No.....	45 (25%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	47 (25%)
	No.....	139 (75%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	30 (16%)
	No.....	156 (84%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	51 (29%)
	Easy.....	20 (11%)
	Neither.....	8 (5%)
	Difficult.....	7 (4%)
	Very difficult.....	6 (3%)
	Don't know.....	85 (48%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	26 (14%)
	Easy.....	19 (11%)
	Neither.....	19 (11%)
	Difficult.....	11 (6%)
	Very difficult.....	9 (5%)
	Don't know.....	96 (53%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	18 (10%)
	No.....	168 (90%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	16 (9%)
	No.....	169 (91%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem.....</i>	131 (71%)
	Yes.....	35 (19%)
	No.....	19 (10%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem.....</i>	156 (84%)
	Yes.....	18 (10%)
	No.....	11 (6%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help.....</i>	121 (69%)
	Yes.....	29 (16%)
	No.....	26 (15%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?					
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i> <i>Very difficult</i>
	Prison job	20 (11%)	16 (9%)	43 (24%)	25 (14%)	47 (27%) 26 (15%)
	Vocational or skills training	39 (23%)	6 (4%)	29 (17%)	24 (14%)	40 (24%) 32 (19%)
	Education (including basic skills)	26 (15%)	12 (7%)	47 (27%)	25 (15%)	37 (22%) 25 (15%)
	Offending behaviour programmes	59 (34%)	2 (1%)	16 (9%)	25 (15%)	36 (21%) 34 (20%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)					
	<i>Not involved in any of these</i>					47 (27%)
	Prison job					101 (58%)
	Vocational or skills training.....					19 (11%)
	Education (including basic skills).....					51 (29%)
	Offending behaviour programmes					5 (3%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?					
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	
	Prison job	35 (22%)	32 (20%)	76 (48%)	14 (9%)	
	Vocational or skills training	48 (41%)	25 (22%)	29 (25%)	14 (12%)	
	Education (including basic skills)	47 (35%)	43 (32%)	34 (25%)	12 (9%)	
	Offending behaviour programmes	56 (49%)	21 (18%)	21 (18%)	16 (14%)	
Q11.4	How often do you usually go to the library?					
	<i>Don't want to go</i>					29 (16%)
	<i>Never</i>					94 (53%)
	<i>Less than once a week</i>					43 (24%)
	<i>About once a week</i>					9 (5%)
	<i>More than once a week</i>					2 (1%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?					
	<i>Don't use it</i>					71 (44%)
	<i>Yes</i>					39 (24%)
	<i>No</i>					53 (33%)
Q11.6	How many times do you usually go to the gym each week?					
	<i>Don't want to go</i>					40 (23%)
	<i>0</i>					44 (25%)
	<i>1 to 2</i>					65 (37%)
	<i>3 to 5</i>					24 (14%)
	<i>More than 5</i>					3 (2%)
Q11.7	How many times do you usually go outside for exercise each week?					
	<i>Don't want to go</i>					13 (8%)
	<i>0</i>					49 (28%)
	<i>1 to 2</i>					83 (48%)
	<i>3 to 5</i>					21 (12%)
	<i>More than 5</i>					6 (3%)
Q11.8	How many times do you usually have association each week?					
	<i>Don't want to go</i>					4 (2%)
	<i>0</i>					22 (13%)
	<i>1 to 2</i>					73 (42%)
	<i>3 to 5</i>					59 (34%)
	<i>More than 5</i>					15 (9%)

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

<i>Less than 2 hours</i>	66 (38%)
<i>2 to less than 4 hours</i>	40 (23%)
<i>4 to less than 6 hours</i>	31 (18%)
<i>6 to less than 8 hours</i>	18 (10%)
<i>8 to less than 10 hours</i>	6 (3%)
<i>10 hours or more</i>	6 (3%)
<i>Don't know</i>	9 (5%)

Section 12: Contact with family and friends**Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**

<i>Yes</i>	36 (20%)
<i>No</i>	142 (80%)

Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?

<i>Yes</i>	113 (64%)
<i>No</i>	63 (36%)

Q12.3 Have you had any problems getting access to the telephones?

<i>Yes</i>	108 (61%)
<i>No</i>	69 (39%)

Q12.4 How easy or difficult is it for your family and friends to get here?

