

Report on an unannounced inspection of

HMP Stafford

by HM Chief Inspector of Prisons

13–24 January 2020

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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.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Certified normal accommodation and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Challenge, support and intervention plans (CSIPs) are used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Some prisons also use the CSIP framework to support victims of violence

Offender management in custody

Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POMs) is being introduced gradually, from 2019.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Introduction

HMP Stafford is a category C training prison for prisoners convicted of sexual offences. At the time of this inspection it held a little under 750 prisoners. Some three-quarters of them were assessed as presenting a high or very high risk of harm to others, and nearly half of them were over 50 years old. Stafford is a clear example of the phenomenon whereby the increase in recent years of the prosecution of historical and other sex offences has led to an ageing prisoner population that poses specific challenges and has distinct needs.

The prison is one of the oldest in the country. The current building was commenced in 1794, but despite its age the establishment was kept in good, clean condition and provided decent living conditions for those held there. It was last inspected in 2016, when it attracted a range of gradings from good (safety), through reasonably good (respect and purposeful activity) to not sufficiently good (rehabilitation and release planning). This inspection found that those grades had improved in the areas of respect, which was now judged to be at our highest grade (good), and rehabilitation and release planning, which was now reasonably good. To improve in two areas was creditable, and it was pleasing to see the obvious energy that the leadership and staff were putting into the care and support offered to prisoners.

In terms of safety, although we judged it to be good, there was no room for complacency. While the prison undoubtedly provided a fundamentally safe environment, this seemed to us to be, to some extent, the result of the type of population being held, rather than of any specific initiatives being delivered by the prison. The processes and safeguards that we always expect to see in an establishment were not as consistently applied as we would have liked. If the prisoner population had not been fundamentally compliant and calm, we might well have seen some very different outcomes. There was a need for the prison to inject greater assurance and oversight in this area, and to gain a full understanding of what contributes to a safe environment, and where there could be weaknesses.

The improvement in the area of respect since the last inspection owed much to the way in which healthcare was delivered, which we found met the needs of the population and had made good progress since 2016. As mentioned above, despite its age the prison was fundamentally clean and decent. It was still the case that a considerable number of cells held more prisoners than they were designed for, but at least the lavatories were recessed and the cells themselves were larger than we often find, particularly in prisons of this age. The prisoners told us that the food was good, with the exceptionally high approval rating in our survey of 86%. There was no doubt that this was in no small part due to the efforts of the hugely energetic and enthusiastic catering manager, who deserves much credit for her efforts.

Ofsted found that there had been some improvements in the overall provision of education, skills and work, and it was good to see that there were sufficient activity places for the population. While there were too few qualifications available to be worked towards, and there needed to be more high-level qualifications on offer, there was good attendance and punctuality at education. Given the age profile of the prisoners, it was pleasing to see that there was a good range of recreational activities, although it was unfortunately the case that the gym had been neglected. As we would hope to see in a prison of this kind, the time that prisoners had out of their cells each day was good.

In the area of rehabilitation and release planning there had been some real progress since the last inspection, and resettlement support had considerably improved. Nevertheless, we did have some key concerns, including the lack of frequent, consistent and high-quality contact between prisoners and prison offender managers. We also found that planning for the release of high-risk prisoners still needed improving.

Overall, this was a very good inspection, and a gratifying number of examples of good practice, which are detailed in the body of the report and in Section 5, emerged from it. These included the

information desk in the visits hall, the charity shop, the coordination of social care and the arrangement of special visits for those prisoners who would otherwise get none.

HMP Stafford is a settled establishment where, to an extent, the nature of the prisoner population is such that it contributes to their own positive outcomes. When this is combined with a positive inspection report, as this most certainly is, there can sometimes be a risk of complacency on the part of management. This has not been the case to date at Stafford, and my sense was that the leadership were aware of the risk, and were determined to avoid it and continue to make the positive progress that has been achieved to date.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons

March 2020

Fact page

Task of the establishment

HMP Stafford is a category C training prison for prisoners convicted of sexual offences.

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of inspection: 744

Baseline certified normal capacity: 751

In-use certified normal capacity: 741

Operational capacity: 751

Notable features from this inspection

About 85% of prisoners were subject to some form of child contact restriction.

About three-quarters of the population were assessed as presenting a high or very high risk of harm to others.

93% of prisoners were serving sentences of four years or more.

Nearly half of the population were over 50 years of age.

In our survey, 35% of prisoners considered themselves to have a disability.

There had been 17 deaths due to natural causes since the previous inspection.

Prison status (public or private) and key providers

Public

Physical health provider: Care UK Health and Rehabilitation Services Ltd

Mental health provider: Care UK Health and Rehabilitation Services Ltd (subcontracted to Inclusion)

Substance use treatment provider: Care UK Health and Rehabilitation Services Ltd and Inclusion)

Prison education framework provider: Novus

Community rehabilitation company (CRC): Staffordshire and West Midlands

Escort contractor: GEOAmev

Prison group/Department

West Midlands/Stafford

Brief history

There has been a prison in Stafford since the end of the 12th century. In 1793, the prison opened as the new Staffordshire Gaol but, although some of the original building remains, the present establishment is mainly Victorian, notably the main hall and crescent wings.

The present prison was built in 1794 and, apart from the period 1916 to 1940, has been in continuous use. The prison was closed between 1916 and 1940, reopening at the outbreak of the Second World War as an establishment holding both men and women. The women's section of the prison closed within a few years of reopening, and for many years afterwards HMP Stafford held young offenders as well as adult prisoners.

The prison re-rolled in August 2014 from a category C adult male prison to a category C prison for prisoners convicted of sexual offences

Short description of residential units

The modern buildings include the reception area, visits hall, education department, kitchen, a 40-bed house block and the sports hall. A site adjacent to the prison was purchased and developed as an industrial workshop complex in 1986. There are seven wings: A, B, C, D, E, F and G. D wing is the induction unit.

Name of governor and date in post

Ralph Lubkowski (2018)

Independent Monitoring Board chair

Clive Noak

Date of last inspection

8–19 February 2016

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.

Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

- 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 Her Majesty's Prison and Probation Service (HMPPS).

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:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

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 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous 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 and conditions for men in prisons (Version 5, 2017)* (available on our website at: <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>). 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 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.

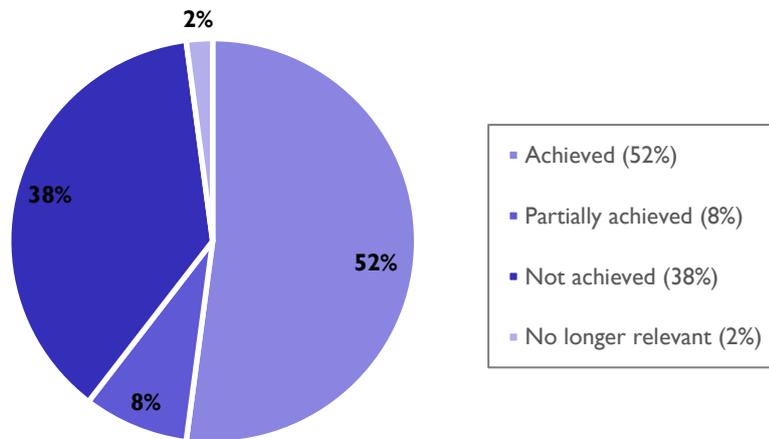
A10 Details of the inspection team and the prison population profile can be found in the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. 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

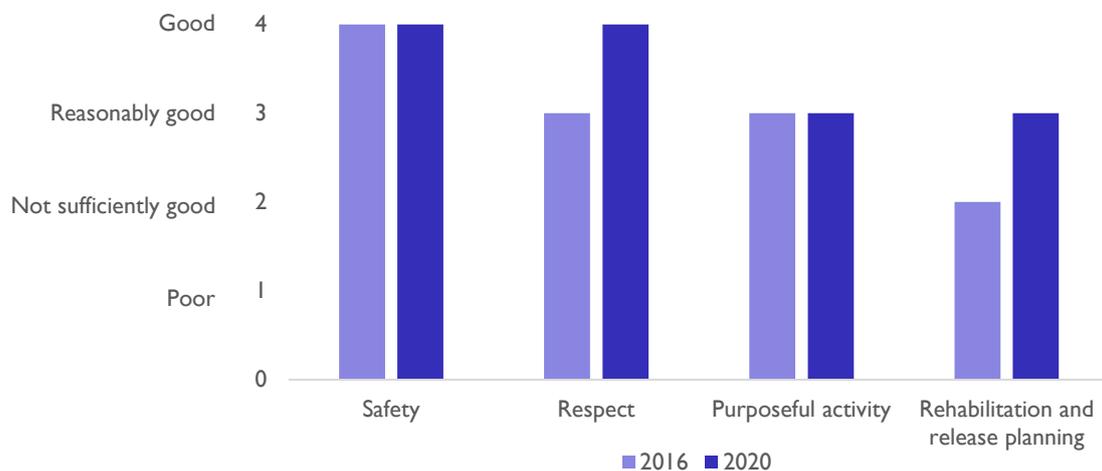
- S1 We last inspected HMP Stafford in 2016 and made 48 recommendations overall. The prison fully accepted 45 of the recommendations and partially (or subject to resources) accepted one. It rejected two of the recommendations.
- S2 At this follow-up inspection, we found that the prison had achieved 25 of those recommendations, partially achieved four recommendations and not achieved 18 recommendations. One recommendation was no longer relevant.

Figure 1: HMP Stafford progress on recommendations from last inspection (n=48)



- S3 Since our last inspection of HMP Stafford, outcomes for prisoners stayed the same in two healthy prison areas, with safety remaining good and purposeful activity remaining reasonably good. Outcomes improved in the other two healthy prison areas. Respect improved from reasonably good to good, and rehabilitation and release planning improved from not sufficiently good to reasonably good.

Figure 2: HMP Stafford healthy prison outcomes 2016 and 2020. Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.



Safety

- S4** Early days support was good overall. Most prisoners felt safe. Levels of violence remained consistently low and were comparable with those at similar prisons. Most prisoners were incentivised to behave by the opportunities available across the prison, rather than the incentives and earned privileges scheme. Levels of use of force were low. The segregation unit environment was generally good. Too little intelligence was submitted to understand potential threats. There was little drug misuse. Levels of self-harm were very low, and support for prisoners in crisis was good. Not enough staff were trained to identify prisoners at risk of harm, abuse and neglect. **Outcomes for prisoners were good against this healthy prison test.**
- S5** At the last inspection, in February 2016, we found that outcomes for prisoners in HMP Stafford were good against this healthy prison test. We made seven recommendations in the area of safety (this included recommendations about substance use treatment, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison area of respect). At this inspection, we found that four of the recommendations had been achieved and three had not been achieved.
- S6** The reception environment was adequate but needed improvement. All new arrivals were strip-searched, which was unnecessary. There was good peer support for new arrivals in reception. Safety interviews now took place in private and were well focused on prisoner safety. Prisoners could not reliably order prison shop goods on arrival, potentially allowing them to get into debt. The induction wing was a clean and welcoming environment. The support provided by the peer workers on this unit was excellent and helped prisoners to settle in quickly. The week-long induction process was well coordinated and comprehensive, and prisoners' time was spent purposefully during this period.
- S7** The prison was calm and well ordered. Since the previous inspection, levels of violence had remained consistently low and were comparable to those at similar prisons. In our survey, fewer prisoners than at similar establishments said that they had ever felt unsafe. However, analysis to understand the causes of violence was limited and there was no violence reduction action plan to drive further improvement. Management of perpetrators under the challenge, support and intervention plan (see Glossary of terms) model was not fully embedded, or well understood by staff. The monthly strategic safer custody meeting lacked rigour. However, the weekly multidisciplinary safety intervention meeting remained a good forum to monitor individual prisoners.
- S8** The opportunity to engage in a variety of activities and initiatives, combined with a strong sense of safety, helped to promote good behaviour. However, the incentives and earned privileges scheme was ineffective.
- S9** The number of adjudications held was broadly similar to that at the time of the previous inspection but lower than at similar prisons. Too many adjudications were dismissed or not proceeded with, potentially undermining the process.
- S10** The number of incidents involving the use of force was low, and comparable to the number at similar prisons. Evidence we examined showed staff failing to communicate effectively with prisoners and missing opportunities to de-escalate conflict. There was insufficient scrutiny of paperwork and video footage, in order to learn from incidents. Debriefs for prisoners after a use of force was good practice. Special accommodation had been used four times in the previous six months, and in one case justification had not been recorded, which was concerning.

- S11 The use of segregation had reduced considerably, and was low. The segregation unit environment was generally good. The regime enabled some prisoners to attend off-unit activities. Reintegration plans completed for the few long-stay prisoners were weak.
- S12 Security arrangements were broadly proportionate. The number of intelligence reports submitted had reduced since the previous inspection, and was lower than at similar prisons. There was some evidence that not all intelligence was reported. Attendance at security meetings was weak. Although the prison was reasonably well sighted on their local key security objectives, meeting minutes reflected national objectives only. Received intelligence was not always acted on. For example, only 56% of requested suspicion drug tests had been undertaken. The substance misuse strategy met the needs of the establishment, and was supported by a reasonably good action plan. The mandatory drug testing positive rate was very low. There was a good focus on corruption prevention and extremism issues.
- S13 There had been no self-inflicted deaths since the last inspection. Levels of self-harm were lower than in most similar prisons, and there had been a downward trend in the previous six months. Too little was done to analyse data and understand the causes of self-harm, and there was no current action plan to drive further improvement. The quality of care delivered through the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm was mostly good. Effective early days support, respectful living conditions, the good amount of time spent out of cell, an impressive range of activities and improved mental health services all helped to support prisoners in crisis. In our survey, 70% of respondents said that it was easy to speak to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners). There were enough Listeners available for the population and they were well supported.
- S14 Most prison staff had not been trained to identify prisoners at risk of harm, abuse and neglect, which was concerning with so many older and frail prisoners. Links with the external local safeguarding adults board remained good.

Respect

S15 Most prisoners said that they were treated respectfully. Wings were clean, and cells well equipped. An unusually large majority of prisoners thought that the food provided was good. Consultation was purposeful. Responses to complaints were good. There was effective legal rights support. Equality and diversity work had been prioritised, and the needs of most protected groups were met. Faith provision was good. There had been important improvements in health services for the older population. **Outcomes for prisoners were good against this healthy prison test.**

S16 At the last inspection, in February 2016, we found that outcomes for prisoners in HMP Stafford were reasonably good against this healthy prison test. We made 20 recommendations in the area of respect. At this inspection, we found that 11 of the recommendations had been achieved and nine had not been achieved.

S17 In our survey, around 80% of respondents said that staff treated them respectfully, and that they had a member of staff to turn to if they had a problem. We observed professional staff-prisoner relationships but there was not enough staff engagement with prisoners on the wings. More work was needed to address the risk of conditioning for staff, and train them to work with prisoners convicted of sexual offences. The key worker scheme was a positive addition, although the frequency and quality of recorded contact varied too much. The wide

- variety of peer-led initiatives was impressive. Good joint working with staff empowered prisoners to take responsibility for their own needs and develop aspects of provision.
- S18 The prison was clean and well maintained, which was impressive, given the age of some of the buildings. Living conditions were good, particularly on G wing. Most prisoners shared cells that were originally designed for one person, but toilets were separated from the main living area. Cells were well equipped and communal showers were in good condition. Access to clothing, bedding and cleaning equipment was good. Cell call bells were answered promptly. Access to stored property had improved.
- S19 In our survey, 86% of prisoners said that the quality of the food provided was good, which was impressive and far higher than at similar prisons. The menu was sufficiently varied and portion sizes were adequate. The lack of any self-catering facilities was a missed opportunity. Nearly three-quarters of prisoners in our survey said that the prison shop sold everything they needed. The charity shop was a good initiative.
- S20 Consultation arrangements were purposeful and resulted in improvements to provision. Applications were handled well, and more prisoners than at similar prisons had confidence in the process. Complaints were responded to promptly, with generally good, and in some cases excellent, responses. There was insufficient analysis of trends in complaints to address any persistent issues. There was a good legal support service. There was no support for prisoners with dementia, to arrange for an enduring power of attorney before they lost mental capacity.
- S21 Since the previous inspection, there had been some very good work to promote equality and improve outcomes for many prisoners. However, there remained gaps in provision. Equality work was not driven by a sufficiently good, measurable action plan. There was insufficient consultation with some protected groups. Data which suggested unequal outcomes for some protected groups required more thorough investigation, so that any necessary action could be taken. Prisoner representatives were used well to identify need among protected groups. The prison took too long to respond to complaints about discrimination.
- S22 Prison data and our survey results suggested some possible gaps in provision for black and minority ethnic prisoners, and there was insufficient consultation with this group. There was good support for Gypsy, Roma and Traveller prisoners.
- S23 The number of older prisoners had increased since the previous inspection, and nearly half of the population was now over 50 years old. These prisoners were positive about their treatment. The senior support day centre was a valuable resource for older and retired prisoners, but could not meet demand. There was little dedicated provision for younger prisoners.
- S24 Good efforts had been made to respond to the needs of prisoners with disabilities, particularly given the challenges presented on the older wings. Social care arrangements had improved, and were generally good, but some prisoners with limited mobility were located on upstairs landings due to the demand for ground floor accommodation.
- S25 At the time of the inspection, the prison held six transgender prisoners, and they were generally positive about the care they received. There was good support for veterans, particularly in relation to their mental health needs.
- S26 Faith provision was good, and almost all prisoners had access to a chaplain of their own faith. Good pastoral support was provided to meet the needs of the population, including a bereavement counselling service.

S27 Health provision had improved across a number of pathways since the previous inspection. A good range of services was available to the complex and ageing population. Routine GP appointments took too long but additional clinics were now reducing the problem. Waits for all other clinical services were short. There had been 18 deaths from natural causes since the previous inspection. In most cases, the Prisons and Probation Ombudsman found care to be good, and all recommendations had been implemented. The management of long-term conditions was good. Arrangements to escort prisoners to hospital appointments had improved. Social care arrangements were robust and the care provided was good. Mental health services had expanded and a new integrated model, incorporating psychosocial substance misuse services, delivered a wide range of interventions. Health promotion was good. The development of social prescribing enabled access to initiatives such as bee-keeping and animal therapy. There was little demand for opiate substitution treatment but support was good. Too many patients still experienced delays in accessing their routine medication. Dental provision was good.

Purposeful activity

S28 The amount of time out of cell remained very good. Library services were reasonably good. The gym had been neglected. There was an excellent range of recreational activities. There were enough activity places for the population, and most were full time. There were too few qualifications in work, or high-level qualifications in education. There were now more demanding roles that stretched the most able prisoners. Attendance at activities was high and punctuality was good. Peer mentors were used well to support learning. Distance learning had not been prioritised. Too much work in workshops was undemanding. Achievement rates were high in education and vocational training. Help to prepare prisoners for work on release had improved but there were still too few links to employers.
Outcomes for prisoners were reasonably good against this healthy prison test.

S29 At the last inspection, in February 2016, we found that outcomes for prisoners in HMP Stafford were reasonably good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this inspection, we found that six of the recommendations had been achieved, one had been partially achieved, two had not been achieved and one was no longer relevant.

S30 The regime was delivered reliably, with minimal curtailment, and most prisoners were unlocked continuously for over 10 hours a day on weekdays. Some retired prisoners were locked in their cells during the working day. Prisoners could still access only 30 minutes of outdoor exercise each day, which was not enough. There was an excellent range of recreational and creative activities. Library services were reasonably good. The gym had been neglected, and a lot of equipment needed replacement and was potentially unsafe. Attendance at the gym was low. However, PE provision was well matched to the needs of the population and the team now worked well with the health care department to meet the needs of prisoners with medical problems.

