

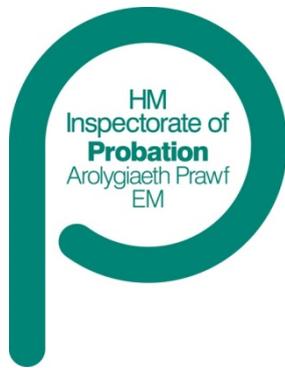
Report on an unannounced inspection of

HMP Swaleside

by HM Chief Inspector of Prisons

29 March – 8 April 2016

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



Crown copyright 2016

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or email: psi@nationalarchives.gsi.gov.uk

Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	29
Section 3. Purposeful activity	41
Section 4. Resettlement	47
Section 5. Summary of recommendations	55
Section 6. Appendices	61
Appendix I: Inspection team	61
Appendix II: Progress on recommendations from the last report	63
Appendix III: Care Quality Commission Requirement Notices	71
Appendix IV: Prison population profile	73
Appendix V: Summary of prisoner questionnaires and interviews	77

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

Swaleside is a category B training prison on the Isle of Sheppey in Kent. At the time of this inspection it held just over 1,100 adult men, all serving long determinate or indeterminate sentences. Its catchment area is mainly London and the South East but as a national resource it also held men from across England and Wales. At the last inspection in Spring 2014, we reported that significant staffing shortages were having a negative impact on outcomes for prisoners, and we deemed safety, purposeful activity and resettlement to be not sufficiently good. In many respects, outcomes at this inspection have further deteriorated in all four of our healthy prison tests, with safety in particular being of concern. To put it bluntly, the only sensible conclusion we could reach, on the basis of the very clear evidence before us, was that at the time of the inspection Swaleside was not a safe prison.

It is important to understand some of the context for this. Swaleside had been a struggling prison for some time, and the population had become more challenging, with a much higher proportion of category B prisoners, often relatively young men early in their sentence and still pushing boundaries. This change in the demographic had happened very recently, and it was relevant that nearly half of the men held had been at the prison for less than 12 months. Meanwhile, many staff had become demotivated and overwhelmed and too many of them were temporary or inexperienced. Moreover, there was the all too familiar story of a lack of consistency in the leadership of the prison. There had been four governors in the past five years, which we were told had contributed to what we perceived as a sense of drift and decline.

I would urge readers to study the details of this report to understand fully the depth and breadth of failings that have contributed to this poor inspection report. Some issues are so stark as to warrant specific mention in these introductory remarks.

Levels of violence were far too high and many incidents were serious. This was reflected in our survey, where 69% of prisoners said they had felt unsafe at some time while at Swaleside, a result which was significantly higher than at similar prisons. The use of force was high, and the documentation associated with its use and justification was totally inadequate. Again in our survey, 52% of men said it was easy or very easy to get drugs at the prison, and 45% said the same about alcohol. The diversion of prescribed medications was worrying, and in-possession arrangements required prompt attention. Some good work had started to address these challenges, but it was disappointing to report that management of disciplinary processes was inadequate and the segregation unit was filthy and poor in all respects.

On a more positive note, men valued the fact that they had a single cell, and also the opportunity to cook their own food in wing kitchens. But many areas in the prison were dirty, and prisoners faced a number of challenges and delays in obtaining the basics of daily life.

Just as at the previous inspection, there was still a significant shortfall of some 200 available activity places to enable prisoners to be fully occupied. This was particularly unacceptable in a training prison so it was encouraging to see credible and funded plans were in place to close this gap and to improve both the range and quality of the work available at the prison. We also found good practice in the excellent use of prisoner mentors across the prison and in the Inside Out initiative. The Open Academy was an innovative approach to supporting men involved in distance learning.

Some good work had been done to develop support in maintaining contact with families and friends, and the prison continued to offer a good and appropriate range of offending behaviour programmes and an excellent PIPE (psychologically informed planned environment) which formed part of the national pathway to treat prisoners with personality disorder. However, much offender management work was inadequate in its key aims of supporting men to reduce their risk, and providing men serving very long sentences with a sense of progression and hope.

Despite the fact that by any standards this is a poor report about a dangerous prison, we left Swaleside with some optimism that the prison had started to stabilise. The new governor appeared to have a very clear understanding of the challenges he and his team faced. He had re-energised his senior management team, and his approach was one of visible and energetic leadership. The very early signs, at the time of the inspection, were that his determination to grip difficult issues had been welcomed by many prisoners and staff alike, who told us they wanted to see the prison improve. The challenge will be to build and maintain this early momentum and embed the changes needed to make Swaleside the decent, respectful and purposeful prison that it should be.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

May 2016

Fact page

Task of the establishment

A category B men's training prison.

Prison status

Public

Region

Kent

Number held

1,107

Certified normal accommodation

1,112

Operational capacity

1,112

Date of last full inspection

22 April – 2 May 2014

Brief history

Swaleside prison, which opened in 1988, is located on the Isle of Sheppey in Kent. Covering mainly London and the south east, the southwest as well as Wales, the prison first opened with four wings, adding four further wings – E, F, G and H – between 1998 and 2010. Since 2010, a psychologically informed planned environment (PIPE) unit was built, along with a pre-PIPE unit for men with personality disorders and very challenging behaviour.

Short description of residential units

A wing – 126 prisoners

B wing – 126 prisoners, including people separated for their own protection on B1 and those involved in the managing challenging behaviour programme on B3.

C wing – 126 prisoners

D wing – 126 prisoners, including those in the induction unit and those on the enhanced level of the incentives and earned privileges scheme

E wing – 120 prisoners on the enhanced regime

F wing – 120 prisoners, mainly those in the PIPE and pre-PIPE units

G wing – 178 prisoners including those involved in the integrated drug treatment system

H wing – 178 prisoners, including those on the Rehabilitation of Addicted Prisoners Trust programme

Segregation unit – 25-bed unit

Health care unit – 17-bed inpatient unit.

Name of governor

Paul Newton

Escort contractor

GEOAmey

Health service provider

Integrated Care 24 (primary health care)

Minster Medical Group (GP service)

Kent Community Health NHS Foundation Trust (Dentistry)

Oxleas NHS Foundation Trust (mental health)

Learning and skills providers

Novus

Independent Monitoring Board chair

Barry Page

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
 - **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.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 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.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V 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 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 *Some men had long journeys to the prison. Support during men's early days at the prison needed improvement. Levels of violence and disorder were far too high and many prisoners felt unsafe. Some initiatives to address these issues were developing, but were not sufficiently embedded. The prison had started to work well with men at risk of self-harm although there were some gaps in the provision. Aspects of security needed attention and illicit drugs were readily available. Management of the incentives and earned privileges (IEP) scheme required improvement. Disciplinary processes did not adequately support work to make the prison safer and the use of force needed attention. The segregation unit was very poor. Substance misuse support needed to be better. **Outcomes for prisoners were poor against this healthy prison test.***

S2 *At the last inspection in 2014 we found that outcomes for prisoners in Swaleside were not sufficiently good against this healthy prison test. We made 24 recommendations in the area of safety. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved and 17 had not been achieved.*

S3 Prisoners were more negative in our survey than the comparator about some aspects of the escort arrangements. Escort vans we inspected were dirty. Some prisoners had long journeys to the prison without being offered a toilet break. The reception process was reasonable and carried out promptly. All prisoners were routinely strip-searched on arrival regardless of their risk, which was disproportionate. First night arrangements were reasonable overall except for those who arrived late. Some first night cells were not adequately prepared. Induction was not delivered consistently or promptly.

S4 In our survey prisoners' perceptions of safety were poorer than the comparator and compared with the last inspection; 69% of prisoners said they had felt unsafe at some time and 46% said they felt unsafe at the time of the inspection, both of which were very high. The use of drugs and new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), associated debts, group conflicts and retaliation were major factors in the disorder. The prison failed to investigate promptly or thoroughly all violent incidents – even some serious ones – and violence was under-reported; the level of reported violence was too high. A number of initiatives were in place to address problematic behaviour and the prison took a robust approach to the possession of weapons. The violence reduction strategy had been re-launched, but work to address poor prisoner behaviour needed to be better coordinated through an effective, well-attended safer custody meeting. Data collection needed to improve. The function of B3 required clarification. The recent three-day lockdown was an important step in efforts to stabilise the prison and set a benchmark for a more robust approach to managing challenges.

S5 There had been one homicide and a self-inflicted death since our last inspection. Action plans had been drawn up to address Prisons and Probation Ombudsman (PPO) recommendations. The prison did not record self-harm data accurately enough; however, a significant number of incidents related to relatively few men. 'Near misses' were not investigated, which meant lessons could not be learned. Prisoners we spoke to who were subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm were largely positive about their care. Not all reviews involved relevant staff so meaningful care plans could be developed, but efforts were being made to address this.

Managers who authorised a prisoner on an ACCT to be held in segregation were required to justify their reasons for doing so. Adult safeguarding arrangements were underdeveloped.

- S6 Physical and procedural security arrangements were proportionate and prisoners could move around the prison reasonably easily. The lack of a staff presence had a negative impact on dynamic security. Security meetings did not analyse intelligence well enough and the prison had not set security objectives for some time. However, the re-launch in February 2016 of the national intelligence model, a police initiative adopted by prisons and designed to coordinate activity to manage risks, assured us that this would improve. Links with partner agencies were good and, while the lack of a dedicated police intelligence or liaison officer was a concern, it was offset to some extent by a new weekly crime meeting, which provided a more coordinated approach to reducing the number of incidents and monitoring referrals to the police. Visits restrictions for those placed on the 'zero tolerance to weapons' policy were inappropriate but the restrictions were lifted during the inspection.
- S7 In our survey, over half of prisoners said it was easy to get drugs and 45% said it was easy to get alcohol. The random mandatory drug testing (MDT) programme had been reinstated; it revealed a high positive test rate. Suspicion tests were not being completed. Management of the IEP scheme had not improved since the last inspection and we were not confident that prisoners on the basic regime received proper reviews.
- S8 Data collection on disciplinary processes, analysis and discussions of trends all needed to be improved. Adjudication, force and special accommodation were all used frequently. Some CCTV footage of the planned removal of prisoners from the normal accommodation or from a cell in segregation was missing and use of force documentation was extremely poor or non-existent. We saw examples where force did not appear proportionate.
- S9 Conditions in the segregation unit were unacceptable; several cells were in poor condition and had graffiti. The unit was filthy and caged exercise yards were poor. Prisoners could only make phone calls and have a shower every other day during the week and often not at all at weekends because of staff redeployment. Reintegration planning needed to improve.
- S10 Psychosocial outcomes had suffered because there were not enough staff to unlock prisoners so they could see substance misuse workers, reducing their access to key work and group-based interventions. The large number of prisoners on H wing not involved in the **substance** dependence treatment programme risked undermining the therapeutic environment. Prisoners' clinical drug treatment outcomes were very good and the drugs team had reduced the number of prisoners on opiate substitution to 32.

Respect

- S11 *Prisoners valued the single-cell accommodation, but some cells and wing areas were dirty. Prisoners faced shortages and were frustrated about a lack of access to many amenities. Some staff were very good, but many felt overwhelmed, which negatively affected relationships. Equality and diversity work was underdeveloped, although the prison provided some support for those with protected characteristics. The chaplaincy provided good support and was well integrated into prison life. Complaints processes were improving. Legal services were underdeveloped. Aspects of the health care provision were unsafe and needed immediate attention. Prisoners were negative about the food, but valued the self-catering facilities. Canteen arrangements were reasonable. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S12 *At the last inspection in 2014 we found that outcomes for prisoners in Swaleside were reasonably good against this healthy prison test. We made 27 recommendations in the area of respect.² At this follow-up inspection we found that six of the recommendations had been achieved, four had been partially achieved and 17 had not been achieved.*

S13 Prisoners valued single-cell accommodation. Despite efforts to remove rubbish and graffiti the condition of residential accommodation had deteriorated since the last inspection and we found rubbish piled up in many areas. Some communal areas and stairwells were dirty. Toilets in many cells were stained and not adequately screened. Prisoners faced a number of frustrations, including poor access to clean bedding, towels and some kit. The application process was not working effectively.

S14 Prisoners were less positive in our survey than the comparator and compared with the last inspection about the relationships they had with staff. While we observed some very good staff, many appeared overwhelmed by the challenges they faced, which affected how they viewed and dealt with prisoners. Far fewer prisoners than the comparator and than previously said they had a member of staff they could turn to for help with a problem.

S15 Senior management oversight of equalities and diversity work was poor. Monthly meetings had not taken place for several months and equalities data had not been monitored. Prisoner forums were held for some minority groups and were beginning to have a positive impact. However, the prison did not have a formal system for identifying those with protected characteristics. Black and minority ethnic men, Muslim prisoners and those with disabilities were more negative about safety than their counterparts in our survey, although perceptions of many other areas were similar to other groups. There was no support group for Gypsy, Romany and Traveller prisoners although attempts had been made to identify prisoners from this group. Foreign national prisoners had reasonable access to Home Office staff and to an independent immigration advice line. Many prisoners with disabilities received good support but some still did not have their needs met. Not all prisoners requiring emergency evacuation and care plans had them. The prisoner carer scheme provided welcome assistance but oversight was inadequate. Older prisoners were more positive in our survey about many aspects of prison life. They had a support forum but there were still few age-appropriate activities. Most of those unable or not required to work were locked in their cells during the core day, which was inappropriate. Gay, bisexual and transgender prisoners had access to a good support forum and spoke positively about the help they received.

S16 Provision for all faiths was good and the chaplaincy was well integrated into the prison regime. Faith facilities were good, the chaplaincy provided a reasonable range of additional activities, and religious festivals were celebrated. Some prisoners found it difficult to attend corporate worship at weekends when staffing levels were reduced. The prisoner faith council initiative was excellent.

S17 There were slightly fewer complaints than when we last inspected. Management had focused on this area, which had led to more complaints being answered; however, responses to half of all complaints were still delayed. The prison's analysis of the reasons for complaints had improved. Quality assurance had been introduced and most responses answered the complaint accurately and politely. Some against staff needed to be dealt with in a more robust way. Legal rights support was underdeveloped. Access to Justice laptops (which provide eligible prisoners with laptop facilities to progress legal proceedings) were still not available.

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.

- S18 Many prisoners we spoke with were very dissatisfied with health services and chronic staff recruitment problems had a significant impact on delivery. Formal clinical supervision was not available. Prisoners had access to an appropriate range of primary care services and visiting specialists, although non-attendance rates were unacceptably high. Prison governors cancelled hospital escorts against medical advice, which led to unnecessary risks to prisoners' health.
- S19 The lack of supervision in the health centre and congestion at medicine administration times, created an unsafe environment. Medicines were reasonably well managed, but the pharmacy room was very poor. An unusually large amount of tradable medication was prescribed in possession and in-possession risk assessments were not carried out frequently enough. This was likely to have added to the prison's significant challenges with the diversion of medication and resulting disorder.
- S20 Patients waited too long for routine dental appointments. Mental health services were very good and social care was developing appropriately. Emotional well-being mentors provided some very good support.
- S21 Prisoners in our survey were negative about the food and portion sizes, and serveries were not supervised adequately. Prisoners valued the prison's self-catering facilities. Canteen ordering arrangements were adequate and prisoners could choose from a reasonable range of items. Catalogue orders were available.

Purposeful activity

- S22 *Too many prisoners were locked up during the working day and the regime was somewhat curtailed. Learning and skills provision required improvement overall. There was still a shortfall in activity places and too many men were unemployed. Strategic management of learning and skills was developing but the range of activities did not adequately address men's needs. Attendance at activities had improved, but punctuality was poor. Improvements in teaching were not matched by consistently good achievements. The use of mentors, the Inside Out programme and the Open Academy represented good practice. The library and gym were good but were adversely affected by poor attendance. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S23 *At the last inspection in 2014 we found that outcomes for prisoners in Swaleside 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 six of the recommendations had been achieved and seven had not been achieved.*

- S24 Fully employed prisoners could spend between six and 10 hours out of their cells during the core day, although for unemployed prisoners this could amount to less than four hours. During our roll checks, we found over 40% of prisoners locked up during the working day, which was too many and included some retired and disabled men. However, some of those locked up at any one time worked part time, which meant they were not locked up all day. There were predictable interruptions to the weekend regime and irregular interruptions to evening association.
- S25 The prison used data well to monitor attendance at activities. Managers had made considerable efforts to identify the causes of poor attendance, which had led to improvements. Performance management and staff development had improved teaching in education. Teachers employed a good range of teaching techniques to maintain prisoners'

interest and improve learning, but class planning remained variable. Very good use was made of prisoner mentors, which improved the service available and helped create a positive, community culture. Strategic plans had been developed and funding secured to increase workshop activities and accreditation. However, planned curriculum developments and performance improvement were making slow progress. A review had been carried out, but the new courses planned following the review had not been introduced. Developments had been affected by a shortage of prison staff, including instructors and, until recently, an education manager.

- S26 There was a shortfall in activity places of almost 200 places, which resulted in high levels of unemployment. The range of vocational training opportunities was insufficient and much work was mundane and undemanding. More work needed to be accredited and the allocation and sequencing of activities needed to be better. Some good English and Maths outreach support was provided to learners in workshops. The Open Academy, which provided a learning resource centre for prisoners undertaking open and distance learning courses, was an excellent initiative. The Inside Out programme was good and very successful; it enabled a group of prisoners to study higher education modules alongside University of Kent students.
- S27 Planning for learning and target setting were too variable. The pace of learning was often too slow for the more able and the recording and recognition of prisoners' work skills needed to be better. The pace of work in some workshops did not reflect real life experience. Prisoners' behaviour in workshops was good and men worked effectively together. Mentors supported this process well. Punctuality was very poor. Achievements in some areas were good, but those in functional skills needed to be better. There was only a very small amount of accredited work.

The library was good but the lack of staff to escort employed prisoners to the library restricted their access. Gym induction was good but not always timely. A good range of equipment and opportunities was provided. Regime curtailments had a negative impact on attendance.

Resettlement

S28 *Strategic management of resettlement remained weak and the prison did not have a 'whole prison' approach. Prisoners were frustrated by offender management arrangements, which did not support them adequately in reducing their risks. Public protection arrangements were generally appropriate. A relatively small number of men were released directly from the prison; arrangements for them were appropriate. However, few local releases took place. Children and families work was reasonable and developing. A good range of offending behaviour courses was available and the psychologically informed planned environment (PIPE) was excellent. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S29 *At the last inspection in 2014 we found that outcomes for prisoners in Swaleside were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, four had been partially achieved and six had not been achieved.*

S30 Strategic management of resettlement needed improvement. Work was not informed by an up-to-date needs analysis or strategy and coordination of resettlement work needed improvement, but some bespoke resettlement services were in place. The reducing

reoffending meeting took place regularly but attendance needed to be better. Overall, the prison lacked a 'whole prison' approach.

- S31 Offender supervisor staff shortages meant that ongoing contact with prisoners was poor and only took place around key milestones and for reviews. Offender supervisor caseloads were very high. Most risk management plans and risk of harm analyses we reviewed were inadequate and did not contain sufficient information. Few sentence plans were good enough and prisoners were seldom actively involved in developing the plan. The backlog of offender assessment system (OASys) documents – 503 – remained significant and was increasing every month because a number of men arrived without an assessment.
- S32 Public protection work was sufficient. Initial screenings were sound but processes for sharing information about prisoners and managing risks in custody needed development. Multi-agency public protection arrangement (MAPPA) processes for prisoners nearing release were timely and effective. Categorisation work was up to date and cases we reviewed demonstrated that decisions were justified, but staff from other departments failed to contribute sufficiently. More detailed information would have provided greater confidence in the process. The backlog in OASys documents had a negative effect on indeterminate sentence prisoners as men with such long sentences needed to feel they were progressing and receiving adequate support in reducing their risks.
- S33 The relatively small number of men nearing release received individual support and community representatives (mentors) could direct them to resettlement services. Transfers for local discharge did not take place often enough. Through-the-gate health care and substance misuse support were appropriate and palliative care for terminally ill patients was good.
- S34 Children and families provision was reasonably good and developing; the charity PACT was providing a new range of services, including a homework club and baby and toddler group (see paragraph 4.35). Enhanced prisoners received family visits, which were to be extended to all prisoners in the future. Booking arrangements had improved and visitors could now book by email and online. Prisoners' and visitors' most common complaint about visits was that they started late. The visitors' centre was reasonable and prison staff provided good support particularly for new visitors.
- S35 The prison offered a good range of offending behaviour programmes that largely met the needs of the population. The PIPE provided an innovative range of intensive and specialist interventions for a very challenging population. The work also helped support wider efforts to make the prison safer.