<i>I don't get visits</i>	29 (17%)
<i>Very easy</i>	9 (5%)
<i>Easy</i>	24 (14%)
<i>Neither</i>	11 (6%)
<i>Difficult</i>	46 (26%)
<i>Very difficult</i>	51 (29%)
<i>Don't know</i>	5 (3%)

Section 13: Preparation for release**Q13.1 Do you have a named offender manager (home probation officer) in the probation service?**

<i>Not sentenced</i>	58 (33%)
<i>Yes</i>	65 (37%)
<i>No</i>	54 (31%)

Q13.2 What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)

<i>Not sentenced/ NA</i>	112 (63%)
<i>No contact</i>	28 (16%)
<i>Letter</i>	22 (12%)
<i>Phone</i>	9 (5%)
<i>Visit</i>	27 (15%)

Q13.3 Do you have a named offender supervisor in this prison?

<i>Yes</i>	35 (20%)
<i>No</i>	137 (80%)

Q13.4 Do you have a sentence plan?

<i>Not sentenced</i>	58 (33%)
<i>Yes</i>	35 (20%)
<i>No</i>	83 (47%)

Q13.5	How involved were you in the development of your sentence plan?			
	<i>Do not have a sentence plan/ not sentenced</i>	141	(79%)	
	<i>Very involved</i>	10	(6%)	
	<i>Involved</i>	7	(4%)	
	<i>Neither</i>	6	(3%)	
	<i>Not very involved</i>	4	(2%)	
	<i>Not at all involved</i>	11	(6%)	
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>	141	(79%)	
	<i>Nobody</i>	25	(14%)	
	<i>Offender supervisor</i>	2	(1%)	
	<i>Offender manager</i>	5	(3%)	
	<i>Named/ personal officer</i>	2	(1%)	
	<i>Staff from other departments</i>	6	(3%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	141	(79%)	
	<i>Yes</i>	19	(11%)	
	<i>No</i>	8	(4%)	
	<i>Don't know</i>	11	(6%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	141	(79%)	
	<i>Yes</i>	14	(8%)	
	<i>No</i>	14	(8%)	
	<i>Don't know</i>	9	(5%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>	141	(79%)	
	<i>Yes</i>	9	(5%)	
	<i>No</i>	13	(7%)	
	<i>Don't know</i>	15	(8%)	
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>	9	(5%)	
	<i>No</i>	79	(46%)	
	<i>Don't know</i>	85	(49%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>	11	(6%)	
	<i>No</i>	159	(94%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release: (please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	35 (23%)	22 (14%)	98 (63%)
	Accommodation	27 (18%)	34 (22%)	93 (60%)
	Benefits	27 (18%)	39 (26%)	85 (56%)
	Finances	32 (22%)	20 (14%)	95 (65%)
	Education	37 (25%)	19 (13%)	90 (62%)
	Drugs and alcohol	49 (33%)	36 (24%)	64 (43%)

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?

<i>Not sentenced</i>	58 (34%)
Yes	49 (28%)
No.....	66 (38%)

Main comparator and comparator to last time



Prisoner survey responses HMP Elmley 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

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		187	6,004	187	194
SECTION 1: General information					
1.2	Are you under 21 years of age?	6%	6%	6%	8%
1.3	Are you sentenced?	69%	67%	69%	71%
1.3	Are you on recall?	6%	9%	6%	11%
1.4	Is your sentence less than 12 months?	15%	21%	15%	15%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	3%	6%	3%
1.5	Are you a foreign national?	15%	13%	15%	15%
1.6	Do you understand spoken English?	96%	97%	96%	100%
1.7	Do you understand written English?	94%	96%	94%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	24%	19%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	5%	8%	12%
1.1	Are you Muslim?	8%	12%	8%	9%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	3%
1.12	Do you consider yourself to have a disability?	30%	23%	30%	23%
1.13	Are you a veteran (ex-armed services)?	6%	5%	6%	4%
1.14	Is this your first time in prison?	43%	31%	43%	38%
1.15	Do you have any children under the age of 18?	48%	54%	48%	54%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	32%	20%	32%	27%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	50%	36%	50%	40%
2.3	Were you offered a toilet break?	3%	9%	3%	4%
2.4	Was the van clean?	62%	58%	62%	69%
2.5	Did you feel safe?	68%	75%	68%	74%
2.6	Were you treated well/very well by the escort staff?	70%	67%	70%	73%
2.7	Before you arrived here were you told that you were coming here?	65%	64%	65%	69%
2.7	Before you arrived here did you receive any written information about coming here?	4%	4%	4%	5%
2.8	When you first arrived here did your property arrive at the same time as you?	73%	81%	73%	76%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	54%	42%	54%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	77%	74%	69%
3.3	Were you treated well/very well in reception?	57%	63%	57%	61%
	When you first arrived:				
3.4	Did you have any problems?	83%	74%	83%	71%
3.4	Did you have any problems with loss of property?	22%	14%	22%	17%
3.4	Did you have any housing problems?	19%	21%	19%	17%
3.4	Did you have any problems contacting employers?	7%	5%	7%	3%
3.4	Did you have any problems contacting family?	41%	31%	41%	28%
3.4	Did you have any problems ensuring dependants were being looked after?	4%	3%	4%	2%
3.4	Did you have any money worries?	24%	23%	24%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	22%	22%	18%
3.4	Did you have any physical health problems?	16%	18%	16%	14%
3.4	Did you have any mental health problems?	26%	21%	26%	16%
3.4	Did you have any problems with needing protection from other prisoners?	11%	7%	11%	7%
3.4	Did you have problems accessing phone numbers?	38%	30%	38%	29%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	23%	34%	23%	37%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	76%	83%	76%	80%
3.6	A shower?	17%	33%	17%	30%
3.6	A free telephone call?	24%	59%	24%	21%
3.6	Something to eat?	75%	74%	75%	73%
3.6	PIN phone credit?	53%	57%	53%	64%
3.6	Toiletries/ basic items?	64%	61%	64%	60%
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	42%	45%	42%	60%
3.7	Someone from health services?	72%	69%	72%	73%
3.7	A Listener/Samaritans?	40%	34%	40%	45%
3.7	Prison shop/ canteen?	14%	20%	14%	15%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	36%	46%	36%	48%
3.8	Support was available for people feeling depressed or suicidal?	36%	43%	36%	48%
3.8	How to make routine requests?	35%	40%	35%	37%
3.8	Your entitlement to visits?	31%	42%	31%	42%
3.8	Health services?	46%	49%	46%	53%