S31 Prison leaders had a clear vision for the education, skills and work provision, and knew the population well. There were sufficient activity places, most of which were full time. Prison managers and the education provider worked effectively together. The allocations process was fair. There was now a variety of full-time work roles to provide more able prisoners with enhanced responsibility, allowing them to maintain and improve their skills. Too few prisoners had the opportunity to gain qualifications through work, or higher-level qualifications through education classes or vocational training. Leaders and managers did not focus sufficiently on the quality of teaching and learning. Prisoners received effective advice

and guidance about their education, training and employment opportunities on release. There were still not sufficient links to employers. There were long waiting lists for many courses.

- S32 Well-trained peer mentors were used effectively in most activities. Prisoners developed skills in vocational training and workshops which were relevant to their work plans on release. Staff gave useful feedback, which helped prisoners to improve. Most teachers in education classes provided prisoners with interesting and challenging activities. Prisoners recognised the progress they had made over time. Much of the work that prisoners carried out in workshops was undemanding, and a minority were not sufficiently occupied. Staff did not recognise or record the skills developed by prisoners in supervisory roles within workshops and vocational training areas. Learners on distance learning programmes did not receive enough academic support and were not allocated sufficient time for their studies. Staff in education and vocational training did not put additional learning support in place swiftly enough for prisoners who needed it. There was no clear process for identifying and supporting learners' additional learning needs in prison work areas.
- S33 Attendance at activities was high and punctuality was good. Prisoners behaved well in classrooms and workshops. They quickly developed their confidence and self-esteem through education and work, and were highly motivated to learn. They demonstrated good employability skills, were clear about their limited employment prospects and were positive about their futures after release. In most sessions, staff ensured that prisoners applied and built on their English and mathematics skills. However, their personal and social skills needs were insufficiently identified and developed in workshops.
- S34 Prisoners made good progress in most areas of education, skills and work, and developed relevant skills that would benefit them when released. Overall achievement rates for those who completed qualifications were high for education and vocational training. Most prisoners produced work that was at least at the required level. Too few prisoners achieved their functional skills qualifications.

Rehabilitation and release planning

- S35 Many aspects of social visits had improved. The reducing reoffending strategy and action plan were very new and had not yet driven improvement but this work was enhanced by the active citizenship scheme. Too many prisoners did not have an up-to-date offender assessment system (OASys) assessment. Levels of contact with prison offender managers were weak. Support for prisoners with indeterminate sentences was good. Planning for the release of high-risk prisoners had sufficient oversight. Child contact restrictions were mostly well managed. Offending behaviour programme provision had improved. Hardly any prisoners were released without accommodation. Resettlement support was much better than at the time of the last inspection. **Outcomes for prisoners were reasonably good against this healthy prison test.**
- S36 At the last inspection, in February 2016, we found that outcomes for prisoners in HMP Stafford were not sufficiently good against this healthy prison test. We made 11 recommendations in the area of resettlement (this included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively). At this inspection, we found that four of the recommendations had been achieved, three had been partially achieved and four had not been achieved.

- S37 A Barnardo's family engagement worker had been introduced since the previous inspection. The visitors centre and visits hall had both been improved considerably; this was important because many visitors travelled long distances to the establishment. Social visits were now well managed and started on time, although provision at weekends was stretched. Visitors were generally positive about their experience. The information desk in the visits hall for prisoners and their visitors was good practice. Family days took place regularly and were popular. The visits event that had been held for prisoners who received no outside contact at all was also good practice. Prisoners had good access to telephones, and the 'email a prisoner' scheme was well used.
- S38 The prison held a challenging cohort of prisoners. All of the population were convicted of sexual offences and nearly all were serving long sentences. About three-quarters of prisoners were assessed as high risk. The population needs analysis was not based on a sufficiently broad range of data. The reducing reoffending strategy and action plan were very new and had not yet driven improvement. The opportunities generated by the active citizenship scheme gave some prisoners more responsibility and enhanced overall work to reduce reoffending.
- S39 Nearly all prisoners had an offender assessment system (OASys) assessment and sentence plan but too many of these, nearly a quarter, were out of date. Until very recently, the skills mix in the offender management unit had been inadequate for such a high-risk population. There were now more probation officers in post with the right skills, but it was too early to see the impact of this change. Contact with prison offender managers was too infrequent, still largely reactive and did not drive prisoners' sentence progression effectively. Key worker delivery did not yet help prisoners to engage with their sentence plans. Provision for prisoners serving indeterminate sentences was good.
- S40 Public protection procedures were managed reasonably well. The monthly risk management meeting did not routinely consider all high-risk prisoners approaching release, to provide assurance that risks would be properly managed. There were good individual efforts to confirm prisoners' multi-agency public protection arrangements (MAPPAs) management levels before release. The quality of contributions to MAPPAs panels had improved. About 85% of the population were subject to some level of child contact restriction. Processes were generally well managed, but in cases where some contact with children had been allowed, decisions were not subject to annual review. Arrangements to conduct and review telephone and mail monitoring were managed well.
- S41 Recategorisation reviews were timely, and decisions were appropriate. Although the prison made good efforts to move prisoners to resettlement prisons for release, this often took too long or did not happen. More prisoners than at the time of the previous inspection progressed to open conditions, but transfers took many months.
- S42 The full extent of the need for interventions among the population was not understood; the treatment needs of about 25% of prisoners had not been identified. For most of the population whose needs had been assessed, there were enough places available on accredited offending behaviour programmes to allow them to complete one before they were released. For prisoners who did not meet the threshold for a programme, there was little evidence of one-to-one work with prison offender managers to challenge their offending behaviour.
- S43 Support for prisoners to manage their finances had improved, and was now good. Support to help prisoners to address their accommodation needs had also improved. In the previous six months, nearly every prisoner had had an address to go to on the day of release. However, the sustainability of this accommodation was not measured. There was no specific support for prisoners who had experienced abuse.

- S44 Although Stafford was not a designated resettlement prison, about 66 prisoners had been released in the previous six months. A small resettlement team had been introduced since the previous inspection, and these prisoners now received a generally good service, which met their needs before release.

Key concerns and recommendations

- S45 Key concern: Too many prisoners experienced breaks in medical treatment because of delays in supplying their routine, prescribed medicines. This potentially affected their health.

Recommendation: There should be no delays or gaps in prisoners receiving their routine, prescribed medicines.

- S46 Key concern: Senior leaders had not provided sufficient opportunity for prisoners to gain qualifications through work roles, or higher-level qualifications through education classes or vocational training. Prisoners working in supervisory roles did not have their skills recognised and accredited.

Recommendation: Leaders and managers should ensure that prisoners are able to achieve qualifications in prison workshops and work roles within the establishment. Prisoners need more opportunities to achieve higher-level qualifications, and those working in supervisory roles should have their skills recognised and accredited.

- S47 Key concern: Contact with prison offender managers was too infrequent, did not drive sentence progression and demonstrated little evidence of one-to-one work to challenge prisoners' offending behaviour. This was a particular gap for the large number of prisoners who were not eligible for an accredited programme.

Recommendation: All prisoners should have regular, meaningful contact with a prison offender manager which challenges their offending behaviour and drives sentence progression.

- S48 Key concern: Planning for the release of high-risk prisoners lacked good oversight. The monthly multidisciplinary risk management meeting did not routinely consider all high-risk prisoners approaching release, in order to confirm that their risks would be properly managed in the community.

Recommendation: All high-risk prisoners approaching release should be discussed at a multidisciplinary meeting in sufficient time to address any gaps in risk management planning.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- I.1 Early days support for prisoners was good overall. The prison received about seven new arrivals each week. The escort vehicles we checked were clean and well equipped. Prisoners were given sandwiches and water during journeys. Prisoners were not handcuffed when disembarking from escort vehicles outside reception.
- I.2 The reception environment was adequate but more work was needed to make it a properly welcoming environment, and managers fully acknowledged this. On arrival, all new receptions were routinely strip-searched, which was unnecessary because they had already been strip-searched before leaving their sending prison (see recommendation I.40).
- I.3 Most prisoners were not held in reception for longer than two hours. While there, they received good support from prisoner orderlies, including a Listener, and were given useful information about what they could expect in their first few days at the prison. The processing of prisoners' property lacked privacy; the process was carried out in full view of prisoner orderlies and other new arrivals sitting in the holding room.
- I.4 Reception interviews with prison staff took place in private, which was an improvement since the previous inspection, and were well focused on prisoner safety. All new arrivals were offered a free telephone call in reception, although prisoners generally arrived in the early afternoon, when family or friends were often at work. There was no subsequent opportunity for new arrivals to make a telephone call on their first night. During the inspection, managers addressed this problem and arranged for new prisoners to access their existing telephone credit on the afternoon they arrived.
- I.5 Prisoners were supposed to be able to place and receive an order from the prison shop during their first week at the establishment. However, this process was not reliable and during the inspection we saw prisoners who were not given the opportunity to place an initial order. This inconsistency potentially risked prisoners getting into debt during their early days at Stafford.
- I.6 All new arrivals were located on the induction wing, which provided a clean and a welcoming environment. Cells were well equipped and prisoners were not locked up until the evening, which allowed them to shower and familiarise themselves with the wing. The support provided by the peer workers on this unit was excellent, and helped prisoners to settle in quickly. In our survey, 86% of respondents said that they had felt safe on their first night.
- I.7 On their second day at the establishment, prisoners had a further private safety interview with induction staff, and were told what to expect over the following week.
- I.8 In our survey, an impressive 100% of respondents said that they had received an induction. Of those who attended induction, 81% said that it had covered everything they needed to

know about the prison. The five-day rolling induction process was well coordinated and comprehensive, and prisoners' time was spent purposefully during their early days at the prison.

Managing behaviour

Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- I.9 The prison was calm and ordered. In our survey, only 24% of respondents said that they had ever felt unsafe there, which was far fewer than at similar prisons (39%). Only 10% said that they felt unsafe at the time of the inspection. Prisoners were far more positive than in similar prisons across several safety-related areas in our survey, including reporting less bullying and verbal abuse and fewer threats from other prisoners.
- I.10 In the previous six months, there had been 10 assaults on staff and 16 on prisoners, with two fights also recorded. Only one incident had been categorised as serious violence. These figures were comparable to those at similar prisons, and data indicated that levels of violence had remained consistently low since the previous inspection.
- I.11 The safer custody team was adequately resourced but the violence reduction officer was often redeployed to other duties. The team's approach to tackling violence was adequate but mainly reactive to incidents. Analysis to understand the particular causes of violence at Stafford was limited. There was no violence reduction action plan, to measure the success of any initiatives and drive further improvement. The need for a prison-wide strategy to manage and prevent debt had been identified but work in this area had not yet progressed adequately. Safer custody meetings were held monthly but attendance was too often weak and the meetings lacked rigour.
- I.12 The weekly safety intervention meeting was generally well attended and allowed for the identification and management of individual victims and perpetrators of violence. The prison used the challenge, support and intervention plan (CSIP) (see Glossary of terms) case management system to challenge any violent or antisocial behaviour. However, it was not yet fully embedded and understood by wing staff. The investigations lacked detail, and plans did not include enough specific interventions. Support plans used for victims of violence and those deemed potentially vulnerable were adequate but unsophisticated.
- I.13 There was a policy for managing prisoners identified as self-isolators but there had been few of these, and none at the time of the inspection.
- I.14 Violence reduction prisoner representatives supported prisoners who were vulnerable but they had no clear job description and had received no training. However, they felt supported by the safer custody team.
- I.15 Prisoners were incentivised to behave by the large number of opportunities available to them (see paragraph 3.4). They lived in clean conditions, most had access to full-time work or education, and there were many other activities and recreational initiatives, often driven by the prisoners themselves. These factors, combined with a strong sense of safety that partly

resulted from living solely among prisoners convicted of similar offences, helped to promote good behaviour.

- I.16** The incentives and earned privileges (IEP) scheme was ineffective. In our survey, only 39% of respondents said that the scheme encouraged them to behave well. About two-thirds of the population were on the enhanced level of the scheme, and there were few incentives for them. For example, they could theoretically move to a single cell on the enhanced wing (G wing) but there were only about 40 places, resulting in a 20-month waiting list.

Adjudications

- I.17** In the previous six months, 241 adjudications had been held, which was broadly similar to the number in this same period at the time of the previous inspection, and lower than at similar prisons. The evidence we reviewed indicated that hearings dealt with relevant offences, and that prisoners were able to access legal advice and provide their own version of events.
- I.18** Records indicated that about a third of all adjudications (83) over the previous six months had been dismissed or not proceeded with. This was far too many and risked undermining the adjudication process, if prisoners felt that poor behaviour did not have consequences.
- I.19** Overall, governance of the adjudications process was weak. Only three adjudication review meetings had been held in 2019, which was insufficient. Attendance at these meetings was variable, and insufficient data analysis was undertaken to understand if the adjudications process was effective and fair for all protected groups. However, where individual adjudication hearings were quality assured by the deputy governor, these checks were more thorough than we normally see.

Recommendation

- I.20** **The proportion of adjudications dismissed or not proceeded with should be routinely monitored and reduced over time.**

Use of force

- I.21** There had been 44 incidents involving the use of force in the previous six months, which was low, and comparable to the number at similar prisons. Planned incidents were filmed routinely and paperwork was mostly up to date. However, the documents and video footage we examined showed staff failing to communicate effectively with prisoners and missing opportunities to de-escalate conflict before force was used.
- I.22** Monthly use of force meetings were poorly attended and there was insufficient scrutiny of paperwork and video footage in order to learn from incidents. The duty governor routinely conducted and recorded a debrief with prisoners after a use of force.
- I.23** Special accommodation had been used four times in the previous six months, with an average length of stay of seven hours, which was more frequent than in similar prisons. In one case, justification had not been recorded, which was concerning.

Recommendation

- I.24 Documentation and video footage of any use of force should be routinely scrutinised by managers, to ensure that staff take every opportunity to deescalate conflict.**

Good practice

- I.25** *The duty governor routinely conducted and recorded a debrief with prisoners after a use of force.*

Segregation

- I.26** The use of segregation had reduced considerably since the last inspection, and was lower than at similar prisons, with 39 uses in the previous six months. The average length of stay during this period was 12 days, with a maximum stay of 89 days.
- I.27** Living conditions on the unit were reasonably good. The cells we viewed were clean and reasonably well furnished, although some in-cell toilets did not have seats or lids, and several were stained. The exercise yard was clean but had no seating or exercise equipment to occupy prisoners.
- I.28** The regime for segregated prisoners included daily exercise, showers and telephone calls. Unit staff provided distraction packs on request. Prisoners were allowed to attend some off-unit activities, subject to an individualised risk assessment. For example, one prisoner had attended the education department for an exam, and another had attended a veterans-in-custody event.
- I.29** In our survey, 89% of those who had been segregated in the previous six months said that they had been treated well by staff on the unit. There was only one prisoner segregated during the inspection, so we had limited opportunity to observe engagement, but the interactions we saw were polite and professional.
- I.30** Staff had managed to integrate some long-term segregated prisoners back to the main wings. However, reintegration and care plans completed for the few long-term residents were generally of poor quality, and some were simply copies of plans completed for other residents.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

- I.31** Physical security was broadly proportionate for a category C prison. Prisoners' movements around the site were well managed and not unduly restricted. However, the routine strip-searching on entry to the segregation unit and for all new arrivals at the prison (see paragraph I.2 and recommendation I.40) was unnecessary.
- I.32** The level of restraints used for external escorts was determined by individual risk assessment, in consultation with the health care department. There was a general

presumption that prisoners aged over 65 would not be restrained, except in exceptional circumstances, which was sensible.

- I.33** Staff submitted too little intelligence to the security department to enable them to understand potential threats. Managers recognised that not all relevant intelligence was being reported. Just over 1,000 intelligence reports had been received in the previous six months, which was fewer than at the time of the last inspection, and than at similar prisons.
- I.34** Intelligence reports were processed promptly, and information was shared reasonably well with other departments. However, not all recommended actions from intelligence had been completed. For example, only 56% of requested suspicion drug tests and 80% of intelligence-led cell searches had been undertaken in the previous six months.
- I.35** Security meetings were held regularly but several key departments were not routinely represented. Although managers we spoke to were reasonably well sighted on local key security objectives, meeting minutes shared with other staff reflected national objectives, such as drugs and violence, which were not the primary concerns at Stafford.
- I.36** The substance misuse strategy met the needs of the establishment, and was supported by a reasonably good action plan. The mandatory drug testing positive rate was very low (0.44%), with only one positive test in the previous six months. In our survey, far fewer respondents than at similar prisons said that they could easily obtain illicit drugs and alcohol. Only 2% of prisoners said that they had developed a drug problem while at the prison.
- I.37** Only three prisoners had been placed on closed visits in the previous six months, to prevent them from receiving drugs during social visits. Occasionally, prisoners were kept on this restriction for too long without current intelligence to support the decision.
- I.38** Managers were well sighted on the risks presented by any prisoners convicted of terrorism offences or holding extremist views. Local efforts to identify staff corruption had resulted in one member of staff no longer being allowed to work at the prison and another being suspended at the time of the inspection.

Recommendations

- I.39** **The strip-searching of any new arrivals and segregated prisoners should be determined by an individual dynamic risk assessment.**
- I.40** **All intelligence should be reported accurately and promptly, to allow the prison to understand any potential threats.**

Safeguarding

Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and

support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- I.41** There had been no self-inflicted deaths since the last inspection. There had been 55 incidents of self-harm in the previous six months, which was lower than in most similar prisons, and there had been a downward trend during this period.
- I.42** Monthly safer custody meetings were poorly attended by residential and security staff. Too little was done to analyse data and understand the particular causes of self-harm at the establishment, and there was no current action plan to reduce levels of self-harm even further.
- I.43** Good early days support (see section on early days in custody), respectful living conditions (see section on daily life), the good amount of time spent out of cell, with an impressive range of activities (see section on time out of cell), and improved mental health services (see section on mental health care) all helped to support prisoners in crisis. The weekly safety intervention meeting was well attended and discussed all prisoners supported under the assessment, care in custody and teamwork (ACCT) case management process. There had been 74 ACCT documents opened in the previous six months, and only one was open during the inspection. The quality of care delivered through this process was mostly good. Most case reviews were well informed and the prisoner currently receiving support felt cared for.
- I.44** In our survey, 70% of respondents said that it was easy to speak to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners), which was far better than at comparator prisons. There were enough Listeners available for the population, with 18 at the time of the inspection. They all lived and worked in different areas across the prison, making it easy for prisoners in crisis to contact them. The Listeners we spoke to said that they were well supported and reported no problems accessing prisoners in crisis.

Protection of adults at risk (see Glossary of terms)

- I.45** The prison's safeguarding policy was comprehensive and contained clear guidance to staff. However, residential staff we spoke to were unaware of this policy, and most prison staff had not been trained to identify prisoners at risk of harm, abuse or neglect. Only 24 officers had received safeguarding training, which was concerning, given the large number of older and frail prisoners.
- I.46** Links with the external Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board remained good, and the prison's monthly social care meeting included safeguarding as an agenda item. One safeguarding referral had been made in the previous six months. There was appropriate oversight of prisoners who were in a carer role, some of whom lived in-cell with the individual being cared for.