Main concerns and recommendations

- S36 Concern: Levels of violence were far too high and measures to address the challenges faced were inadequate.

Recommendation: The violence reduction strategy should be reviewed. It should: include input from relevant agencies; be informed by accurate data, security intelligence, prompt and robust investigations and prisoners' views about safety; and draw existing initiatives together in a coherent way.

- S37 Concern: Conditions in the segregation unit were very poor. We found some areas that were filthy. The regime was far too limited and there was little evidence of effective reintegration planning.

Recommendation: Segregated prisoners should be held in decent, respectful conditions and provided with a reliable daily regime to meet their basic needs; managers should ensure proper planning takes place to support reintegration into a mainstream wing.

- S38 Concern: Prison officers did not maintain a presence in the health centre waiting area. The area was severely congested at medication administration times. We saw acts of aggression and violent occurrences in the health centre during our visit. Patients and staff told us they constantly felt unsafe.

Recommendation: Designated staff should cover health care and ensure the environment is safe and secure for all prisoners.

- S39 Concern: Ongoing staffing issues were having a negative impact on the prison's ability to run a purposeful regime. This was particularly a concern, given one of the prison's main functions was to provide a training regime for long-term prisoners. Many prisoners, including retired men and those with disabilities, spent too much time locked in their cells during the working day. There were often delays in moving prisoners around the prison, which added to the problem, curtailing time available for purposeful activities.

Recommendation: Prisoners should have a good amount of predictable time out of their cells and should be moved around the prison promptly to maximise the working day and prisoners' access to other constructive activities.

- S40 Concern: Offender supervisors did not have regular contact with men on their caseloads and the backlog of OASys documents was significant. This was likely to have impeded their progress, as the work played an important role in helping men to reduce their risks.

Recommendation: Prisoners should have regular contact with an offender supervisor and an up-to-date OASys document to help them address their offending behaviour and ensure their progression is monitored effectively.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** In our survey, prisoners were more negative about escorts and transfers than the comparator; 70% of prisoners said they spent longer than two hours in the van, compared with 63% in the comparator. Only 7% of these prisoners said they were offered a toilet break, less than the comparator of 12%. Escort vehicles were dirty and contained graffiti and fewer prisoners than the comparator or compared with the last inspection said escort staff treated them well. All prisoners escorted on and off escort vehicles were handcuffed routinely without having had an individual risk assessment.

Recommendation

- I.2 Prisoners should not be routinely handcuffed on and off escort vehicles without an individual risk assessment.**

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.3** The reception area was clean, although some of the holding rooms were too small and did not contain any information for new arrivals to read while they waited. However, prisoners no longer experienced significant delays in reception, which was an improvement since the last inspection. Although the reception booking-in procedure was prompt, staff were more focused on the process than on building a rapport with prisoners and in our survey only 64% compared with a comparator of 75% said they were treated well in reception.
- I.4** Searches took place privately but all new arrivals were routinely strip-searched regardless of the risk they posed, which was disproportionate for those transferring from another prison who had already been strip-searched prior to their departure from the sending establishment. In our survey, fewer prisoners than the comparator said they were searched in a respectful way in reception.
- I.5** An induction officer collected prisoners from reception and escorted them to the dedicated induction unit on D wing. A trained induction officer completed cell-sharing risk assessments and established an in-depth induction portfolio. Five prisoner Insiders (prisoners who introduce new arrivals to prison life) lived in the induction unit and offered extra support and advice to each new arrival. All prisoners received an informative induction booklet, basic toiletries, a prison bed linen kit and a reception pack (containing items such as biscuits and orange juice) before being allocated to a single cell. First night procedures for prisoners arriving after reception had closed were not sufficient. During the inspection, three prisoners

who arrived after 7pm did not receive a health care screening or a risk assessment until the morning after their arrival.

- I.6** The first night cells inspected were dirty and contained graffiti and litter. The first night bedding kit issued to one prisoner, who had been placed on an assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm, was inadequate and there was a shortage of pillows and kettles for new arrivals.
- I.7** All new receptions were required to complete the induction programme on D wing during their first week. Part of the induction was delivered by prisoners who offered advice, guidance and information, which new arrivals valued. During the inspection there was a significant backlog of prisoners waiting to receive their prison induction, including a number who had arrived in February. Some prisoners had moved out of the induction unit before completing all aspects of their induction and there was no systematic process in place to ensure they finished the programme. In our survey, fewer prisoners than the comparator and compared with the last inspection said they had been on an induction course.

Recommendations

- I.8** **New arrivals should only be subjected to a strip-search when justified by a risk assessment.** (Repeated recommendation I.15)
- I.9** **First night and induction arrangements should ensure prisoners are held in decent conditions, given the basics items required for their first few days, kept safe and provided with relevant information about life at the prison.**

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.10** Levels of violence and disorder were far too high and many prisoners felt unsafe. At our last inspection we reported there had been a total of 41 assaults on prisoners and staff in the previous six months; there were 87 in the same period before this inspection.
- I.11** In our survey prisoners' perceptions of safety were poorer than the comparator and compared with the last inspection; 69% said they had felt unsafe at some time and 46% said that they felt unsafe at the time of the inspection, both of which were very high. B1 landing held 42 prisoners who did not want to associate outside the unit because they feared recrimination from others often as a consequence of debt. In addition, since 12 February 2016 an average of 21 prisoners a week on various wings refused to leave their cells because they were afraid they would be assaulted or victimised by other prisoners. A safer custody officer met with these prisoners every week to discuss their concerns and look for solutions.
- I.12** The use of drugs and new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), associated debts, group conflicts and retaliation were major contributors to the disorder. The demographic of the population had changed since the last inspection; in particular, over 300 category C prisoners, a stabilising influence on the population, were no longer at the prison, which was likely also to have been

a factor. In our survey, 67% of Muslim prisoners, compared with 40% of non-Muslims, said they felt unsafe at the time of the inspection. We were told that there had been some conflicts within the Muslim prisoner group which might have contributed to these perceptions.

- I.13** Not all violent incidents were investigated promptly or thoroughly. Twenty-eight investigations, which the safer custody team had asked wing managers to carry out, were outstanding. There was no record detailing the investigation of some very serious incidents. Only nine prisoners were recorded as being 'on restrictions' (sanctioned for poor behaviour) as a consequence of violence, which seemed low. Minutes from a safer custody meeting held in January 2016 noted that some prisoners thought staff failed to take sufficient action following a violent incident.
- I.14** Violence was to some extent under-reported. Safer custody staff scrutinised wing observation books and not all incidents identified were formally reported. Officers working in safer custody were often deployed to other duties
- I.15** A number of initiatives were in place to address problematic behaviour, but they were not sufficiently embedded. The prison had a robust approach to the possession of weapons and had re-launched its violence reduction strategy. A custodial violence management model (CVMM) pilot, which aimed to support violence reduction work, had just started, but was not yet taking effect. Prisoner violence reduction representatives did not think they were consulted; a meeting providing them with support was no longer held. The prison had not recently carried out a survey of prisoners' perceptions of safety.
- I.16** Meetings to discuss the management of challenging behaviour had started in September 2015 and were held most weeks to consider action to manage both perpetrators and victims of violence.
- I.17** A small number of prisoners on B3 received an enhanced support service, which included interventions from a psychologist and mental health worker. All prisoners were held in single cells which reduced risks and funding was being sought so CCTV could be introduced in stairwells where it was absent. However, it was not clear why some prisoners with problematic behaviour were held in the unit, while others were not and its role needed to be clearer.
- I.18** These initiatives needed to be better coordinated into an effective strategy through a regular well-attended safer custody meeting, which should include, for example, input from substance misuse services staff. Attendance at recent meetings had been extremely poor. Data analysis was good but data collection needed improvement and closer links between the safer custody and security departments were required.
- I.19** A three-day lockdown from 1 to 3 March 2016 was an important step in efforts to stabilise the prison and set a benchmark for a more robust approach to managing the challenges faced.

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.20** Since our last inspection there had been one homicide and one apparent self-inflicted death. Action plans had been put into place to address Prisons and Probation Ombudsman recommendations following reports on three deaths from natural causes.
- I.21** There were problems in the accurate recording of data on self-harm which meant the scale of self-harming was not clear. However, a significant number of incidents related to a relatively small number of men. Some self-harm was carried out by men who had accumulated debt, were denied medication they believed they needed or who were simply frustrated by the prison regime and who thought they received little support from staff. Fewer prisoners than in comparator prisons and compared with the last inspection said they had a member of staff they could turn to if they had a problem, which might have contributed to prisoners' feelings of isolation and vulnerability. The protection offered on BI (see paragraph I.10) had helped some vulnerable men although the regime there was poor. There had been some serious near fatal incidents of self-harm but no follow-up investigations had taken place to ensure lessons were learned. Some serious cases had led to more comprehensive case reviews.
- I.22** The prison had started to provide men at risk of self-harm with better support. On average 32 ACCT documents were opened each month. Some prisoners we spoke to who were subject to ACCT case management were positive about their care; in particular F wing (the psychologically informed planned environment) provided some examples of good care, but levels of care were not consistently good across all areas of the prison. Not all reviews involved relevant staff so meaningful care plans were not always developed, but the prison was starting to address this. We saw a prisoner who was subject to both ACCT procedures and the basic regime but whose ACCT document did not reflect the implications of this for his care. We found one prisoner who had used his towel to stem the blood flow following serious self-harm; he had been left for four days with no replacement towel. There was no programme of ACCT refresher training in place. Improved quality assurance systems were being established.
- I.23** Managers who provided the authorisation for a prisoner on an ACCT to be held in segregation had to justify their reasons for doing so. A log was kept of prisoners held in an observation cell in the health care department – most were in the cell for between one and two days. No record, however, was kept of the use of strip-clothing during these times.
- I.24** Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) said they received good support from the Samaritans but not from prison staff. There were no Listener suites and Listeners believed that prisoners regularly experienced delays in getting access to them. Emotional well-being mentors played a positive role in supporting prisoners (see paragraph 2.70).

Recommendation

- I.25 All prisoners at risk of self-harming should receive consistently good care and serious near fatal incidents should be adequately investigated so lessons about how support could be improved can be learned.**

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.26** There was no local safeguarding policy to protect adults at risk against exploitation by others. However, despite the absence of formalised safeguarding training, guidance or procedures, the needs of this group were largely met through existing provision, including, for example, referral through the National Offender Management Service's professional standards for staff, where there were legitimate concerns about staff's conduct towards prisoners.
- I.27** There were a number of forums to help identify prisoners' needs and promote the welfare of those at risk. Weekly meetings held to consider those displaying challenging behaviour also discussed prisoners who isolated themselves – in some cases due to debt and their inability to cope with the prison environment. The prison helped meet some of the needs of older and disabled prisoners although there were gaps (see paragraph 2.23).
- I.28** Links had been made with Kent County Council adult social services department to meet the social care needs of prisoners in Kent and they were developing (see section on health services, social care).

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.29** Physical and procedural security arrangements were proportionate and prisoners could move around the prison reasonably easily. We did, however, find instances where dynamic security was not sufficient, for example we saw areas where prisoners were gathered that had no staff presence. On several occasions we saw prisoners entering offices where sensitive official material relating to others was kept.
- I.30** Security meetings took place every month and attendance was reasonable. Nevertheless the meetings had failed to analyse intelligence adequately and security objectives had not been set for some time, despite there having been an average of 530 intelligence logs per month in the six months prior to the inspection, which was quite high. The action set by the meeting was not time-bound and nobody was responsible for ensuring it was carried out. The prison had recognised these shortcomings and in February 2016 had re-launched the national intelligence model, a police initiative adopted by prisons and designed to coordinate activity to manage risks. While this model was in its early days, it provided some assurances that analysis of intelligence would improve.

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).

- I.31** The prison had links with partner agencies and good support from the regional corruption prevention lead staff member. The establishment did not have its own police liaison or police intelligence officers, and resources were shared with other sites. Given the population and complexities of Swaleside the absence of an onsite police presence was not ideal. The establishment had made good attempts to offset this risk and a new weekly meeting aimed to build a more coordinated approach to reducing the number of incidents and monitoring referrals to the police.
- I.32** At the time of the inspection 32 prisoners had had visits banned or were on closed visits. We found that a large number of prisoners (18) were being placed under restrictions for incidents not related to visits following the prison's 'zero-tolerance to weapons' policy, which was disproportionate and inappropriate. The restrictions for these 18 prisoners were lifted during the inspection. Prisoners, who were subject to legitimate restrictions for incidents directly related to visits, needed to be given more information about what they needed to do to return to a normal visits regime.
- I.33** In our survey, more than the comparator (52% against 32%) and compared with the last inspection (29%) said it was easy to get drugs, and 45% said it was easy to get alcohol which was high. The random mandatory drug testing (MDT) programme had been reinstated; it revealed a very high positive rate for the six months to March 2016 of 15.4% against a key performance target for the prison of 5%. Codeine and cannabis were the most frequently detected drugs. Hooch (illicit alcohol), other diverted medication (see paragraph 2.65) and NPSs were also widely available, but suspicion tests were not being completed because of the redeployment of testing officers.
- I.34** The recently reconvened drug strategy committee produced a meaningful ongoing action plan to tackle drugs but staff from key departments (including security) needed to improve their attendance at the meeting.

Recommendations

- I.35** **Intelligence should be properly analysed and appropriate security objectives set every month and communicated to all staff.**
- I.36** **Prisoners should only have their visits restricted for incidents directly related to visits; they should also receive information on what steps they should take to have the restrictions lifted.**

Incentives and earned privileges

Expected outcomes:

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

- I.37** In our survey, only 44% of prisoners felt they had been treated fairly under the IEP scheme, lower than comparator establishments and compared with our previous inspection.
- I.38** The strategic management of IEP had not improved since our last inspection and despite the concerns we raised previously, only about a third of prisoners felt the scheme offered any form of incentive to improve their own behaviour.

- I.39** At the start of the inspection, 83 prisoners were on the basic regime, which was relatively high. We found that despite the prison's policy stating that prisoners on the basic regime should receive a regular review, in a large number of cases, this did not happen.
- I.40** The paperwork designed to record warnings before a prisoner was downgraded or provided with behavioural targets while on the basic regime was often missing or incomplete. Many prisoners told us they received no paperwork and very few had been involved in a formal review. This reflected the poor standard of documentation we found.

Recommendation

- I.41** **The IEP scheme should encourage good behaviour, set behavioural targets when necessary, and provide adequate safeguards for prisoners being downgraded to and managed on the basic level of the scheme.**

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.

Disciplinary procedures

- I.42** Documentation was often poor across all aspects of discipline and there was no evidence of regular governance or to show that data were collated, analysed or discussed to trace patterns, identify trends or learn lessons.
- I.43** While there had been no adjudication standardisation meeting for some time to oversee the process, documentation we examined was reasonable and processes we observed during adjudication were fair.
- I.44** The number of adjudications was relatively high: over 1867 in the six months prior to the inspection. Many of the charges could have been dealt with more effectively by other means such as through the IEP scheme. Despite the large number of cases only a few (about 90) were outstanding, two thirds of which had been referred to the police.

Recommendation

- I.45** **A regular adjudication standardisation meeting should be implemented.**

The use of force

- I.46** Use of force paperwork had deteriorated from a low base at the last inspection and required immediate action to provide any form of assurance that force was justified. Examples of use of force we viewed on CCTV did not always appear justified or proportionate.
- I.47** In our survey, 16% of prisoners said they had been restrained compared with 8% in the comparator; at the previous inspection this figure was just 5%. There had been 101 recorded incidents involving force in the six months prior to inspection, which was high. When examining CCTV footage against records, in many cases there was either no documentation

or no supporting video footage. In a sample of 34 incidents involving force between November and December 2015 that we examined, only 6% had supporting documentation that could have been described as adequate. In all other cases, documentation was either completely missing or incomplete. There was very little evidence of a qualified health professional completing an F213 form (documenting an injury to a prisoner) following an incident involving force.

- I.48 Staff relied solely on body-worn video cameras to record planned interventions. While the daily use of these cameras was positive, they needed to be supported by other technology for planned interventions.
- I.49 There had been one documented use of special accommodation since our last inspection for a man who was self-harming. While managers told us that this extreme measure was appropriate, we were not confident that it was a proportionate response. There was no video evidence and the use of force documentation was incomplete.
- I.50 Despite the high levels of force used and associated risks, no documented use of force meeting had taken place for the whole of 2015.

Recommendation

- I.51 **All force should be proportionate and used only as a last resort. Managerial oversight of the process should be sufficient to ensure this is the case.**

Segregation

- I.52 Occupation of the segregation unit remained high and while 29% of prisoners in our survey compared with 15% at our last inspection said they had been treated well or very well, we found conditions in the unit to be very poor.
- I.53 During the inspection the unit was filthy and we found several cells that were in poor condition and had graffiti. The shower was in a poor state of repair and only one was available. Three of the six exercise yards were out of use because they had been damaged and those in use were unwelcoming and cage-like. During the inspection clothing for prisoners who were exercising was left in a pile next to the door entering the yards, which was disrespectful.
- I.54 The management of prisoners held under rule 45 (to maintain good order or discipline or in a prisoner's own interests) was reasonable and prisoners could attend a multidisciplinary review board. We found documentation prisoners received before and after these boards was sometimes inconsistent and contained no behavioural targets so they knew what was required of them before they could be reintegrated into a normal wing. The governance of segregation was poor – only one meeting took place in the six months prior to the inspection.
- I.55 While prisoners could exercise every day, they could only use the phone and shower every other day during the week and frequently not at all at weekends because staff were redeployed. In-cell activities were limited and the library in the unit was particularly poor – it was unwelcoming and had a poor selection of books. Access to the gymnasium was better – those who could attend following a risk assessment had a weekly designated slot.

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.56** The Rehabilitation of Addicted Prisoners Trust (RAPt) delivered the prison's clinical and psychosocial services. The RAPt programmes offered included the substance dependence treatment programme (SDTP) in the dedicated unit (H wing) and a shorter, lower intensity programme Stepping Stones. Two hundred and forty-three prisoners (22% of the population) were on the psychosocial support caseload, including one-to-one case management and group work.
- I.57** Outcomes for many prisoners had suffered because there were not enough staff to unlock prisoners so they could see substance use workers for key work or group work. In the three months to March 2016, 58% of the expected group-work hours were not delivered and prisoners remained in their cells.
- I.58** In our survey, only 43% compared to 68% in similar prisons said they had received help for drug problems. Prisoners were very frustrated, which was reflected in our survey result: only 65% of prisoners said that the help they had received had been useful, compared with 93% at the last inspection. Only two peer supporters were in place – their inability to leave their cells to support other prisoners added to frustrations about the curtailed regime.
- I.59** Despite the best efforts of drug workers, the RAPt programme unit (H wing) had largely ceased to provide a therapeutic environment. In addition to reduced hours, pressure on cells meant that up to two thirds of the population were 'lodgers' (prisoners not involved in drug treatment programmes). This had a negative effect on the programme. Not everyone in the unit was interested in recovery and the availability of drugs in the unit was high. Officers staffing the unit were frequently changed and many did not understand the ethos of the unit.
- I.60** Outcomes for the 32 prisoners receiving clinical opiate substitution treatment were very good. Clinical care was completely integrated with psychosocial care. The team worked hard to encourage many prisoners who had been on long-term maintenance doses to get involved in reduction programmes. All prisoners we spoke to said the team was very approachable. However, the daily administration of opiate substitution medication took far too long because there were problems getting prisoners escorted between wings. Officers supervised controlled drugs administration well.