Main comparator and comparator to last time

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3.8	The chaplaincy?	39%	44%	39%	50%
3.9	Did you feel safe on your first night here?	65%	73%	65%	73%
3.10	Have you been on an induction course?	73%	78%	73%	85%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	40%	56%	40%	56%
3.12	Did you receive an education (skills for life) assessment?	73%	73%	73%	68%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	24%	40%	24%	37%
4.1	Attend legal visits?	41%	56%	41%	56%
4.1	Get bail information?	8%	21%	8%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	40%	44%	46%
4.3	Can you get legal books in the library?	20%	37%	20%	37%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	42%	54%	42%	66%
4.4	Are you normally able to have a shower every day?	46%	79%	46%	78%
4.4	Do you normally receive clean sheets every week?	32%	78%	32%	88%
4.4	Do you normally get cell cleaning materials every week?	30%	57%	30%	77%
4.4	Is your cell call bell normally answered within five minutes?	8%	32%	8%	21%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	49%	64%	49%	59%
4.4	Can you normally get your stored property, if you need to?	10%	23%	10%	19%
4.5	Is the food in this prison good/very good?	11%	23%	11%	15%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	47%	52%	42%
4.7	Are you able to speak to a Listener at any time, if you want to?	51%	55%	51%	61%
4.8	Are your religious beliefs are respected?	43%	52%	43%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	39%	51%	39%	51%
4.10	Is it easy/very easy to attend religious services?	33%	45%	33%	45%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	70%	75%	70%	77%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	37%	55%	37%	58%
5.2	Do you feel applications are dealt with quickly (within seven days)?	22%	43%	22%	32%
5.3	Is it easy to make a complaint?	56%	49%	56%	55%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	17%	32%	17%	26%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	13%	32%	13%	23%
5.5	Have you ever been prevented from making a complaint when you wanted to?	24%	19%	24%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	11%	21%	11%	16%