Recommendation

- I.47 All staff should be trained to identify prisoners at risk of harm, abuse or neglect.**

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1 Relationships between staff and prisoners were reasonably good. In our survey, 78% of respondents said that most staff treated them respectfully, and 80% that there was a member of staff they could turn to if they had a problem. Most prisoners we spoke to were positive about staff.
- 2.2 Residential units were calm, and the interactions we observed were professional and polite. However, staff did not always take the opportunity to build relationships with prisoners, instead congregating in wing offices. Staff still called prisoners by their surname only.
- 2.3 In our survey, far more prisoners (46%) than at the time of the previous inspection (31%) said that a member of staff had spoken to them in the previous week, to see how they were getting on. The personal officer scheme had been replaced by the key worker scheme. The frequency and quality of key worker contact were variable, and it sometimes lacked a focus on sentence progression (see also paragraph 4.17).
- 2.4 Given the nature of the offending behaviour of the population, it was important that staff were fully aware of the risks of grooming and manipulation. Training given to staff thus far had not been sufficiently robust to ensure that they were fully alert to the risk of conditioning. Managers recognised this gap and had plans to deliver a better training package to support staff in working with prisoners convicted of sexual offences.
- 2.5 The prison encouraged a range of peer-led initiatives and events, which had a positive impact on relationships and helped to build a community ethos. There was good joint working between prisoners and staff across the establishment on a range of projects. Prisoners were empowered to take responsibility for their own needs and develop aspects of provision themselves.
- 2.6 There was a range of peer work roles across the prison. As well as traditional roles such as Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), the prison had taken a creative approach to prisoners helping each other. At the time of the inspection, 74 prisoners had achieved their 'active citizen status'. This meant that, in addition to their usual allocation to education, skills or employment, they undertook an extra peer support role in order to contribute to the rest of the community.

Recommendation

- 2.7 **All staff should receive comprehensive training to understand the risk of conditioning and to work effectively with prisoners convicted of sexual offences.**

Daily life

Expected outcomes:

Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 2.8** The prison was clean and well maintained, which was impressive, given the age of some of the buildings. Communal areas on the wings were bright and in good order. However, most exercise yards remained uninspiring, although G wing was a notable exception (see Appendix V).
- 2.9** Most prisoners (84%) shared cells that were originally designed for one person. Although cramped, these were more decent than we usually see in older prisons because toilets were separated from the main living area, providing a degree of privacy. Cells were well furnished, with no graffiti or evidence of vandalism or damage. Lockable cabinets were available. Residential managers carried out monthly assurance checks to maintain high standards across the wings.
- 2.10** In our survey, 98% of respondents said that they could shower every day. Communal showers were in good condition. Prisoners on G wing had in-cell showers, which they valued highly (see Appendix V). We observed, and records showed, that staff answered cell call bells promptly.
- 2.11** Kit was issued to prisoners weekly and laundry facilities were adequate. Almost all respondents to our survey, and far more than at similar prisons, said that they could access clean sheets and clothing each week. Although, in our survey, fewer prisoners than at similar prisons said that it was easy to get hold of cleaning materials, we saw adequate stocks available to prisoners in wing cleaning cupboards.
- 2.12** In our survey, 53% of respondents said that they could get their stored property if they needed it, which was an improvement since the last inspection (35%). Reception was now open at weekends to manage these requests, and the process was more effective, with no excessive delays.

Residential services

- 2.13** In our survey, 86% of respondents, which was far more than at similar prisons (72%), said that the quality of the food provided was good. The portion sizes we observed were sufficient. The prison offered a four-week menu, which was varied and catered well for prisoners' dietary needs. Prisoners were offered a hot lunch and evening meal every day, which was impressive. However, breakfast packs were too small and a seven-day supply was given out once a week. There were no self-catering facilities, which was a missed opportunity among such a settled population.
- 2.14** Prisoners working in the kitchen and staff mess were able to access training up to national vocational qualification level 2. The main kitchen was clean, and equipment was in good working order. The serveries were clean. Prisoners serving the food wore suitable clothing and were well supervised. With the exception of G wing, prisoners were not able to dine out of their cells.

- 2.15** Prisoners were consulted regularly about the menu, and some changes had been made in response. Food comment books were available on all units and a twice-yearly food survey was also carried out to gauge the views of prisoners.
- 2.16** The prison shop was run by DHL, and purchases were delivered each week. In our survey, 73% of respondents said that the shop sold everything they needed. Staff attended prison council meetings regularly, to get feedback and address any concerns.
- 2.17** A wide range of catalogues enabled prisoners to order items such as clothing, hobby craft materials, gifts and electrical items. Once a year, in their birthday month, they were able to make a one-off purchase up to the value of £100 from their private spending account.
- 2.18** In conjunction with a local hospice, the prison also ran a charity shop for prisoners. CASP (Charity and Stafford Prison) was an impressive initiative, raising money for the local community and giving prisoners an opportunity to buy clothes, books and DVDs.

Good practice

- 2.19** *The prison charity shop was an impressive initiative, which provided a good service to both the prison and the local community.*

Prisoner consultation, applications and redress

- 2.20** There was good consultation with prisoners. Any prisoner could raise issues through their prison council representatives, who attended monthly meetings with the governor. Consultation was purposeful, and resulted in improvements to provision. The prison council had its own budget, which, with the governor's consent, could be used to improve living conditions for prisoners. This encouraged community responsibility and was a positive initiative.
- 2.21** Applications were handled well. In our survey, far more respondents than at similar prisons said that their applications were dealt with promptly and fairly. The prison was about to pilot a promising initiative in which prisoners would be able to make requests to some departments by telephone, rather than by formal application.
- 2.22** The number of complaints submitted by prisoners had decreased substantially since the last inspection. There had been 445 complaints in the previous six months, compared with 755 during the same period at the time of the previous inspection. Prisoners could make complaints discreetly, as complaint boxes were no longer located near staff offices. Complaints were responded to promptly, with only 6% of responses in the previous six months being late. In our survey, only 54% of prisoners who had made a complaint said that they were usually dealt with fairly. However, there was good quality assurance of the complaints process, and the responses we reviewed were generally good, and in some cases excellent. Thirty-five per cent of complaints were upheld, a figure which could usefully have been publicised to promote confidence in the process. There was insufficient analysis of trends in complaints to address any persistent issues.
- 2.23** There was good, active support for prisoners who needed help with legal matters, which is something we rarely see in similar prisons. However, there was no support for prisoners with dementia to arrange for an enduring power of attorney before they lost mental capacity. There was no 'access to justice' laptop (a laptop computer provided to prisoners for the purpose of doing necessary legal work) available, and the library held some out-of-date legal texts, which was poor practice (see also paragraph 2.33). Legal visits were available

every weekday morning, but they were held in the social visits area, where confidentiality could not be maintained.

Recommendation

- 2.24 The prison should help prisoners diagnosed with dementia to arrange for an enduring power of attorney while they still have mental capacity.**

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary of terms) and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.25** Since the previous inspection, some good work had been done to promote equality and improve outcomes for many prisoners. Senior managers took responsibility for each protected characteristic, working with a particularly well-trained team of prisoner equality representatives. This team told us that they felt well supported by equality staff. It was clear that their input was valued by the prison, and they were used well to identify need among protected groups.
- 2.26** However, there remained gaps in provision. Equality work was not driven by a sufficiently good, measurable action plan which could have helped managers to assess the progress made. There was inconsistent attendance at the monthly equality meeting. There were good consultation forums for some protected groups, but there was insufficient consultation for others. Data which suggested unequal outcomes for some protected groups required more thorough investigation, so that any necessary remedial action could be taken.
- 2.27** The prison was committed to addressing deficiencies in equality provision. It had recently established an external scrutiny panel, including representation from Staffordshire University, to provide advice and guidance on its equality work. This was a promising initiative which we rarely see in other prisons.
- 2.28** During the previous six months, only 12 discrimination incident report forms (DIRFs) had been submitted, which was lower than we usually see. These forms were available on the wings. Although the prison took too long to respond to DIRFs, matters were generally well investigated, and responses were reasonably good and showed some good challenge of discriminatory behaviour.
- 2.29** There was an excellent programme of events to celebrate diversity, involving outside groups and speakers. Prisoners worked collaboratively with staff to organise these events, which were popular with both the prison population and staff.

Recommendations

- 2.30** There should be regular consultation with all protected groups.
- 2.31** Data suggesting unequal outcomes for any protected groups should be investigated and, when inequality is identified, remedial action should be taken.

Protected characteristics

- 2.32** About 14% of the population were from a black and minority ethnic background. Responses to DIRFs showed some good challenge of discriminatory remarks towards these prisoners. However, there had been insufficient analysis of some adverse monitoring data which suggested possible unfair treatment of this group, and their responses to our survey suggested some gaps in provision. There was insufficient consultation with these prisoners. There was good support for Gypsy, Roma and Traveller prisoners, including good consultation.
- 2.33** There were 41 foreign national prisoners at the prison at the time of the inspection. There was good consultation with this group but overall support was weak. Use of professional telephone interpreting services had increased since the previous inspection, but they were still not always used when needed. Immigration surgeries were held every six weeks, but prisoners told us that the officer holding these was often unable to offer any meaningful update on their cases. Some foreign national prisoners faced complex deportation proceedings but did not qualify for legal aid, and could not afford independent legal advice. The immigration law textbooks in the library were out of date (see also paragraph 2.23), and the prison did not advertise the Bail for Immigration Detainees helpline.
- 2.34** The number of older prisoners held at the establishment had increased since the previous inspection, and nearly half of the population was now over 50 years old, with 88 prisoners aged 70 or over. There was insufficient consultation with these prisoners. However, they were positive about their treatment. The prison had developed a strategy to support them, but there had been no recent engagement with any external charity, such as Age UK, to help with the assessment and development of provision. There was now better provision for the diagnosis and support of prisoners with dementia (see paragraph 2.63 and good practice point 2.66).
- 2.35** The prison provided a senior support day centre for older and retired prisoners, where they could engage in a range of activities. This was a valuable resource and there were some well-considered initiatives, such as routine blood pressure testing. However, there were insufficient places in the centre for the size of the older population. Only prisoners over the age of 64 were guaranteed access to it, and even they could only attend part time. When not in the centre, retired prisoners stayed on their wings, and we found some locked in their cells during the working day (see paragraph 3.2).
- 2.36** The prison was not as well focused on the needs of younger prisoners. There was little dedicated provision and no consultation forums for them. The prison needed to do more to understand some adverse monitoring data for this group.
- 2.37** In our survey, 35% of respondents said that they considered themselves to have a disability. Good efforts had been made to respond to the needs of these prisoners, particularly given the challenges presented on the older wings. Social care arrangements for prisoners with greatest need had improved, and were good (see section on social care). There was a monthly meeting between social care, health services and custodial staff, to review and discuss individual prisoners' social care needs.

- 2.38** Care for prisoners with disabilities who did not have social care needs was generally good, although some with limited mobility were still located on upstairs landings due to the demand for ground floor accommodation. An adequate stock of daily living aids was now maintained, to meet the needs of these prisoners.
- 2.39** All prisoners who needed a personal emergency evacuation plan had one in place. Most plans did not sufficiently describe prisoners' needs, although the prison was working to address this gap. Where one was required, prisoners had a paid care assistant. They valued this support, and there were appropriate measures to safeguard care arrangements against potential exploitation and abuse.
- 2.40** There had been only one recent forum for prisoners with disabilities. This left the prison poorly placed to understand why prisoners in this group reported a far worse experience than others on some questions in our survey. Nonetheless, monitoring data showed no notably disproportionate treatment of prisoners with disabilities. Support for this protected group had recently been relaunched, and some promising initiatives were under way to improve provision.
- 2.41** In our survey, 11% of prisoners said that they were gay or bisexual. There was regular consultation with LGBT+ prisoner representatives, but a wider support group no longer met regularly. The response to DIRFs showed some good challenge of homophobic behaviour.
- 2.42** At the time of the inspection, the prison held six transgender prisoners. Consultation with these prisoners was particularly good, and those we spoke to were generally positive about the care they received. There was good case management of their needs.
- 2.43** In our survey, 11% of prisoners said that they were veterans. There were regular support group meetings for them, with good input from community support groups. There were good links between the veterans group and the health care department, and two prisoners had been diagnosed with post-traumatic stress disorder while at the establishment (see also paragraph 2.71).

Recommendations

- 2.44** **The specific needs of black and minority ethnic prisoners, foreign national prisoners and younger prisoners should be identified and met.**
- 2.45** **Prisoners with disabilities who require a ground floor cell should not be located on upper landings.**

Good practice

- 2.46** *There was a monthly meeting between social care, health services and custodial staff, which promoted the exchange of information and provided oversight of individual prisoners' social care needs.*

Faith and religion

- 2.47** Faith provision was good. In our survey, 83% of respondents said that their religious beliefs were respected. In a typical comment, one respondent said: 'The chaplaincy and everything they organise are excellent ... Their courses ... are first rate'.

- 2.48** Almost all prisoners had access to a chaplain of their own faith, and 93% of respondents to our survey said that they were able to attend religious services if they wanted to. At the time of the inspection, there was no Pagan chaplain, although the prison ensured that Pagan prisoners could worship together. There were ongoing problems with a small number of Roman Catholic and Pagan prisoners being unable to attend corporate worship on time, as services sometimes clashed with the dispensing of medication. There was a reasonable range of religious instruction classes.
- 2.49** A chaplain met all prisoners within 24 hours of their arrival at the establishment. There was reliable support from the chaplaincy for prisoners subject to assessment, care in custody and teamwork (ACCT) case management procedures, and those held in segregation.
- 2.50** Good pastoral support was provided to meet the particular needs of the ageing population. The chaplaincy facilitated bereavement counselling run by a local charity, Stafford Bereavement and Loss Service. In addition, the team organised attendance at funerals, and performed memorial services in the prison. The team was also focused on other needs arising in Stafford's specific prisoner population, such as poor family contact. It had recently introduced visits day for prisoners who had no contact with family or friends (see paragraph 4.6).

Health, well-being and social care

Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 2.51** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. One issue was identified that requires improvement, with a subsequent notice issued by the CQC which has been detailed within Appendix III of this report.

Strategy, clinical governance and partnerships

- 2.52** Care UK Health and Rehabilitation Services Ltd ('Care UK') was the main provider of health services, with subcontracted partners supporting these arrangements, including Inclusion, which delivered all mental health and substance misuse psychosocial support.
- 2.53** A useful, up-to-date health needs analysis informed service delivery. Governance processes, including clinical audit, were well embedded and transparent, with key areas of risk identified. There was not a sufficiently sharp focus on important patient outcomes, such as the supply of medicines (see section on medicines optimisation and pharmacy services). Local health partners worked well together, and relationships with prison staff were positive. There was an effective incident management system, which ensured that serious concerns were reviewed and that learning from untoward incidents was shared across the health team.
- 2.54** There had been 18 deaths from natural causes since the previous inspection. In most cases, the Prisons and Probation Ombudsman found care to be good, and all of their recommendations had been implemented.

- 2.55** Monthly patient forums were well attended by health care champions, and subsequent action had been taken to improve services. Surveys were carried out and analysed by Care UK, and demonstrated a high level of patient satisfaction.
- 2.56** Clinical leadership and managerial oversight were strong, and staff we spoke to felt well supported. There were few vacancies, and the skills mix of all health teams had been substantially enriched since the previous inspection. Twenty-four-hour health support was now in place, which was a very positive development, given the age profile and health complexities of the population. Staff training provision was impressive, and staff received regular clinical supervision. Access to continuing professional development opportunities was good.
- 2.57** The clinical records we reviewed were professional and subject to audit, and patients we saw were treated with dignity and respect. There were insufficient clinical rooms in the health centre. More space was needed, particularly given the expansion of mental health services and other specialist pathways. Most treatment facilities were fit for purpose and generally complied with infection prevention standards.
- 2.58** Arrangements within the prison to provide a rapid response to medical emergencies were sound. Resuscitation equipment was checked and maintained regularly. Prison and health services staff were clear about how to obtain ambulance support if required, although not all prison staff knew the location of defibrillators.
- 2.59** Prisoner health complaints were well managed, with a good emphasis on face-to-face resolution. Responses were appropriate and mostly answered the concerns raised. Some responses were more superficial and needed better oversight.

Promoting health and well-being

- 2.60** There was a coherent, whole-prison approach to health promotion. This was underpinned by effective use of trained prisoner health champions, who were heavily involved in shaping initiatives. They provided daily support to other prisoners and supported a calendar of targeted events. A wide range of patient information about regular services and specific campaigns was available, in various formats and languages. There was good access to age-appropriate health checks, including national initiatives. Screening to identify health need, especially for hepatitis C, was good and vaccination programmes for blood-borne viruses and influenza had good uptake. Condoms were available and sexual health support was accessible through regular clinics. Social prescribing (linking people into social and physical activities that have benefits for their health and well-being) was being introduced; this facilitated access to a number of therapeutic initiatives, including activities such as bee-keeping and animal therapy.

Primary care and inpatient services

- 2.61** New patients were seen by a nurse on arrival and were assessed for any immediate or ongoing health and social care needs. All patients were seen before being released or transferred to another prison, and provided with a supply of prescribed medicines.
- 2.62** A diverse and skilled team delivered a suitable range of primary care services, with enhanced provision across a number of pathways for a complex and ageing population. Waiting times for most clinics were short and there was a clear application system, with nursing staff triaging potentially urgent issues. Recent changes to the GP provision had increased waiting times for routine appointments, and in our survey far fewer respondents than at similar

prisons said that it was easy to see a GP. Action was taken to address this during the inspection. A recently recruited advanced nurse practitioner provided regular clinics and offered an alternative to the GP.

- 2.63** Patients with long-term conditions were managed well by a practice nurse and the GP. Reviews of these conditions were reliably scheduled, and care plans were in place. Additional health checks relating to a long-term condition, such as diabetic foot and eye checks, were carried out as required. A new dementia care pathway had been developed, led by a skilled nurse, which ensured the early identification of need, enabling prompt intervention and support for prisoners.
- 2.64** Scheduled daily escorts were available for hospital appointments, and escort arrangements had improved since the previous inspection; additional escorts could be provided in an emergency and for patients requiring regular external appointments. If an escort was cancelled, a clinician decided which patients should be prioritised based on clinical need.
- 2.65** The provision of palliative care had improved. Links had been developed with a Macmillan nurse at a local hospice, who offered support and advice to staff. Any prisoners needing palliative care at the end of their life received person-centred care, and staff worked closely with the prison to achieve this. Plans for a nursing care unit within the prison were being developed.

Good practice

- 2.66** *The dementia care pathway, led by a skilled nurse, allowed for the early identification of potential need, enabling prompt intervention and support for prisoners.*

Social care

- 2.67** Care UK was contracted to provide social care. Joint working between Staffordshire County Council, prison staff and Care UK was effective, and supported by a memorandum of understanding. When prisoners arrived, their social care needs were reviewed and, if required, a referral was sent to the local authority. Information about social care was available to prisoners, and anyone could ask for a referral to be made. A local authority social worker and occupational therapist attended monthly meetings, where care packages and new referrals were discussed (see also paragraph 2.37).
- 2.68** Prisoners with social care needs were assessed quickly, and access to mobility aids and adaptations met prisoners' needs. Five prisoners were in receipt of a social care package at the time of the inspection. The care provided was good, and supported by plans which clearly defined what was needed. Any change in need was reported back to the local authority, to consider amending the care package. Record keeping was good, and relevant information was shared with prison staff.

Mental health care

- 2.69** Mental health services had improved considerably, and in our survey 72% of respondents, far more than at similar prisons (53%), said that they had been helped with their mental health problem. A well-resourced team from Inclusion now provided a stepped-care model to those with primary and secondary mental health support needs.

- 2.70** There was an open referral system, and a duty worker and daily allocation meetings ensured that urgent referrals were seen within 48 hours, and routine referrals within five days. The current caseload stood at 115 prisoners, with 82 experiencing primary and 33 secondary mental health problems.
- 2.71** Groups focusing on anxiety management had been introduced, and these were well attended and received. The team's skills mix included trauma-informed practice, and veterans commented on the helpfulness of work undertaken to address post-traumatic stress disorder. A psychiatrist, who provided four sessions per month, specialised in learning disability, and the team worked creatively with patients on the autism spectrum. Psychology input was due to start, and this would enhance provision further.
- 2.72** Patients managed under the care programme approach (mental health services for individuals diagnosed with a mental illness) received multi-professional care reviews, but community mental health teams rarely contributed. Annual health checks were conducted for a small group of patients who were prescribed antipsychotic medication. Transfers under the Mental Health Act were rare, and none had taken place in the previous 12 months.
- 2.73** The mental health team was well integrated into the prison, attended safety intervention meetings and consistently contributed to ACCT reviews. Mental health awareness training had been undertaken by over 90% of prison staff.