Recommendation

- I.61** **The SDTP should be organised to support men effectively and the prison should ensure the discipline staff group understands and supports the ethos of the work being done.**

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 All prisoners were accommodated in single cells and most were positive about the provision. Some outside areas were littered, most exercise yards were bleak and not all the prison grounds were well maintained. The condition of the newer accommodation (E, F, G and H wings) had deteriorated since the last inspection. Efforts had been made to improve living conditions in recent months and the prison planned to remove rubbish, broken equipment and furniture, but we still found piles of refuse and overflowing bins in many areas.
- 2.2 Some of the communal spaces, including stairwells in residential units, the corridors and pathways between units were dirty and shabby. There were unresolved problems with vermin on C wing. Many showers in residential units were dirty and poorly ventilated.
- 2.3 Cells were variable but some contained offensive graffiti. Toilets in many cells were stained and were still not adequately screened. In our survey, only 35% of prisoners against a comparator of 66% said they could normally get cleaning materials every week. Many cells did not contain enough furniture or lockable storage for personal items or in-possession medication.
- 2.4 Access to prison issue items in residential units was poor. Wing stores were depleted and did not have an adequate range of suitable clothing, spare bed linen or towels. The main prison laundry was off site and prisoners and staff said bed linen regularly went missing. In our survey, only 14% of prisoners said they normally received clean sheets every week compared with 63% in similar prisons. There was a shortage of pillows and kettles in most residential units.
- 2.5 Prisoners had little faith in the applications system. There was no management oversight of the process to quality assure responses or monitor their timeliness. In our survey, fewer prisoners than the comparator and compared with the last inspection said that applications were dealt with fairly or received a prompt response.
- 2.6 Each residential unit had a kitchen where men could prepare and cook their own food, which prisoners were very positive about. The self-catering facility was very good and staff had secured a grant to update and improve the equipment (see paragraph 2.79).

Recommendations

- 2.7 **Prisoners should be provided with decent and respectful living conditions.**
- 2.8 **Stocks of prison-issue bed linen, towels and clothing in the residential stores should be increased to meet the population's needs.**
- 2.9 **Management oversight of the applications process should be introduced to monitor the quality and timeliness of responses.**

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.

- 2.10** In our survey, prisoners were less positive about their relationships with staff than the comparator and compared with the last inspection. There were some good staff who wanted to provide decent care but a prolonged period of change and significant staff shortages had taken its toll. Many staff we met appeared overwhelmed by the challenges they faced, which affected their interactions with prisoners and how they viewed the men held. Far fewer prisoners than previously said they had a member of staff they could turn to for help with a problem.
- 2.11** The personal officer scheme was barely functioning and only 39% of prisoners were aware they had one; of those less than half said they were helpful. Some reasonable consultation took place, but prisoners recognised that staff were stretched and were aware of the impact this had on their ability to provide reasonable levels of support. This added to prisoners' overall sense of frustration.

Recommendation

- 2.12 Prisoners should have regular meaningful contact with a personal officer or member of staff who should know enough about prisoners' circumstances to provide assistance if required, and to support work to reduce their risks and encourage progression.**

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 characteristic⁴ 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.

Strategic management

- 2.13** Senior management oversight of and input into equality and diversity were poor. While the prison had an overarching policy and a basic action plan, equality meetings had not taken place for several months prior to our inspection. Meetings that had taken place were attended only by an equalities officer and prisoner representatives and showed little had been done to further equalities work. Other prison staff relied too much on the enthusiastic equalities officer and did too little to support the work he was doing.

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.14** The prison failed to interrogate available data that suggested the possible unequal treatment of prisoners with several protected characteristics across a range of areas, including the incentives and earned privileges scheme, adjudications and use of force. Equality impact assessments had not been completed or updated for most areas.
- 2.15** Prisoner meetings, run by the equalities officer for some prisoners with protected characteristics took place and had begun to have a positive impact.
- 2.16** Prisoner diversity representatives felt unsupported by all except the equalities officer and the governing governor; they felt wing staff did not understand their role or allow them to carry out their duties. They had no formal equality and diversity training but were eager to help other prisoners with diverse needs.
- 2.17** Twenty-eight discrimination incident reporting forms (DIRFs) had been submitted in the six months prior to the inspection, many of which did not relate to discrimination matters. The responses to some did not show a full investigation into the circumstances of the report. Not all DIRFs had been quality checked and there had been no external scrutiny for some time.

Recommendation

- 2.18 Senior managers should prioritise equality and diversity work to ensure the needs of those with protected characteristics are addressed.**

Protected characteristics

- 2.19** There was no systematic way of identifying all prisoners with protected characteristics when they arrived at Swaleside.
- 2.20** Black and minority ethnic and Muslim prisoners and those with disabilities were more negative in our survey than their respective counterparts about feeling safe in the prison. However, their perceptions in many other areas were similar to other groups. There were no support forums for black and minority ethnic, Muslim or Gypsy, Romany and Traveller prisoners. Some celebrations such as Black History Month and poetry and music sessions for black and minority groups had taken place. The equalities officer had identified several Gypsy, Romany and Traveller prisoners and attempted to run a support group for them but attendance had been poor and the group was disbanded. A prisoner representative for these prisoners had been appointed and he, along with the equalities officer, was in the process of identifying what support was needed.
- 2.21** Foreign national prisoners had no support meetings but did have adequate access to immigration staff. They had free access to an immigration helpline and could apply for a free monthly phone call to their families outside the UK as long as they had no visits. We found that some who had visits from legal representatives were then inappropriately denied the free phone calls to their families. There was little need for the use of translated materials and professional interpreting services as nearly all prisoners spoke or understood English to a reasonable level. This was supported by our survey findings where 98% of prisoners stated they spoke or understood English. Nevertheless, staff had used professional interpreting services regularly over the previous six months for the few prisoners who required them. No foreign national prisoners were held under immigration powers.
- 2.22** Many prisoners with disabilities received good care and those we spoke to were generally positive about the day-to-day support they received, although we found some prisoners

whose needs were not met. There was evidence of some excellent care planning for those with complex needs, but many had no care plans. Not all prisoners who required them had had an up-to-date personal emergency and evacuation plan (PEEP) and the PEEP lists on some wings were out of date.

- 2.23** A prisoner carer scheme had been implemented: these prisoners provided assistance to those needing help with everyday tasks. Oversight of these prisoners was inadequate and some had been asked to undertake inappropriate tasks. They had no formal training or job description and we were not confident that staff were sufficiently aware of the need to safeguard some at risk prisoners who had carers (see section on safeguarding (protection of adults at risk)).
- 2.24** Older prisoners had been consulted on a range of issues through support meetings but they had taken place sporadically in recent months. This group was more positive in our survey about many aspects of prison life and improvements in the provision for them were being considered. Age-appropriate gym sessions were provided but many retired prisoners and those unable to work were inappropriately locked in their cells during the core day with little to do.
- 2.25** Gay, bisexual and transgender prisoners had access to a good support forum and spoke positively about the help they received. Transgender prisoners were provided with individual assistance.

Recommendations

- 2.26 All minority groups should be systematically identified, supported and consulted, to ensure their needs are assessed and where possible met; their negative perceptions should be understood and unequal treatment addressed.**
- 2.27 Prisoner carers should be adequately trained for their role; oversight and support should be developed to ensure adequate safeguarding systems are in place.**

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.

- 2.28** The chaplaincy was well integrated into prison life and all faiths were adequately catered for. The chaplaincy attended key meetings and provided a reasonable range of additional faith activities and celebrations. Faith facilities were good – there was a chapel and multi-faith area, both of which were suitable. All major religious festivals were celebrated.
- 2.29** There were now more washing facilities for Muslim prisoners and services, which were well attended, took place in two areas.
- 2.30** Prisoners could not always attend services at weekends because staffing levels were low and men sometimes weren't unlocked in time or at all. Additionally, medication was administered at the same time as the Church of England and Free Church service.

- 2.31** The development of a prisoner faith council was an excellent initiative; it aimed to promote religious harmony among prisoners. A representative from each faith attended and the council was led by one of the chaplains. The chaplaincy had re-established the prison visitor scheme, which was popular among prisoners.

Recommendation

- 2.32 All prisoners should be able to attend corporate worship regularly and on time.**

Good practice

- 2.33** *The prisoner faith council was a well-considered approach to promoting religious harmony among different faith groups within the prison.*

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.

- 2.34** There were on average around 300 complaints per month, slightly fewer than when we last inspected. Most related to property. In our survey, prisoners' responses to questions about the complaints system were mostly poorer than in comparator prisons.
- 2.35** Management had paid more attention to complaints over recent months and while this had led to more complaints being answered, half of all complaints still received a delayed response.
- 2.36** The analysis of complaints had improved and helped the prison monitor progress. The analysis covered the nature of complaints, the number related to protected characteristics, the number answered late and prisoners who submitted multiple complaints.
- 2.37** Quality assurance had been introduced and most responses we reviewed answered the complaint accurately and politely. However, we were concerned that complaints about staff did not receive a response from a sufficiently senior member of staff, particularly where there were allegations of assault or perceived poor treatment. This was unlikely to have created confidence in the process.

Recommendation

- 2.38 The prison should deal with complaints about staff more rigorously.**

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.

2.39 All prisoners' responses to questions in our survey about legal rights were poorer than in comparator prisons. In the absence of legal service officers, no specific department or person was responsible for overseeing this area. Provision was piecemeal and was partially delivered by offender supervisors, wing staff or prisoner community representatives who held very limited relevant information. There was no free access to the community legal advice line. Access to Justice laptops (which provide eligible prisoners with laptop facilities to progress legal proceedings) had still not been introduced but there were plans to do so imminently. There was no accurate record of prisoners' legal mail opened in error. Facilities for legal visits were good.

Recommendation

2.40 Provision to support prisoners in exercising their legal rights should be improved.

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.

2.41 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

Governance arrangements

2.42 Primary care was provided by Integrated Care 24 (IC24). Contracting arrangements for other service providers were complex but the governor was confident that they worked. A relevant health needs assessment had been completed in February 2016 and was underpinned by a rolling health improvement plan. Partnership board meetings were well attended, but not by dentistry staff. Working relationships were considered good. The commissioner, the governor and IC24 were frustrated about inadequate prison officer staffing levels and an inability to recruit permanent health care personnel.

⁵ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.43** Staffing and retention was a major issue; the prison depended on agency staff who required intensive daily management. Managers were worried about the quality of practice of some of these staff and we were concerned about the absence of regular formal clinical and managerial supervision. Clinical records were audited, which was good – but audits looked at the process rather than the quality of entries. Health care staff were very concerned about their safety and one spoke about having been assaulted two years previously and not having received any support from IC24, which was unacceptable. Not all staff were up-to-date with mandatory training.
- 2.44** Minster Medical Group provided GP cover five days a week; Medocc, a local GP on-call service was available out of hours. Medocc was rarely used as 24-hour nursing advice was available on site. Patients did not have to wait more than 72 hours for a GP appointment, which was good. A Minster Medical Group GP we spoke to was very concerned about the level of opioid-based medication prescribed by his colleagues and thought this was linked to some prisoners' intimidating behaviour (see paragraph 2.65).
- 2.45** In our survey only 15% of prisoners (against 18% in 2014 and a comparator of 36%) were satisfied with health care. From January to December 2015, 908 complaints, concerns and compliments had been received – an unusually large number. Of the 24 we sampled, 75% (17) received an adequate response, but not necessarily within five days; three had not received a response. In January to February 2016, 133 complaints were made each month (compared with only 15 per month in 2014). Prisoner health care representatives complained that there had been no recent consultative meetings on health care, although a meeting took place in the week we visited.
- 2.46** The lack of regular nursing and prison staff made the management of the large number of detainees attending the health centre very risky. Anything from 30 to 80 detainees could be queuing for health care at any one time and, often, only one health care assistant was deployed in an area known to pose risks. In February 2016, less than 2.5 hours of prison officer time was available for the outpatient department each day, which was unacceptable. (See main recommendation S38.)
- 2.47** The health care centre was large and, although generally clean, grubby in places. Clinical areas were well equipped; equipment was being renewed. There was a regular 'control of infection' audit and the prison had a plan to address deficits. Emergency resuscitation equipment was located appropriately in the health care department and the wings had automated external defibrillators (AEDs). All equipment was checked regularly. Only five officers (four in 2014) had been trained to use an AED, which meant that the prison could not guarantee that staff trained to use an AED would be available in an emergency.
- 2.48** A reasonable amount of up-to-date health promotion literature was available on the wings and in the health centre, although the prison did not have a prison-wide health and well-being strategy. Health care screening and advice were provided and there was access to barrier protection if required.

Recommendation

- 2.49** **Sufficient discipline staff should be trained in the use of automated external defibrillators.** (Repeated recommendation 2.67)

Delivery of care (physical health)

- 2.50** In our survey, 17% of prisoners (9% in 2014) said they had physical health problems when they arrived at the prison. Health care screening was carried out in a small room in reception, which was adequate. Prisoners were provided with appropriate information about access to health care, which was also available in other languages for non-English speakers.
- 2.51** Health applications were prioritised and a triage clinic was held every day. Prisoners reporting 'special sick' (illnesses that may require an absence from work) had to attend the health centre in the morning, as the wing treatment rooms were closed. This was very unpopular with prisoners, many of whom queued for 30 to 60 minutes to be seen.
- 2.52** Prisoners had access to an appropriate range of primary care services and visiting specialists, although not all long-term conditions clinics ran regularly because staffing was inconsistent. Few of the clinics were led by nurses and none of the nurses were specialists in long-term conditions. The negative impact of this was reflected in prisoners' complaints and during our interviews with some men. Some were angry that their needs were not being met and afraid this would lead to further complications in their conditions. A detainee with sickle cell anaemia received no support for his condition and records indicated he had no care plan; there were no details about how his condition would be managed in a crisis, which was potentially unsafe. Health care for older adults (16% of the population) was good.
- 2.53** Despite the introduction of a new appointments system, non-attendance rates were unacceptably high for some clinics; for example 42% for GPs and 76% for long-term condition clinics in March 2016. Many patients and some health staff believed that prisoners' appointment slips arrived on the wings, but were not being delivered to the prisoner the night before the appointment.
- 2.54** Patients complained that they had to wait too long to be seen, which we confirmed. For example the longest waiting time for pain management was 17 weeks, for asthma 40 weeks and for the optician 28 weeks. This was unacceptable.
- 2.55** IC24 was exploring the use of telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance), which we would encourage. The system for arranging health care appointments at local hospitals was efficient. However attendance was hit-and-miss as escort slots were cancelled at a rate of six per week in the quarter ended 10 April 2016, often on the day of the appointment (see paragraph S18). We were very concerned that decisions to cancel appointments were unwisely made by prison governors against medical advice from two practitioners, introducing unnecessary risks to prisoners' health, which was unacceptable.
- 2.56** Prisoners were positive about the care and treatment they received in the inpatient unit. The future of the unit was being reviewed as bed occupancy was low at about 70%, and some prisoners were there for non-clinical reasons as the beds formed part of the certified normal accommodation. During the inspection, 12 prisoners were in the unit, some with complex health care needs. Care planning was good. The environment was not ideal, although patients and staff ensured that the space was used well and that the regime was therapeutic.
- 2.57** Despite inconsistent support from prison officers (for example, less than two hours per day during February 2016) patients were unlocked for most of the day and had access to library facilities and off-ward activities.

Recommendations

- 2.58** Did not attend rates and waiting numbers and times should be driven down, and be subject to constant scrutiny by the partnership board.
- 2.59** Escort arrangements should be adequate and effective to meet the health care needs of the prison population. (Repeated recommendation 2.74)

Pharmacy

- 2.60** Oxleas NHS Foundation Trust supplied medicines through HMP Rochester. A pharmacist visited every week and ran a weekly medicines review clinic, which was well attended; a weekly pain clinic was also available. However, the prison did not receive sufficient pharmacist time. The trust had appointed a cluster pharmacist, which was appropriate, but they had yet to start.
- 2.61** Most medicines were supplied from the main pharmacy room in the health centre, which was too small for the number of patients attending. A lack of officer supervision in the health centre and congestion at medicine administration times, created an unsafe environment for patients and staff. (See main recommendation, paragraph S38.)
- 2.62** Treatment rooms on the wings were being refurbished and included additional medicine administration points. Staff attempted to store medicines in an organised way, but storage was very poor in the pharmacy room, which was too small and had insufficient cabinets. Dozens of open cardboard boxes containing patient medication were piled on top of each other, leading to potential confusion and mistakes when dispensing it. Storage of other medications was also problematic. We found loose tablets, capsules, and strips in the medicines cabinets in the inpatient unit, as well as some medicines that had exceeded their expiry date, which was unsatisfactory. Thermolabile medicines (those that were sensitive to heat) were stored appropriately in fridges and the temperatures were regularly monitored.
- 2.63** Many patients complained about not receiving their repeat medicines promptly, despite a new system to address the issue. We found some examples where the staff had failed to order them from the doctor or the pharmacy in time.
- 2.64** Medicine administration was recorded on SystmOne (the electronic clinical record system), although there were a few gaps where it was not clear if the medicine had been administered or not. In-possession risk assessments were attached to most but not all the records we sampled; they were not regularly reviewed. Staff told us that several medicines usually administered under supervision were given as in-possession medication as they did not have the staffing capacity, which was potentially unsafe. We found one patient with a history of overdosing who had been supplied with tramadol (an analgesic) in possession, which was contrary to the medicines policy.
- 2.65** Staff representation on the medicines management committee was suitable but the committee had not met regularly. The prison had a medicines management policy, which had been reviewed: 88% of prisoners had medicines in possession, including tradable analgesics. The unusually large amount of tradable medications prescribed in possession added to the prison's significant challenges with the diversion of medication and resulting disorder. Tradable analgesics were prescribed frequently and 9% (101) were on gabapentin, 4.9% (55) on pregabalin, and around 13% (139) on co-codamol. The issue had been discussed at the meetings, and a multidisciplinary team had been set up to address the issue.

Recommendation

- 2.66** The in-possession policy should be reviewed and followed to ensure that the type and quantity of medicine is suitable for patient treatment in a secure environment; the partnership board should regularly scrutinise in-possession prescribing.

Dentistry

- 2.67** The dental suite was good. In our survey 26% of patients (19% in 2014) were happy with dental services, which was an improvement, although it was lower than the comparator of 48%. During the inspection, 176 patients were on the routine waiting list (200 in 2014), many of whom had been waiting seven weeks or more. Ninety patients were waiting for a first appointment, which was far too many. The prison was considering employing a hygienist, which might reduce the waiting list. The dental team provided oral health promotion during appointments.

Recommendation

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

Delivery of care (mental health)

- 2.69** In our survey 20% of prisoners (10% in 2014) said they had mental health or emotional problems when they arrived at the prison. Prisoners could refer themselves or staff could refer a prisoner for mental health assessment and 12 to 15 patients were on a nurse practitioner's caseload.
- 2.70** A mature team with a wide range of competencies provided an appropriate range of individual therapeutic interventions at primary and secondary levels. There was space to offer more group therapies, which was being considered. Professional counselling was now available and innovative emotional well-being mentors offered support and directed prisoners to services.
- 2.71** Nine patients had been transferred to secure mental health units in the previous six months, all except one within the transfer guideline, which was very good.
- 2.72** Staff supported key prison meetings such as the daily segregation review. No prison officers had attended the bespoke mental health awareness training that Oxleas NHS Foundation Trust offered.

Recommendation

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

Good practice

- 2.74** *Trained and supervised emotional well-being mentors introduced prisoners who otherwise would not have approached services to mental health support and helped alleviate their suffering.*

Social care

- 2.75** An occupational therapist from Kent County Council worked collaboratively with IC24 staff to address a prisoner's social care needs. Referrals were appropriately made and comprehensive assessments carried out. Care plans were thorough, clearly reflected individual prisoners' needs and were effectively reviewed when required. Health care assistants had been employed where necessary to deliver care and support. The service, which was good, was developing. Work was being carried out to ensure prison officers and prisoners were aware of the referral process, so that prisoners could have their social care needs considered.

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.

- 2.76** In our survey, only 8% of respondents said that the food provided was good, against 32% in the comparator and 11% at the last inspection. Many prisoners we spoke to said the food was poor, especially the fruit, which was often bruised and inedible. Nevertheless, we found the quality and quantity to be generally reasonable; however breakfast packs were too small and issued on the day before they were to be eaten.
- 2.77** The menu operated over a four-week cycle, with a roast meal twice a week. Religious and medical diets were catered for appropriately. Weekday lunches were cold; evening meals were hot. This was reversed at weekends.
- 2.78** The kitchen was reasonably clean and well-equipped, although it needed refurbishment. Over 40 prisoners were employed in the kitchen but vocational qualifications in catering were not available. Most servery and kitchen workers had not received food hygiene training either and many prisoners working in serveries were not correctly dressed. Most serveries were just adequately clean. Serveries were often inadequately supervised at mealtimes, which caused problems with portion control. As a result, wings ran out of food before having served all prisoners. Several prisoners complained that they often did not have enough to eat.
- 2.79** Self-catering facilities on the wings were reasonably well-equipped and popular but did not meet the demand. Opportunities to eat outside cells were limited on most wings.
- 2.80** A food consultation forum met every two months. Food comments books were available on some wings but not widely used.