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SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	28%	43%	28%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	44%	33%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	8%	11%	11%
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?	23%	35%	23%	30%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	67%	74%	67%	75%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	71%	65%	77%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	15%	28%	15%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	12%	18%	12%	25%
7.5	Do you have a personal officer?	13%	42%	13%	50%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	43%	67%	43%	59%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	56%	40%	56%	39%
8.2	Do you feel unsafe now?	25%	17%	25%	14%
8.4	Have you been victimised by other prisoners here?	44%	25%	44%	23%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	11%	15%	9%
8.5	Hit, kicked or assaulted you?	13%	7%	13%	10%
8.5	Sexually abused you?	2%	1%	2%	0%
8.5	Threatened or intimidated you?	23%	14%	23%	13%
8.5	Taken your canteen/property?	13%	6%	13%	6%
8.5	Victimised you because of medication?	7%	5%	7%	4%
8.5	Victimised you because of debt?	3%	3%	3%	2%
8.5	Victimised you because of drugs?	5%	4%	5%	2%
8.5	Victimised you because of your race or ethnic origin?	6%	3%	6%	2%
8.5	Victimised you because of your religion/religious beliefs?	5%	3%	5%	1%
8.5	Victimised you because of your nationality?	4%	3%	4%	2%
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	3%
8.5	Victimised you because you are from a Traveller community?	3%	1%	3%	2%
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.5	Victimised you because of your age?	2%	2%	2%	0%
8.5	Victimised you because you have a disability?	6%	3%	6%	2%
8.5	Victimised you because you were new here?	9%	6%	9%	5%
8.5	Victimised you because of your offence/crime?	10%	5%	10%	5%
8.5	Victimised you because of gang related issues?	8%	4%	8%	2%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	41%	29%	41%	31%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	11%	15%	12%
8.7	Hit, kicked or assaulted you?	10%	5%	10%	8%
8.7	Sexually abused you?	3%	1%	3%	0%
8.7	Threatened or intimidated you?	18%	12%	18%	15%
8.7	Victimised you because of medication?	8%	5%	8%	7%
8.7	Victimised you because of debt?	3%	2%	3%	1%
8.7	Victimised you because of drugs?	3%	3%	3%	4%
8.7	Victimised you because of your race or ethnic origin?	4%	4%	4%	5%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%	5%	2%
8.7	Victimised you because of your nationality?	6%	3%	6%	4%
8.7	Victimised you because you were from a different part of the country?	6%	3%	6%	4%
8.7	Victimised you because you are from a Traveller community?	4%	1%	4%	4%
8.7	Victimised you because of your sexual orientation?	3%	1%	3%	1%
8.7	Victimised you because of your age?	4%	2%	4%	2%
8.7	Victimised you because you have a disability?	6%	3%	6%	1%
8.7	Victimised you because you were new here?	8%	5%	8%	3%
8.7	Victimised you because of your offence/crime?	10%	4%	10%	5%
8.7	Victimised you because of gang related issues?	2%	2%	2%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	36%	33%	36%	28%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	16%	24%	16%	19%
9.1	Is it easy/very easy to see the nurse?	26%	48%	26%	36%
9.1	Is it easy/very easy to see the dentist?	3%	10%	3%	7%
	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?	33%	42%	33%	30%
9.2	The nurse?	43%	54%	43%	41%
9.2	The dentist?	25%	31%	25%	23%
9.3	The overall quality of health services?	25%	37%	25%	24%
9.4	Are you currently taking medication?	55%	50%	55%	45%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	73%	60%	73%	73%
9.6	Do you have any emotional well being or mental health problems?	41%	36%	41%	35%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	37%	43%	37%	38%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	25%	34%	25%	24%

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10.2	Did you have a problem with alcohol when you came into this prison?	16%	24%	16%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	31%	40%	29%
10.4	Is it easy/very easy to get alcohol in this prison?	25%	13%	25%	16%
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	8%	10%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	8%	9%	7%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	65%	62%	65%	72%
10.8	Have you received any support or help with your alcohol problem while in this prison?	62%	58%	62%	57%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	53%	76%	53%	68%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	33%	29%	33%	25%
11.1	Vocational or skills training?	21%	29%	21%	23%
11.1	Education (including basic skills)?	34%	44%	34%	38%
11.1	Offending behaviour programmes?	11%	17%	11%	14%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	58%	43%	58%	46%
11.2	Vocational or skills training?	11%	10%	11%	3%
11.2	Education (including basic skills)?	30%	26%	30%	25%
11.2	Offending behaviour programmes?	3%	8%	3%	4%
11.3	Have you had a job while in this prison?	78%	67%	78%	71%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	26%	41%	26%	37%
11.3	Have you been involved in vocational or skills training while in this prison?	59%	55%	59%	48%
	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?	37%	49%	37%	44%
11.3	Have you been involved in education while in this prison?	65%	66%	65%	60%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	48%	54%	48%	53%
11.3	Have you been involved in offending behaviour programmes while in this prison?	51%	52%	51%	48%
	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?	36%	45%	36%	41%
11.4	Do you go to the library at least once a week?	6%	32%	6%	20%
11.5	Does the library have a wide enough range of materials to meet your needs?	24%	33%	24%	32%
11.6	Do you go to the gym three or more times a week?	15%	28%	15%	32%
11.7	Do you go outside for exercise three or more times a week?	16%	38%	16%	23%
11.8	Do you go on association more than five times each week?	9%	46%	9%	28%