Substance misuse treatment

Note: In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.74** Care UK provided clinical treatment, and Inclusion (Midlands Partnership Foundation Trust) the psychosocial element of substance misuse interventions. Under the new model of integrated substance misuse and mental health service provision, resources for psychosocial support had reduced. This did not have an adverse impact on the range of interventions on offer.
- 2.75** Prisoners could access the service easily but the number of referrals to psychosocial services was low. The primary substance misuse caseload for structured one-to-one work currently stood at 29, and prisoners could also attend self-management and recovery training (SMART) groups, ad hoc substance awareness sessions, Alcoholics Anonymous meetings and designated gym sessions. Inclusion's 10-week recovery programme, which was run twice a year, provided more intensive support, and prisoners could also be referred to a counselling service for more in-depth work.
- 2.76** Integrated working with the mental health team enabled effective care coordination for patients with complex needs, and there was good joint working with primary health services. Inclusion contributed to the prison's drug strategy and to other prison-wide multi-agency meetings.
- 2.77** Demand for clinical interventions was very low, and the four patients prescribed opiate substitute treatment were well managed. Methadone was administered by primary care nurses and well supervised by officers. A substance misuse lead nurse conducted regular treatment reviews jointly with Inclusion.
- 2.78** Recovery workers contributed to parole reports and transfer plans. Few prisoners were released but harm reduction advice was offered consistently, and included naloxone training

(to reverse opiate overdose) and take-out provision. Release plans were detailed, and referrals to local services made.

Medicines optimisation and pharmacy services

- 2.79** Medicine services had improved but there were still some serious outstanding problems. Lloyds pharmacy, based at HMP Oakwood, supplied named-patient medicines, with a clinical pharmacist on site for half a day a week to provide specialist input, including some patient clinics. New arrivals had their medication reviewed and recorded in reception, and a medicine reconciliation generally occurred within 72 hours. On-site, there was a newly appointed senior pharmacy technician, 1.7 whole-time-equivalent pharmacy technicians and one part-time pharmacy assistant.
- 2.80** Prisoners needed medicines mostly for planned ongoing treatment, and this was provided mainly in-possession. The volume of activity, as well as inefficient systems, resulted in some disruption to prescribing regimes, and too many patients had experienced gaps in treatment (see key concern and recommendation S45). Urgent and critical medicines could generally be obtained, either through access to local stock or via a community pharmacy if required.
- 2.81** A recent workshop, involving all key stakeholders, had identified actions to improve prescribing services. It was too early to judge whether these plans would eliminate current problems, but the action plan was an important step forward in improving outcomes for patients.
- 2.82** Pharmacy technicians were busy. They ran clinics, dealt with complaints, handled medicines and transported them around the site. Arrangements to move medicines around the prison were not completely secure. We saw some boxed medicines being moved in transparent plastic bags. Medicines were stored securely once on the wings, and environmental and refrigerator temperature checks were in place. A regular medicines management meeting had been established to oversee practice, undertake trend analysis and review medicine incidents.
- 2.83** Medicines were administered four times daily, which was positive. The in-possession medication policy needed to be reviewed, to cover the use or exclusion of certain high-risk drugs, but we found that tradable drugs were not routinely prescribed. Patients had access to a good array of over-the-counter remedies and there was a full range of patient group directions (which enable nurses to supply and administer prescription-only medicine).
- 2.84** The supervised medicine administration that we observed was safe, with queues well managed by prison officers. However, health services staff told us that officer supervision could be inconsistent, and that they often had to ask for support to be maintained.

Recommendation

- 2.85** **The handling and transportation of medicines within the prison should always be undertaken securely.**

Dental services and oral health

- 2.86** Patients had access to a full range of NHS dental treatment. Urgent care provision was good, with appointments available at every clinic, and pain relief was provided as needed. Prisoners needing emergency dental treatment were escorted to a community dentist. The waiting

times for routine appointments were reasonable, at between four and five weeks. The dental suite had been refurbished in 2017 and met infection control standards. Decontamination processes were effective. Patient feedback about the dental service was positive.

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 The daily regime was delivered reliably, and in our survey 98% of respondents said that they knew what the unlock and lock-up times were supposed to be. Curtailments to the regime occurred only occasionally, and were sensibly shared among the wings, to minimise the impact on individual units.
- 3.2 Most prisoners had over 10 hours a day out of their cell during the week. We found very few prisoners (4%) locked up during the working day, which was better than at comparable prisons, and very similar to the proportion found at the previous inspection. Among those locked up during the working day were retired prisoners on some wings, which was inappropriate.
- 3.3 Time spent in the open air was still too short, at 30 minutes a day. Exercise yards were clean but bare, containing benches but little else. Wing recreational equipment was in good condition, and in our survey 83% of respondents said that they received association at least five times a week.
- 3.4 An array of recreational activities helped to ensure that prisoners who were not in education or work could participate in the prison community. Prisoners could access a range of clubs and events relating to theatre, music and the arts. The senior support day centre was a particularly valuable facility for older and more vulnerable prisoners, where they could undertake work or participate in arts and crafts hobbies.
- 3.5 The library had been extended and refurbished since the previous inspection. In our survey, 59% of respondents, said that they used the library at least once a week. Access was good, but sessions lasted only 30 minutes.
- 3.6 In our survey, respondents were mostly positive about the range of materials available in the library, apart from black and minority ethnic prisoners, and this perception needed to be explored (see also paragraph 2.32). We found a reasonably wide range of books, including LGBT literature, easy readers and books in languages other than English. Prisoners could also borrow jigsaw puzzles, CDs and audio books. There were arrangements for the library to exchange its existing stock for new stock, and obtain requested books from local public libraries.
- 3.7 Data collection had improved, and now considered patterns and trends of library use. However, more action was needed to identify prisoners who were not active library users.
- 3.8 Support for prisoners with low literacy levels was in place on the wings, led by the Shannon Trust (which provides reading plan resources and training to prisons). A group called 'After 5's', specifically aimed at supporting those who had completed the Shannon Trust scheme, provided ongoing encouragement and support. In addition, the library ran reading groups.

Storybook Dads (in which prisoners record stories for their children) was available for prisoners who had been risk assessed.

- 3.9** The gym had been neglected and a lot of equipment needed replacement. Although some new items were on order, too much equipment was rusty, worn or broken, and there were no plans to replace it all. A maintenance inspection had not been carried out for 15 months, potentially leaving some equipment unsafe. Although the shower area had been repainted, it was unpleasant and mouldy, and one area of the remedial room needed new flooring.
- 3.10** Attendance at the gym was low, with only 38% of respondents to our survey saying that they typically used it twice a week. PE attendance was not routinely monitored to ensure that provision was meeting the needs of the population. The prison had carried out its own survey in July 2019. Most prisoners were unsatisfied with the gym facilities, mainly because of the broken equipment.
- 3.11** PE provision was well matched to the needs of the population and the team now worked well with the health care department to meet the needs of prisoners with medical problems. The PE department was well staffed by trained officers who held teaching qualifications, and, in some cases, qualifications to support older prisoners and those requiring remedial support.

Recommendations

- 3.12 Retired prisoners should not be locked up during the working day.**
- 3.13 Prisoners using the gym should have access to a full range of safe, regularly maintained equipment.**

Education, skills and work activities (Ofsted)

This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

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 education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners. In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.14** Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness of education, skills and work:

Good

Achievements of prisoners engaged in education, skills and work:

Good

Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:

Good

Personal development and behaviour:

Good

Leadership and management of education, skills and work:

Good

Management of education, skills and work

- 3.15** Prison leaders had a clear and ambitious vision for the education, skills and work provision. They knew the population well and ensured that there were sufficient activity places, most of which were full time. The large proportion of older prisoners was able to participate in all learning and work activities, and they were not disadvantaged or excluded from learning.
- 3.16** Leaders from the prison and the provider of education and vocational training, Novus, worked well together to plan the courses on offer. They shared information effectively, to ensure that prisoners attended education and work regularly, and achieved their qualifications. They ensured that the allocations process was fair. However, there were long waiting lists for many courses, particularly for vocational training and the gym.
- 3.17** Leaders and managers had introduced new courses to support employment on release. For example, a contract to provide vocational training in railway maintenance had resulted in three job outcomes from the first two cohorts of prisoners who completed the course. Leaders had contracts in place for additional bespoke courses. These were selected based on identified needs of the population and employment opportunities, and included portable appliance testing, traffic management and specialist debt advice.
- 3.18** Leaders had introduced effective new advice and guidance processes in relation to prisoners' release planning and resettlement needs. While these were too new for us to evidence a long-term impact on the number of prisoners securing employment on release, they had had a positive effect on prisoners' planning for their next steps. Prisoners attended 'job clubs' during their last 12 months at the prison, in which they used the virtual campus (internet access for prisoners to community education, training and employment opportunities) well to complete job searches and applications. However, although there had been some improvement since the previous inspection, leaders had still not made sufficient links with employers, and too few employers engaged with prisoners ahead of release.
- 3.19** Leaders ensured that the pay policy encouraged prisoners to attend work or education. This policy enabled prisoners to be rewarded for their contributions to the prison community. Leaders had put in place a variety of full-time work roles to provide prisoners with additional responsibility, from working as peer mentors to taking on supervisory roles in workshops. Prisoners were allocated to these sensibly. As a result, the more able prisoners could maintain and improve their skills over time.
- 3.20** Too few prisoners had the opportunity to gain qualifications through work, and Novus did not provide sufficient higher-level qualifications in education or vocational training (see key concern and recommendation S46). Work in many workshops was undemanding, and prisoners were under-occupied in some.
- 3.21** Leaders and managers did not focus sufficiently on the quality of teaching and learning through self-assessment, and quality assurance and improvement activities. Staff running prison-led activities were not observed and did not complete any development activities to

improve their teaching skills. Managers in the education department did not use information on teachers' performance to identify useful development activities for their staff, or to provide reports for prison leaders. As a result, leaders' actions did not enable further improvements to the education, skills and work provision.

Quality of provision

- 3.22** Staff ensured that peer mentors were used effectively in most education, skills and work activities. Mentors were well trained and highly skilled in the subjects they supported. They provided good support and guidance for prisoners, helping them to make better progress.
- 3.23** Prisoners developed useful employment skills in vocational training and workshops. The new skills they developed were relevant to their work plans on release. Many prisoners who achieved vocational qualifications continued to practise these skills through advanced work roles and working parties around the establishment. For example, the more able prisoners who had completed the painting and decorating qualification formed a painting party, to improve the prison environment and maintain their skills.
- 3.24** Most staff in education and vocational training provided prisoners with interesting and challenging activities that enabled them to improve their skills and knowledge quickly. Staff in all areas provided detailed and useful feedback to prisoners. As a result, prisoners knew how to improve their knowledge, skills and understanding, and recognised the progress they had made over time.
- 3.25** Prisoners on distance learning courses did not receive enough academic support. Leaders did not allocate sufficient time for these prisoners to complete their studies. However, these prisoners were highly motivated and made good progress towards completing their qualifications. Most prisoners aspired to complete further, higher-level qualifications when released.
- 3.26** Much of the work that prisoners carried out in workshops was undemanding. They were not challenged by their work, and in a minority of workshops they were not sufficiently occupied. Staff did not recognise or record the skills developed by prisoners in supervisory roles within workshops and vocational training areas (see key concern and recommendation S46).
- 3.27** Staff did not share information effectively between themselves. They did not use information on prisoners' existing skills or learning needs to plan learning. Staff in education and vocational training did not put additional learning support in place swiftly enough for prisoners who required it. However, when this support was provided in education classes, it met prisoners' learning needs. There was no clear process for identifying and supporting learners' additional learning needs in prison work areas.

Recommendation

- 3.28 Prisoners with additional learning needs should be promptly identified and supported in education classes and workshops.**

Personal development and behaviour

- 3.29** Prisoners attended education, skills and work activities punctually and attendance was high. They demonstrated good work and employability skills through their positive attitudes to

work. They were respectful of each other and staff, and behaved well in learning and work environments.

- 3.30** Prisoners knew how to protect themselves from hazards in vocational training and work areas. They performed practical tasks using safe working practices, including in the use of machinery. They knew how to report concerns.
- 3.31** Prisoners supported each other effectively in education classes, vocational training and work. Those with responsibility demonstrated empathy and care, and promoted positive relationships well in the prison community. Prisoners quickly developed confidence and self-esteem through education and work. They were highly motivated to learn and were proud of their new skills. They developed new interests, often in previously unfamiliar subjects, through retraining linked to future employment.
- 3.32** Prisoners approaching release were clear about their future career plans and understood their limited employment prospects. They benefited from their contact with resettlement workers, and advice and guidance staff. As a result, they were positive about their futures outside of the prison and had a good understanding of what they wanted to do.
- 3.33** In most sessions, staff ensured that prisoners built on their English and mathematics skills. Prisoners applied these effectively to their vocational context and future work roles. However, their personal and social skills needs were insufficiently identified and developed in workshops, and employability progress records did not contain any targets or recognition of these skills.

Outcomes and achievements

- 3.34** Prisoners made good progress in most areas of education, skills and work. They developed relevant skills that would be of benefit to them when released. Most prisoners produced work that was at least at the required level. Within work and vocational training, prisoners developed skills for practical work that met industry standards.
- 3.35** Where qualifications were available, most prisoners were successful in achieving them, particularly in vocational training. Leaders and managers effectively reviewed and monitored the performance of different groups of prisoners and, as a result, there were no notable gaps in achievement.
- 3.36** Too few prisoners achieved their functional skills qualifications in English and mathematics. The proportion achieving these had declined over the last three years, and was particularly low at level 2. There were not enough qualifications on offer to prisoners in work roles around the establishment.

Recommendation

- 3.37** **Novus managers should take effective, measurable action to increase the proportion of prisoners who achieve their functional skills qualifications in English and mathematics.**

Section 4. Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes:

The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 4.1 A Barnardo's family engagement worker had been introduced since the previous inspection, and held a small caseload. Barnardo's staff helped to run family days. There had been seven held in the previous year, and they were popular. There were no inappropriate restrictions on prisoners accessing family days.
- 4.2 The visitors centre had been improved considerably since the last inspection; this was important because many visitors travelled long distances to the establishment. However, there was still no toilet for visitors with disabilities. The centre was run by volunteers from Barnardo's.
- 4.3 The visits hall had also been improved. An information desk had been introduced; this was a prisoner-led initiative and was run by them. It was a useful resource for prisoners and their visitors. The seating had been completely replaced and was now more comfortable. Social visits were now well managed and started on time, although provision at weekends was stretched. Visitors were generally positive about their experience.
- 4.4 Prisoners were allowed to wear their own clothes during visits. A tea bar in the visits hall served a range of refreshments, but there were not enough healthy options. Visitors and prisoners alike could use the toilet facilities without their visit being curtailed. There were good arrangements to safeguard any children attending visits.
- 4.5 The prison did not monitor how far visitors had to travel to the prison in order to develop provision further. This was a gap, particularly as Stafford was one of only nine prisons of its type, and received prisoners from different parts of the UK.
- 4.6 In our survey, 43% of respondents said that they did not receive any visits. Staff identified prisoners who received no social visits and made no telephone calls, and had organised a special visits day for them, with attendance from volunteer visitors and other outside groups. There were plans to hold more of these events.
- 4.7 The prison had not yet introduced in-cell telephony but prisoners had good access to telephones on the wings, and the 'email a prisoner' scheme was well used.

Good practice

- 4.8** *An information desk in the visits hall, run by prisoners, had been introduced and was a useful resource for prisoners and their visitors.*
- 4.9** *Prisoners who received no social visits and made no telephone calls were identified, and a special visits day had been held for them. There were plans to hold such events regularly.*

Reducing risk, rehabilitation and progression

Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.10** The prison held a challenging cohort of prisoners. All of the population were convicted of sexual offences, and about three-quarters were assessed as presenting a high risk of harm to others. Nearly all prisoners (93%) were serving sentences of four years or more, and over half had been at the establishment for more than a year.
- 4.11** The strategic management of reducing reoffending had lacked focus. The prison had only just introduced a strategy and action plan which covered all of the resettlement pathways, and it was too early to judge their impact. Reducing reoffending meetings took place regularly but had not yet been driven by a coordinated plan for improvement.
- 4.12** The prison also lacked a comprehensive, up-to-date analysis of the needs of the population, to inform the provision of services. The current population needs analysis was based only on a prisoner survey, with a poor response rate of 14%. Managers had not used the broad range of information available from offender assessment system (OASys) assessments and P-Nomis (electronic case notes), and so the true extent of need was not fully understood.
- 4.13** In spite of these deficiencies in planning, a lot of good work was carried out across the prison to remind prisoners that they still had the potential to contribute to society and support their efforts to desist from reoffending on release. The opportunities generated by the active citizenship scheme gave some prisoners more responsibility and enhanced the overall work to reduce reoffending (see also paragraphs 2.6 and 3.31). One such opportunity was the creation of the 'active permit' scheme, which promoted and developed the most trusted prisoners.
- 4.14** The entire population required an OASys assessment of their risk and needs, and a sentence plan. Nearly all prisoners now had an initial assessment, which was an improvement since the previous inspection. However, too many assessments, nearly a quarter, had not been reviewed within the last 12 months. This affected the prison's ability to provide these prisoners with the right interventions to reduce their risk.
- 4.15** Until very recently, the staffing skills mix in the offender management unit (OMU) had been inadequate for such a high-risk population. There had been just two probation officers in post, which meant that eight uniformed prison offender supervisors had been carrying most of the high-risk cases. They had carried caseloads of up to 90 prisoners, which was far too high, and unmanageable.
- 4.16** However, under the new Offender Management in Custody model (see Glossary of terms), the number of prison offender managers (POMs) in post with the right skills had increased. Nine probation officers had been recruited to work in the prison as POMs, alongside three

full-time-equivalent POMs employed by the prison. However, it was too early to judge the impact of the newly arrived staff. At the time of the inspection, many of these new recruits had been in post for only a matter of weeks. It was going to take several more months before they were all able to meet, assess and provide offending behaviour work for the prisoners on their caseloads.

- 4.17** This meant that the levels of recorded contact between OMU staff and prisoners that we checked were too infrequent and weak. We found little evidence of routine, planned contact with prisoners to undertake one-to-one work, to address their offending behaviour, increase their motivation and drive progression. In some cases, the last recorded contact dated back two years. Where there had been more recent contact, this tended to be reactive, to events such as parole board hearings, recategorisation reviews and imminent release dates (see key concern and recommendation S47).
- 4.18** Key worker delivery was not yet good or regular enough to support and enhance the work of the OMU. The contact which key workers had with prisoners was not yet sufficiently well focused on prisoners' sentence plans and progression.
- 4.19** At the time of the inspection, the prison held 47 prisoners serving indeterminate sentences. Thirty-five prisoners were serving indeterminate sentences for public protection (IPP) and 12 were serving life sentences. Provision for these prisoners was good. Forums took place every two months, led by prisoner representatives and supported by staff, and these offered good opportunities for consultation and engagement. The prison ran three lifer family days each year. The HMPPS Midlands counselling service provided a valuable service to IPP prisoners (all of whom were over tariff), which focused on risk reduction and sentence progression. Parole processes were timely and prisoners were given some additional time to prepare for their hearings.
- 4.20** No prisoners could be considered for home detention curfew owing to their conviction for sexual offences.
- 4.21** Due to recent changes to the release on temporary licence (ROTL) framework (published in May 2019), some low-risk prisoners convicted of sexual offences were now eligible to be considered for ROTL. The prison was in the early stages of deciding how to manage this new process, and at the time of the inspection no prisoners had been considered for or released on temporary licence.