Recommendation

- 2.81** The food provided should be sufficient to meet prisoners' needs; serveries should be properly supervised to ensure all prisoners have equal access to food and to deter bullying; and staff involved in preparing and serving food should be adequately trained.

Purchases

Expected outcomes:

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

- 2.82** Shop ordering arrangements were adequate and prisoners could choose from a reasonable range of items. However, prisoners' first shop orders could take up to a week to arrive.
- 2.83** In our survey, more prisoners than at comparator establishments said the prison shop sold a wide enough range of goods to meet their needs, although prisoners with disabilities were less positive.
- 2.84** Catalogue orders through Amazon offered prisoners access to a wider range of goods than previous catalogues. There were no catalogue administration charges. Although prisoners complained that the Amazon ordering process was too lengthy, we found it efficient and prompt.
- 2.85** Prisoners were adequately consulted about the list of shop goods and amendments were made quarterly.

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 amount of time out of cell had increased since the last inspection and was more predictable but staff shortages still had a significant impact on the regime. Fully employed prisoners could spend between six and 10 hours a day out of their cells, but unemployed prisoners could be unlocked for less than four hours. During our spot checks, we found over 40% of prisoners, including retired and disabled prisoners, locked in their cells, which was too high (see paragraph 2.24). The individuals locked up at any one time varied during the day due to part-time working. The prison was slow moving prisoners to activities and they often arrived late, which had a detrimental effect on visits and the working day.
- 3.2** Evening association was provided three times a week but was sometimes cancelled due to staffing shortages. Although managers tried to give prisoners reasonable notice of curtailments, they were often still unable to. The weekend routine was more predictable although prisoners were still locked in their cells for long periods. Association areas were adequately equipped but many were dirty.
- 3.3** Prisoners could exercise every day but only for half an hour. All exercise areas were stark and few had any seating.

Learning and skills and work activities

Expected outcomes:

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

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

Overall effectiveness of learning and skills and work:	<i>Requires improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>

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.

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>.

Personal development and behaviour:

Requires improvement

Leadership and management of learning and skills and work:

Requires improvement

Management of learning and skills and work

- 3.5** The management of learning and skills required improvement. Managers had introduced some successful innovations, but overall progress to address weaknesses identified at the last inspection had been slow. Curriculum reviews had identified a need for new courses in areas such as catering and construction, but the staff to deliver them had not been recruited. Staff shortages among prison instructors had reduced the range of accredited courses available, and delays in the appointment of an education manager had inhibited progress with planned improvements in the curriculum.
- 3.6** Managers closely monitored attendance at education and work and reported the results at the governor's daily briefing. This enabled other staff, such as those in residential areas, to help ensure that prisoners attended sessions; as a result the attendance rates of those allocated places had improved significantly. Novus, the contracted education provider, had made some improvements to the quality of teaching through effective performance management and a programme of staff development, organised jointly with the prison.
- 3.7** The use of prisoner mentors was very good. An innovative strategy for mentoring had improved the services available and helped create a more positive community culture. Twelve prisoners, trained as skills advisers, encouraged prisoners to take up education and careers service opportunities and acted as classroom assistants. They also managed the Open Academy, a study centre based on A wing (see paragraph 3.16). Altogether 28 prisoners were employed in various mentor roles, and there were plans to increase their number and expand the range of roles they carried out. Staff and prisoners appreciated the work of these enthusiastic and well-motivated mentors.
- 3.8** Quality assurance and improvement measures were underdeveloped. Managers had not established robust procedures for monitoring or reporting on the quality of the provision. Teaching in the gym or workshop areas was not observed, and insufficient use was made of learners' views and performance data. In education, teaching observations did not focus sufficiently on ensuring the needs of all prisoners were met. A quality improvement group had been established, but it was not yet effective.
- 3.9** The range of vocational training in workshops did not meet the needs of the population. However, managers had detailed plans to address this. The governor had recently secured funding for four new workshops and five additional instructors, potentially enabling the prison to deliver full employment in future.

Recommendations

- 3.10** **The prison should introduce effective quality monitoring systems to ensure that teaching and learning improves in all areas.**
- 3.11** **The range of vocational training courses should be increased.**

Good practice

- 3.12** *The use of mentors in learning and skills and across the prison was very good and helped enhance some key areas of work with the general population; mentors also received good personal and skills development opportunities.*

Provision of activities

- 3.13** There were insufficient activity places for the prison population – a shortfall of almost 200 places – resulting in high levels of unemployment. Not all the places were allocated, and attendance had also been reduced because of prison staff absences and education funding reductions.
- 3.14** Much of the work in the prison workshops was mundane and undemanding and did not help prisoners develop appropriate employment skills. In the better workshops, such as woodwork and engineering, the work provided realistic preparation for employment; however, prisoners could not gain qualifications. Prisoners could not have the personal development or employability skills they developed recognised.
- 3.15** The process for allocating prisoners to work had improved since the previous inspection, and nearly all places were filled, but the process did not take sufficient account of prisoners' needs. Staff did not use the information from prisoners' skills action plans or initial assessments to inform allocation decisions. Prisoners who only had entry-level English or mathematics skills were required to work towards a level 1 qualification, but many learners dropped out of the course before completing it. Novus provided good outreach support to deliver English and mathematics classes in workshops, but this only benefited a small number.
- 3.16** Opportunities for prisoners to study through open and distance learning were very good, and more than 130 prisoners were enrolled on open learning courses. Around 50 of these were accommodated on A wing, where the Open Academy provided a well-resourced study centre comprising a virtual campus computer suite (providing internet access for prisoners to community education, training and employment opportunities), a large stock of Open University and other learning resources and quiet study areas. Prison mentors, supervised by the head of learning and skills, managed the academy well. Novus had recently appointed a distance learning support tutor to enhance support for the academy. Programmes included a successful Inside Out project, which enabled 20 prisoners to study university modules alongside 20 students from the University of Kent. However, at the time of the inspection, prisoners could not use the virtual campus because the prison did not have a trained network manager.

Recommendations

- 3.17** **The prison should increase the provision of vocational qualifications in workshops and work areas.**
- 3.18** **The prison should record prisoners' personal development and employability skills.**

Good practice

- 3.19** *The Open Academy provided excellent support to around 50 men involved in open learning courses.*

- 3.20** *The Inside Out project enabled 20 men to study university modules alongside students from the University of Kent.*

Quality of provision

- 3.21** The quality of teaching, learning and assessment required improvement. Tutors' lesson planning was too variable. Many lesson plans lacked the detail required to enable tutors to maintain a good pace and ensure that all learners participated in the class fully. Most tutors used a good variety of learning activities, but they were rarely adapted to ensure more able students found them challenging. Tutors deployed prisoner mentors well to provide additional support to less able learners.
- 3.22** Individual learning plans focused on qualification outcomes and did not target broader personal development or improvements in English and mathematics. Prisoners' English and mathematics levels were not recorded in many plans or used to plan individual learning. Staff in workshops and work areas were not informed of prisoners' assessed skills levels in mathematics and English, affecting their ability to support them.
- 3.23** Workshop induction programmes were good, particularly in the DHL workshop. DHL also provided a qualification in warehousing. No other vocational training qualifications were available during the inspection, partly due to staff sickness. Instructors provided good coaching in the work skills required.
- 3.24** Some prisoners could take English and mathematics qualifications through education outreach in workshops and the gym. For example, in the plastics assembly workshop learners developed their skills in formal English by learning to write business letters. Peer mentors were well used in workshops and the gym to supervise induction, support staff and coach and assist less able prisoners. However, few mentors in workshops had mentoring qualifications.
- 3.25** Prisoners' time in workshops was not used effectively and they were not always purposefully employed. The pace of work in some workshops was hampered by a shortage of materials and security issues. In some workshops prisoners completed their tasks and put their tools away 40 minutes before they were due to return to the wings.

Recommendations

- 3.26** **Novus should improve lesson planning to ensure that all learners make the progress of which they are capable.**
- 3.27** **The prison should ensure targets set for learners include broader personal development and English and mathematics.**

Personal development and behaviour

- 3.28** Prisoners' personal development and behaviour required improvement. In workshops prisoners' behaviour was good; they worked well together in teams to meet deadlines and were respectful in work areas and the gym. Their behaviour in education classes was also good, and some prisoners who took on mentoring roles, developed their own skills while helping others. The most effective mentors, such as the skills advisers in education, were well trained and motivated; they assisted staff in developing new procedures, such as a new

induction timetable, and contributed to the work of the National Careers Service, by directing learners to advisers.

- 3.29** However, most prisoners did not develop the workplace discipline required by industry outside the prison. Poorly managed movement to activities meant prisoners arrived at work up to an hour late. Workshop activities were carried out at a slow pace and often stopped well before the scheduled time. Prisoners in the engineering and woodwork workshops gained useful work skills, but they were not accredited. In education, teachers did not always develop prisoners' understanding of equality and diversity. Disabled prisoners had limited access to education because of a broken stair lift, which had remained out of use for more than a year.
- 3.30** The prison's induction was not delivered consistently, so some prisoners missed all or part of their induction. This caused frustration and prevented them from taking full advantage of the opportunities available. The prison planned to address this by developing a new induction programme, but it was not yet in place. (See paragraph 1.7 and recommendation 1.9.)

Recommendation

- 3.31 The stair lift should be repaired or replaced so disabled prisoners have access to all areas of the education department.**

Education and vocational achievements

- 3.32** Prisoners' education and vocational achievements required improvement. In education, pass rates for those completing English courses were satisfactory, but too many prisoners withdrew from courses without completing them. In mathematics, both retention and pass rates were poor. There was some evidence that results had improved in recent months. Prisoners achieved good success rates in information technology and self-employment courses. There were also good pass rates in gym courses.
- 3.33** Learners following distance learning courses at level 3 and above were making good progress, and those acting as mentors showed enthusiasm and commitment and achieved good results. There was much good work in art and in the engineering and woodwork workshops. However, in work areas such catering, cleaning, contract services, and garden maintenance, the work was not demanding enough and did not meet the standards expected in industries outside the prison.

Recommendation

- 3.34 Retention and pass rates in mathematics and English classes should be improved.**

Library

- 3.35** The library was well managed and maintained. A library manager was well supported by two library assistants and three orderlies.
- 3.36** Most prisoners had access to the library a number of times a week, although a lack of staff to escort employed prisoners to the library restricted their access. Vulnerable prisoners could visit the library once a week.

- 3.37** The range of stock was good and prisoners could ask for additional books through the Kent library service. An appropriate range of legal textbooks and Prison Service instructions, as well as a selection of fiction and non-fiction books were available for the wide range of foreign language speakers. Books relating to the full range of courses that prisoners were on were also available. Prisoners made good use of a stock of English and foreign language DVDs. Library staff carefully monitored stock loss, which was too high at 7%.
- 3.38** Library staff ran a range of activities to promote literacy, including the Six Book Challenge reading scheme and a book club that met monthly and occasionally hosted authors who gave talks on creative writing. The Turning Pages mentoring programme to help prisoners learn to read was also available in the prison.

Physical education and healthy living

Expected outcomes:

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

- 3.39** The gym was well managed. Physical education (PE) officers were well qualified and all had teacher training awards. Prisoner peer workers held relevant qualifications and were deployed well. The facilities were good; a large well-equipped gym, a sports hall, classrooms, a treatment room and an all-weather pitch were available. However, there were not enough showers in the gym and only half were working during the inspection.
- 3.40** The PE induction course was appropriate, but not all new prisoners attended as part of their prison induction. Induction was good but not always timely. Staff shortages meant the delivery of accredited courses was limited, but some sports leader courses were offered, as well as gym instructor and personal instructor courses at level 3. Retention had been low on some recent courses because prisoners left the prison, but pass rates for those who completed them were high.
- 3.41** Links with health services staff were good and activities such as health screening, healthy eating, tackling drug and alcohol addiction and remedial PE were offered. Gym representatives on wings and gym peer mentors promoted healthy living and personal fitness well during induction.
- 3.42** Around 55% of the population participated in gym activities at least once or twice a week. All wings and prisoner groups had scheduled sessions, but data analysis did not look at the participation of different groups. Wing staff shortages had led to evening and weekend closures, which limited full-time workers' access to the gym.

Recommendations

- 3.43** **Data analysis should cover participation by different groups and prisoners' views should be canvassed to inform the provision.**
- 3.44** **The gym should operate in line with the published core day and provide the full range of activities available.** (Repeated recommendation 3.47)

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 resettlement policy had not been updated since the last inspection and the lack of a needs analysis of the population had resulted in gaps in the provision, for example no specific work was undertaken with those who had been recalled to the prison or on indeterminate sentences. The small resettlement team had been disbanded; however, Swaleside continued to release a small number of men, despite not being a designated resettlement prison.
- 4.2 The senior management team and the offender management unit (OMU) had ensured sentence plans outlined the sequence in which prisoners should undertake activities, but in practice they had not yet managed to deliver interventions in the prescribed order. The reducing reoffending meeting took place regularly and covered the resettlement pathways, but the coordination of activities and prisoners' attendance needed improvement to ensure the work alongside offender management was effective.
- 4.3 Although resettlement work was not yet strategic, some bespoke resettlement services were in place. Prisoners nearing release were systematically identified and support was offered if necessary. The prison had some good links with voluntary sector partners but they needed to be developed and better coordinated. Initiatives to support veterans, and the use of prisoner mentors to direct prisoners to resettlement services and apply for bank accounts were positive. Overall, there was no 'whole prison' approach to resettlement and managers needed to find ways of helping prisoners and staff see how their activities contributed to reducing reoffending.

Recommendation

- 4.4 **The prison should ensure men receive adequate support in reducing their risks by having a better understanding of the needs of the population and coordinating offender management work with other departments to provide a 'whole prison' approach.**

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 Only seven out of a profiled 12 offender supervisors were in post and the probation team had two staff vacancies. Probation staff did not hold caseloads and offender supervisors could be redeployed to other duties in the prison – we were told that 100 hours had been diverted from the OMU in March 2016 alone. This meant that contact with prisoners was

very infrequent and took place mainly around key events, such as re-categorisation reviews and parole reports.

- 4.6** Offender supervisors' caseloads were extremely high, which also made regular purposeful contact with prisoners difficult. We found examples of prisoners who had not seen an offender supervisor at all over the course of a year. Prisoners and offender supervisors told us this meant staff were unable to work effectively to support prisoners in reducing their risk and motivate those on long indefinite sentences. Only 41% of prisoners responding to our survey said they had a named offender supervisor, far lower than the comparator of 89%.
- 4.7** We were informed that Crown Prosecution Service (CPS) paperwork was often missing when prisoners arrived at Swaleside. The prison required the information to ensure it made a reliable and accurate assessment of prisoners' risk of harm. Overall, the offender assessment system (OASys) documents we reviewed were not good enough, particularly where analyses of risk of harm, risk management plans and sentence plans were concerned. Of the 15 OASys reviews completed by prison staff we looked at, 12 were insufficient, six of which were incomplete.
- 4.8** Sentence plans needed to outline clearly what action was required, set objectives and ensure activities were sequenced. Prisoners we spoke to said they had not been involved in the sentence planning process and did not have a copy of their plan. Only 57% of prisoners who responded to our survey said they had a sentence plan compared with 81% in similar prisons and 43% said they had been involved in developing it (54% in the comparator).
- 4.9** The backlog of OASys documents was a key challenge for the department: nearly half of prisoners (503) did not have an OASys document and 301 of these were the prison's responsibility. Two new probation staff and an offender supervisor prioritised the completion of OASys reviews to reduce the backlog, but this was a major challenge and the problem was being compounded by a number of new arrivals who did not have an OASys document.
- 4.10** A recent in-house audit had identified some concerns about offender management work and outlined action that needed to be taken. Supervision arrangements and strategic direction needed attention, and meetings to discuss complex and risky cases, which had been valued by staff, no longer took place. Plans to reconfigure the OMU caseload so that probation staff took on higher risk, near to tariff and over tariff cases were in development.
- 4.11** Despite the significant challenges, OMU staff were committed and enthusiastic and worked well as a team.

Recommendation

- 4.12 Senior management should ensure that OMU staff have access to CPS documents to enable them to produce better OASys reviews.**

Public protection

- 4.13** Public protection work, led by the probation team, was sufficient and had improved since our last inspection. Initial screenings were efficient. OMU caseworkers identified prisoners who needed to be monitored under multi-agency public protection arrangements (MAPPA) on reception and activated an alert on P-Nomis (the Prison Service IT system).

- 4.14** Processes for sharing information about prisoners and managing risks in custody needed development. Public protection meetings took place regularly but not all sections of the prison were represented at meetings. Similarly OMU staff did not always attend managing challenging behaviour meetings, which were the main forum for monitoring and working with prisoners who were displaying risky or disruptive behaviour.
- 4.15** MAPPA processes for prisoners nearing release were timely and effective. Probation inspectors reviewed six cases where prisoners were due for release in the following four weeks. Prisoners had their MAPPA levels set appropriately and recorded on P-Nomis.

Categorisation

- 4.16** Categorisation reviews were up to date. Seventy-two prisoners had been downgraded to category C in the six months prior to our inspection and six to category D. We saw evidence that 70 prisoners had been transferred to lower security prisons.
- 4.17** The categorisation reviews we looked at were timely and decisions appeared justified, but staff from departments other than the OMU did not contribute. This meant that the decisions were based on limited information and a fuller picture would have provided greater confidence in the decisions being made. Downgrades were approved by the head of the OMU.

Recommendation

- 4.18** **Categorisation reviews should contain more detailed information, including contributions from other departments.**

Indeterminate sentence prisoners

- 4.19** Nearly half the population (48%) were indeterminate sentence prisoners; 357 were serving life sentences and 144 indefinite sentences for public protection. Indeterminate sentence prisoners could access offender management and other services in the same way as other prisoners and there were no specific forums or dedicated work for this group.
- 4.20** Offender supervisors had been trained to work with these prisoners and to complete parole reports. Parole review administrative arrangements were generally good and parole reports were up to date. Offender supervisors attended parole hearings but they told us that parole reports lacked depth because of the limited contact they had with prisoners between reviews; prisoners confirmed this view.
- 4.21** The backlog of OASys documents affected opportunities for progression and we were concerned about National Offender Management Service practice guidance which meant lifers could potentially wait three years between each review. This adversely affected men who needed to feel they were making progress and required adequate support in reducing their risks.

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.

- 4.22** There was no reintegration planning on arrival at the prison. In our survey, awareness of support services in the community was low and only 10% of men felt that a member of staff had helped prepare them for release.
- 4.23** Assistance started around three months before release when prisoners could receive individual support. Offender supervisors systematically identified prisoners before release who could be referred to the charity PACT so they could receive help with any outstanding resettlement needs.
- 4.24** Staff and prisoners had developed a release interview form to identify needs and track referrals. Prisoner mentors could also direct prisoners to services in the prison; they were committed and knowledgeable but their work was hindered by a lack of resources; they did not have access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) or other sources of resettlement information.
- 4.25** Transfers for local discharge were difficult to organise and were not happening often enough and too many prisoners were released directly from Swaleside. Of the 26 men released in the six months prior to our inspection, only five were local to Kent. In addition, several prisoners who should have been transferred to a resettlement release address three months before their release were still awaiting transfer, despite efforts by the prison to facilitate this.

Recommendations

- 4.26 Prisoner mentors should be adequately resourced to support prisoners with resettlement queries.**
- 4.27 Prisoners who are not being released to Kent should be transferred for local discharge.**

Accommodation

- 4.28** A dedicated full-time worker employed by PACT had been providing individual support and advice on accommodation since January 2015. The current caseload included 60 prisoners. Twenty-six men had been released in the six months prior to the inspection. Sixteen had been released to permanent sustainable accommodation, six to approved premises and 10 to their home address. Some of the remaining 10 prisoners who were released to no fixed address were at the end of their licence and had no conditions; they therefore did not have to accept the prison's help finding accommodation.

Education, training and employment

- 4.29** The National Careers Service (NCS) was provided by Connexions Kent. Two part-time advisers were employed and the service had developed an appropriate focus on identifying learning outcomes for long-term prisoners. Advisers worked with prisoners to develop good skills action plans with clear objectives. However, not all prisoners received this service,

because the NCS provision was not included in the prison induction and they were not aware of it (see paragraph 1.7). The services' links to the prison's systems were poor. The OMU did not refer prisoners to the service and skills advisers did not routinely receive information about prisoners' attainment levels or length of time they had left to serve. The small number of prisoners released from Swaleside were not identified, which meant they could not receive careers advice or guidance before release.