Main comparator and comparator to last time

Key to tables

		HMP Elmley 2014	Local prisons comparator	HMP Elmley 2014	HMP Elmley 2012
	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				
11.9	Do you spend ten or more hours out of your cell on a weekday?	3%	10%	3%	7%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	20%	33%	20%	29%
12.2	Have you had any problems with sending or receiving mail?	64%	47%	64%	60%
12.3	Have you had any problems getting access to the telephones?	61%	32%	61%	40%
12.4	Is it easy/ very easy for your friends and family to get here?	19%	38%	19%	24%
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	55%	60%	55%	56%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	42%	43%	42%	39%
13.2	Contact by letter?	33%	28%	33%	27%
13.2	Contact by phone?	13%	12%	13%	17%
13.2	Contact by visit?	39%	36%	39%	39%
13.3	Do you have a named offender supervisor in this prison?	20%	30%	20%	23%
For those who are sentenced:					
13.4	Do you have a sentence plan?	30%	37%	30%	37%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	45%	58%	45%	47%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	68%	44%	68%	52%
13.6	Offender supervisor?	5%	32%	5%	21%
13.6	Offender manager?	14%	26%	14%	27%
13.6	Named/ personal officer?	5%	10%	5%	21%
13.6	Staff from other departments?	16%	17%	16%	23%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	50%	57%	50%	53%
13.8	Are there plans for you to achieve any of your targets in another prison?	38%	26%	38%	21%
13.9	Are there plans for you to achieve any of your targets in the community?	24%	32%	24%	27%
13.10	Do you have a needs based custody plan?	5%	8%	5%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	7%	13%	7%	11%
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?	18%	29%	18%	25%
13.12	Accommodation?	27%	37%	27%	38%
13.12	Benefits?	31%	40%	31%	35%
13.12	Finances?	17%	24%	17%	21%
13.12	Education?	17%	30%	17%	22%
13.12	Drugs and alcohol?	36%	45%	36%	41%
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?	43%	47%	43%	39%

Diversity analysis



Key question responses (ethnicity and foreign national) HMP Elmley 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
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		35	151	27	159
1.3	Are you sentenced?	63%	70%	52%	72%
1.5	Are you a foreign national?	20%	13%		
1.6	Do you understand spoken English?	94%	96%	71%	100%
1.7	Do you understand written English?	94%	94%	71%	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.)			26%	18%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	9%	7%	9%
1.1	Are you Muslim?	42%	0%	19%	6%
1.12	Do you consider yourself to have a disability?	26%	30%	22%	31%
1.13	Are you a veteran (ex-armed services)?	3%	7%	11%	5%
1.14	Is this your first time in prison?	54%	40%	74%	38%
2.6	Were you treated well/very well by the escort staff?	63%	71%	55%	72%
2.7	Before you arrived here were you told that you were coming here?	56%	67%	56%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	75%	78%	73%
3.3	Were you treated well/very well in reception?	60%	56%	46%	59%
3.4	Did you have any problems when you first arrived?	79%	84%	88%	82%
3.7	Did you have access to someone from health care when you first arrived here?	69%	72%	83%	70%
3.9	Did you feel safe on your first night here?	59%	67%	52%	67%
3.10	Have you been on an induction course?	77%	72%	77%	72%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	30%	23%	22%	24%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	49%	41%	42%	42%
4.4	Are you normally able to have a shower every day?	47%	45%	50%	45%
4.4	Is your cell call bell normally answered within five minutes?	3%	9%	17%	6%
4.5	Is the food in this prison good/very good?	9%	11%	19%	10%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	27%	58%	44%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	41%	54%	22%	55%
4.8	Do you feel your religious beliefs are respected?	43%	43%	50%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	44%	39%	33%	41%
5.1	Is it easy to make an application?	66%	71%	52%	73%
5.3	Is it easy to make a complaint?	45%	58%	46%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	23%	29%	12%	31%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	34%	19%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	11%	8%	12%
7.1	Do most staff, in this prison, treat you with respect?	73%	65%	74%	66%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	64%	69%	65%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	6%	14%	8%	13%
7.4	Do you have a personal officer?	26%	10%	4%	14%
8.1	Have you ever felt unsafe here?	50%	58%	59%	56%
8.2	Do you feel unsafe now?	16%	27%	26%	25%
8.3	Have you been victimised by other prisoners?	44%	44%	41%	44%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	15%	25%	15%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	21%	3%	7%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	12%	3%	4%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	3%	7%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British 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)	3%	6%	4%	6%
8.6	Have you been victimised by a member of staff?	44%	41%	41%	41%
8.7	Have you ever felt threatened or intimidated by staff here?	10%	20%	7%	20%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	3%	4%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	3%	0%	6%
8.7	Have you been victimised because of your nationality? (By staff)	10%	5%	11%	5%
8.7	Have you been victimised because you have a disability? (By staff)	6%	5%	7%	5%
9.1	Is it easy/very easy to see the doctor?	12%	17%	15%	16%
9.1	Is it easy/ very easy to see the nurse?	27%	26%	17%	28%
9.4	Are you currently taking medication?	40%	58%	48%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	31%	44%	37%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	35%	42%	21%	43%
11.2	Are you currently working in the prison?	52%	60%	56%	59%
11.2	Are you currently undertaking vocational or skills training?	3%	12%	12%	11%
11.2	Are you currently in education (including basic skills)?	32%	28%	48%	27%
11.2	Are you currently taking part in an offending behaviour programme?	0%	4%	0%	3%
11.4	Do you go to the library at least once a week?	12%	4%	13%	5%
11.6	Do you go to the gym three or more times a week?	27%	13%	4%	17%
11.7	Do you go outside for exercise three or more times a week?	13%	16%	28%	14%
11.8	On average, do you go on association more than five times each week?	12%	8%	9%	9%
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%	4%	5%	3%
12.2	Have you had any problems sending or receiving mail?	67%	63%	52%	66%
12.3	Have you had any problems getting access to the telephones?	74%	58%	68%	60%