Recommendation

- 4.22** **A comprehensive population needs analysis, based on a broad range of reliable data, should inform provision to reduce reoffending.**

Good practice

- 4.23** *The opportunities generated by the active citizenship scheme gave some prisoners more responsibility and enhanced overall work to reduce the likelihood of prisoners reoffending on release.*

Public protection

- 4.24** Nearly all the population were eligible for multi-agency public protection arrangements (MAPPA) when they were released, and about three-quarters were assessed as presenting a

high risk of harm to others. Overall, public protection procedures were managed reasonably well.

- 4.25** At least 37 prisoners were due to be released from the establishment in the three months following the inspection, nearly all of whom were assessed as presenting a high risk of harm to others. Risk management planning for these prisoners was inconsistent, with inadequate governance. The monthly risk management meeting, although adequately attended, still did not routinely consider all high-risk prisoners approaching release, in order to identify and address systematically any gaps in their release planning (see key concern and recommendation S48).
- 4.26** Despite this lack of oversight, we found good individual efforts by POMs to confirm prisoners' MAPPAs management levels with community offender managers far enough ahead of release to allow the prison to contribute to risk management plans. The OMU's written contributions to MAPPAs meetings in the community had improved since the last inspection, and were now sufficiently detailed and appropriately countersigned by a senior probation officer.
- 4.27** About 85% of prisoners were subject to some level of child contact restriction. At the time of the inspection, there were 565 prisoners who were not allowed any contact with children at all, and a further 67 who were permitted some form of contact with named children. Processes were generally well managed. Applications from prisoners to vary their full restrictions, in order to allow them to have telephone, mail or social visits contact with named children, were generally handled well. The decisions made were robust and well informed but these were not then reviewed annually, to check for any new information or subsequent changes in risk.
- 4.28** Arrangements to conduct and review telephone and mail monitoring were managed well. At the time of the inspection, 22 prisoners were subject to both telephone and mail monitoring. On arrival, relevant prisoners were identified and automatically monitored for the first four to six weeks. Staff conducted timely reviews to determine if monitoring should end or continue, and telephone and mail monitoring logs were up to date and sufficiently detailed to understand the current risk that each prisoner presented.

Recommendation

- 4.29** **Decisions to amend prisoners' child contact restrictions, in order to allow them to have telephone, mail or social visits contact with named children, should be reviewed annually.**

Categorisation and transfers

- 4.30** Recategorisation reviews were timely and, in the cases we reviewed, decisions were appropriate. Although there was no formal recategorisation board, POMs drew on a wide range of information to inform their decisions.
- 4.31** More prisoners than at the time of the last inspection progressed to open conditions. Over the previous six months, 23 prisoners had been awarded category D status. At the time of the inspection, seven prisoners were waiting for a transfer to an open prison, some of whom had waited for up to six months, which was too long. These delays were caused by a lack of open prison places for prisoners convicted of sexual offences.

- 4.32** The prison had made some good progress since the last inspection in managing to transfer prisoners to their designated resettlement prison ahead of their release. Thirty-three prisoners had transferred to a local prison in their home area for release in the previous six months. However, some prisoners still waited too long for these moves (18 were waiting for a transfer at the time of the inspection), and in some cases transfer did not happen at all. This meant that some prisoners, albeit about half as many as at the time of the last inspection, were still released directly from Stafford (see section on release planning).

Recommendation

- 4.33** **When prisoners need a transfer, either to open conditions or to their local resettlement prison, this should occur promptly.**

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.34** The prison had done some good work to understand the need for accredited offending behaviour programmes among the population. An interventions needs analysis had been undertaken, and most prisoners were sensibly prioritised for programmes depending on their risk, readiness and release date.
- 4.35** However, the full extent of the need for interventions among the population was not understood, and at the time of the inspection the treatment needs of about 25% of the population had not been identified. Some of these prisoners needed to have their OASys assessment updated, while others were missing an assessment of their risk of further sexual offending (known as Risk Matrix 2000). Some prisoners required a needs assessment to assess their suitability for a programme, while others had not yet been referred by their POM to the programmes team.
- 4.36** About 50% of the entire population were ineligible for an offending behaviour programme because they had already completed one, were assessed as presenting a low risk of sexual reoffending or were unwilling to engage. For the remaining population for whom need had been fully assessed, there were now enough places available on accredited programmes to allow them to complete one before they were released. This was an improvement since the last inspection.
- 4.37** The prison now delivered three accredited programmes to address sexual offending: Kaizen (high intensity), Horizon (medium intensity) and the healthy sex programme (for prisoners who had already completed an accredited programme but needed further interventions). Across these three programmes, the prison was on course to deliver just over 100 completions in the current financial year.
- 4.38** For prisoners who did not meet the threshold for an accredited groupwork programme, there was little evidence of one-to-one work being carried out by POMs to challenge their offending behaviour.
- 4.39** The prison had recently introduced the A-Z programme, to motivate prisoners who were unwilling to engage with accredited programmes. However, the response so far had been disappointing; since September 2019, only two prisoners had completed the course.

- 4.40** Support for prisoners to manage their finances had improved and was now good. Prisoners were seen on arrival, to help address any urgent needs such as ending tenancy agreements. Resettlement workers from the local community rehabilitation company (CRC) delivered helpful sessions in topics such as legal aid and debt. Staff from Access2Advice (a local charity) attended the prison once a month, to provide specialist debt advice. A member of staff from Jobcentre Plus attended the prison once a month, to help prisoners approaching release to access benefits. Prisoners were able to open bank accounts before release.
- 4.41** Support to help prisoners secure accommodation on release had improved. Most prisoners were released to probation-approved premises because of their offences and associated risk. Two part-time workers from the local CRC provided good levels of support to the remaining prisoners due for release. In the previous six months, of the 68 prisoners released from the establishment, all but one had had an address to go to on the day of release. However, the sustainability of this accommodation was not routinely measured, to understand the effectiveness of the provision.
- 4.42** There was no specific support for prisoners who had experienced trauma, or physical or sexual abuse themselves, which managers acknowledged was a gap in provision.

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.43** Stafford was not a designated resettlement prison and was therefore not supposed to release prisoners directly back into the community. Since the previous inspection, staff had made efforts to move prisoners approaching release back to a prison in their local resettlement area for release (see also paragraph 4.32). This was still not possible in all cases but, overall, the prison now released 50% fewer prisoners than previously, with 68 prisoners being released directly in the previous six months, against 126 last time. This reduction promoted better outcomes, as those prisoners transferring to their local prison would get the full range of resettlement support there. It also allowed some newly introduced, albeit limited, resettlement provision at Stafford to manage the direct release of often high-risk prisoners more effectively.
- 4.44** Since the last inspection, a small resettlement team had been introduced to support prisoners directly released from the establishment. This provision was sufficient to meet the needs of the current number of releases, and prisoners now received a generally good service.
- 4.45** Resettlement staff brought in from the local CRC routinely saw prisoners 12 weeks before their release, to develop a resettlement plan. We saw evidence of good work from these case workers to address prisoners' finance, benefits and debts needs, and to secure accommodation (see also paragraphs 4.40 and 4.41).
- 4.46** Practical release arrangements were reasonably good, with the prison located centrally in the town, just a short distance from the railway station. Arrangements for the issue of licence conditions were thorough, and staff ensured that prisoners understood where and when to report on release.

Section 5. Summary of key concerns and good practice

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers in the left-hand column refer to the paragraph location in the main report.

Key concerns and recommendations

- 5.1** Key concern (S45): Too many prisoners experienced breaks in medical treatment because of delays in supplying their routine, prescribed medicines. This potentially affected their health. (Directed to: the governor)

Recommendation: There should be no delays or gaps in prisoners receiving their routine, prescribed medicines.

- 5.2** Key concern (S46): Senior leaders had not provided sufficient opportunity for prisoners to gain qualifications through work roles, or higher-level qualifications through education classes or vocational training. Prisoners working in supervisory roles did not have their skills recognised and accredited. (Directed to: the governor)

Recommendation: Leaders and managers should ensure that prisoners are able to achieve qualifications in prison workshops and work roles within the establishment. Prisoners need more opportunities to achieve higher-level qualifications, and those working in supervisory roles should have their skills recognised and accredited.

- 5.3** Key concern (S47): Contact with prison offender managers was too infrequent, did not drive sentence progression and demonstrated little evidence of one-to-one work to challenge prisoners' offending behaviour. This was a particular gap for the large number of prisoners who were not eligible for an accredited programme. (Directed to: the governor)

Recommendation: All prisoners should have regular, meaningful contact with a prison offender manager which challenges their offending behaviour and drives sentence progression.

- 5.4** Key concern (S48): Planning for the release of high-risk prisoners lacked good oversight. The monthly multidisciplinary risk management meeting did not routinely consider all high-risk prisoners approaching release, in order to confirm that their risks would be properly managed in the community. (Directed to: the governor)

Recommendation: All high-risk prisoners approaching release should be discussed at a multidisciplinary meeting in sufficient time to address any gaps in risk management planning.

General recommendations

- 5.5** Recommendation (1.20): The proportion of adjudications dismissed or not proceeded with should be routinely monitored and reduced over time. (Directed to: the governor)

- 5.6** Recommendation (1.24): Documentation and video footage of any use of force should be routinely scrutinised by managers, to ensure that staff take every opportunity to deescalate conflict. (Directed to: the governor)
- 5.7** Recommendation (1.39): The strip-searching of any new arrivals and segregated prisoners should be determined by an individual dynamic risk assessment. (Directed to: the governor)
- 5.8** Recommendation (1.40): All intelligence should be reported accurately and promptly, to allow the prison to understand any potential threats. (Directed to: the governor)
- 5.9** Recommendation (1.47): All staff should be trained to identify prisoners at risk of harm, abuse or neglect. (Directed to: the governor)
- 5.10** Recommendation (2.7): All staff should receive comprehensive training to understand the risk of conditioning and to work effectively with prisoners convicted of sexual offences. (Directed to: the governor)
- 5.11** Recommendation (2.24): The prison should help prisoners diagnosed with dementia to arrange for an enduring power of attorney while they still have mental capacity. (Directed to: the governor)
- 5.12** Recommendation (2.30): There should be regular consultation with all protected groups. (Directed to: the governor)
- 5.13** Recommendation (2.31): Data suggesting unequal outcomes for any protected groups should be investigated and, when inequality is identified, remedial action should be taken. (Directed to: the governor)
- 5.14** Recommendation (2.44): The specific needs of black and minority ethnic prisoners, foreign national prisoners and younger prisoners should be identified and met. (Directed to: the governor)
- 5.15** Recommendation (2.45): Prisoners with disabilities who require a ground floor cell should not be located on upper landings. (Directed to: the governor)
- 5.16** Recommendation (2.85): The handling and transportation of medicines within the prison should always be undertaken securely. (Directed to: the governor)
- 5.17** Recommendation (3.12): Retired prisoners should not be locked up during the working day. (Directed to: the governor)
- 5.18** Recommendation (3.13): Prisoners using the gym should have access to a full range of safe, regularly maintained equipment. (Directed to: the governor)
- 5.19** Recommendation (3.28): Prisoners with additional learning needs should be promptly identified and supported in education classes and workshops. (Directed to: the governor)
- 5.20** Recommendation (3.37): Novus managers should take effective, measurable action to increase the proportion of prisoners who achieve their functional skills qualifications in English and mathematics. (Directed to: the governor)
- 5.21** Recommendation (4.22): A comprehensive population needs analysis, based on a broad range of reliable data, should inform provision to reduce reoffending. (Directed to: the governor)

- 5.22** Recommendation (4.29): Decisions to amend prisoners' child contact restrictions, in order to allow them to have telephone, mail or social visits contact with named children, should be reviewed annually. (Directed to: the governor)
- 5.23** Recommendation (4.33): When prisoners need a transfer, either to open conditions or to their local resettlement prison, this should occur promptly. (Directed to: HMPPS)

Examples of good practice

- 5.24** Good practice example (1.25): The duty governor routinely conducted and recorded a debrief with prisoners after a use of force.
- 5.25** Good practice example (2.19): The prison charity shop was an impressive initiative, which provided a good service to both the prison and the local community.
- 5.26** Good practice example (2.46): There was a monthly meeting between social care, health services and custodial staff, which promoted the exchange of information and provided oversight of individual prisoners' social care needs.
- 5.27** Good practice example (2.66): The dementia care pathway, led by a skilled nurse, allowed for the early identification of potential need, enabling prompt intervention and support for prisoners.
- 5.28** Good practice example (4.8): An information desk in the visits hall, run by prisoners, had been introduced and was a useful resource for prisoners and their visitors.
- 5.29** Good practice example (4.9): Prisoners who received no social visits and made no telephone calls were identified, and a special visits day had been held for them. There were plans to hold such events regularly.
- 5.30** Good practice example (4.23): The opportunities generated by the active citizenship scheme gave some prisoners more responsibility and enhanced overall work to reduce the likelihood of prisoners reoffending on release.

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief Inspector
Jonathan Tickner	Team leader
Natalie Heeks	Inspector
Caroline Wright	Inspector
Jade Richards	Inspector
Kam Sarai	Inspector
Deri Hughes-Roberts	Inspector
Shannon Sahni	Researcher
Helen Ranns	Researcher
Rahul Jalil	Researcher
Becky Duffield	Researcher
Steve Eley	Lead health and social care inspector
Sigrid Engelen	Health and social care inspector
Matthew Tedstone	Care Quality Commission inspector
Helen Lloyd	Care Quality Commission inspector
Rebecca Perry	Ofsted inspector
Lynda Brown	Ofsted inspector
Mary Devane	Ofsted inspector
Bob Hamp	Ofsted inspector
Stephen Hunsley	Ofsted inspector
Lorna Fitzgerald	Ofsted inspector
Keith Humphreys	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. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, reception and induction were well managed and prisoners received useful peer support. Safer custody procedures were good. Levels of violence were low and prisoners at risk of self-harm received effective coordinated care. Safeguarding procedures were well developed. Security was proportionate and there was no evidence of serious drug problems. The segregation unit provided a good environment and staff treated prisoners decently. Adjudications were conducted thoroughly. Use of force was low and governance was generally good. The incentives and earned privileges scheme was reasonable. Substance misuse services were very good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All private interviews with new arrivals in reception should be conducted to a high standard. The interviews should elicit the prisoner's mood and any associated risks (1.5)

Achieved

There should be clearly documented support for the victims of bullying and violent incidents. The outcomes of police investigations into serious allegations and subsequent support offered should be clearly recorded. (1.10)

Not achieved

Staff on night duty should be trained in first aid, ACCT procedures, use of a defibrillator and response to an in-cell emergency. (1.16)

Achieved

The security team should track all actions commissioned as a result of intelligence reports, pursuing any that are late and ensuring that lessons are learned. (1.23)

Not achieved

Prisoners should only be strip-searched on the basis of individual risk assessment. (1.24)

Not achieved

All planned use of force should be filmed. (1.34)

Achieved

Prisoners undertaking DARS drug and alcohol programmes should have access to counselling services, to address issues underpinning their vulnerability to substance misuse. (1.40)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, the prison was exceptionally clean and cells were in good repair. Staff-prisoner relationships were good. Most aspects of equality and diversity work were significantly better than we normally see. Faith provision was very good. There were few complaints and replies were timely but of variable quality. Health services were reasonable overall but there were significant concerns about missed external appointments, primary mental health and dental provision. The standard of catering was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Nursing staff levels and skills mix should reflect the complex health needs of the population. Primary mental health care provision should meet demand and reflect the specialised nature and risks of the population. (S43)

Achieved

Recommendations

All staff should receive regular anti-conditioning training, and offender supervisors should receive specialist training for work with sex offenders. (2.9)

Not achieved

Equality strategy and action planning should be developed and informed by a periodic analysis of need and advice from care specialists for elderly people. (2.14)

Not achieved

There should be consultation/support forums for all protected groups. (2.15)

Not achieved

An appropriate stock of daily living aids should be maintained to meet the needs of all prisoners with disabilities. (2.24)

Achieved

Adverse data from the equality monitoring tool should be investigated and addressed promptly. (2.25)

Not achieved

The needs of foreign national prisoners should be met, including the provision of interpreting and translation services. (2.26)

Not achieved

Complaint boxes should be located away from staff offices to enable prisoners to submit complaints discreetly. (2.32)

Achieved

All replies to complaints should be respectful and focused. (2.33)

Achieved

Prisoners should be able to consult their solicitors in private. (2.35)

Not achieved

Prisoners should have access to all required secondary health services within community equivalent waiting times. Prioritisation of attendance should be based on clinical decisions.

(2.53)

Achieved

There should be regular and vigilant supervision by officers at the medicine hatches to ensure there is no diversion of medicines. (2.62)

Not achieved

The in-possession policy, risk assessment process and the prescribing formulary should reflect established good practice in relation to the status and indication for all prescribed medicines. (2.63)

Not achieved

Supervised medicines should be administered according to recommended dosage regimes to ensure clinically effective treatment. (2.64)

Achieved

There should be sufficient pharmacist hours to meet need. (2.65)

Not achieved

There should be a comprehensive review of medicines management, including ordering, receipt, storage and supply of medicines, with regular oversight through prison specific medicines management meetings. (2.66)

Achieved

Waiting times for prisoners to be assessed for dental treatment should be in line with those in the community. (2.69)

Achieved

The range of treatments offered should reflect national guidance and meet prisoners' needs. (2.70)

Achieved

All staff should receive mental health awareness training. (2.75)

Achieved

Prisoners who miss the submission date for the weekly order form should not have to wait a week to be able to place an order. (2.82, repeated recommendation 8.13)

Achieved

Purposeful activity

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

At the last inspection, in 2016, time out of cell was very good and most prisoners were involved in work or education. Education and vocational training were well managed by the OLASS (offender

learning and skills service) provider. Prison oversight of other parts of the provision was weak and employability skills were not developed sufficiently. The quality of education and vocational training, and the level of achievements were good. The library provided an effective service but attendance was low. PE provision was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The quality of purposeful activity should be regularly evaluated by prison managers using data on outcomes, and delivery partners should be challenged to effect improvements. All activity should be underpinned by a clear learning and skills and work strategy, which is shared with partners. (S44)

Achieved

Recommendations

Prisoners should have at least one hour's exercise in the open air each day. (3.3)

Not achieved

Prisoners should have the opportunity to engage with employers and guest speakers to support their transition into work on release. (3.9)

Partially achieved

There should be sufficient activity spaces for the population, especially in vocational training. Allocation to activity should prioritise identified needs. (3.14)

Achieved

Prisoners doing the same job should be paid the same rate. (3.15)

No longer relevant

Teachers should plan effectively to meet the needs of prisoners of all abilities, and prisoners' individual learning plans should clarify how they can improve and achieve their targets. (3.22)

Not achieved

The senior support group for older prisoners should provide more structured activities and social and intellectual challenge. (3.23)

Achieved

Purposeful activities should be used to their full potential to ensure that all prisoners develop essential employability skills, such as English and mathematics. (3.26)

Achieved

Data on attendance at the library should be analysed to identify patterns of use and to ensure that all groups of prisoners use the facilities well. (3.33)

Achieved

Links between health care and the gym should be strengthened to ensure that all prisoners are placed on appropriate programmes. (3.39)

Achieved

Resettlement

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

At the last inspection, in 2017, not enough offending behaviour work was done with sex offenders and a small but significant number were released from Stafford without necessary resettlement support, creating significant risks. Strategic management of reducing reoffending was underdeveloped. Offender supervisors did not support prisoners well enough through their sentence and many lacked the skills and confidence for work with sex offenders. There were some weaknesses in public protection work. There was good developing work with indeterminate sentence prisoners. Visits provision was generally good but not enough was done to promote family ties. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

There should be a robust reducing re-offending strategy, incorporating offender management and resettlement, which sets out the unique strategic challenges faced by the prison and how to address them. It should be informed by a needs analysis and driven by regular strategic planning meetings. (S45)

Not achieved

A range of appropriate interventions, with sufficient places to meet the need, should be available to ensure that all prisoners address their offending behaviour in an appropriate and timely way to minimise the risk of harm to others and to protect the public. (S46)

Partially achieved

Recommendations

Adequately trained offender supervisors should have regular and meaningful contact with prisoners to motivate, challenge and support them throughout their sentence. This should be underpinned by robust management oversight and quality assurance to ensure that all elements of offender management are timely and of adequate quality. (4.9)

Not achieved

An effective strategic framework should be in place for the prison to escalate issues within the National Probation Service to ensure that the Service meets its responsibilities to complete relevant OASys and to confirm MAPPA levels at least six months before release. (4.14)

Achieved

Reports to MAPPA meetings should contain appropriate analysis and be fit for purpose. (4.15)

Achieved

All relevant cases should be discussed at the IRMT meeting, including prisoners due for release into the community. (4.16)

Not achieved

There should be a robust and effective system in place to identify and address outstanding resettlement needs before prisoners return to the community, to ensure that their release is coordinated and as safe as possible. (4.25)

Achieved

All prisoners who are to be released directly from the prison should have full access to specialist accommodation and debt advice services. (4.35)

Achieved

The visits hall should have more comfortable seating, an accessible toilet and an adequately resourced and supervised play area. (4.40)

Partially achieved

A range of family support interventions should be provided to promote the maintenance of family ties, including for prisoners with older children. (4.41)

Partially achieved

The national management of prisoner movements should enable prisons to make speedy transfers to other establishments for the purposes of programmes or resettlement. (4.19)

Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Care UK Health & Rehabilitation Services Limited

Location: HMP Stafford

Location ID: 1-4056946898

Regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening 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	12(1) Care and treatment must be provided in a safe way for service users
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How the regulation was not being met:

There was insufficient proper and safe management of medicines. In particular:

Patients did not always receive their routine medicines in a timely way because the systems in place did not ensure the timely ordering of medicines. A sample of 12 patient records was checked and there were delays in nine cases, of up to seven days.