Recommendation

- 4.30 NCS advisers should have access to data on prisoners' education attainments and sentence length to enable them to target their service effectively.**

Health care

- 4.31** Preparation for prisoners receiving health care who were being transferred or released was appropriate and the care programme approach continued for those with complex and enduring mental health problems. Patients with terminal illnesses received good care and a Macmillan specialist nurse provided regular support.

Drugs and alcohol

- 4.32** Although the number of releases was low, the Rehabilitation of Addicted Prisoners Trust (RAPt) team's reintegration planning arrangements were good. In addition to making arrangements for ongoing community support and treatment, prisoners with a history of opiate misuse were offered training to administer naloxone, an opiate overdose antidote. A kit containing the antidote was then given to them on release.
- 4.33** All RAPt clients could also access RAPt's national network of transitional care volunteer mentors on release. The service offered gate pick-ups and transport to appointments as well as continuing mentoring support.

Finance, benefit and debt

- 4.34** The full-time worker from PACT offered prisoners advice on finance, benefits and debt. The service was promoted during induction and on notice boards in the residential units. Prisoners had good access to the service through prisoner community representatives (mentors), offender supervisors and skills advisers, who could refer men to the service. In addition, the Medway and Swale Advocacy partnership ran a weekly advocacy surgery providing advice on debt. Prisoners received assistance to set up a bank account before release.

Children, families and contact with the outside world

- 4.35** The children and families pathway was reasonably good and a newly commissioned range of services led by PACT was developing. A baby and toddler group had just been started by them and was due to run on Thursdays for six weeks. A homework club was provided on Mondays to enable fathers to understand their children's homework and work with them on their homework assignments, and plans were in place to provide other family interventions. Family visits had been reinstated and the first took place during our inspection. Only prisoners on the enhance level of the incentives and earned privileges scheme could attend,

but in future we were told that family visits would be available for all prisoners. Accumulated visits were only available for those on the enhanced regime, which was unfair.

- 4.36** Visits took place every afternoon. Prisoners and visitors complained that visits started late every day, which our observations confirmed. A notice in the visitors' centre informed visitors that their visiting time included booking in and escorts to the visits hall, which should not have been the case. Some visits were reduced to as little as half an hour due to late starts. Information about visiting times was out of date and caused some confusion among visitors we spoke to. There was now a central booking service and visits could also be booked online. Visitors said both services responded promptly.
- 4.37** The visits hall was large and bright and big enough for the number of visits. Prisoners still had to wear sashes during general and family visits. The children's play area was still not open during every session, although hot and cold refreshments were always available.

Recommendations

- 4.38 All prisoners should have access to accumulated visits.**
- 4.39 Visits should start at the advertised time.**
- 4.40 Prisoners should not have to wear sashes in the visits hall.** (Repeated recommendation 4.46)

Attitudes, thinking and behaviour

- 4.41** The prison delivered five accredited offending behaviour programmes offering a good range of interventions relevant to the population held. The well-resourced team delivered the thinking skills programme (TSP), RESOLVE (designed to address violence and violent offending) as well as programmes on building better relationships, healthy relationships and 'self-change'.
- 4.42** The combined target for completion of these courses for 2015–2016 was 167, which had been exceeded. Attendance and retention rates were good, but waiting lists for some programmes were too long. There were 75 prisoners on the waiting list for the TSP course and prisoners had to wait up to 18 months for a place. In our survey fewer prisoners than the comparator and compared with the last inspection said it was easy to get on an offending behaviour programme. The OASys backlog contributed to the waiting time for some prisoners who could not be suitably assessed for specific accredited programmes.
- 4.43** OMU staff recognised that the prison did not provide any work for those who belonged to gangs or courses for drug importers. There was no targeted victim awareness programmes but offender management staff could provide men with a victim empathy pack.

Psychologically informed planned environment (PIPE)

- 4.44** The psychologically informed planned environment (PIPE), which had developed since our last inspection, was located on F wing. It offered an excellent approach to interacting with, treating and progressing prisoners with very challenging behaviour and personality disorders. There was a mix of prisoners in the PIPE; some were involved in pre-treatment, while others were in treatment. Activities to ensure prisoners progressed were to be further developed over the following two years and the prison planned an expansion from 60 to 120 places.

- 4.45** Governance arrangements were very good. The multidisciplinary team included prison officers, psychologists and mental health workers who used motivational and cognitive behavioural approaches and received regular one-to-one supervision. Prisoners had key workers, and treatment across shifts was consistent and continuity good.
- 4.46** Complaints were rare – there had been none in the three months to December 2015. We observed disputes being resolved in a lively community meeting. The meetings took place regularly and prisoners chaired them and took notes. Prisoners in the unit were complimentary about the staff, although they criticised the practice of ‘lodgers’ being placed in the PIPE for non-therapeutic purposes, as some were said to disrupt the programme.
- 4.47** The PIPE was full. There were about 17 referrals per month and a waiting list of around 20 men. There was a good network of services to which prisoners could be referred and Swaleside participated in the London Pathways Partnership, which develops services targeting complex high risk offenders. The average length of stay was over a year. Prisoners could take part in the programme on an irregular basis as they adjusted to the effects of therapy.
- 4.48** F wing was not a purpose-built unit, but the prisoners cared for their environment. The PIPE was clean and tidy. Prisoners’ time out of cell was similar to those in the main prison and men attended work and education. Overall, the PIPE supported the prison’s work to make the whole establishment safer.

Section 5. Summary of recommendations

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** The violence reduction strategy should be reviewed. It should: include input from relevant agencies; be informed by accurate data, security intelligence, prompt and robust investigations and prisoners' views about safety; and draw existing initiatives together in a coherent way. (S36)
- 5.2** Segregated prisoners should be held in decent, respectful conditions and provided with a reliable daily regime to meet their basic needs; managers should ensure proper planning takes place to support reintegration into a mainstream wing. (S37)
- 5.3** Designated staff should cover health care and ensure the environment is safe and secure for all prisoners. (S38)
- 5.4** Prisoners should have a good amount of predictable time out of their cells and should be moved around the prison promptly to maximise the working day and prisoners' access to other constructive activities. (S39)
- 5.5** Prisoners should have regular contact with an offender supervisor and an up-to-date OASys document to help them address their offending behaviour and ensure their progression is monitored effectively. (S40)

Recommendation

To the National Offender Management Service

Reintegration planning

- 5.6** Prisoners who are not being released to Kent should be transferred for local discharge. (4.27)

Recommendations

To the governor

Courts, escort and transfers

- 5.7** Prisoners should not be routinely handcuffed on and off escort vehicles without an individual risk assessment. (1.2)

Early days in custody

- 5.8** New arrivals should only be subjected to a strip-search when justified by a risk assessment. (1.8, repeated recommendation 1.15)

- 5.9** First night and induction arrangements should ensure prisoners are held in decent conditions, given the basics items required for their first few days, kept safe and provided with relevant information about life at the prison. (1.9)

Self-harm and suicide

- 5.10** All prisoners at risk of self-harming should receive consistently good care and serious near fatal incidents should be adequately investigated so lessons about how support could be improved can be learned. (1.25)

Security

- 5.11** Intelligence should be properly analysed and appropriate security objectives set every month and communicated to all staff. (1.35)
- 5.12** Prisoners should only have their visits restricted for incidents directly related to visits; they should also receive information on what steps they should take to have the restrictions lifted. (1.36)

Incentives and earned privileges

- 5.13** The IEP scheme should encourage good behaviour, set behavioural targets when necessary, and provide adequate safeguards for prisoners being downgraded to and managed on the basic level of the scheme. (1.41)

Discipline

- 5.14** A regular adjudication standardisation meeting should be implemented. (1.45)
- 5.15** All force should be proportionate and used only as a last resort. Managerial oversight of the process should be sufficient to ensure this is the case. (1.51)

Substance misuse

- 5.16** The SDTP should be organised to support men effectively and the prison should ensure the discipline staff group understands and supports the ethos of the work being done. (1.61)

Residential units

- 5.17** Prisoners should be provided with decent and respectful living conditions. (2.7)
- 5.18** Stocks of prison-issue bed linen, towels and clothing in the residential stores should be increased to meet the population's needs. (2.8)
- 5.19** Management oversight of the applications process should be introduced to monitor the quality and timeliness of responses. (2.9)

Staff-prisoner relationships

- 5.20** Prisoners should have regular meaningful contact with a personal officer or member of staff who should know enough about prisoners' circumstances to provide assistance if required, and to support work to reduce their risks and encourage progression. (2.12)

Equality and diversity

- 5.21** Senior managers should prioritise equality and diversity work to ensure the needs of those with protected characteristics are addressed. (2.18)
- 5.22** All minority groups should be systematically identified, supported and consulted, to ensure their needs are assessed and where possible met; their negative perceptions should be understood and unequal treatment addressed. (2.26)
- 5.23** Prisoner carers should be adequately trained for their role; oversight and support should be developed to ensure adequate safeguarding systems are in place. (2.27)

Faith and religious activity

- 5.24** All prisoners should be able to attend corporate worship regularly and on time. (2.32)

Complaints

- 5.25** The prison should deal with complaints about staff more rigorously. (2.38)

Legal rights

- 5.26** Provision to support prisoners in exercising their legal rights should be improved. (2.40)

Health services

- 5.27** Sufficient discipline staff should be trained in the use of automated external defibrillators. (2.49, repeated recommendation 2.67)
- 5.28** Did not attend rates and waiting numbers and times should be driven down, and be subject to constant scrutiny by the partnership board. (2.58)
- 5.29** Escort arrangements should be adequate and effective to meet the health care needs of the prison population. (2.59, repeated recommendation 2.74)
- 5.30** The in-possession policy should be reviewed and followed to ensure that the type and quantity of medicine is suitable for patient treatment in a secure environment; the partnership board should regularly scrutinise in-possession prescribing. (2.66)
- 5.31** Prisoners should have satisfactory access to dental care and treatment, and measures should continue to reduce the number of patients on the waiting list. (2.68, repeated recommendation 2.87)
- 5.32** All discipline officers should receive regular mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems. (2.73, repeated recommendation 2.92)

Catering

The food provided should be sufficient to meet prisoners' needs; serveryes should be properly supervised to ensure all prisoners have equal access to food and to deter bullying; and staff involved in preparing and serving food should be adequately trained. (2.81)

Learning and skills and work activities

- 5.33** The prison should introduce effective quality monitoring systems to ensure that teaching and learning improves in all areas. (3.10)
- 5.34** The range of vocational training courses should be increased. (3.11)
- 5.35** The prison should increase the provision of vocational qualifications in workshops and work areas. (3.17)
- 5.36** The prison should record prisoners' personal development and employability skills. (3.18)
- 5.37** Novus should improve lesson planning to ensure that all learners make the progress of which they are capable. (3.26)
- 5.38** The prison should ensure targets set for learners include broader personal development and English and mathematics. (3.27)
- 5.39** The stair lift should be repaired or replaced so disabled prisoners have access to all areas of the education department. (3.31)
- 5.40** Retention and pass rates in mathematics and English classes should be improved. (3.34)

Physical education and healthy living

- 5.41** Data analysis should cover participation by different groups and prisoners' views should be canvassed to inform the provision. (3.43)
- 5.42** The gym should operate in line with the published core day and provide the full range of activities available. (3.44, repeated recommendation 3.47)

Strategic management of resettlement

- 5.43** The prison should ensure men receive adequate support in reducing their risks by having a better understanding of the needs of the population and coordinating offender management work with other departments to provide a 'whole prison' approach. (4.4)

Offender management and planning

- 5.44** Senior management should ensure that OMU staff have access to CPS documents to enable them to produce better OASys reviews. (4.12)
- 5.45** Categorisation reviews should contain more detailed information, including contributions from other departments. (4.18)

Reintegration planning

- 5.46** Prisoner mentors should be adequately resourced to support prisoners with resettlement queries. (4.26)
- 5.47** NCS advisers should have access to data on prisoners' education attainments and sentence length to enable them to target their service effectively. (4.30)
- 5.48** All prisoners should have access to accumulated visits. (4.38)

- 5.49** Visits should start at the advertised time. (4.39)
- 5.50** Prisoners should not have to wear sashes in the visits hall. (4.40, repeated recommendation 4.46)

Examples of good practice

- 5.51** The prisoner faith council was a well-considered approach to promoting religious harmony among different faith groups within the prison. (2.33)
- 5.52** Trained and supervised emotional well-being mentors introduced prisoners who otherwise would not have approached services to mental health support and helped alleviate their suffering. (2.74)
- 5.53** The use of mentors in learning and skills and across the prison was very good and helped enhance some key areas of work with the general population; mentors also received good personal and skills development opportunities. (3.12)
- 5.54** The Open Academy provided excellent support to around 50 men involved in open learning courses. (3.19)
- 5.55** The Inside Out project enabled 20 men to study university modules alongside students from the University of Kent. (3.20)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Ian Dickens	Inspector
Karen Dillon	Inspector
Paul Fenning	Inspector
Fionnuala Gordon	Inspector
Anna Fenton	Researcher
Natalie-Anne Hall	Researcher
Helen Ranns	Researcher
Catherine Shaw	Researcher
Paul Roberts	Substance misuse inspector
Paul Tarbuck	Health services inspector
Sue Melvin	Pharmacist
Andrea Crosby-Josephs	Care Quality Commission inspector
Mary Devane	Ofsted inspector
Steve Oliver-Watts	Ofsted inspector
Mark Shackleton	Ofsted inspector
Nigel Scarff	Offender management inspector
Les Smith	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 2014, reception and first night processes were reasonable and prisoners were supported by prisoner Insiders. Induction was comprehensive but prisoners spent too long locked up during their early days. Most prisoners felt safe but too little was done to identify and support those feeling unsafe. Self-harm and suicide prevention arrangements were not sufficiently robust. Security was proportionate. Prisoners told us illegal drug availability was not high but the mandatory drug testing programme had been neglected. Governance of use of force, including use of the special cell, was extremely poor and we were not assured that use of these measures was always justified. The segregation unit regime was over-punitive. Substance misuse services were very good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The violence reduction strategy should be reviewed and fully implemented. In addition, measures should be introduced to identify all prisoners who feel unsafe. Formal process to manage perpetrators and protect victims of bullying and violent behaviour should be introduced. (S43)

Partially achieved

The recording of all uses of force, and especially use of special accommodation, should be complete and fully justify the need for force. All planned uses of force should be video-recorded. Effective management monitoring arrangements should be in place. (S44)

Not achieved

The National Offender Management Service should take immediate steps to recruit sufficient capable staff to fill Swaleside's vacant posts so the prison can run safely and effectively. (S48)

Not achieved

Recommendations

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

Achieved

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

Not achieved

New arrivals should only be subjected to a full search when justified by a risk assessment. (I.15)

Not achieved (Recommendation repeated, I.8)

Prisoners should be able to make a telephone call and have a shower on their first night, and there should be enhanced observations and checks of their safety. (I.16)

Not achieved

Induction should start on the next working day after arrival. (I.17)

Not achieved

Prisoners should be provided with an activity as soon as they have completed their induction. (I.18)

Not achieved

Analysis of violence-related data should be regularly monitored and reviewed to identify trends and emerging patterns of behaviour, and action taken to improve safety. (I.27)

Not achieved

An effective system should be implemented for identifying the views of prisoners on violence reduction. (I.28)

Achieved

Information about incidents of self-harm should be analysed by the safer custody committee and used to inform planned action. (I.37)

Not achieved

The quality of assessment, care in custody and teamwork (ACCT) management should be improved and all staff should be trained appropriately in the procedures. (I.38)

Not achieved

Investigations into serious incidents of self-harm should address issues of procedure and practice which could have improved the care for the prisoner concerned. (I.40)

Not achieved

There should be documented reviews of segregated prisoners subject to ACCT procedures to authorise their continued segregation and plan how their needs will be met. (I.39)

Achieved

There should be sufficient trained Listeners for the population and prisoners should have prompt and reliable access to them. (I.41)

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. (I.46)

Partially achieved

Mandatory drug testing should be carried out appropriately within identified timescales. (I.55)

Achieved

A suitable scheme to encourage good behaviour should be introduced. (I.63)

Not achieved

The management of those on the basic level should seek to improve behaviour through active encouragement, monitoring and regular review. (I.64)

Not achieved

F213 forms should be fully completed in all events of use of force. (I.72)

Not achieved

The regime in the segregation unit should include daily showers and access to telephones. (I.77)

Not achieved

Reintegration planning should be routinely carried out for all prisoners located on the segregation unit. (1.78)

Not achieved

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

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, most areas of the prisons were clean but some parts of the older wings were shabby and worn. Access to showers and telephones was compromised by limited time unlocked. Staff–prisoner relationships were generally good but prisoners were frustrated by an inability to access staff readily for help. The management of equality was weak and there was little formal support for prisoners with protected characteristics. Faith provision was reasonably good. Prisoner complaints were poorly managed. Health services, including mental health provision, were mostly good. Food was reasonable and self-catering highly valued. The prisoner purchasing system was in disarray. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Toilets in cells should be adequately screened. (2.10)

Not achieved

All prisoners should be able to shower every day in privacy and in decent conditions. (2.11)

Not achieved

All prisoners should be able to make private telephone calls every day. (2.12)

Achieved

The timeliness and quality of responses to prisoner applications should be assured by managers. (2.13)

Not achieved

The overarching equality policy should include detail of, and provision for, all protected characteristics, and should be accompanied by an up-to-date equality action plan. (2.24)

Partially achieved

Effective and regular monitoring of all protected characteristics should be in place, to ensure fair treatment and access to services. (2.25)

Not achieved

Support forums should be developed for prisoners with protected characteristics. (2.35)

Partially achieved

Foreign national prisoners should have access to accredited, independent immigration advice. (2.36)

Achieved

Professional telephone interpreting services should be used for prisoners who cannot speak English. (2.37)

Achieved

The prison should investigate the negative perceptions of safety held by prisoners with protected characteristics, and take action to address the findings. (2.38)

Not achieved

Care plans should be in place for prisoners who need them. (2.39)

Not achieved

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

Not achieved

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

Achieved

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

Partially achieved

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

Not achieved

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

Achieved

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

Not achieved (Recommendation repeated, 2.49)

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

Not achieved

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

Not achieved (Recommendation repeated, 2.59)

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

Not achieved

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

Not achieved (Recommendation repeated, 2.68)

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

Not achieved (Recommendation repeated, 2.73)

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

Achieved

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

Not achieved

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

Not achieved

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

Partially achieved

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

Not achieved

Purposeful activity

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

At the last inspection, in 2014, there was relatively little planned time unlocked for most prisoners and this was further reduced by the regular cancellation of association due to staff shortages. The learning and skills strategy was suitably focused on functional and employability skills, and the overall management was improving. There were too few activity places available and not all places were fully utilised, leading to high levels of unemployment. The quality of teaching and learning and overall success rates in education classes required improvement. Coaching in workshops was good. Opportunities to accredit work and vocational skills were missed. Peer workers were used extensively and effectively across the provision. The library was good but access was problematic. PE provision was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Staff shortages should be addressed as a matter of urgency and the amount of time unlocked should be increased. All prisoners should have at least 10 hours unlocked and access to periods of association each evening. (S45)

Not achieved

The number of learning and skills and work activity places should be increased and all places should be fully utilised. All prisoners should have an activity and this should be allocated according to their identified need. (S46)

Not achieved

Recommendations

The prison should collect and use an appropriate range of data to monitor and improve the quality of education, training and work across the provision in order to improve the quality of teaching, learning and assessment in education to at least 'good'. (3.9)

Achieved

Clear staff performance management arrangements should be implemented to support quality improvements in education. (3.10)

Achieved

Levels of pay for attending educational activities should be raised to ensure that they are not a disincentive to attending classes. (3.17)

Achieved

The achievement rates on English, mathematics and ESOL courses should be improved as a matter of urgency. (3.30)

Achieved

The quality of library provision in satellite areas (including the health care department and segregation unit) should be improved and closely monitored. (3.37)

Achieved

The monitoring of library attendance should be improved to gauge and improve use of the facility for the whole establishment. (3.38)

Achieved

The availability of accredited qualifications should be broadened to recognise fully the skills that prisoners develop in work and training activities. (3.18)

Not achieved

A validation process should be introduced for food hygiene awards. (3.24)

Not achieved

Assessments of prisoners' work should be verified quickly. (3.31)

Not achieved

Prisoners should be kept fully occupied while at work, for the full time specified within the prison regime. (3.32)

Not achieved

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

Not achieved (Recommendation repeated, 3.44)

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 2014, the strategic management of resettlement was poor. Acute staff shortages resulted in inadequate offender management services. A lack of dedicated offender supervisors and a large backlog of offender assessment system (OASys) assessments hindered progression for many prisoners. Public protection arrangements were generally sound. Categorisation processes were very poor. Demand for most resettlement provision was low but we were not assured that needs were always assessed or met. The children and families provision was underdeveloped. Offending behaviour work was very good and the newly developed personality disorder unit was extremely promising. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All prisoners should have an up-to-date offender assessment system (OASys) assessment, and a dedicated offender supervisor who provides continuing support, motivation and challenge and actively monitors progression. (S47)

Not achieved

Recommendations

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

Not achieved

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

Not achieved

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

Achieved

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

Partially achieved

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

Not achieved

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

Achieved

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

Partially achieved

The children, families and contact with the outside world pathway should be developed and include delivery of interventions to support parenting, and a programme of family days which are open to a wider range of prisoners. (4.42)

Partially achieved

Access to the visits booking system should be improved to remove unnecessary delays. (4.43)

Achieved

Children should be able to access the play area during all visits sessions. (4.44)

Not achieved

A safeguarding children policy should be introduced and all appropriate staff trained in its application. (4.45)

Partially achieved

Prisoners should not have to wear sashes in the visits hall. (4.46)

Not achieved (Recommendation repeated, 4.40)

Appendix III: Care Quality Commission Requirement Notices



Requirement Notices

Provider: Integrated Care 24 (IC24)

Location: HMP Swaleside

Location ID: 1-442774881

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening and Surgical procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 12 Safe Care and Treatment

We found that the registered provider had not ensured that care and treatment was provided in a safe way for service users, they had not assessed the risks to the health and safety of service users of receiving care or treatment. They had not done all that is reasonably practicable to mitigate any such risk. The registered provider had not protected patients against the risks of receiving unsafe care and treatment by the proper and safe management of medicines. This was in breach of regulation 12 (1)(2)(a)(b)(g)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The lack of prison staff impacted on the management of large numbers of patients attending healthcare and this put both staff and patients at risk.