Diversity Analysis

Key question responses (disability and over 50) HMP Elmley 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				
Number of completed questionnaires returned		55	131	26	160
1.3	Are you sentenced?	69%	70%	61%	71%
1.5	Are you a foreign national?	11%	16%	15%	15%
1.6	Do you understand spoken English?	95%	96%	96%	96%
1.7	Do you understand written English?	91%	96%	96%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	17%	20%	23%	18%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	12%	7%	0%	10%
1.1	Are you Muslim?	8%	8%	0%	9%
1.12	Do you consider yourself to have a disability?			50%	26%
1.13	Are you a veteran (ex-armed services)?	9%	5%	15%	4%
1.14	Is this your first time in prison?	36%	47%	61%	41%
2.6	Were you treated well/very well by the escort staff?	67%	70%	85%	67%
2.7	Before you arrived here were you told that you were coming here?	64%	65%	50%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	75%	83%	73%
3.3	Were you treated well/very well in reception?	65%	54%	80%	53%
3.4	Did you have any problems when you first arrived?	93%	79%	85%	83%
3.7	Did you have access to someone from health care when you first arrived here?	64%	75%	65%	72%
3.9	Did you feel safe on your first night here?	47%	73%	65%	65%
3.10	Have you been on an induction course?	67%	75%	84%	71%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	23%	24%	23%	24%
4.4	Are you normally offered enough clean, suitable clothes for the week?	26%	50%	61%	40%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners 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					
4.4	Are you normally able to have a shower every day?	35%	50%		46%	46%
4.4	Is your cell call bell normally answered within five minutes?	7%	8%		8%	8%
4.5	Is the food in this prison good/very good?	22%	6%		15%	10%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	45%	55%		62%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	48%		60%	50%
4.8	Do you feel your religious beliefs are respected?	44%	43%		61%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	40%	40%		44%	39%
5.1	Is it easy to make an application?	73%	68%		81%	68%
5.3	Is it easy to make a complaint?	53%	57%		52%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	25%	30%		27%	28%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	28%	36%		32%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	22%	7%		4%	13%
7.1	Do most staff, in this prison, treat you with respect?	65%	67%		80%	65%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	66%		71%	64%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	14%	12%		13%	12%
7.4	Do you have a personal officer?	17%	10%		25%	11%
8.1	Have you ever felt unsafe here?	76%	48%		64%	55%
8.2	Do you feel unsafe now?	31%	22%		22%	25%
8.3	Have you been victimised by other prisoners?	65%	35%		44%	44%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	39%	16%		24%	23%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	6%		0%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	5%		0%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	3%		0%	4%