We observed the 4pm medicines administration on a residential wing and saw that six patients' medicines were not present. The member of staff administering medicines took some action to address this, but could not give assurances that the medicines would be available the following day.

The concerns and complaints log contained 172 entries relating to medicines since January 2019. Many of these related to delays in medicines being received.

Medicines were not always stored and handled in a safe way. When medicines arrived in the prison they were initially taken to the administrative office to be checked. Whilst patients could not access this area, it could be accessed by prison staff.

During the inspection we observed staff carrying clear plastic bags containing medicines around the site whilst patients had free movement. This risked the safety of staff and also the security of medicines.

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	688	92.5
Recall	0	55	7.4
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	1	0.01
Total	0	744	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	2	0.3
Less than six months	0	0	0.0
six months to less than 12 months	0	0	0
12 months to less than 2 years	0	3	0.4
2 years to less than 4 years	0	45	6.0
4 years to less than 10 years	0	403	54.2
10 years and over (not life)	0	244	32.8
ISPP (indeterminate sentence for public protection)	0	34	4.6
Life	0	13	1.7
Total	0	744	100

Age	Number of prisoners	%
Please state minimum age here: 21		
Under 21 years	0	0
21 years to 29 years	104	14.0
30 years to 39 years	150	20.2
40 years to 49 years	142	19.1
50 years to 59 years	151	20.3
60 years to 69 years	109	14.7
70 plus years	88	11.8
Please state maximum age here: 104		
Total	744	100

Nationality	18–20-year-olds	21 and over	%
British	0	703	94.5
Foreign nationals	0	41	5.5
Total	0	744	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	1	0.1
Category A	0	0	0
Category B	0	0	0
Category C	0	726	97.6

Category D	0	17	2.3
Other	0	0	0.0
Total	0	744	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	0	616	82.8
Irish	0	4	0.5
Gypsy/Irish Traveller	0	9	1.2
Other white	0	17	2.3
Mixed			
White and black Caribbean	0	3	0.4
White and black African	0	1	0.1
White and Asian	0	3	0.4
Other mixed	0	1	0.1
Asian or Asian British			
Indian	0	14	1.9
Pakistani	0	24	3.2
Bangladeshi	0	5	0.7
Chinese	0	0	0
Other Asian	0	10	1.3
Black or black British			
Caribbean	0	10	1.3
African	0	11	1.5
Other black	0	6	0.8
Other ethnic group			
Arab	0	2	0.3
Other ethnic group	0	6	0.8
Not stated	0	2	0.3
Total	0	744	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	2	0.3
Church of England	0	183	24.6
Roman Catholic	0	79	10.6
Other Christian denominations	0	125	16.8
Muslim	0	55	7.4
Sikh	0	10	1.3
Hindu	0	0	0.1
Buddhist	0	25	3.4
Jewish	0	0	0
Other	0	35	4.7
No religion	0	229	30.7
Total	0	744	100

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

Total			
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Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	14	1.9
1 month to 3 months	0	0	58	7.8
3 months to six months	0	0	86	11.6
six months to 1 year	0	0	153	20.6
1 year to 2 years	0	0	207	27.8
2 years to 4 years	0	0	183	24.6
4 years or more	0	0	41	5.5
Total	0	0	742	100

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0	0	0
1 month to 3 months	0	0.0	0	0
3 months to six months	0	0.0	0	0
six months to 1 year	0	0.0	1	50
1 year to 2 years	0	0.0	0	0
2 years to 4 years	0	0.0	1	50
4 years or more	0	0.0	0	0
Total	0	0.0	2	100

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

Appendix V: Photographs



The crescent E and F wing



E wing association area



G wing exercise yard



G wing cell

Appendix VI: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison. Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula, HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment (95% confidence interval with a sampling error of 7%; the formula assumes a 75% response rate (65% in open establishments)). In smaller establishments, we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. (For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectors.gov.uk/hmiprison/about-our-inspections/>.) Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey, on 13 January 2020, the prisoner population at HMP Stafford was 744. Using the sampling method described above, questionnaires were distributed to 213 prisoners. We received a total of 191 completed questionnaires, a response rate of 90%. Fourteen prisoners declined to participate in the survey and eight questionnaires were either not returned at all, or returned blank.

Survey results and analyses

Over the following pages, we present the full survey results followed by various comparative analyses for HMP Stafford. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared, using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group). Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Stafford 2020 compared with those from other HMIP surveys

Note: These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

- Survey responses from HMP Stafford in 2020 compared with survey responses from other training prisons inspected since September 2017.
- Survey responses from HMP Stafford in 2020 compared with survey responses from HMP Stafford in 2016.

Comparisons between different residential locations within HMP Stafford 2020

- Responses of prisoners on the induction unit (D wing) compared with those from the rest of the establishment.

Comparisons between self-reported sub-populations of prisoners within HMP Stafford 2020

Note: These analyses are carried out on summary data from selected survey questions only.

- Responses of prisoners from black or minority ethnic groups compared with those of white prisoners.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners aged 50 and over compared with those under 50.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group. A minimum of 10 responses which must also represent at least 10% of the total response.

In the comparator analyses, statistically significant differences are indicated by shading. 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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

Background information

I.1	What wing or houseblock are you currently living on?	
	A wing.....	28 (15%)
	B wing.....	19 (10%)
	C wing.....	33 (17%)
	D wing.....	21 (11%)
	E wing.....	40 (21%)
	F wing.....	39 (20%)
	G wing.....	10 (5%)
	Segregation unit.....	1 (1%)
I.2	How old are you?	
	Under 21.....	1 (1%)
	21 - 25.....	9 (5%)
	26 - 29.....	14 (7%)
	30 - 39.....	31 (16%)
	40 - 49.....	48 (25%)
	50 - 59.....	42 (22%)
	60 - 69.....	27 (14%)
	70 or over.....	17 (9%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	158 (83%)
	White - Irish.....	3 (2%)
	White - Gypsy or Irish Traveller.....	2 (1%)
	White - any other White background.....	3 (2%)
	Mixed - White and Black Caribbean.....	0 (0%)
	Mixed - White and Black African.....	0 (0%)
	Mixed - White and Asian.....	1 (1%)
	Mixed - any other Mixed ethnic background.....	0 (0%)
	Asian/ Asian British - Indian.....	4 (2%)
	Asian/ Asian British - Pakistani.....	6 (3%)
	Asian/ Asian British - Bangladeshi.....	0 (0%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background.....	3 (2%)
	Black/ Black British - Caribbean.....	6 (3%)
	Black/ Black British - African.....	2 (1%)
	Black - any other Black/ African/ Caribbean background.....	0 (0%)
	Arab.....	0 (0%)
	Any other ethnic group.....	2 (1%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	30 (16%)
	6 months or more.....	159 (84%)
I.5	Are you currently serving a sentence?	
	Yes.....	178 (95%)
	Yes - on recall.....	9 (5%)
	No - on remand or awaiting sentence.....	0 (0%)
	No - immigration detainee.....	1 (1%)

1.6 How long is your sentence?

Less than 6 months	1 (1%)
6 months to less than 1 year	1 (1%)
1 year to less than 4 years.....	32 (17%)
4 years to less than 10 years.....	92 (49%)
10 years or more.....	47 (25%)
IPP (indeterminate sentence for public protection).....	13 (7%)
Life.....	2 (1%)
Not currently serving a sentence	1 (1%)

Arrival and reception**2.1 Were you given up-to-date information about this prison before you came here?**

Yes.....	26 (14%)
No	153 (81%)
Don't remember	10 (5%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours.....	118 (63%)
2 hours or more	52 (28%)
Don't remember	18 (10%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes.....	163 (88%)
No	12 (6%)
Don't remember	11 (6%)

2.4 Overall, how were you treated in reception?

Very well.....	113 (60%)
Quite well.....	63 (33%)
Quite badly.....	10 (5%)
Very badly.....	0 (0%)
Don't remember	3 (2%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers.....	32 (18%)
Contacting family	33 (18%)
Arranging care for children or other dependants	0 (0%)
Contacting employers	1 (1%)
Money worries	24 (13%)
Housing worries.....	10 (6%)
Feeling depressed	58 (32%)
Feeling suicidal.....	16 (9%)
Other mental health problems.....	33 (18%)
Physical health problems.....	25 (14%)
Drug or alcohol problems (e.g. withdrawal).....	5 (3%)
Problems getting medication.....	27 (15%)
Needing protection from other prisoners	1 (1%)
Lost or delayed property.....	21 (12%)
Other problems.....	12 (7%)
Did not have any problems	60 (33%)

2.6 Did staff help you to deal with these problems when you first arrived?

Yes.....	58 (33%)
No	60 (34%)
Did not have any problems when I first arrived	60 (34%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement.....	99 (53%)
Toiletries / other basic items.....	119 (64%)
A shower.....	85 (46%)
A free phone call.....	104 (56%)
Something to eat.....	152 (82%)
The chance to see someone from health care.....	106 (57%)
The chance to talk to a Listener or Samaritans.....	56 (30%)
Support from another prisoner (e.g. Insider or buddy).....	68 (37%)
Wasn't offered any of these things.....	11 (6%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean.....	41 (21%)
Quite clean.....	111 (58%)
Quite dirty.....	22 (12%)
Very dirty.....	12 (6%)
Don't remember.....	5 (3%)

3.3 Did you feel safe on your first night here?

Yes.....	162 (86%)
No.....	21 (11%)
Don't remember.....	5 (3%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	87 (47%)	74 (40%)	24 (13%)
Free PIN phone credit?	68 (39%)	84 (48%)	24 (14%)
Numbers put on your PIN phone?	81 (49%)	66 (40%)	20 (12%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes.....	153 (81%)
No.....	37 (19%)
Have not had an induction.....	0 (0%)

On the wing

4.1 Are you in a cell on your own?

Yes.....	40 (21%)
No, I'm in a shared cell or dormitory.....	151 (79%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes.....	114 (60%)
No.....	45 (24%)
Don't know.....	32 (17%)
Don't have a cell call bell.....	0 (0%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	176 (93%)	13 (7%)	1 (1%)
Can you shower every day?	183 (98%)	3 (2%)	0 (0%)
Do you have clean sheets every week?	185 (98%)	1 (1%)	2 (1%)
Do you get cell cleaning materials every week?	124 (67%)	59 (32%)	3 (2%)
Is it normally quiet enough for you to relax or sleep at night?	156 (83%)	30 (16%)	2 (1%)
Can you get your stored property if you need it?	95 (52%)	34 (19%)	52 (29%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?

Very clean.....	76 (40%)
Quite clean.....	105 (55%)
Quite dirty.....	7 (4%)
Very dirty.....	2 (1%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good.....	31 (16%)
Quite good.....	130 (69%)
Quite bad.....	16 (9%)
Very bad.....	11 (6%)

5.2 Do you get enough to eat at mealtimes?

Always	47 (25%)
Most of the time	71 (37%)
Some of the time	53 (28%)
Never.....	20 (10%)

5.3 Does the shop / canteen sell the things that you need?

Yes.....	138 (73%)
No	50 (26%)
Don't know	1 (1%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes.....	143 (78%)
No	40 (22%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes.....	147 (80%)
No	37 (20%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes.....	86 (46%)
No	102 (54%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	84 (44%)
	Quite helpful.....	57 (30%)
	Not very helpful.....	26 (14%)
	Not at all helpful.....	14 (7%)
	Don't know.....	3 (2%)
	Don't have a personal / named officer.....	6 (3%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	26 (14%)
	Sometimes.....	61 (32%)
	Hardly ever.....	91 (48%)
	Don't know.....	10 (5%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	93 (51%)
	No.....	88 (49%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	69 (37%)
	Yes, but things don't change.....	65 (35%)
	No.....	37 (20%)
	Don't know.....	16 (9%)

Faith

7.1	What is your religion?	
	No religion.....	68 (36%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	85 (45%)
	Buddhist.....	8 (4%)
	Hindu.....	0 (0%)
	Jewish.....	0 (0%)
	Muslim.....	12 (6%)
	Sikh.....	0 (0%)
	Other.....	16 (8%)
7.2	Are your religious beliefs respected here?	
	Yes.....	98 (53%)
	No.....	11 (6%)
	Don't know.....	9 (5%)
	Not applicable (no religion).....	68 (37%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	99 (52%)
	No.....	11 (6%)
	Don't know.....	12 (6%)
	Not applicable (no religion).....	68 (36%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	114 (60%)
	No.....	4 (2%)
	Don't know.....	4 (2%)
	Not applicable (no religion).....	68 (36%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes.....	95 (51%)
	No	92 (49%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes.....	63 (34%)
	No	124 (66%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes.....	182 (97%)
	No	5 (3%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	8 (4%)
	Quite easy	50 (27%)
	Quite difficult.....	44 (24%)
	Very difficult.....	62 (33%)
	Don't know	22 (12%)
8.5	How often do you have visits from family or friends?	
	More than once a week.....	3 (2%)
	About once a week.....	24 (13%)
	Less than once a week	79 (43%)
	Not applicable (don't get visits)	79 (43%)
8.6	Do visits usually start and finish on time?	
	Yes.....	78 (74%)
	No	28 (26%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes.....	95 (90%)
	No	10 (10%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to.....	116 (61%)
	Yes, but these times are not usually kept to	70 (37%)
	No	3 (2%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours.....	7 (4%)
	2 to 6 hours	47 (25%)
	6 to 10 hours.....	91 (48%)
	10 hours or more.....	38 (20%)
	Don't know	5 (3%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours.....	31 (16%)
	2 to 6 hours	114 (60%)
	6 to 10 hours.....	38 (20%)
	10 hours or more.....	4 (2%)
	Don't know	2 (1%)

9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?	
	None.....	6 (3%)
	1 or 2.....	19 (10%)
	3 to 5.....	27 (14%)
	More than 5.....	131 (69%)
	Don't know.....	6 (3%)
9.5	How many days in a typical week do you get association, if you want it?	
	None.....	1 (1%)
	1 or 2.....	6 (3%)
	3 to 5.....	22 (12%)
	More than 5.....	157 (83%)
	Don't know.....	3 (2%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None.....	8 (4%)
	1 or 2.....	10 (5%)
	3 to 5.....	29 (15%)
	More than 5.....	133 (70%)
	Don't know.....	10 (5%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more.....	72 (38%)
	About once a week.....	13 (7%)
	Less than once a week.....	10 (5%)
	Never.....	93 (49%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more.....	47 (25%)
	About once a week.....	64 (34%)
	Less than once a week.....	41 (22%)
	Never.....	37 (20%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes.....	95 (50%)
	No.....	57 (30%)
	Don't use the library.....	37 (20%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?	
	Yes.....	171 (90%)
	No.....	12 (6%)
	Don't know.....	6 (3%)
10.2	If you have made any applications here, please answer the questions below:	
		Yes No Not made any applications
	Are applications usually dealt with fairly?	140 (79%) 32 (18%) 5 (3%)
	Are applications usually dealt with within 7 days?	122 (69%) 49 (28%) 5 (3%)

10.3 Is it easy for you to make a complaint?

Yes.....	145 (76%)
No	13 (7%)
Don't know	32 (17%)

10.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	57 (33%)	48 (27%)	70 (40%)
Are complaints usually dealt with within 7 days?	51 (30%)	51 (30%)	70 (41%)

10.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes.....	32 (18%)
No	94 (53%)
Not wanted to make a complaint.....	51 (29%)

10.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	75 (41%)	24 (13%)	38 (21%)	45 (25%)
Attend legal visits?	81 (44%)	10 (5%)	46 (25%)	47 (26%)
Get bail information?	15 (8%)	18 (10%)	50 (28%)	94 (53%)

10.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes.....	46 (25%)
No	86 (46%)
Not had any legal letters.....	53 (29%)

Health care**11.1 How easy or difficult is it to see the following people?**

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	15 (8%)	59 (31%)	73 (38%)	39 (21%)	4 (2%)
Nurse	39 (21%)	89 (48%)	42 (23%)	13 (7%)	3 (2%)
Dentist	17 (9%)	53 (28%)	49 (26%)	41 (22%)	27 (14%)
Mental health workers	32 (17%)	50 (27%)	23 (12%)	22 (12%)	60 (32%)

11.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	58 (31%)	83 (44%)	19 (10%)	16 (9%)	12 (6%)
Nurse	49 (27%)	100 (54%)	20 (11%)	10 (5%)	5 (3%)
Dentist	55 (30%)	62 (34%)	9 (5%)	8 (4%)	49 (27%)
Mental health workers	50 (27%)	33 (18%)	16 (9%)	8 (4%)	77 (42%)

11.3	Do you have any mental health problems?	
	Yes.....	91 (49%)
	No	95 (51%)
11.4	Have you been helped with your mental health problems in this prison?	
	Yes.....	64 (35%)
	No	25 (14%)
	Don't have any mental health problems	95 (52%)
11.5	What do you think of the overall quality of the health services here?	
	Very good.....	30 (16%)
	Quite good.....	93 (51%)
	Quite bad.....	36 (20%)
	Very bad.....	19 (10%)
	Don't know	5 (3%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes.....	64 (35%)
	No	121 (65%)
12.2	If you have a disability, are you getting the support you need?	
	Yes.....	32 (18%)
	No	29 (16%)
	Don't have a disability.....	121 (66%)
12.3	Have you been on an ACCT in this prison?	
	Yes.....	35 (19%)
	No	147 (81%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes.....	22 (12%)
	No	11 (6%)
	Have not been on an ACCT in this prison	147 (82%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	80 (43%)
	Quite easy	51 (27%)
	Quite difficult.....	4 (2%)
	Very difficult.....	1 (1%)
	Don't know	49 (26%)
	No Listeners at this prison.....	1 (1%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes.....	18 (10%)
	No	170 (90%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes.....	13 (7%)
	No	5 (3%)
	Did not / do not have an alcohol problem.....	170 (90%)

13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes.....	12 (6%)
	No	178 (94%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes.....	4 (2%)
	No	186 (98%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes.....	4 (2%)
	No	185 (98%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes.....	8 (4%)
	No	6 (3%)
	Did not / do not have a drug problem.....	173 (93%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	9 (5%)
	Quite easy	15 (8%)
	Quite difficult.....	10 (5%)
	Very difficult.....	7 (4%)
	Don't know	146 (78%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	7 (4%)
	Quite easy	5 (3%)
	Quite difficult.....	6 (3%)
	Very difficult.....	12 (6%)
	Don't know	158 (84%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes.....	45 (24%)
	No	144 (76%)
14.2	Do you feel unsafe now?	
	Yes.....	19 (10%)
	No	170 (90%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply.)	
	Verbal abuse.....	46 (24%)
	Threats or intimidation	34 (18%)
	Physical assault	19 (10%)
	Sexual assault.....	7 (4%)
	Theft of canteen or property	16 (9%)
	Other bullying / victimisation.....	21 (11%)
	Not experienced any of these from prisoners here	125 (66%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes.....	111 (60%)
	No	74 (40%)

14.5 Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply.)