There were between 30-80 detainees queuing for healthcare at any one time. There was one Health Care Assistant (HCA) and an officer on the first day of inspection but we were informed that this was not normally the case and mostly there was only a HCA. We were also informed two officers should be a scheduled to cover healthcare.

Healthcare staff expressed major concerns about their safety and one spoke about being assaulted two years ago and having not received support from IC24. Patients also spoke of feeling vulnerable in the waiting area. We witnessed a patient becoming agitated and entering the room the GP was in when he did not receive the medication he expected.

Staff attempted to store medicines in an orderly manner but storage was very poor in the pharmacy room which was too small and had insufficient cabinets. Dozens of open cardboard boxes containing patient medication were piled on top of each other, leading to potential confusion and possible wrong issuing. Storage of other medications was also problematic. We found loose tablets, capsules, and strips in the medicines cabinets in inpatients, as well as some date-expired medicines.

Many patients complained of not receiving their repeat medicines promptly, despite a new system to address this issue. We found some examples where the staff had not ordered them from the doctor or the pharmacy in time.

Regulation 18 Staffing

We found that persons employed by the service provider in the provision of regulated activity did not receive such support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

Staff had not received regular, formal or recorded management for some time. There were no records of supervision available.

Not all mandatory training had been completed as required for nursing staff and managers. There were four staff whose Safeguarding Adults and Violence and Aggression was not up to date.

There was evidence that staff were feeling unsupported particularly after incidents with prisoners.

Appendix IV: 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	21 and over	%
Sentenced	1,072	96.6%
Recall	38	3.4%
Convicted unsentenced	0	
Remand	0	
Civil prisoners	0	
Detainees	0	
Total	1,110	100%

Sentence	21 and over	%
Unsentenced	0	
Less than six months	0	
six months to less than 12 months	0	
12 months to less than 2 years	1	0.1%
2 years to less than 4 years	12	1.1%
4 years to less than 10 years	160	14.4%
10 years and over (not life)	436	39.3%
ISPP (indeterminate sentence for public protection)	144	13%
Life	357	45.1%
Total	1,110	

Age	Number of prisoners	%
Please state minimum age here: 21		
21 years to 29 years	381	34.3%
30 years to 39 years	340	30.6%
40 years to 49 years	203	18.3%
50 years to 59 years	144	13.5%
60 years to 69 years	36	3.2%
70 plus years	6	0.5%
Please state maximum age here: 79		
Total	1,110	100%

Nationality	21 and over	%
British	903	81.4%
Foreign nationals	205	18.5%
Not stated	2	0.2%
Total		

Security category	21 and over	%
Category A		
Category B	960	86.5%
Category C	134	12.1%
Category D	16	1.4%
Other		
Total	1,110	100

Ethnicity	21 and over	%
White	638	57.5%
British	498	44.9%
Irish	23	2.1%
Gypsy/Irish Traveller	11	1%
Other white	106	9.5%
Mixed	66	5.9%
White and black Caribbean	31	2.8%
White and black African	7	0.6%
White and Asian	3	0.3%
Other mixed	25	2.3%
Asian or Asian British	96	8.6%
Indian	23	2.1%
Pakistani	25	2.3%
Bangladeshi	11	1.0%
Chinese	3	0.3%
Other Asian	34	3.1%
Black or black British	284	25.6%
Caribbean	156	14.1%
African	82	7.4%
Other black	46	4.1%
Other ethnic group	19	1.7%
Arab	2	0.2%
Other ethnic group	17	1.5%
Not stated	7	0.6%
Total	1,110	

Religion	21 and over	%
Baptist	5	0.5%
Church of England	188	16.9%
Roman Catholic	218	19.6%
Other Christian denominations	132	11.9%
Muslim	319	28.7%
Sikh	16	1.4%
Hindu	9	0.8%
Buddhist	27	2.4%
Jewish	16	1.4%
Other	13	1.2%
Not stated	3	0.3%
No religion	164	14.8%
Total	1,110	100%

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

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	49	4.4%
1 month to 3 months	98	8.8%
3 months to six months	145	13.1%
six months to 1 year	264	23.8%
1 year to 2 years	264	23.8%
2 years to 4 years	166	15.0%
4 years or more	122	11.0%
Other	2	0.2%
Total	1,110	100%

Sentenced prisoners only

	21 and over	%
Foreign nationals detained post sentence expiry	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	79	
Total		

Appendix V: 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 establishment⁸. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method.

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 29 March 2016 the prisoner population at HMP Swaleside was 1109. Using the method described above, questionnaires were distributed to a sample of 223 prisoners.

We received a total of 184 completed questionnaires, a response rate of 83%. This included one questionnaire completed via interview. Eight respondents refused to complete a questionnaire and 31 questionnaires were not returned.

Wing/unit	Number of completed survey returns
A	20
B	17
C	18
D	21
E	20

⁸ 95% confidence interval with a sampling error of 7%. 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.

F	20
G	31
H	32
Medical unit	2
Segregation unit	3

Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences⁹ 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 Swaleside in 2016 compared with responses from prisoners surveyed in all other category B training prisons. This comparator is based on all responses from prisoner surveys carried out in seven category B training prisons since April 2014.
- The current survey responses from HMP Swaleside in 2016 compared with the responses of prisoners surveyed at HMP Swaleside in 2014.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2016 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2016 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 2016 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between those who are on F wing and those on all other wings.

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

Q1.2	How old are you?			
	Under 21	0	(0%)	
	21 - 29.....	62	(34%)	
	30 - 39.....	50	(27%)	
	40 - 49.....	43	(23%)	
	50 - 59.....	26	(14%)	
	60 - 69.....	2	(1%)	
	70 and over	1	(1%)	
Q1.3	Are you sentenced?			
	Yes	175	(95%)	
	Yes - on recall.....	8	(4%)	
	No - awaiting trial.....	1	(1%)	
	No - awaiting sentence	0	(0%)	
	No - awaiting deportation.....	0	(0%)	
Q1.4	How long is your sentence?			
	Not sentenced	1	(1%)	
	Less than 6 months	1	(1%)	
	6 months to less than 1 year	0	(0%)	
	1 year to less than 2 years	0	(0%)	
	2 years to less than 4 years	7	(4%)	
	4 years to less than 10 years	26	(14%)	
	10 years or more.....	78	(43%)	
	IPP (indeterminate sentence for public protection).....	27	(15%)	
	Life.....	42	(23%)	
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?			
	Yes	20	(11%)	
	No.....	161	(89%)	
Q1.6	Do you understand spoken English?			
	Yes	180	(98%)	
	No.....	3	(2%)	
Q1.7	Do you understand written English?			
	Yes	179	(98%)	
	No.....	4	(2%)	
Q1.8	What is your ethnic origin?			
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	89 (49%)	Asian or Asian British - Chinese	0 (0%)
	White - Irish	5 (3%)	Asian or Asian British - other.....	2 (1%)
	White - other.....	12 (7%)	Mixed race - white and black Caribbean	8 (4%)
	Black or black British - Caribbean.....	27 (15%)	Mixed race - white and black African ...	1 (1%)
	Black or black British - African.....	14 (8%)	Mixed race - white and Asian	1 (1%)
	Black or black British - other	2 (1%)	Mixed race - other.....	5 (3%)
	Asian or Asian British - Indian	4 (2%)	Arab.....	1 (1%)

Asian or Asian British - Pakistani.....	2 (1%)	Other ethnic group	3 (2%)
Asian or Asian British - Bangladeshi.....	5 (3%)		

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

Yes	5 (3%)
No.....	170 (97%)

Q1.10 What is your religion?

None.....	41 (23%)	Hindu	1 (1%)
Church of England	41 (23%)	Jewish	1 (1%)
Catholic	36 (20%)	Muslim	32 (18%)
Protestant.....	2 (1%)	Sikh	2 (1%)
Other Christian denomination	12 (7%)	Other	8 (4%)
Buddhist.....	2 (1%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight	169 (97%)
Homosexual/Gay.....	0 (0%)
Bisexual.....	6 (3%)

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	41 (23%)
No.....	139 (77%)

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

Yes	5 (3%)
No.....	173 (97%)

Q1.14 Is this your first time in prison?

Yes	57 (31%)
No.....	125 (69%)

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

Yes	88 (48%)
No.....	94 (52%)

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

Less than 2 hours	40 (22%)
2 hours or longer	126 (70%)
Don't remember	14 (8%)

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

My journey was less than two hours	40 (22%)
Yes	100 (56%)
No.....	31 (17%)
Don't remember	7 (4%)

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

My journey was less than two hours	40 (22%)
Yes	10 (6%)
No.....	126 (71%)
Don't remember	2 (1%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes	102 (57%)
	No.....	65 (36%)
	Don't remember	13 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	130 (73%)
	No.....	43 (24%)
	Don't remember	4 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	34 (19%)
	Well.....	76 (42%)
	Neither.....	50 (28%)
	Badly.....	11 (6%)
	Very badly	7 (4%)
	Don't remember	2 (1%)
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	106 (59%)
	Yes, I received written information	27 (15%)
	No, I was not told anything	45 (25%)
	Don't remember	3 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	136 (76%)
	No.....	42 (23%)
	Don't remember	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	74 (41%)
	2 hours or longer	93 (51%)
	Don't remember	14 (8%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	141 (78%)
	No	32 (18%)
	Don't remember	7 (4%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	27 (15%)
	Well.....	89 (49%)
	Neither.....	40 (22%)
	Badly.....	15 (8%)
	Very badly.....	7 (4%)
	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	55 (30%)
	Housing problems.....	9 (5%)
	Contacting employers.....	2 (1%)
	Contacting family.....	36 (20%)
	Physical health	31 (17%)
	Mental health.....	36 (20%)
	Needing protection from other prisoners	10 (5%)
	Getting phone numbers	30 (16%)

Childcare	5 (3%)	Other	14 (8%)
Money worries.....	15 (8%)	Did not have any problems	63 (35%)
Feeling depressed or suicidal	27 (15%)		

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

Yes	29 (17%)
No.....	83 (47%)
Did not have any problems	63 (36%)

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

Tobacco.....	122 (67%)
A shower	55 (30%)
A free telephone call.....	75 (41%)
Something to eat.....	115 (64%)
PIN phone credit.....	106 (59%)
Toiletries/ basic items	86 (48%)
Did not receive anything	16 (9%)

**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	78 (44%)
Someone from health services.....	116 (66%)
A Listener/Samaritans	45 (25%)
Prison shop/ canteen	34 (19%)
Did not have access to any of these	38 (21%)

**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	76 (45%)
What support was available for people feeling depressed or suicidal.....	47 (28%)
How to make routine requests (applications)	59 (35%)
Your entitlement to visits.....	52 (31%)
Health services	71 (42%)
Chaplaincy	61 (36%)
Not offered any information	54 (32%)

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

Yes	113 (63%)
No.....	50 (28%)
Don't remember	16 (9%)

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

Have not been on an induction course	21 (12%)
Within the first week.....	91 (51%)
More than a week.....	57 (32%)
Don't remember	8 (5%)

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

Have not been on an induction course	21 (12%)
Yes	82 (47%)
No.....	49 (28%)
Don't remember	21 (12%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

Did not receive an assessment	41 (23%)
--	----------

Within the first week.....	36 (20%)
More than a week.....	66 (37%)
Don't remember	34 (19%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to...

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	22 (12%)	54 (31%)	32 (18%)	29 (16%)	18 (10%)	22 (12%)
Attend legal visits?	21 (14%)	40 (26%)	32 (21%)	11 (7%)	9 (6%)	39 (26%)
Get bail information?	8 (6%)	3 (2%)	21 (15%)	10 (7%)	12 (8%)	90 (63%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

Not had any letters.....	32 (18%)
Yes.....	101 (57%)
No.....	45 (25%)

Q4.3 Can you get legal books in the library?

Yes.....	67 (37%)
No.....	18 (10%)
Don't know.....	94 (53%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	94 (53%)	77 (43%)	7 (4%)
Are you normally able to have a shower every day?	119 (67%)	58 (33%)	1 (1%)
Do you normally receive clean sheets every week?	25 (14%)	142 (80%)	10 (6%)
Do you normally get cell cleaning materials every week?	63 (35%)	112 (63%)	4 (2%)
Is your cell call bell normally answered within five minutes?	43 (24%)	125 (69%)	13 (7%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	101 (57%)	76 (43%)	1 (1%)
If you need to, can you normally get your stored property?	21 (12%)	116 (65%)	41 (23%)

Q4.5 What is the food like here?

Very good.....	1 (1%)
Good.....	14 (8%)
Neither.....	42 (23%)
Bad.....	56 (31%)
Very bad.....	66 (37%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet/ don't know.....	2 (1%)
Yes.....	99 (54%)
No.....	82 (45%)

Q4.7 Can you speak to a Listener at any time, if you want to?

Yes.....	63 (34%)
No.....	22 (12%)
Don't know.....	98 (54%)

Q4.8	Are your religious beliefs respected?	
	Yes	81 (46%)
	No.....	33 (19%)
	Don't know/ N/A.....	64 (36%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	79 (43%)
	No.....	16 (9%)
	Don't know/ N/A.....	87 (48%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	30 (17%)
	Very easy.....	38 (21%)
	Easy.....	37 (20%)
	Neither	23 (13%)
	Difficult.....	8 (4%)
	Very difficult.....	13 (7%)
	Don't know	32 (18%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	119 (66%)
	No	55 (30%)
	Don't know	7 (4%)
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
	Are applications dealt with fairly?	8 (5%)
	Are applications dealt with quickly (within seven days)?	8 (5%)
		Yes
		No
		56 (33%)
		108 (63%)
		21 (12%)
		145 (83%)
Q5.3	Is it easy to make a complaint?	
	Yes	88 (49%)
	No	49 (27%)
	Don't know	43 (24%)
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
	Are complaints dealt with fairly?	50 (28%)
	Are complaints dealt with quickly (within seven days)?	50 (29%)
		Yes
		No
		21 (12%)
		108 (60%)
		12 (7%)
		113 (65%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	40 (23%)
	No.....	137 (77%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	Don't know who they are	31 (18%)
	Very easy.....	4 (2%)
	Easy.....	20 (12%)
	Neither	57 (34%)
	Difficult.....	38 (22%)
	Very difficult.....	20 (12%)

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.)**
- | | |
|--|----------|
| <i>Don't know what the IEP scheme is</i> | 3 (2%) |
| Yes | 77 (44%) |
| No | 71 (41%) |
| <i>Don't know</i> | 24 (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.)**
- | | |
|--|----------|
| <i>Don't know what the IEP scheme is</i> | 3 (2%) |
| Yes | 64 (36%) |
| No..... | 95 (53%) |
| <i>Don't know</i> | 16 (9%) |
- Q6.3 In the last six months have any members of staff physically restrained you (C&R)?**
- | | |
|-----------|-----------|
| Yes | 29 (16%) |
| No..... | 148 (84%) |
- 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>I have not been to segregation in the last 6 months</i> | 132 (76%) |
| Very well..... | 5 (3%) |
| Well..... | 7 (4%) |
| Neither | 13 (7%) |
| Badly..... | 5 (3%) |
| Very badly..... | 12 (7%) |

Section 7: Relationships with staff

- Q7.1 Do most staff treat you with respect?**
- | | |
|-----------|-----------|
| Yes | 131 (74%) |
| No..... | 45 (26%) |
- Q7.2 Is there a member of staff you can turn to for help if you have a problem?**
- | | |
|-----------|----------|
| Yes | 98 (56%) |
| No..... | 78 (44%) |
- 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..... | 154 (85%) |
- Q7.4 How often do staff normally speak to you during association?**
- | | |
|---------------------------------------|----------|
| <i>Do not go on association</i> | 6 (3%) |
| Never..... | 39 (22%) |
| Rarely | 50 (28%) |
| Some of the time | 44 (24%) |
| Most of the time | 27 (15%) |
| All of the time..... | 14 (8%) |
- Q7.5 When did you first meet your personal (named) officer?**
- | | |
|-------------------------------------|-----------|
| <i>I have not met him/her</i> | 109 (61%) |
| <i>In the first week</i> | 13 (7%) |
| <i>More than a week</i> | 29 (16%) |

Don't remember 28 (16%)

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

Do not have a personal officer/ I have not met him/ her 109 (63%)
 Very helpful 8 (5%)
 Helpful 23 (13%)
 Neither 15 (9%)
 Not very helpful 7 (4%)
 Not at all helpful 12 (7%)

Section 8: Safety

Q8.1 Have you ever felt unsafe here?

Yes 125 (69%)
 No 57 (31%)

Q8.2 Do you feel unsafe now?

Yes 81 (46%)
 No 96 (54%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

Never felt unsafe 57 (32%)	<i>At meal times</i> 33 (18%)
<i>Everywhere</i> 71 (39%)	<i>At health services</i> 49 (27%)
<i>Segregation unit</i> 16 (9%)	<i>Visits area</i> 21 (12%)
<i>Association areas</i> 57 (32%)	<i>In wing showers</i> 43 (24%)
<i>Reception area</i> 12 (7%)	<i>In gym showers</i> 19 (11%)
<i>At the gym</i> 28 (16%)	<i>In corridors/stairwells</i> 57 (32%)
<i>In an exercise yard</i> 39 (22%)	<i>On your landing/wing</i> 50 (28%)
<i>At work</i> 32 (18%)	<i>In your cell</i> 37 (21%)
<i>During movement</i> 56 (31%)	<i>At religious services</i> 26 (14%)
<i>At education</i> 27 (15%)	

Q8.4 Have you been victimised by other prisoners here?