Key to tables

Diversity Analysis

		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				
8.5	Have you been victimised because of your age? (By prisoners)	2%	2%	0%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	15%	2%	0%	6%
8.6	Have you been victimised by a member of staff?	53%	37%	35%	43%
8.7	Have you ever felt threatened or intimidated by staff here?	28%	14%	15%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	4%	8%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	5%	0%	6%
8.7	Have you been victimised because of your nationality? (By staff)	4%	7%	8%	6%
8.7	Have you been victimised because of your age? (By staff)	8%	2%	4%	4%
8.7	Have you been victimised because you have a disability? (By staff)	10%	4%	4%	6%
9.1	Is it easy/very easy to see the doctor?	17%	15%	15%	16%
9.1	Is it easy/ very easy to see the nurse?	32%	23%	24%	26%
9.4	Are you currently taking medication?	78%	46%	85%	51%
9.6	Do you feel you have any emotional well being/mental health issues?	80%	24%	39%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	40%	25%	43%
11.2	Are you currently working in the prison?	46%	64%	61%	58%
11.2	Are you currently undertaking vocational or skills training?	6%	13%	8%	12%
11.2	Are you currently in education (including basic skills)?	40%	25%	23%	31%
11.2	Are you currently taking part in an offending behaviour programme?	2%	3%	0%	3%
11.4	Do you go to the library at least once a week?	6%	6%	16%	5%
11.6	Do you go to the gym three or more times a week?	12%	17%	0%	18%
11.7	Do you go outside for exercise three or more times a week?	13%	17%	17%	16%
11.8	On average, do you go on association more than five times each week?	11%	8%	4%	10%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	2%	4%	4%	3%
12.2	Have you had any problems sending or receiving mail?	67%	63%	32%	69%
12.3	Have you had any problems getting access to the telephones?	61%	61%	58%	61%



Prisoner survey responses HMP Elmley: Vulnerable prisoners comparator

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

		Houseblock 6B	All other wings (excluding healthcare and CSU)
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		26	156
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	7%
1.3	Are you sentenced?	73%	69%
1.3	Are you on recall?	4%	7%
1.4	Is your sentence less than 12 months?	8%	16%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	5%
1.5	Are you a foreign national?	4%	16%
1.6	Do you understand spoken English?	100%	96%
1.7	Do you understand written English?	100%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	8%	21%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	10%
1.1	Are you Muslim?	0%	8%
1.11	Are you homosexual/gay or bisexual?	4%	3%
1.12	Do you consider yourself to have a disability?	42%	27%
1.13	Are you a veteran (ex-armed services)?	12%	5%
1.14	Is this your first time in prison?	73%	37%
1.15	Do you have any children under the age of 18?	27%	52%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	27%	34%
2.5	Did you feel safe?	61%	69%
2.6	Were you treated well/very well by the escort staff?	88%	67%
2.7	Before you arrived here were you told that you were coming here?	52%	67%
2.8	When you first arrived here did your property arrive at the same time as you?	76%	73%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	58%	53%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	72%
3.3	Were you treated well/very well in reception?	69%	54%
When you first arrived:			
3.4	Did you have any problems?	85%	83%
3.4	Did you have any problems with loss of property?	15%	23%

Key to tables

	Any percentage highlighted in green is significantly better	Houseblock 6B	All other wings (excluding healthcare and CSU)
	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		
3.4	Did you have any housing problems?	12%	20%
3.4	Did you have any problems contacting employers?	8%	7%
3.4	Did you have any problems contacting family?	42%	41%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	5%
3.4	Did you have any money worries?	8%	27%
3.4	Did you have any problems with feeling depressed or suicidal?	37%	18%
3.4	Did you have any physical health problems?	15%	15%
3.4	Did you have any mental health problems?	35%	23%
3.4	Did you have any problems with needing protection from other prisoners?	42%	5%
3.4	Did you have problems accessing phone numbers?	42%	37%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	46%	81%
3.6	A shower?	15%	17%
3.6	A free telephone call?	12%	27%
3.6	Something to eat?	77%	76%
3.6	PIN phone credit?	23%	59%
3.6	Toiletries/ basic items?	73%	63%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	42%	42%
3.7	Someone from health services?	58%	74%
3.7	A Listener/Samaritans?	42%	40%
3.7	Prison shop/ canteen?	8%	16%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	32%	36%
3.8	Support was available for people feeling depressed or suicidal?	24%	39%
3.8	How to make routine requests?	24%	37%
3.8	Your entitlement to visits?	12%	36%
3.8	Health services?	28%	50%
3.8	The chaplaincy?	20%	43%
3.9	Did you feel safe on your first night here?	56%	66%
3.10	Have you been on an induction course?	84%	72%
3.12	Did you receive an education (skills for life) assessment?	81%	72%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	20%	25%
4.1	Attend legal visits?	36%	42%
4.1	Get bail information?	4%	9%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	42%