Verbal abuse.....	36 (19%)
Threats or intimidation	30 (16%)
Physical assault	6 (3%)
Sexual assault.....	2 (1%)
Theft of canteen or property	3 (2%)
Other bullying / victimisation.....	27 (14%)
Not experienced any of these from staff here	132 (71%)

14.6 If you were being bullied / victimised by staff here, would you report it?

Yes.....	122 (67%)
No	61 (33%)

Behaviour management**15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?**

Yes.....	73 (39%)
No	88 (47%)
Don't know what the incentives / rewards are.....	26 (14%)

15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?

Yes.....	88 (48%)
No	52 (29%)
Don't know	24 (13%)
Don't know what this is.....	18 (10%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes.....	5 (3%)
No	184 (97%)

15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes.....	3 (2%)
No	2 (1%)
Don't remember	0 (0%)
Not been restrained here in last 6 months.....	184 (97%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes.....	9 (5%)
No	175 (95%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	8 (89%)	1 (11%)
Could you shower every day?	9 (100%)	0 (0%)
Could you go outside for exercise every day?	6 (75%)	2 (25%)
Could you use the phone every day (if you had credit)?	7 (100%)	0 (0%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	129 (72%)	28 (16%)	21 (12%)	0 (0%)
Vocational or skills training	98 (56%)	38 (22%)	37 (21%)	1 (1%)
Prison job	122 (67%)	42 (23%)	16 (9%)	1 (1%)
Voluntary work outside of the prison	8 (5%)	16 (10%)	35 (21%)	107 (64%)
Paid work outside of the prison	6 (4%)	14 (8%)	36 (22%)	109 (66%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	104 (59%)	56 (32%)	17 (10%)
Vocational or skills training	92 (56%)	33 (20%)	38 (23%)
Prison job	70 (41%)	80 (47%)	22 (13%)
Voluntary work outside of the prison	15 (10%)	14 (9%)	126 (81%)
Paid work outside of the prison	11 (7%)	17 (11%)	126 (82%)

16.3 Do staff encourage you to attend education, training or work?

Yes.....	130 (72%)
No	44 (24%)
Not applicable (e.g. if you are retired, sick or on remand).....	7 (4%)

Planning and progression

17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes.....	127 (69%)
No	57 (31%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes.....	102 (80%)
No	10 (8%)
Don't know what my objectives or targets are	15 (12%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes.....	68 (57%)
No	37 (31%)
Don't know what my objectives or targets are	15 (13%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	36 (31%)	4 (3%)	77 (66%)
Other programmes	27 (24%)	7 (6%)	77 (69%)
One to one work	27 (24%)	4 (4%)	83 (73%)
Being on a specialist unit	1 (1%)	7 (7%)	99 (93%)
ROTL - day or overnight release	3 (3%)	4 (4%)	101 (94%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes.....	16 (8%)
----------	---------

No 161 (85%)
 Don't know 12 (6%)

18.2 How close is this prison to your home area or intended release address?

Very near 0 (0%)
 Quite near 6 (38%)
 Quite far 5 (31%)
 Very far 5 (31%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes..... 13 (81%)
 No 3 (19%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	5 (33%)	6 (40%)	4 (27%)
Getting employment	3 (20%)	9 (60%)	3 (20%)
Setting up education or training	1 (7%)	4 (27%)	10 (67%)
Arranging benefits	7 (44%)	8 (50%)	1 (6%)
Sorting out finances	3 (19%)	6 (38%)	7 (44%)
Support for drug or alcohol problems	0 (0%)	2 (13%)	13 (87%)
Health / mental health support	2 (13%)	4 (27%)	9 (60%)
Social care support	1 (7%)	3 (21%)	10 (71%)
Getting back in touch with family or friends	2 (13%)	5 (31%)	9 (56%)

More about you

19.1 Do you have children under the age of 18?

Yes..... 71 (38%)
 No 118 (62%)

19.2 Are you a UK / British citizen?

Yes..... 178 (94%)
 No 11 (6%)

19.3 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes..... 5 (3%)
 No 184 (97%)

19.4 Have you ever been in the armed services (e.g. army, navy, air force)?

Yes..... 21 (11%)
 No 168 (89%)

19.5 What is your gender?

Male..... 186 (98%)
 Female 1 (1%)
 Non-binary 0 (0%)
 Other 3 (2%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual 170 (90%)
 Gay / lesbian / homosexual 6 (3%)
 Bisexual 9 (5%)
 Other 3 (2%)

19.7	Do you identify as transgender or transsexual?	
	Yes.....	2 (1%)
	No	182 (99%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend	2 (1%)
	Less likely to offend	117 (67%)
	Made no difference.....	56 (32%)

HMP Stafford 2020

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
 Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
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* less than 1% probability that the difference is due to chance

Black and minority ethnic	White
24	166

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?	4%	6%
	Are you 50 years of age or older?	25%	49%
1.3	Are you from a black and minority ethnic group?		
7.1	Are you Muslim?	42%	1%
11.3	Do you have any mental health problems?	46%	50%
12.1	Do you consider yourself to have a disability?	25%	36%
19.2	Are you a foreign national?	25%	3%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	2%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	92%	87%
2.4	Overall, were you treated very / quite well in reception?	88%	94%
2.5	When you first arrived, did you have any problems?	76%	65%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	39%	51%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	92%	85%
3.5	Have you had an induction at this prison?	100%	100%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	88%	79%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	75%	57%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	83%	94%
	- Can you shower every day?	100%	98%
	- Do you have clean sheets every week?	100%	98%
	- Do you get cell cleaning materials every week?	79%	65%
	- Is it normally quiet enough for you to relax or sleep at night?	88%	82%
	- Can you get your stored property if you need it?	38%	55%

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Black and minority ethnic	
White	
Number of completed questionnaires returned	
24	166

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	54%	63%
5.3	Does the shop / canteen sell the things that you need?	61%	75%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	65%	80%
6.2	Are there any staff here you could turn to if you had a problem?	64%	82%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	30%	48%
6.6	Do you feel that you are treated as an individual in this prison?	50%	52%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	91%	81%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	76%	82%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	44%	52%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	46%	32%
8.3	Are you able to use a phone every day (if you have credit)?	96%	98%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	89%	91%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	13%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	8%	22%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	36%	67%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	88%	91%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	71%	83%
10.3	Is it easy for you to make a complaint?	63%	78%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	36%	57%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	53%	21%

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	Black and minority ethnic	White
Number of completed questionnaires returned	24	166

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	38%	39%
	- Nurse?	79%	68%
	- Dentist?	42%	37%
	- Mental health workers?	52%	43%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	40%	76%
11.5	Do you think the overall quality of the health services here is very / quite good?	70%	67%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	40%	54%
SAFETY			
14.1	Have you ever felt unsafe here?	29%	23%
14.2	Do you feel unsafe now?	25%	8%
14.3	Not experienced bullying / victimisation by other prisoners	67%	67%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	39%	63%
14.5	Not experienced bullying / victimisation by members of staff	63%	72%
14.6	If you were being bullied / victimised by staff here, would you report it?	55%	68%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	44%	39%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	51%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	4%	2%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	4%	5%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	71%	76%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	78%	68%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	47%	58%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	0%	87%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	52%	69%

HMP Stafford 2020

Comparison of survey responses from different residential locations

In this table responses from the Induction unit (D wing) are compared with those from rest of the establishment.

Shading is used to indicate statistical significance*, as follows:

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Induction unit (D wing)	Rest of the establishment
21	169

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	5%	0%
	Are you 25 years of age or younger?	15%	4%
	Are you 50 years of age or older?	40%	46%
	Are you 70 years of age or older?	0%	10%
1.3	Are you from a black and minority ethnic group?	19%	12%
1.4	Have you been in this prison for less than 6 months?	14%	16%
1.5	Are you currently serving a sentence?	100%	99%
	Are you on recall?	10%	4%
1.6	Is your sentence less than 12 months?	0%	1%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	14%	6%
7.1	Are you Muslim?	5%	7%
11.3	Do you have any mental health problems?	53%	48%
12.1	Do you consider yourself to have a disability?	37%	35%
19.1	Do you have any children under the age of 18?	38%	37%
19.2	Are you a foreign national?	5%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	14%	1%
19.4	Have you ever been in the armed services?	14%	11%
19.5	Is your gender female or non-binary?	0%	2%
19.6	Are you homosexual, bisexual or other sexual orientation?	5%	10%
19.7	Do you identify as transgender or transsexual?	0%	1%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	19%	13%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	75%	61%
2.3	When you were searched in reception, was this done in a respectful way?	91%	87%
2.4	Overall, were you treated very / quite well in reception?	95%	93%

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Induction unit (D wing)	Rest of the establishment
21	169

Number of completed questionnaires returned

2.5	When you first arrived, did you have any problems?	63%	67%
2.5	Did you have problems with:		
	- Getting phone numbers?	21%	18%
	- Contacting family?	5%	20%
	- Arranging care for children or other dependents?	0%	0%
	- Contacting employers?	0%	1%
	- Money worries?	11%	14%
	- Housing worries?	0%	6%
	- Feeling depressed?	26%	33%
	- Feeling suicidal?	11%	9%
	- Other mental health problems?	26%	17%
	- Physical health problems?	11%	14%
	- Drugs or alcohol (e.g. withdrawal)?	5%	3%
	- Getting medication?	21%	14%
	- Needing protection from other prisoners?	0%	1%
	- Lost or delayed property?	16%	11%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	39%	50%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	67%	52%
	- Toiletries / other basic items?	62%	65%
	- A shower?	62%	44%
	- A free phone call?	91%	51%
	- Something to eat?	95%	80%
	- The chance to see someone from health care?	67%	56%
	- The chance to talk to a Listener or Samaritans?	33%	30%
	- Support from another prisoner (e.g. Insider or buddy)?	33%	37%
	- None of these?	0%	7%
3.2	On your first night in this prison, was your cell very / quite clean?	86%	79%
3.3	Did you feel safe on your first night here?	76%	87%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	50%	46%
	- Free PIN phone credit?	57%	36%
	- Numbers put on your PIN phone?	60%	47%
3.5	Have you had an induction at this prison?	100%	100%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	81%	80%

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Induction unit (D wing)	Rest of the establishment
21	169

Number of completed questionnaires returned

ON THE WING			
4.1	Are you in a cell on your own?	29%	20%
4.2	Is your cell call bell normally answered within 5 minutes?	71%	58%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	100%	92%
	- Can you shower every day?	100%	98%
	- Do you have clean sheets every week?	95%	99%
	- Do you get cell cleaning materials every week?	62%	68%
	- Is it normally quiet enough for you to relax or sleep at night?	86%	83%
	- Can you get your stored property if you need it?	55%	52%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	100%	95%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	95%	84%
5.2	Do you get enough to eat at meal-times always / most of the time?	76%	60%
5.3	Does the shop / canteen sell the things that you need?	76%	73%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	85%	78%
6.2	Are there any staff here you could turn to if you had a problem?	86%	80%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	38%	47%
6.4	Do you have a personal officer?	95%	97%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	75%	77%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	29%	12%
6.6	Do you feel that you are treated as an individual in this prison?	70%	49%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	71%	72%
	If so, do things sometimes change?	60%	51%
FAITH			
7.1	Do you have a religion?	52%	65%
	<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	91%	82%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	73%	82%
7.4	Are you able to attend religious services, if you want to?	91%	94%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	62%	50%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	29%	35%
8.3	Are you able to use a phone every day (if you have credit)?	100%	97%
8.4	Is it very / quite easy for your family and friends to get here?	38%	31%
8.5	Do you get visits from family/friends once a week or more?	30%	13%
	<i>For those who get visits:</i>		
8.6	Do visits usually start and finish on time?	91%	71%
8.7	Are your visitors usually treated respectfully by staff?	100%	89%

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	Induction unit (D wing)	Rest of the establishment
Number of completed questionnaires returned	21	169

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	100%	98%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	62%	62%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	5%	4%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	19%	21%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	14%	17%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	62%	70%
9.5	Do you get association more than 5 days in a typical week, if you want it?	86%	83%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	71%	70%
9.7	Do you typically go to the gym twice a week or more?	48%	37%
9.8	Do you typically go to the library once a week or more?	71%	57%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	70%	61%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	95%	90%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	68%	83%
	Are applications usually dealt with within 7 days?	85%	70%
10.3	Is it easy for you to make a complaint?	91%	74%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	58%	53%
	Are complaints usually dealt with within 7 days?	60%	50%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	40%	24%

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* less than 1% probability that the difference is due to chance

	Induction unit (D wing)	Rest of the establishment
Number of completed questionnaires returned	21	169

<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	79%	52%
	Attend legal visits?	71%	58%
	Get bail information?	30%	17%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	31%	36%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	48%	38%
	- Nurse?	86%	67%
	- Dentist?	43%	37%
	- Mental health workers?	67%	41%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	90%	73%
	- Nurse?	100%	79%
	- Dentist?	83%	62%
	- Mental health workers?	56%	44%
11.3	Do you have any mental health problems?	53%	48%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	88%	70%
11.5	Do you think the overall quality of the health services here is very / quite good?	79%	66%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	37%	35%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	50%	53%
12.3	Have you been on an ACCT in this prison?	28%	18%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	75%	64%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	84%	69%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	11%	10%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	100%	69%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	10%	5%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	5%	2%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	5%	2%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	0%	58%
13.7	Is it very / quite easy to get illicit drugs in this prison?	20%	12%
13.8	Is it very / quite easy to get alcohol in this prison?	15%	5%

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	Induction unit (D wing)	Rest of the establishment
Number of completed questionnaires returned	21	169

SAFETY			
14.1	Have you ever felt unsafe here?	29%	23%
14.2	Do you feel unsafe now?	24%	8%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	24%	25%
	- Threats or intimidation?	14%	19%
	- Physical assault?	5%	10%
	- Sexual assault?	0%	4%
	- Theft of canteen or property?	10%	8%
	- Other bullying / victimisation?	14%	11%
	- Not experienced any of these from prisoners here	71%	66%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	40%	62%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	24%	18%
	- Threats or intimidation?	19%	16%
	- Physical assault?	5%	3%
	- Sexual assault?	5%	1%
	- Theft of canteen or property?	5%	1%
	- Other bullying / victimisation?	24%	13%
	- Not experienced any of these from staff here	62%	72%
14.6	If you were being bullied / victimised by staff here, would you report it?	67%	67%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	43%	39%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	52%	48%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	10%	1%
	<i>For those who have been restrained in the last 6 months:</i>		
15.4	Did anyone come and talk to you about it afterwards?	50%	50%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	10%	4%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>		
15.6	Were you treated well by segregation staff?	100%	83%
	Could you shower every day?	100%	100%
	Could you go outside for exercise every day?	100%	60%
	Could you use the phone every day (if you had credit)?	100%	100%

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* less than 1% probability that the difference is due to chance

	Induction unit (D wing)	Rest of the establishment
Number of completed questionnaires returned	21	169

EDUCATION, SKILLS AND WORK		
16.1	In this prison, is it easy to get into the following activities:	
	- Education?	75% 72%
	- Vocational or skills training?	58% 57%
	- Prison job?	80% 66%
	- Voluntary work outside of the prison?	16% 3%
	- Paid work outside of the prison?	6% 3%
16.2	In this prison, have you done the following activities:	
	- Education?	94% 91%
	- Vocational or skills training?	88% 75%
	- Prison job?	88% 88%
	- Voluntary work outside of the prison?	43% 16%
	- Paid work outside of the prison?	39% 16%
<i>For those who have done the following activities, do you think they will help you on release:</i>		
	- Education?	65% 65%
	- Vocational or skills training?	71% 74%
	- Prison job?	47% 47%
	- Voluntary work outside of the prison?	67% 48%
	- Paid work outside of the prison?	60% 35%
16.3	Do staff encourage you to attend education, training or work?	74% 75%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	80% 68%
<i>For those who have a custody plan:</i>		
17.2	Do you understand what you need to do to achieve your objectives or targets?	100% 77%
17.3	Are staff helping you to achieve your objectives or targets?	71% 55%
17.4	In this prison, have you done:	
	- Offending behaviour programmes?	54% 32%
	- Other programmes?	50% 29%
	- One to one work?	50% 25%
	- Been on a specialist unit?	25% 6%
	- ROTL - day or overnight release?	11% 6%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>		
	- Offending behaviour programmes?	100% 88%
	- Other programmes?	100% 76%
	- One to one work?	80% 89%
	- Being on a specialist unit?	0% 17%
	- ROTL - day or overnight release?	100% 33%

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	Induction unit (D wing)	Rest of the establishment
Number of completed questionnaires returned	21	169

PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	14%	8%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	33%	39%
18.3	Is anybody helping you to prepare for your release?	67%	85%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	100%	69%
	- Getting employment?	50%	85%
	- Setting up education or training?	50%	31%
	- Arranging benefits?	100%	92%
	- Sorting out finances?	100%	46%
	- Support for drug or alcohol problems?	0%	15%
	- Health / mental Health support?	50%	39%
	- Social care support?	50%	25%
	- Getting back in touch with family or friends?	100%	31%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	50%	44%
	- Getting employment?	100%	18%
	- Setting up education or training?	100%	0%
	- Arranging benefits?	33%	50%
	- Sorting out finances?	33%	33%
	- Support for drug or alcohol problems?		0%
	- Health / mental Health support?	100%	20%
	- Social care support?	100%	0%
	- Getting back in touch with family or friends?	33%	25%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	53%	68%

HMP STAFFORD 2020

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners who reported that they had mental health problems compared with those who did not.
- responses of prisoners who reported that they had a disability compared with those who did not.