Yes 78 (43%)
 No 103 (57%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i> 32 (18%)
<i>Physical abuse (being hit, kicked or assaulted)</i> 39 (22%)
<i>Sexual abuse</i> 7 (4%)
<i>Feeling threatened or intimidated</i> 50 (28%)
<i>Having your canteen/property taken</i> 33 (18%)
<i>Medication</i> 17 (9%)
<i>Debt</i> 22 (12%)
<i>Drugs</i> 15 (8%)
<i>Your race or ethnic origin</i> 20 (11%)
<i>Your religion/religious beliefs</i> 22 (12%)
<i>Your nationality</i> 16 (9%)
<i>You are from a different part of the country than others</i> 18 (10%)
<i>You are from a traveller community</i> 4 (2%)
<i>Your sexual orientation</i> 6 (3%)
<i>Your age</i> 7 (4%)
<i>You have a disability</i> 14 (8%)
<i>You were new here</i> 19 (10%)
<i>Your offence/ crime</i> 7 (4%)
<i>Gang related issues</i> 17 (9%)

Q8.6	Have you been victimised by staff here?	
	Yes	66 (37%)
	No.....	113 (63%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	31 (17%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	18 (10%)
	<i>Sexual abuse</i>	5 (3%)
	<i>Feeling threatened or intimidated</i>	25 (14%)
	<i>Medication</i>	12 (7%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	3 (2%)
	<i>Your race or ethnic origin</i>	14 (8%)
	<i>Your religion/religious beliefs</i>	12 (7%)
	<i>Your nationality</i>	10 (6%)
	<i>You are from a different part of the country than others</i>	8 (4%)
	<i>You are from a traveller community</i>	3 (2%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	13 (7%)
	<i>You were new here</i>	7 (4%)
	<i>Your offence/ crime</i>	4 (2%)
	<i>Gang related issues</i>	7 (4%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	79 (47%)
	Yes	42 (25%)
	No.....	46 (28%)

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	12 (7%)	2 (1%)	22 (12%)	24 (13%)	70 (39%)	51 (28%)
	The nurse	12 (7%)	8 (4%)	49 (28%)	26 (15%)	50 (28%)	33 (19%)
	The dentist	18 (10%)	0 (0%)	14 (8%)	14 (8%)	33 (18%)	100 (56%)
Q9.2	What do you think of the quality of the health service from the following people?						
		Not been	Very good	Good	Neither	Bad	Very bad
	The doctor	27 (15%)	3 (2%)	33 (18%)	34 (19%)	37 (21%)	46 (26%)
	The nurse	24 (13%)	7 (4%)	44 (25%)	31 (17%)	33 (18%)	40 (22%)
	The dentist	39 (23%)	7 (4%)	28 (16%)	22 (13%)	29 (17%)	48 (28%)
Q9.3	What do you think of the overall quality of the health services here?						
	Not been	16 (9%)					
	<i>Very good</i>	3 (2%)					
	<i>Good</i>	21 (12%)					
	<i>Neither</i>	27 (16%)					
	<i>Bad</i>	48 (28%)					
	<i>Very bad</i>	59 (34%)					
Q9.4	Are you currently taking medication?						
	Yes	89 (50%)					
	No.....	90 (50%)					
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	Not taking medication	90 (50%)					

Yes, all my meds	66 (37%)
Yes, some of my meds	12 (7%)
No.....	11 (6%)

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

Yes	69 (39%)
No.....	109 (61%)

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)?

Do not have any emotional or mental health problems	109 (62%)
Yes	16 (9%)
No.....	51 (29%)

Section 10: Drugs and alcohol**Q10.1 Did you have a problem with drugs when you came into this prison?**

Yes	39 (22%)
No.....	140 (78%)

Q10.2 Did you have a problem with alcohol when you came into this prison?

Yes	24 (13%)
No.....	155 (87%)

Q10.3 Is it easy or difficult to get illegal drugs in this prison?

Very easy.....	74 (41%)
Easy	20 (11%)
Neither	15 (8%)
Difficult.....	3 (2%)
Very difficult.....	3 (2%)
Don't know	65 (36%)

Q10.4 Is it easy or difficult to get alcohol in this prison?

Very easy.....	49 (27%)
Easy	31 (17%)
Neither	19 (11%)
Difficult.....	6 (3%)
Very difficult.....	2 (1%)
Don't know	72 (40%)

Q10.5 Have you developed a problem with illegal drugs since you have been in this prison?

Yes	26 (15%)
No.....	153 (85%)

Q10.6 Have you developed a problem with diverted medication since you have been in this prison?

Yes	21 (12%)
No.....	153 (88%)

Q10.7 Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?

Did not / do not have a drug problem	120 (70%)
Yes	22 (13%)
No.....	29 (17%)

Q10.8 Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?

Did not / do not have an alcohol problem	155 (88%)
---	-----------

Yes 12 (7%)
 No..... 9 (5%)

- Q10.9 Was the support or help you received, whilst in this prison, helpful?**
Did not have a problem/ did not receive help 144 (86%)
 Yes 15 (9%)
 No..... 8 (5%)

Section II: Activities

- Q11.1 How easy or difficult is it to get into the following activities, in this prison?**
- | | Don't know | Very Easy | Easy | Neither | Difficult | Very difficult |
|------------------------------------|-------------------|------------|-------------|-------------|-------------|----------------|
| Prison job | 13
(7%) | 11
(6%) | 29
(16%) | 21
(12%) | 71
(39%) | 35
(19%) |
| Vocational or skills training | 37
(21%) | 3
(2%) | 27
(16%) | 21
(12%) | 51
(29%) | 34
(20%) |
| Education (including basic skills) | 23
(13%) | 6
(3%) | 57
(33%) | 21
(12%) | 44
(26%) | 21
(12%) |
| Offending behaviour programmes | 39
(23%) | 1
(1%) | 22
(13%) | 25
(15%) | 45
(27%) | 36
(21%) |

- Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)**
Not involved in any of these 42 (25%)
 Prison job 105 (62%)
 Vocational or skills training..... 8 (5%)
 Education (including basic skills)..... 39 (23%)
 Offending behaviour programmes 29 (17%)

- 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?**
- | | Not been involved | Yes | No | Don't know |
|------------------------------------|--------------------------|----------|----------|------------|
| Prison job | 32 (20%) | 41 (26%) | 67 (42%) | 18 (11%) |
| Vocational or skills training | 50 (34%) | 36 (25%) | 38 (26%) | 21 (14%) |
| Education (including basic skills) | 33 (22%) | 58 (39%) | 38 (26%) | 20 (13%) |
| Offending behaviour programmes | 46 (30%) | 46 (30%) | 47 (30%) | 16 (10%) |

- Q11.4 How often do you usually go to the library?**
- | | |
|-------------------------------|----------|
| Don't want to go | 19 (11%) |
| Never..... | 30 (17%) |
| Less than once a week..... | 73 (42%) |
| About once a week..... | 43 (25%) |
| More than once a week..... | 9 (5%) |

- Q11.5 Does the library have a wide enough range of materials to meet your needs?**
- | | |
|---------------------------|----------|
| Don't use it | 30 (17%) |
| Yes..... | 74 (42%) |
| No..... | 73 (41%) |

- Q11.6 How many times do you usually go to the gym each week?**
- | | |
|-------------------------------|----------|
| Don't want to go | 39 (22%) |
| 0..... | 31 (18%) |
| 1 to 2..... | 69 (40%) |
| 3 to 5..... | 29 (17%) |
| More than 5..... | 6 (3%) |

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	22 (13%)
	0	7 (4%)
	1 to 2	71 (41%)
	3 to 5	42 (24%)
	More than 5	33 (19%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	6 (3%)
	0	6 (3%)
	1 to 2	22 (13%)
	3 to 5	92 (53%)
	More than 5	49 (28%)
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>	23 (13%)
	2 to less than 4 hours	58 (33%)
	4 to less than 6 hours	45 (26%)
	6 to less than 8 hours	17 (10%)
	8 to less than 10 hours.....	12 (7%)
	10 hours or more	9 (5%)
	<i>Don't know</i>	11 (6%)

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?	
	Yes	41 (23%)
	No.....	136 (77%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	91 (51%)
	No.....	86 (49%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	44 (24%)
	No.....	136 (76%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	23 (13%)
	Very easy.....	6 (3%)
	Easy	21 (12%)
	Neither	19 (11%)
	Difficult.....	36 (21%)
	Very difficult.....	67 (39%)
	<i>Don't know</i>	0 (0%)

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>	1 (1%)
	Yes	120 (67%)
	No.....	57 (32%)

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>	58 (32%)
	<i>No contact</i>	48 (27%)
	<i>Letter</i>	34 (19%)
	<i>Phone</i>	38 (21%)
	<i>Visit</i>	33 (18%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	71 (41%)
	<i>No</i>	101 (59%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	1 (1%)
	<i>Yes</i>	101 (57%)
	<i>No</i>	76 (43%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	77 (44%)
	<i>Very involved</i>	23 (13%)
	<i>Involved</i>	19 (11%)
	<i>Neither</i>	10 (6%)
	<i>Not very involved</i>	19 (11%)
	<i>Not at all involved</i>	27 (15%)
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>	77 (44%)
	<i>Nobody</i>	73 (41%)
	<i>Offender supervisor</i>	12 (7%)
	<i>Offender manager</i>	13 (7%)
	<i>Named/ personal officer</i>	8 (5%)
	<i>Staff from other departments</i>	17 (10%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	77 (44%)
	<i>Yes</i>	47 (27%)
	<i>No</i>	29 (16%)
	<i>Don't know</i>	24 (14%)
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>	77 (44%)
	<i>Yes</i>	31 (18%)
	<i>No</i>	40 (23%)
	<i>Don't know</i>	28 (16%)
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>	77 (43%)
	<i>Yes</i>	20 (11%)
	<i>No</i>	41 (23%)
	<i>Don't know</i>	40 (22%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	13 (7%)
	<i>No</i>	71 (40%)
	<i>Don't know</i>	92 (52%)

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

Yes 18 (10%)
 No..... 157 (90%)

**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>	Yes	No
Employment	27 (16%)	21 (12%)	123 (72%)
Accommodation	26 (15%)	24 (14%)	119 (70%)
Benefits	26 (16%)	23 (14%)	118 (71%)
Finances	26 (16%)	18 (11%)	122 (73%)
Education	29 (18%)	25 (15%)	110 (67%)
Drugs and alcohol	38 (24%)	30 (19%)	93 (58%)

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

Not sentenced..... 1 (1%)
 Yes 86 (51%)
 No..... 83 (49%)

Main comparator and comparator to last time



Prisoner survey responses HMP Swaleside 2016

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

Key to tables

		HMP Swaleside 2016	Category B training prisons comparator	HMP Swaleside 2016	HMP Swaleside 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		184	1,271	184	188
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
1.3	Are you sentenced?	100%	97%	100%	100%
1.3	Are you on recall?	4%	4%	4%	3%
1.4	Is your sentence less than 12 months?	1%	1%	1%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	15%	11%	15%	16%
1.5	Are you a foreign national?	11%	11%	11%	13%
1.6	Do you understand spoken English?	98%	99%	98%	100%
1.7	Do you understand written English?	98%	98%	98%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	41%	27%	41%	48%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	3%	3%	6%
1.1	Are you Muslim?	18%	14%	18%	21%
1.11	Are you homosexual/gay or bisexual?	3%	5%	3%	1%
1.12	Do you consider yourself to have a disability?	23%	26%	23%	17%
1.13	Are you a veteran (ex-armed services)?	3%	7%	3%	5%
1.14	Is this your first time in prison?	31%	47%	31%	36%
1.15	Do you have any children under the age of 18?	48%	50%	48%	48%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	70%	63%	70%	61%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	73%	71%	73%	67%
2.3	Were you offered a toilet break?	7%	12%	7%	4%
2.4	Was the van clean?	57%	63%	57%	58%
2.5	Did you feel safe?	74%	76%	74%	78%
2.6	Were you treated well/very well by the escort staff?	61%	72%	61%	67%
2.7	Before you arrived here were you told that you were coming here?	59%	66%	59%	60%
2.7	Before you arrived here did you receive any written information about coming here?	15%	11%	15%	21%
2.8	When you first arrived here did your property arrive at the same time as you?	76%	81%	76%	87%

Main comparator and comparator to last time

Key to tables

		HMP Swaleside 2016	Category B training prisons comparator	HMP Swaleside 2016	HMP Swaleside 2014
	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				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	41%	52%	41%	44%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	82%	78%	79%
3.3	Were you treated well/very well in reception?	64%	75%	64%	66%
	When you first arrived:				
3.4	Did you have any problems?	65%	60%	65%	49%
3.4	Did you have any problems with loss of property?	30%	21%	30%	20%
3.4	Did you have any housing problems?	5%	5%	5%	6%
3.4	Did you have any problems contacting employers?	1%	1%	1%	2%
3.4	Did you have any problems contacting family?	20%	17%	20%	18%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	1%	3%	1%
3.4	Did you have any money worries?	8%	14%	8%	10%
3.4	Did you have any problems with feeling depressed or suicidal?	15%	16%	15%	11%
3.4	Did you have any physical health problems?	17%	13%	17%	9%
3.4	Did you have any mental health problems?	20%	17%	20%	10%
3.4	Did you have any problems with needing protection from other prisoners?	6%	5%	6%	3%
3.4	Did you have problems accessing phone numbers?	17%	17%	17%	8%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	26%	38%	26%	21%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	67%	64%	67%	60%
3.6	A shower?	30%	32%	30%	30%
3.6	A free telephone call?	41%	45%	41%	36%
3.6	Something to eat?	64%	59%	64%	55%
3.6	PIN phone credit?	59%	41%	59%	60%
3.6	Toiletries/ basic items?	48%	55%	48%	49%
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?	44%	46%	44%	46%
3.7	Someone from health services?	66%	63%	66%	59%
3.7	A Listener/Samaritans?	25%	34%	25%	30%
3.7	Prison shop/ canteen?	19%	27%	19%	21%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	45%	51%	45%	56%
3.8	Support was available for people feeling depressed or suicidal?	28%	40%	28%	38%
3.8	How to make routine requests?	35%	44%	35%	53%
3.8	Your entitlement to visits?	31%	38%	31%	45%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Swaleside 2016	Category B training prisons comparator	HMP Swaleside 2016	HMP Swaleside 2014
	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				
3.8	Health services?	42%	50%	42%	48%
3.8	The chaplaincy?	36%	44%	36%	43%
3.9	Did you feel safe on your first night here?	63%	82%	63%	77%
3.10	Have you been on an induction course?	88%	91%	88%	95%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	54%	67%	54%	62%
3.12	Did you receive an education (skills for life) assessment?	77%	88%	77%	89%
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?	43%	54%	43%	48%
4.1	Attend legal visits?	40%	49%	40%	51%
4.1	Get bail information?	8%	12%	8%	9%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	57%	49%	57%	50%
4.3	Can you get legal books in the library?	37%	48%	37%	38%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	73%	53%	76%
4.4	Are you normally able to have a shower every day?	67%	97%	67%	70%
4.4	Do you normally receive clean sheets every week?	14%	63%	14%	46%
4.4	Do you normally get cell cleaning materials every week?	35%	66%	35%	61%
4.4	Is your cell call bell normally answered within five minutes?	24%	38%	24%	50%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	68%	57%	73%
4.4	Can you normally get your stored property, if you need to?	12%	27%	12%	15%
4.5	Is the food in this prison good/very good?	8%	32%	8%	11%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	46%	54%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	34%	58%	34%	45%
4.8	Are your religious beliefs are respected?	46%	51%	46%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	56%	43%	49%
4.10	Is it easy/very easy to attend religious services?	41%	53%	41%	55%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	66%	79%	66%	80%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	34%	49%	34%	46%
5.2	Do you feel applications are dealt with quickly (within seven days)?	13%	34%	13%	20%

Main comparator and comparator to last time

Key to tables

		HMP Swaleside 2016	Category B training prisons comparator	HMP Swaleside 2016	HMP Swaleside 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.3	Is it easy to make a complaint?	49%	64%	49%	58%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	16%	29%	16%	21%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	10%	23%	10%	10%
5.5	Have you ever been prevented from making a complaint when you wanted to?	23%	24%	23%	19%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	14%	27%	14%	22%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	52%	44%	54%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	45%	36%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	8%	16%	5%
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?	29%	38%	29%	15%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	75%	82%	75%	85%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	56%	74%	56%	73%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	15%	29%	15%	26%
7.4	Do staff normally speak to you most of the time/all of the time during association?	23%	22%	23%	24%
7.5	Do you have a personal officer?	39%	71%	39%	65%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	48%	62%	48%	51%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	69%	39%	69%	39%
8.2	Do you feel unsafe now?	46%	17%	46%	17%
8.4	Have you been victimised by other prisoners here?	43%	31%	43%	29%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	18%	13%	18%	10%
8.5	Hit, kicked or assaulted you?	22%	10%	22%	8%
8.5	Sexually abused you?	4%	3%	4%	1%
8.5	Threatened or intimidated you?	28%	20%	28%	17%
8.5	Taken your canteen/property?	18%	6%	18%	6%
8.5	Victimised you because of medication?	9%	5%	9%	4%
8.5	Victimised you because of debt?	12%	3%	12%	3%
8.5	Victimised you because of drugs?	8%	3%	8%	1%
8.5	Victimised you because of your race or ethnic origin?	11%	5%	11%	7%

Main comparator and comparator to last time

Key to tables

		HMP Swaleside 2016	Category B training prisons comparator	HMP Swaleside 2016	HMP Swaleside 2014
	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	Victimised you because of your religion/religious beliefs?	12%	6%	12%	5%
8.5	Victimised you because of your nationality?	9%	4%	9%	4%
8.5	Victimised you because you were from a different part of the country?	10%	4%	10%	4%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	2%
8.5	Victimised you because of your sexual orientation?	3%	3%	3%	1%
8.5	Victimised you because of your age?	4%	3%	4%	3%
8.5	Victimised you because you have a disability?	8%	4%	8%	3%
8.5	Victimised you because you were new here?	11%	5%	11%	4%
8.5	Victimised you because of your offence/crime?	4%	7%	4%	2%
8.5	Victimised you because of gang related issues?	9%	4%	9%	3%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	37%	33%	37%	29%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	17%	11%	17%	12%
8.7	Hit, kicked or assaulted you?	10%	5%	10%	4%
8.7	Sexually abused you?	3%	2%	3%	1%
8.7	Threatened or intimidated you?	14%	14%	14%	9%
8.7	Victimised you because of medication?	7%	3%	7%	3%
8.7	Victimised you because of debt?	1%	2%	1%	1%
8.7	Victimised you because of drugs?	2%	2%	2%	1%
8.7	Victimised you because of your race or ethnic origin?	8%	5%	8%	3%
8.7	Victimised you because of your religion/religious beliefs?	7%	5%	7%	5%
8.7	Victimised you because of your nationality?	6%	4%	6%	1%
8.7	Victimised you because you were from a different part of the country?	4%	4%	4%	1%
8.7	Victimised you because you are from a Traveller community?	2%	0%	2%	1%
8.7	Victimised you because of your sexual orientation?	1%	2%	1%	1%
8.7	Victimised you because of your age?	2%	2%	2%	1%
8.7	Victimised you because you have a disability?	7%	3%	7%	3%
8.7	Victimised you because you were new here?	4%	4%	4%	4%
8.7	Victimised you because of your offence/crime?	2%	6%	2%	3%
8.7	Victimised you because of gang related issues?	4%	2%	4%	4%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	48%	45%	48%	35%

Main comparator and comparator to last time

Key to tables

		HMP Swaleside 2016	Category B training prisons comparator	HMP Swaleside 2016	HMP Swaleside 2014
	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				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	13%	29%	13%	26%
9.1	Is it easy/very easy to see the nurse?	32%	48%	32%	47%
9.1	Is it easy/very easy to see the dentist?	8%	20%	8%	3%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	24%	42%	24%	26%
9.2	The nurse?	33%	51%	33%	38%
9.2	The dentist?	26%	48%	26%	19%
9.3	The overall quality of health services?	15%	36%	15%	18%
9.4	Are you currently taking medication?	50%	54%	50%	47%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	88%	80%	88%	97%
9.6	Do you have any emotional well being or mental health problems?	39%	35%	39%	21%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	24%	52%	24%	47%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	22%	17%	22%	19%
10.2	Did you have a problem with alcohol when you came into this prison?	13%	16%	13%	17%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	32%	52%	29%
10.4	Is it easy/very easy to get alcohol in this prison?	45%	24%	45%	28%
10.5	Have you developed a problem with drugs since you have been in this prison?	15%	9%	15%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	7%	12%	5%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	43%	68%	43%	66%
10.8	Have you received any support or help with your alcohol problem while in this prison?	57%	67%	57%	67%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	65%	75%	65%	93%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	22%	41%	22%	18%
11.1	Vocational or skills training?	17%	35%	17%	14%
11.1	Education (including basic skills)?	37%	55%	37%	35%
11.1	Offending behaviour programmes?	14%	28%	14%	19%