Key to tables

	Any percentage highlighted in green is significantly better	Houseblock 6B	All other wings (excluding healthcare and CSU)
	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		
4.3	Can you get legal books in the library?	8%	22%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	65%	40%
4.4	Are you normally able to have a shower every day?	35%	46%
4.4	Do you normally receive clean sheets every week?	19%	35%
4.4	Do you normally get cell cleaning materials every week?	19%	31%
4.4	Is your cell call bell normally answered within five minutes?	8%	7%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	35%	51%
4.4	Can you normally get your stored property, if you need to?	0%	11%
4.5	Is the food in this prison good/very good?	12%	10%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	73%	47%
4.8	Are your religious beliefs are respected?	42%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	40%	39%
4.10	Is it easy/very easy to attend religious services?	27%	35%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	92%	67%
5.3	Is it easy to make a complaint?	77%	53%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	25%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	15%	10%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	27%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	11%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	69%	67%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	79%	64%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	27%	12%
7.4	Do staff normally speak to you most of the time/all of the time during association?	19%	10%
7.5	Do you have a personal officer?	15%	12%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	73%	54%
8.2	Do you feel unsafe now?	22%	26%
8.4	Have you been victimised by other prisoners here?	69%	40%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	23%	14%
8.5	Hit, kicked or assaulted you?	12%	13%

Key to tables

	Any percentage highlighted in green is significantly better	Houseblock 6B	All other wings (excluding healthcare and CSU)
	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	Sexually abused you?	4%	2%
8.5	Threatened or intimidated you?	50%	18%
8.5	Taken your canteen/property?	19%	12%
8.5	Victimised you because of medication?	8%	6%
8.5	Victimised you because of debt?	0%	4%
8.5	Victimised you because of drugs?	0%	6%
8.5	Victimised you because of your race or ethnic origin?	0%	7%
8.5	Victimised you because of your religion/religious beliefs?	4%	5%
8.5	Victimised you because of your nationality?	0%	5%
8.5	Victimised you because you were from a different part of the country?	0%	7%
8.5	Victimised you because you are from a traveller community?	0%	3%
8.5	Victimised you because of your sexual orientation?	4%	2%
8.5	Victimised you because of your age?	0%	2%
8.5	Victimised you because you have a disability?	8%	5%
8.5	Victimised you because you were new here?	15%	9%
8.5	Victimised you because of your offence/crime?	35%	7%
8.5	Victimised you because of gang related issues?	4%	9%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	46%	40%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	15%	13%
8.7	Hit, kicked or assaulted you?	8%	10%
8.7	Sexually abused you?	4%	3%
8.7	Threatened or intimidated you?	19%	18%
8.7	Victimised you because of medication?	15%	7%
8.7	Victimised you because of debt?	0%	3%
8.7	Victimised you because of drugs?	0%	4%
8.7	Victimised you because of your race or ethnic origin?	4%	5%
8.7	Victimised you because of your religion/religious beliefs?	0%	6%
8.7	Victimised you because of your nationality?	4%	7%
8.7	Victimised you because you were from a different part of the country?	0%	7%
8.7	Victimised you because you are from a traveller community?	0%	5%
8.7	Victimised you because of your sexual orientation?	4%	3%
8.7	Victimised you because of your age?	0%	5%
8.7	Victimised you because you have a disability?	8%	5%
8.7	Victimised you because you were new here?	8%	9%
8.7	Victimised you because of your offence/crime?	31%	7%
8.7	Victimised you because of gang related issues?	0%	3%

Key to tables

	Any percentage highlighted in green is significantly better	Houseblock 6B	All other wings (excluding healthcare and CSU)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	15%	15%
9.1	Is it easy/very easy to see the nurse?	23%	25%
9.1	Is it easy/very easy to see the dentist?	8%	3%
9.4	Are you currently taking medication?	54%	55%
9.6	Do you have any emotional well being or mental health problems?	50%	39%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	8%	28%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	17%
10.3	Is it easy/very easy to get illegal drugs in this prison?	35%	41%
10.4	Is it easy/very easy to get alcohol in this prison?	8%	28%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	12%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	9%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	39%	33%
11.1	Vocational or skills training?	17%	22%
11.1	Education (including basic skills)?	35%	35%
11.1	Offending Behaviour Programmes?	9%	11%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	80%	55%
11.2	Vocational or skills training?	16%	10%
11.2	Education (including basic skills)?	24%	31%
11.2	Offending Behaviour Programmes?	0%	4%
11.4	Do you go to the library at least once a week?	4%	7%
11.5	Does the library have a wide enough range of materials to meet your needs?	35%	22%
11.6	Do you go to the gym three or more times a week?	4%	17%
11.7	Do you go outside for exercise three or more times a week?	12%	17%
11.8	Do you go on association more than five times each week?	4%	8%
11.9	Do you spend ten or more hours out of your cell on a weekday?	8%	3%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	31%	18%
12.2	Have you had any problems with sending or receiving mail?	65%	65%
12.3	Have you had any problems getting access to the telephones?	65%	59%
12.4	Is it easy/ very easy for your friends and family to get here?	20%	19%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	31%	18%
13.10	Do you have a needs based custody plan?	0%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	6%