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
91	95	64	121

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	10%	1%	6%	5%
	Are you 50 years of age or older?	34%	58%	42%	47%
1.3	Are you from a black and minority ethnic group?	12%	14%	9%	15%
7.1	Are you Muslim?	9%	4%	8%	6%
11.3	Do you have any mental health problems?			70%	38%
12.1	Do you consider yourself to have a disability?	50%	20%		
19.2	Are you a foreign national?	3%	9%	5%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	2%	8%	0%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	87%	89%	83%	92%
2.4	Overall, were you treated very / quite well in reception?	93%	94%	89%	96%
2.5	When you first arrived, did you have any problems?	82%	50%	81%	57%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	47%	53%	50%	48%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	81%	90%	73%	93%
3.5	Have you had an induction at this prison?	100%	100%	100%	100%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	76%	87%	69%	88%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	56%	62%	53%	63%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	90%	96%	91%	94%
	- Can you shower every day?	99%	98%	98%	98%
	- Do you have clean sheets every week?	97%	100%	97%	99%
	- Do you get cell cleaning materials every week?	65%	68%	56%	72%
	- Is it normally quiet enough for you to relax or sleep at night?	78%	89%	75%	89%
	- Can you get your stored property if you need it?	53%	54%	46%	57%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	91	95	Have a disability	Do not have a disability
			64	121

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	55%	67%	52%	66%
5.3	Does the shop / canteen sell the things that you need?	69%	79%	67%	77%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	72%	85%	67%	85%
6.2	Are there any staff here you could turn to if you had a problem?	78%	82%	67%	87%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	41%	51%	42%	49%
6.6	Do you feel that you are treated as an individual in this prison?	50%	52%	55%	49%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	83%	83%	81%	85%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	78%	83%	83%	81%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	51%	53%	48%	53%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	40%	29%	41%	30%
8.3	Are you able to use a phone every day (if you have credit)?	96%	100%	97%	98%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	88%	94%	89%	92%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	3%	3%	5%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	18%	24%	16%	22%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	54%	70%	54%	67%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	89%	93%	89%	92%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	77%	87%	77%	84%
10.3	Is it easy for you to make a complaint?	76%	77%	81%	74%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	53%	56%	60%	52%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	29%	23%	39%	18%

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Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
91	95	64	121

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	34%	45%	40%	38%
	- Nurse?	62%	77%	67%	71%
	- Dentist?	37%	39%	45%	33%
	- Mental health workers?	60%	28%	51%	40%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	73%		68%	75%
11.5	Do you think the overall quality of the health services here is very / quite good?	64%	71%	65%	68%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	49%	61%	53%	
SAFETY					
14.1	Have you ever felt unsafe here?	31%	17%	40%	15%
14.2	Do you feel unsafe now?	13%	8%	18%	7%
14.3	Not experienced bullying / victimisation by other prisoners	61%	72%	52%	74%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	57%	64%	57%	61%
14.5	Not experienced bullying / victimisation by members of staff	66%	76%	62%	75%
14.6	If you were being bullied / victimised by staff here, would you report it?	59%	74%	66%	68%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	36%	41%	44%	36%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	48%	49%	48%	49%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	4%	1%	3%	3%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	7%	3%	5%	5%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	78%	74%	77%	76%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	68%	69%	64%	71%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	52%	62%	41%	66%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	80%	80%	80%	82%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	63%	73%	54%	76%

HMP Stafford 2020

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of prisoners aged 50 and over are compared with those of prisoners under 50
 Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

50 and over	Under 50
86	103

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?		10%
	Are you 70 years of age or older?	20%	
1.3	Are you from a black and minority ethnic group?	7%	18%
7.1	Are you Muslim?	1%	11%
11.3	Do you have any mental health problems?	37%	61%
12.1	Do you consider yourself to have a disability?	33%	37%
19.2	Are you a foreign national?	0%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	1%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	89%	86%
2.4	Overall, were you treated very / quite well in reception?	95%	91%
2.5	When you first arrived, did you have any problems?	61%	71%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	63%	38%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	86%	86%
3.5	Have you had an induction at this prison?	100%	100%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	87%	75%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	61%	58%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	98%	88%
	- Can you shower every day?	98%	99%
	- Do you have clean sheets every week?	100%	97%
	- Do you get cell cleaning materials every week?	71%	63%
	- Is it normally quiet enough for you to relax or sleep at night?	88%	78%
	- Can you get your stored property if you need it?	55%	49%

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* less than 1% probability that the difference is due to chance

50 and over	Under 50
86	103

Number of completed questionnaires returned

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	78%	48%
5.3	Does the shop / canteen sell the things that you need?	80%	68%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	90%	68%
6.2	Are there any staff here you could turn to if you had a problem?	88%	73%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	48%	43%
6.6	Do you feel that you are treated as an individual in this prison?	56%	48%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	87%	79%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	91%	73%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	58%	45%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	30%	37%
8.3	Are you able to use a phone every day (if you have credit)?	100%	95%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	98%	84%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	2%	5%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	16%	25%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	77%	52%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	92%	89%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	89%	76%
10.3	Is it easy for you to make a complaint?	77%	76%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	68%	44%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	23%	28%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

50 and over	Under 50
86	103

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	45%	34%
	- Nurse?	70%	69%
	- Dentist?	36%	38%
	- Mental health workers?	35%	52%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	80%	68%
11.5	Do you think the overall quality of the health services here is very / quite good?	71%	65%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	65%	43%
SAFETY			
14.1	Have you ever felt unsafe here?	22%	25%
14.2	Do you feel unsafe now?	8%	12%
14.3	Not experienced bullying / victimisation by other prisoners	77%	58%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	72%	50%
14.5	Not experienced bullying / victimisation by members of staff	87%	57%
14.6	If you were being bullied / victimised by staff here, would you report it?	82%	53%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	48%	31%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	57%	40%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	5%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	4%	6%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	72%	77%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	65%	71%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	53%	58%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	78%	86%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	73%	61%

HMP Stafford 2020

Survey responses compared with those from other HMIP surveys of training prisons (sex offenders) and with those from the previous survey

In this table summary statistics from HMP Stafford 2020 are compared with the following HMIP survey data:

- Summary statistics from surveys of all other training prisons (sex offenders) conducted since the introduction of the new questionnaire in September 2017 (5 prisons). Please note that this does not include all training prisons (sex offenders).
- Summary statistics from HMP Stafford in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

n=number of valid responses to question (HMP Stafford 2020)

HMP Stafford 2020	All other training prisons (sex offenders) surveyed since September 2017	HMP Stafford 2020	HMP Stafford 2016
191	911	191	196

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n</i> =189	1%	0%	1%	0%
	Are you 25 years of age or younger?	<i>n</i> =189	5%	8%	5%	
	Are you 50 years of age or older?	<i>n</i> =189	46%	41%	46%	44%
	Are you 70 years of age or older?	<i>n</i> =189	9%	9%	9%	11%
1.3	Are you from a black and minority ethnic group?	<i>n</i> =190	13%	16%	13%	13%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =189	16%	15%	16%	
1.5	Are you currently serving a sentence?	<i>n</i> =188	100%	99%	100%	100%
	Are you on recall?	<i>n</i> =188	5%	4%	5%	6%
1.6	Is your sentence less than 12 months?	<i>n</i> =189	1%	1%	1%	1%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =189	7%	7%	7%	7%
7.1	Are you Muslim?	<i>n</i> =189	6%	7%	6%	7%
11.3	Do you have any mental health problems?	<i>n</i> =186	49%	43%	49%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =185	35%	39%	35%	27%
19.1	Do you have any children under the age of 18?	<i>n</i> =189	38%	37%	38%	43%
19.2	Are you a foreign national?	<i>n</i> =189	6%	6%	6%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =189	3%	5%	3%	3%
19.4	Have you ever been in the armed services?	<i>n</i> =189	11%	11%	11%	10%
19.5	Is your gender female or non-binary?	<i>n</i> =190	2%	1%	2%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =188	10%	13%	10%	9%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =184	1%	2%	1%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =189	14%	21%	14%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =188	63%	62%	63%	68%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =186	88%	86%	88%	87%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =189	93%	92%	93%	

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Number of completed questionnaires returned

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2.5	When you first arrived, did you have any problems?	<i>n=180</i>	67%	66%	67%	63%
2.5	Did you have problems with:					
	- Getting phone numbers?	<i>n=180</i>	18%	21%	18%	11%
	- Contacting family?	<i>n=180</i>	18%	20%	18%	20%
	- Arranging care for children or other dependents?	<i>n=180</i>	0%	1%	0%	
	- Contacting employers?	<i>n=180</i>	1%	1%	1%	0%
	- Money worries?	<i>n=180</i>	13%	15%	13%	11%
	- Housing worries?	<i>n=180</i>	6%	8%	6%	9%
	- Feeling depressed?	<i>n=180</i>	32%	31%	32%	
	- Feeling suicidal?	<i>n=180</i>	9%	10%	9%	
	- Other mental health problems?	<i>n=180</i>	18%	22%	18%	
	- Physical health problems?	<i>n=180</i>	14%	18%	14%	14%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=180</i>	3%	6%	3%	
	- Getting medication?	<i>n=180</i>	15%	14%	15%	
	- Needing protection from other prisoners?	<i>n=180</i>	1%	3%	1%	1%
	- Lost or delayed property?	<i>n=180</i>	12%	20%	12%	18%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	<i>n=118</i>	49%	47%	49%	40%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	<i>n=186</i>	53%	41%	53%	63%
	- Toiletries / other basic items?	<i>n=186</i>	64%	59%	64%	52%
	- A shower?	<i>n=186</i>	46%	45%	46%	20%
	- A free phone call?	<i>n=186</i>	56%	43%	56%	67%
	- Something to eat?	<i>n=186</i>	82%	78%	82%	50%
	- The chance to see someone from health care?	<i>n=186</i>	57%	59%	57%	71%
	- The chance to talk to a Listener or Samaritans?	<i>n=186</i>	30%	36%	30%	46%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n=186</i>	37%	39%	37%	
	- None of these?	<i>n=186</i>	6%	6%	6%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n=191</i>	80%	73%	80%	
3.3	Did you feel safe on your first night here?	<i>n=188</i>	86%	83%	86%	89%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	<i>n=185</i>	47%	55%	47%	23%
	- Free PIN phone credit?	<i>n=176</i>	39%	32%	39%	
	- Numbers put on your PIN phone?	<i>n=167</i>	49%	59%	49%	
3.5	Have you had an induction at this prison?	<i>n=190</i>	100%	98%	100%	96%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	<i>n=190</i>	81%	77%	81%	

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ON THE WING						
4.1	Are you in a cell on your own?	n=191	21%	63%	21%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=191	60%	49%	60%	51%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=190	93%	85%	93%	82%
	- Can you shower every day?	n=186	98%	95%	98%	90%
	- Do you have clean sheets every week?	n=188	98%	84%	98%	98%
	- Do you get cell cleaning materials every week?	n=186	67%	79%	67%	66%
	- Is it normally quiet enough for you to relax or sleep at night?	n=188	83%	74%	83%	81%
	- Can you get your stored property if you need it?	n=181	53%	46%	53%	35%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=190	95%	81%	95%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=188	86%	72%	86%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=191	62%	56%	62%	
5.3	Does the shop / canteen sell the things that you need?	n=189	73%	68%	73%	61%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=183	78%	79%	78%	85%
6.2	Are there any staff here you could turn to if you had a problem?	n=184	80%	82%	80%	84%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=188	46%	49%	46%	31%
6.4	Do you have a personal officer?	n=190	97%	92%	97%	
	<i>For those who have a personal officer:</i>					
6.4	Is your personal or named officer very / quite helpful?	n=184	77%	68%	77%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=188	14%	21%	14%	
6.6	Do you feel that you are treated as an individual in this prison?	n=181	51%	52%	51%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=187	72%	74%	72%	
	If so, do things sometimes change?	n=134	52%	46%	52%	
FAITH						
7.1	Do you have a religion?	n=189	64%	68%	64%	77%
	<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	n=118	83%	74%	83%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=122	81%	76%	81%	
7.4	Are you able to attend religious services, if you want to?	n=122	93%	93%	93%	

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CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=187	51%	47%	51%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=187	34%	48%	34%	36%
8.3	Are you able to use a phone every day (if you have credit)?	n=187	97%	96%	97%	
8.4	Is it very / quite easy for your family and friends to get here?	n=186	31%	30%	31%	
8.5	Do you get visits from family/friends once a week or more?	n=185	15%	12%	15%	
<i>For those who get visits:</i>						
8.6	Do visits usually start and finish on time?	n=106	74%	73%	74%	
8.7	Are your visitors usually treated respectfully by staff?	n=105	91%	89%	91%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=189	98%	97%	98%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>						
9.1	Are these times usually kept to?	n=186	62%	68%	62%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=188	4%	6%	4%	7%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=188	20%	21%	20%	18%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=189	16%	9%	16%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=189	2%	6%	2%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=189	69%	72%	69%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=189	83%	76%	83%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=190	70%	78%	70%	
9.7	Do you typically go to the gym twice a week or more?	n=188	38%	43%	38%	
9.8	Do you typically go to the library once a week or more?	n=189	59%	60%	59%	51%
<i>For those who use the library:</i>						
9.9	Does the library have a wide enough range of materials to meet your needs?	n=152	63%	63%	63%	67%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=189	91%	84%	91%	91%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	n=172	81%	68%	81%	71%
	Are applications usually dealt with within 7 days?	n=171	71%	53%	71%	52%
10.3	Is it easy for you to make a complaint?	n=190	76%	70%	76%	63%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	n=105	54%	42%	54%	43%
	Are complaints usually dealt with within 7 days?	n=102	50%	34%	50%	38%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=126	25%	25%	25%	

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For those who need it, is it easy to:						
10.6	Communicate with your solicitor or legal representative?	n=137	55%	54%	55%	
	Attend legal visits?	n=137	59%	52%	59%	
	Get bail information?	n=83	18%	19%	18%	
For those who have had legal letters:						
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=132	35%	52%	35%	39%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=190	39%	58%	39%	
	- Nurse?	n=186	69%	76%	69%	
	- Dentist?	n=187	37%	35%	37%	
	- Mental health workers?	n=187	44%	34%	44%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=188	75%	75%	75%	
	- Nurse?	n=184	81%	79%	81%	
	- Dentist?	n=183	64%	53%	64%	
	- Mental health workers?	n=184	45%	35%	45%	
11.3	Do you have any mental health problems?	n=186	49%	43%	49%	
For those who have mental health problems:						
11.4	Have you been helped with your mental health problems in this prison?	n=89	72%	53%	72%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=183	67%	71%	67%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	n=185	35%	39%	35%	27%
For those who have a disability:						
12.2	Are you getting the support you need?	n=61	53%	48%	53%	
12.3	Have you been on an ACCT in this prison?	n=182	19%	16%	19%	
For those who have been on an ACCT:						
12.4	Did you feel cared for by staff?	n=33	67%	48%	67%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=186	70%	59%	70%	
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	n=188	10%	14%	10%	10%
For those who had / have an alcohol problem:						
13.2	Have you been helped with your alcohol problem in this prison?	n=18	72%	79%	72%	77%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=190	6%	12%	6%	12%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=190	2%	4%	2%	3%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=189	2%	3%	2%	
For those who had / have a drug problem:						
13.6	Have you been helped with your drug problem in this prison?	n=14	57%	65%	57%	72%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=187	13%	29%	13%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=188	6%	14%	6%	

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SAFETY						
14.1	Have you ever felt unsafe here?	n=189	24%	39%	24%	27%
14.2	Do you feel unsafe now?	n=189	10%	18%	10%	9%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=188	25%	37%	25%	
	- Threats or intimidation?	n=188	18%	32%	18%	
	- Physical assault?	n=188	10%	14%	10%	
	- Sexual assault?	n=188	4%	6%	4%	
	- Theft of canteen or property?	n=188	9%	18%	9%	
	- Other bullying / victimisation?	n=188	11%	22%	11%	
	- Not experienced any of these from prisoners here	n=188	67%	51%	67%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=185	60%	62%	60%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=187	19%	28%	19%	
	- Threats or intimidation?	n=187	16%	22%	16%	
	- Physical assault?	n=187	3%	5%	3%	
	- Sexual assault?	n=187	1%	2%	1%	
	- Theft of canteen or property?	n=187	2%	6%	2%	
	- Other bullying / victimisation?	n=187	14%	19%	14%	
	- Not experienced any of these from staff here	n=187	71%	60%	71%	
14.6	If you were being bullied / victimised by staff here, would you report it?	n=183	67%	65%	67%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=187	39%	53%	39%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=182	48%	53%	48%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=189	3%	4%	3%	3%
For those who have been restrained in the last 6 months:						
15.4	Did anyone come and talk to you about it afterwards?	n=5	60%	21%	60%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=184	5%	5%	5%	
For those who have spent one or more nights in the segregation unit in the last 6 months:						
15.6	Were you treated well by segregation staff?	n=9	89%	76%	89%	
	Could you shower every day?	n=9	100%	61%	100%	
	Could you go outside for exercise every day?	n=8	75%	83%	75%	
	Could you use the phone every day (if you had credit)?	n=7	100%	63%	100%	

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EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=178	73%	65%	73%
	- Vocational or skills training?	n=174	56%	43%	56%
	- Prison job?	n=181	67%	58%	67%
	- Voluntary work outside of the prison?	n=166	5%	3%	5%
	- Paid work outside of the prison?	n=165	4%	3%	4%
16.2	In this prison, have you done the following activities:				
	- Education?	n=177	90%	80%	90%
	- Vocational or skills training?	n=163	77%	64%	77%
	- Prison job?	n=172	87%	83%	87%
	- Voluntary work outside of the prison?	n=155	19%	20%	19%
	- Paid work outside of the prison?	n=154	18%	20%	18%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	n=160	65%	66%	65%
	- Vocational or skills training?	n=125	74%	70%	74%
	- Prison job?	n=150	47%	47%	47%
	- Voluntary work outside of the prison?	n=29	52%	53%	52%
	- Paid work outside of the prison?	n=28	39%	57%	39%
16.3	Do staff encourage you to attend education, training or work?	n=174	75%	69%	75%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=184	69%	72%	69%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=127	80%	82%	80%
17.3	Are staff helping you to achieve your objectives or targets?	n=120	57%	56%	57%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=117	34%	41%	34%
	- Other programmes?	n=111	31%	36%	31%
	- One to one work?	n=114	27%	32%	27%
	- Been on a specialist unit?	n=107	8%	8%	8%
	- ROTL - day or overnight release?	n=108	7%	4%	7%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	n=40	90%	81%	90%
	- Other programmes?	n=34	79%	79%	79%
	- One to one work?	n=31	87%	83%	87%
	- Being on a specialist unit?	n=8	13%	40%	13%
	- ROTL - day or overnight release?	n=7	43%	32%	43%

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PREPARATION FOR RELEASE						
18.1	Do you expect to be released in the next 3 months?	<i>n</i> =189	9%	6%	9%	
<i>For those who expect to be released in the next 3 months:</i>						
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n</i> =16	38%	39%	38%	
18.3	Is anybody helping you to prepare for your release?	<i>n</i> =16	81%	69%	81%	
18.4	Do you need help to sort out the following for when you are released:					
	- Finding accommodation?	<i>n</i> =15	73%	74%	73%	
	- Getting employment?	<i>n</i> =15	80%	65%	80%	
	- Setting up education or training?	<i>n</i> =15	33%	46%	33%	
	- Arranging benefits?	<i>n</i> =16	94%	81%	94%	
	- Sorting out finances?	<i>n</i> =16	56%	51%	56%	
	- Support for drug or alcohol problems?	<i>n</i> =15	13%	18%	13%	
	- Health / mental health support?	<i>n</i> =15	40%	51%	40%	
	- Social care support?	<i>n</i> =14	29%	32%	29%	
	- Getting back in touch with family or friends?	<i>n</i> =16	44%	28%	44%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:					
	- Finding accommodation?	<i>n</i> =11	46%	50%	46%	
	- Getting employment?	<i>n</i> =12	25%	18%	25%	
	- Setting up education or training?	<i>n</i> =5	20%	17%	20%	
	- Arranging benefits?	<i>n</i> =15	47%	23%	47%	
	- Sorting out finances?	<i>n</i> =9	33%	28%	33%	
	- Support for drug or alcohol problems?	<i>n</i> =2	0%	56%	0%	
	- Health / mental health support?	<i>n</i> =6	33%	48%	33%	
	- Social care support?	<i>n</i> =4	25%	25%	25%	
	- Getting back in touch with family or friends?	<i>n</i> =7	29%	33%	29%	
FINAL QUESTION ABOUT THIS PRISON						
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n</i> =175	67%	62%	67%	