Main comparator and comparator to last time

Key to tables

		HMP Swaleside 2016	Category B training prisons comparator	HMP Swaleside 2016	HMP Swaleside 2014
	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				
	Are you currently involved in any of the following activities:				
11.2	A prison job?	62%	70%	62%	67%
11.2	Vocational or skills training?	5%	12%	5%	6%
11.2	Education (including basic skills)?	23%	29%	23%	19%
11.2	Offending behaviour programmes?	17%	17%	17%	15%
11.3	Have you had a job while in this prison?	80%	91%	80%	86%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	33%	43%	33%	41%
11.3	Have you been involved in vocational or skills training while in this prison?	66%	77%	66%	73%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	38%	51%	38%	53%
11.3	Have you been involved in education while in this prison?	78%	87%	78%	80%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	50%	58%	50%	60%
11.3	Have you been involved in offending behaviour programmes while in this prison?	70%	76%	70%	79%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	42%	49%	42%	57%
11.4	Do you go to the library at least once a week?	30%	47%	30%	42%
11.5	Does the library have a wide enough range of materials to meet your needs?	42%	41%	42%	50%
11.6	Do you go to the gym three or more times a week?	20%	38%	20%	27%
11.7	Do you go outside for exercise three or more times a week?	43%	46%	43%	51%
11.8	Do you go on association more than five times each week?	28%	71%	28%	7%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	19%	5%	6%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	23%	35%	23%	30%
12.2	Have you had any problems with sending or receiving mail?	51%	46%	51%	46%
12.3	Have you had any problems getting access to the telephones?	24%	14%	24%	23%
12.4	Is it easy/ very easy for your friends and family to get here?	16%	20%	16%	22%
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?	68%	90%	68%	78%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	39%	28%	39%	30%
13.2	Contact by letter?	28%	35%	28%	36%
13.2	Contact by phone?	31%	33%	31%	33%
13.2	Contact by visit?	27%	34%	27%	32%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Swaleside 2016	Category B training prisons comparator	HMP Swaleside 2016	HMP Swaleside 2014
	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				
13.3	Do you have a named offender supervisor in this prison?	41%	89%	41%	37%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	57%	81%	57%	78%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	43%	54%	43%	48%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	73%	32%	73%	58%
13.6	Offender supervisor?	12%	50%	12%	21%
13.6	Offender manager?	13%	33%	13%	18%
13.6	Named/ personal officer?	8%	19%	8%	13%
13.6	Staff from other departments?	17%	17%	17%	11%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	47%	67%	47%	68%
13.8	Are there plans for you to achieve any of your targets in another prison?	31%	27%	31%	27%
13.9	Are there plans for you to achieve any of your targets in the community?	20%	18%	20%	22%
13.10	Do you have a needs based custody plan?	7%	6%	7%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	13%	10%	12%
	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?	15%	18%	15%	17%
13.12	Accommodation?	17%	19%	17%	14%
13.12	Benefits?	16%	19%	16%	14%
13.12	Finances?	13%	16%	13%	12%
13.12	Education?	19%	22%	19%	26%
13.12	Drugs and alcohol?	24%	28%	24%	30%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	51%	57%	51%	62%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Swaleside 2016

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		75	106	20	161	32	146
1.3	Are you sentenced?	99%	100%	95%	100%	100%	99%
1.5	Are you a foreign national?	15%	8%			19%	10%
1.6	Do you understand spoken English?	97%	99%	85%	100%	100%	98%
1.7	Do you understand written English?	97%	98%	85%	99%	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			58%	40%	94%	30%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%	0%	3%	0%	4%
1.1	Are you Muslim?	41%	2%	30%	17%		
1.12	Do you consider yourself to have a disability?	9%	32%	10%	24%	9%	26%
1.13	Are you a veteran (ex-armed services)?	0%	5%	0%	3%	0%	4%
1.14	Is this your first time in prison?	29%	33%	80%	25%	37%	30%
2.6	Were you treated well/very well by the escort staff?	65%	58%	50%	62%	63%	60%
2.7	Before you arrived here were you told that you were coming here?	60%	58%	50%	61%	63%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	83%	55%	82%	71%	80%
3.3	Were you treated well/very well in reception?	64%	64%	70%	64%	66%	64%
3.4	Did you have any problems when you first arrived?	61%	67%	65%	65%	63%	65%
3.7	Did you have access to someone from health care when you first arrived here?	70%	61%	60%	66%	72%	64%
3.9	Did you feel safe on your first night here?	60%	65%	53%	65%	58%	65%
3.10	Have you been on an induction course?	93%	84%	100%	87%	97%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	43%	45%	26%	45%	48%	42%
4.4	Are you normally offered enough clean, suitable clothes for the week?	45%	59%	67%	52%	30%	60%
4.4	Are you normally able to have a shower every day?	66%	68%	58%	69%	63%	69%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.4	Is your cell call bell normally answered within five minutes?	16%	30%	16%	25%	9%	28%
4.5	Is the food in this prison good/very good?	9%	8%	10%	8%	6%	9%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	57%	53%	45%	56%	53%	56%
4.7	Are you able to speak to a Listener at any time, if you want to?	27%	40%	15%	37%	28%	37%
4.8	Do you feel your religious beliefs are respected?	53%	40%	55%	45%	67%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	38%	45%	44%	50%	42%
5.1	Is it easy to make an application?	61%	69%	60%	66%	57%	68%
5.3	Is it easy to make a complaint?	46%	53%	32%	51%	44%	50%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	51%	32%	44%	16%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	35%	42%	34%	44%	33%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	18%	6%	17%	13%	17%
7.1	Do most staff, in this prison, treat you with respect?	76%	74%	74%	75%	65%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	52%	59%	53%	56%	48%	59%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	28%	21%	23%	16%	25%
7.4	Do you have a personal officer?	41%	38%	35%	39%	48%	37%
8.1	Have you ever felt unsafe here?	73%	65%	63%	69%	81%	66%
8.2	Do you feel unsafe now?	51%	43%	53%	45%	67%	40%
8.3	Have you been victimised by other prisoners?	36%	48%	30%	44%	39%	44%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	21%	31%	25%	29%	26%	29%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	10%	15%	10%	10%	12%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	13%	10%	13%	10%	13%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	9%	15%	8%	16%	7%
8.5	Have you been victimised because you have a disability? (By prisoners)	6%	9%	5%	8%	6%	7%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.6	Have you been victimised by a member of staff?	38%	35%	30%	38%	42%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	11%	14%	5%	15%	16%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	4%	10%	7%	19%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	1%	10%	6%	26%	3%
8.7	Have you been victimised because of your nationality? (By staff)	7%	4%	20%	4%	16%	4%
8.7	Have you been victimised because you have a disability? (By staff)	4%	9%	5%	7%	6%	6%
9.1	Is it easy/very easy to see the doctor?	11%	15%	15%	13%	10%	14%
9.1	Is it easy/ very easy to see the nurse?	29%	34%	35%	32%	40%	30%
9.4	Are you currently taking medication?	40%	57%	55%	48%	30%	53%
9.6	Do you feel you have any emotional well being/mental health issues?	29%	45%	25%	40%	37%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	36%	64%	26%	56%	43%	55%
11.2	Are you currently working in the prison?	58%	65%	60%	61%	60%	61%
11.2	Are you currently undertaking vocational or skills training?	7%	3%	10%	4%	10%	4%
11.2	Are you currently in education (including basic skills)?	39%	10%	30%	22%	37%	20%
11.2	Are you currently taking part in an offending behaviour programme?	18%	17%	20%	16%	23%	15%
11.4	Do you go to the library at least once a week?	38%	23%	42%	28%	29%	29%
11.6	Do you go to the gym three or more times a week?	23%	17%	25%	20%	16%	21%
11.7	Do you go outside for exercise three or more times a week?	41%	44%	60%	40%	47%	43%
11.8	On average, do you go on association more than five times each week?	30%	28%	30%	28%	35%	26%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	6%	0%	6%	3%	6%
12.2	Have you had any problems sending or receiving mail?	53%	50%	50%	53%	62%	49%
12.3	Have you had any problems getting access to the telephones?	20%	27%	16%	26%	19%	26%

Diversity Analysis



Key question responses (disability, age over 50) HMP Swaleside 2016

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		41	139			29	155		
1.3	Are you sentenced?	100%	99%			100%	99%		
1.5	Are you a foreign national?	5%	13%			17%	10%		
1.6	Do you understand spoken English?	98%	99%			93%	99%		
1.7	Do you understand written English?	95%	99%			93%	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.)	17%	49%			28%	44%		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	2%			7%	2%		
1.1	Are you Muslim?	8%	21%			0%	22%		
1.12	Do you consider yourself to have a disability?					31%	21%		
1.13	Are you a veteran (ex-armed services)?	5%	2%			10%	1%		
1.14	Is this your first time in prison?	22%	35%			41%	29%		
2.6	Were you treated well/very well by the escort staff?	43%	67%			68%	60%		
2.7	Before you arrived here were you told that you were coming here?	56%	59%			68%	58%		
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	77%			72%	80%		
3.3	Were you treated well/very well in reception?	60%	66%			68%	64%		
3.4	Did you have any problems when you first arrived?	90%	58%			62%	66%		
3.7	Did you have access to someone from health care when you first arrived here?	59%	67%			71%	65%		
3.9	Did you feel safe on your first night here?	53%	66%			65%	63%		
3.10	Have you been on an induction course?	74%	92%			89%	88%		
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	46%			50%	42%		
4.4	Are you normally offered enough clean, suitable clothes for the week?	41%	57%			68%	50%		
4.4	Are you normally able to have a shower every day?	62%	69%			71%	66%		

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	Is your cell call bell normally answered within five minutes?	22%	24%	32%	22%
4.5	Is the food in this prison good/very good?	5%	10%	17%	7%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	46%	58%	59%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	34%	36%	62%	29%
4.8	Do you feel your religious beliefs are respected?	43%	47%	48%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	44%	43%	38%	44%
5.1	Is it easy to make an application?	60%	67%	79%	63%
5.3	Is it easy to make a complaint?	44%	51%	55%	48%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	42%	65%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	38%	36%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	33%	11%	4%	19%
7.1	Do most staff, in this prison, treat you with respect?	69%	77%	93%	71%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	54%	57%	86%	50%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	24%	28%	22%
7.4	Do you have a personal officer?	42%	39%	46%	38%
8.1	Have you ever felt unsafe here?	78%	67%	57%	71%
8.2	Do you feel unsafe now?	61%	42%	29%	49%
8.3	Have you been victimised by other prisoners?	63%	37%	34%	45%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	43%	23%	24%	28%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	15%	10%	14%	11%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	17%	10%	10%	13%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	9%	7%	9%
8.5	Have you been victimised because of your age? (By prisoners)	5%	4%	14%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	25%	2%	14%	7%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	48%	33%	17%	41%
8.7	Have you ever felt threatened or intimidated by staff here?	25%	10%	7%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	9%	3%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	7%	3%	7%
8.7	Have you been victimised because of your nationality? (By staff)	0%	7%	3%	6%
8.7	Have you been victimised because of your age? (By staff)	0%	3%	3%	2%
8.7	Have you been victimised because you have a disability? (By staff)	20%	3%	10%	7%
9.1	Is it easy/very easy to see the doctor?	5%	16%	10%	14%
9.1	Is it easy/ very easy to see the nurse?	28%	34%	32%	32%
9.4	Are you currently taking medication?	77%	42%	73%	45%
9.6	Do you feel you have any emotional well being/mental health issues?	85%	25%	31%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	60%	51%	55%	52%
11.2	Are you currently working in the prison?	44%	66%	73%	60%
11.2	Are you currently undertaking vocational or skills training?	0%	6%	7%	4%
11.2	Are you currently in education (including basic skills)?	11%	26%	24%	23%
11.2	Are you currently taking part in an offending behaviour programme?	8%	20%	24%	16%
11.4	Do you go to the library at least once a week?	26%	31%	34%	29%
11.6	Do you go to the gym three or more times a week?	11%	22%	24%	19%
11.7	Do you go outside for exercise three or more times a week?	37%	46%	45%	43%
11.8	On average, do you go on association more than five times each week?	16%	32%	21%	29%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	5%	4%	5%
12.2	Have you had any problems sending or receiving mail?	63%	47%	41%	53%
12.3	Have you had any problems getting access to the telephones?	36%	21%	21%	25%



Prisoner survey responses HMP Swaleside 2016

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

		F Wing	All other wings
	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		20	159
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	0%
1.3	Are you sentenced?	100%	99%
1.3	Are you on recall?	10%	4%
1.4	Is your sentence less than 12 months?	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	30%	12%
1.5	Are you a foreign national?	10%	12%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	95%	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.)	26%	43%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	3%
1.1	Are you Muslim?	10%	19%
1.11	Are you homosexual/gay or bisexual?	6%	3%
1.12	Do you consider yourself to have a disability?	32%	21%
1.13	Are you a veteran (ex-armed services)?	5%	3%
1.14	Is this your first time in prison?	10%	34%
1.15	Do you have any children under the age of 18?	26%	50%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	67%	70%
2.5	Did you feel safe?	67%	74%
2.6	Were you treated well/very well by the escort staff?	78%	61%
2.7	Before you arrived here were you told that you were coming here?	56%	60%
2.8	When you first arrived here did your property arrive at the same time as you?	72%	77%

Key to tables

	Any percentage highlighted in green is significantly better	F Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	47%	41%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	79%
3.3	Were you treated well/very well in reception?	74%	63%
	When you first arrived:		
3.4	Did you have any problems?	89%	62%
3.4	Did you have any problems with loss of property?	33%	29%
3.4	Did you have any housing problems?	11%	4%
3.4	Did you have any problems contacting employers?	0%	1%
3.4	Did you have any problems contacting family?	28%	18%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	3%
3.4	Did you have any money worries?	11%	8%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	15%
3.4	Did you have any physical health problems?	28%	15%
3.4	Did you have any mental health problems?	28%	18%
3.4	Did you have any problems with needing protection from other prisoners?	6%	6%
3.4	Did you have problems accessing phone numbers?	17%	16%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	79%	67%
3.6	A shower?	53%	29%
3.6	A free telephone call?	42%	41%
3.6	Something to eat?	63%	64%
3.6	PIN phone credit?	74%	57%
3.6	Toiletries/ basic items?	53%	47%

Key to tables

	Any percentage highlighted in green is significantly better	F Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	63%	42%
3.7	Someone from health services?	68%	65%
3.7	A Listener/Samaritans?	37%	25%
3.7	Prison shop/ canteen?	21%	20%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	53%	45%
3.8	Support was available for people feeling depressed or suicidal?	16%	30%
3.8	How to make routine requests?	42%	35%
3.8	Your entitlement to visits?	21%	32%
3.8	Health services?	42%	43%
3.8	The chaplaincy?	37%	37%
3.9	Did you feel safe on your first night here?	58%	64%
3.10	Have you been on an induction course?	95%	87%
3.12	Did you receive an education (skills for life) assessment?	72%	79%
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?	47%	44%
4.1	Attend legal visits?	44%	40%
4.1	Get bail information?	0%	9%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	79%	54%
4.3	Can you get legal books in the library?	32%	39%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	70%	52%
4.4	Are you normally able to have a shower every day?	65%	68%
4.4	Do you normally receive clean sheets every week?	16%	14%
4.4	Do you normally get cell cleaning materials every week?	50%	33%
4.4	Is your cell call bell normally answered within five minutes?	35%	22%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	55%	57%
4.4	Can you normally get your stored property, if you need to?	10%	12%
4.5	Is the food in this prison good/very good?	10%	8%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	25%	58%
4.7	Are you able to speak to a Listener at any time, if you want to?	65%	32%
4.8	Are your religious beliefs are respected?	35%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	42%
4.10	Is it easy/very easy to attend religious services?	30%	44%

Key to tables

	Any percentage highlighted in green is significantly better	F Wing	All other wings
	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 5: Applications and complaints			
5.1	Is it easy to make an application?	75%	65%
5.3	Is it easy to make a complaint?	60%	46%
5.5	Have you ever been prevented from making a complaint when you wanted to?	20%	22%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	14%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	16%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	89%	73%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	53%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	32%	13%
7.4	Do staff normally speak to you most of the time/all of the time during association?	42%	20%
7.5	Do you have a personal officer?	65%	37%

Key to tables

	Any percentage highlighted in green is significantly better	F Wing	All other wings
	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 8: Safety			
8.1	Have you ever felt unsafe here?	80%	66%
8.2	Do you feel unsafe now?	65%	43%
8.4	Have you been victimised by other prisoners here?	60%	40%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	20%	18%
8.5	Hit, kicked or assaulted you?	30%	20%
8.5	Sexually abused you?	5%	4%
8.5	Threatened or intimidated you?	35%	27%
8.5	Taken your canteen/property?	20%	19%
8.5	Victimised you because of medication?	25%	8%
8.5	Victimised you because of debt?	20%	12%
8.5	Victimised you because of drugs?	10%	8%
8.5	Victimised you because of your race or ethnic origin?	15%	10%
8.5	Victimised you because of your religion/religious beliefs?	20%	11%
8.5	Victimised you because of your nationality?	5%	10%
8.5	Victimised you because you were from a different part of the country?	20%	9%
8.5	Victimised you because you are from a traveller community?	5%	2%
8.5	Victimised you because of your sexual orientation?	10%	3%
8.5	Victimised you because of your age?	5%	4%
8.5	Victimised you because you have a disability?	10%	8%
8.5	Victimised you because you were new here?	15%	10%
8.5	Victimised you because of your offence/crime?	5%	4%
8.5	Victimised you because of gang related issues?	0%	10%

Key to tables

	Any percentage highlighted in green is significantly better	F Wing	All other wings
	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 8: Safety continued			
8.6	Have you been victimised by staff here?	25%	37%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	10%	17%
8.7	Hit, kicked or assaulted you?	5%	9%
8.7	Sexually abused you?	0%	3%
8.7	Threatened or intimidated you?	15%	13%
8.7	Victimised you because of medication?	5%	6%
8.7	Victimised you because of debt?	0%	1%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	0%	8%
8.7	Victimised you because of your religion/religious beliefs?	0%	6%
8.7	Victimised you because of your nationality?	0%	6%
8.7	Victimised you because you were from a different part of the country?	5%	5%
8.7	Victimised you because you are from a traveller community?	0%	2%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	0%	2%
8.7	Victimised you because you have a disability?	10%	6%
8.7	Victimised you because you were new here?	0%	5%
8.7	Victimised you because of your offence/crime?	0%	3%
8.7	Victimised you because of gang related issues?	0%	3%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	10%	13%
9.1	Is it easy/very easy to see the nurse?	21%	33%
9.1	Is it easy/very easy to see the dentist?	16%	7%
9.4	Are you currently taking medication?	58%	48%
9.6	Do you have any emotional well being or mental health problems?	53%	36%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	21%	22%
10.2	Did you have a problem with alcohol when you came into this prison?	21%	12%
10.3	Is it easy/very easy to get illegal drugs in this prison?	63%	52%
10.4	Is it easy/very easy to get alcohol in this prison?	47%	45%
10.5	Have you developed a problem with drugs since you have been in this prison?	16%	14%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	21%	11%

Key to tables

	Any percentage highlighted in green is significantly better	F Wing	All other wings
	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 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	28%	22%
11.1	Vocational or skills training?	22%	17%
11.1	Education (including basic skills)?	28%	39%
11.1	Offending Behaviour Programmes?	29%	12%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	75%	62%
11.2	Vocational or skills training?	13%	4%
11.2	Education (including basic skills)?	13%	25%
11.2	Offending Behaviour Programmes?	38%	15%
11.4	Do you go to the library at least once a week?	53%	27%
11.5	Does the library have a wide enough range of materials to meet your needs?	47%	41%
11.6	Do you go to the gym three or more times a week?	21%	21%
11.7	Do you go outside for exercise three or more times a week?	21%	46%
11.8	Do you go on association more than five times each week?	32%	27%
11.9	Do you spend ten or more hours out of your cell on a weekday?	6%	5%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	39%	21%
12.2	Have you had any problems with sending or receiving mail?	50%	51%
12.3	Have you had any problems getting access to the telephones?	21%	25%
12.4	Is it easy/ very easy for your friends and family to get here?	13%	16%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	41%	41%
13.10	Do you have a needs based custody plan?	10%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	28%	8%