

Report on an unannounced inspection of

HMP Kirklevington Grange

by HM Chief Inspector of Prisons

12–23 August 2019

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



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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/hmiprisons/about-our-inspections/>

Introduction

Kirklevington Grange is an open prison near Stockton-on-Tees. A former closed detention centre for young people, the prison now holds up to 283 adult men and young adults, a significant number of whom are serving lengthy sentences, including life. We last inspected in 2015, when we found a prison that was delivering good outcomes against all four of our healthy prison tests. We are pleased to report that at this inspection we found the same good outcomes for those detained.

The prison was an overwhelmingly safe and respectful facility. Reception processes for new arrivals were good, with robust procedures in place to promote well-being. Prisoners told us they felt safe and violence was rare, and we found procedures in place to ensure this remained the case. Prisoners acted positively and were motivated to progress. Force was rarely required and the prison had dispensed with its segregation unit. Security was generally proportionate, although some elements of physical security were unnecessary for a category D prison. Temporary release failures were commendably low and the random positive drug test rate was similarly low. Acts of self-harm were rare, although one prisoner had tragically died by misadventure since we last inspected. Recommendations following an investigation into that incident had been addressed and there was generally good care for those at risk.

The positive relationships between staff and prisoners were a strength of the prison and contributed greatly to the settled atmosphere we observed. The environment was well maintained and despite some issues with older accommodation, it was mostly in good condition. Consultation arrangements were useful, with staff responsive to applications or complaints. The food was very popular. Meaningful work was being undertaken to promote diversity and equality, and outcomes for those from protected groups were generally reasonable. Prisoners were positive about the quality of health care they received, and our findings supported this view.

As an open prison, prisoners were never locked up and enjoyed good access around the prison. All were fully employed and many benefitted from access to temporary release to undertake one of the many good quality work or training placements available in the community. More needed to be done, however, to ensure men could progress quickly into paid employment in the community, and to systematically record the progress individuals made. Well over half of those released at the end of their sentence went into employment, education or training, but more needed to be done in education and vocational training to ensure achievements and qualifications could be properly recorded.

In our survey over 80% of prisoners said that their experiences in the prison had made them less likely to offend. Strategy and action planning had improved and supported the prison's rehabilitative and resettlement agenda. Sentence planning was prompt and contact with offender supervisors was regular, although recording could have been better. Almost all prisoners had an up-to-date risk of harm (OASys) assessment and most had access to temporary release to support their rehabilitation. Both public protection and resettlement work were robust and effective.

Kirklevington Grange was a safe, decent and purposeful place where prisoners' needs were being met. The prison was well led, staff knew their prisoners well and the regime on offer was purposeful. Prisoners appeared to be responding positively to the opportunities they were being given. We left the prison with a small number of recommendations which we hope will assist with further improvements.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

October 2019

Fact page

Task of the establishment

The prison is a category D open prison for adult men and young people over the age of 18.

Certified normal accommodation and operational capacity¹

Prisoners held at the time of inspection: 266

In-use certified normal capacity: 283

Operational capacity: 283

Notable features from this inspection

There had been no violent incidents and no self-harm incidents in the previous six months.

There was no segregation unit.

Nearly a quarter of the population were being supported by the drug and alcohol recovery psychosocial team.

Two-thirds of prisoners accessed release on temporary licence (ROTL), and there had been only six failures out of the 18,068 ROTLs in the previous six months.

All prisoners were released into accommodation and with active bank accounts, and more than half left with a job or education place to go to.

Prison status and key providers

Public

Physical health provider: G4S Health Services (UK) Limited (nursing); Spectrum Community Health CIC (GP and pharmacy)

Mental health provider: Tees, Esk and Wear Valleys NHS Foundation Trust

Substance use treatment provider: G4S (clinical); Change, Grow, Live (psychosocial)

Learning and skills provider: Novus

Community rehabilitation company (CRC): Durham Tees Valley

Escort contractor: GEOAmey

Prison group

Tees and Wear

Brief history

Kirklevington Grange was originally a detention centre for children before re-roleing as a pilot resettlement prison holding mostly category D adult male prisoners, with some category C prisoners who were likely to progress to category D. It expanded more recently to include young adults to enable men between 18 to 21 to progress to open conditions in an area closer to their home.

¹ 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.

Short description of residential units

All the units have single occupancy rooms; some have their own shower facilities.

- A, B, C, J units - have communal showers/toilets and a kitchenette with some cooking facilities
- F unit - the induction unit with communal showers, toilets and a kitchenette
- G unit - has a kitchenette but no showers/toilets
- H unit - has a bath and toilets but no kitchenette
- R unit - has showers and toilets as well as a kitchenette

There are four 'external' units.

- D unit - all rooms are en-suite; there is a kitchenette
- E unit - all rooms are en-suite; there is a kitchenette
- K unit - has communal shower/toilets and a kitchenette
- L unit - all rooms are en-suite; there is a kitchenette

Name of governor and date in post

Acting governor - Rebecca Newby, 15 July 2019

Independent Monitoring Board chair

Colin Stratton

Date of last inspection

15-19 December 2014; 5-9 January 2015

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)*.² 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.³

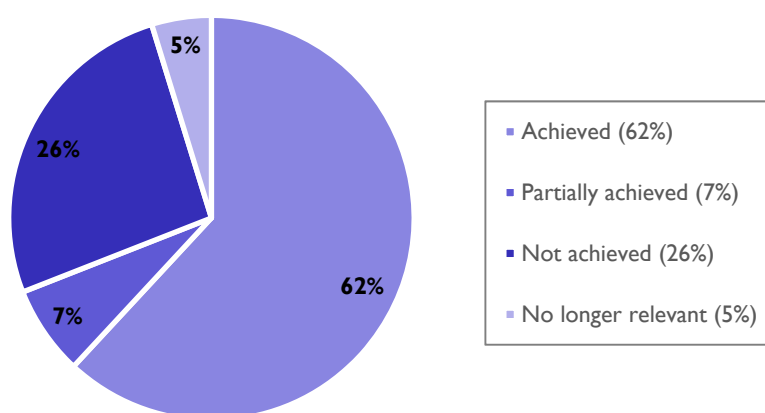
² <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>

³ 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 Kirklevington Grange in 2015 and made 42 recommendations overall. The prison fully accepted 36 of the recommendations and partially (or subject to resources) accepted five. It rejected one of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 26 of those recommendations, partially achieved three recommendations and not achieved 11 recommendations. Two recommendations were no longer relevant.

Figure 1: HMP Kirklevington Grange progress on recommendations from last inspection (n=42)



- S3 Since our last inspection of HMP Kirklevington Grange outcomes for prisoners stayed the same in all four healthy prison areas, with all remaining good.

Figure 2: HMP Kirklevington Grange healthy prison outcomes 2015 and 2019⁴



⁴ 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

- S3** *Early days arrangements were sound and prisoners were kept safe. The prison was calm; violent incidents were very rare, with none in the previous six months. Prisoners were motivated to behave positively and to progress. Incentives and earned privileges (IEP) and adjudication processes were fair. Staff very rarely used force but lessons were not always learned from the few incidents that took place. The closure of the segregation unit was a positive development. Security arrangements were largely proportionate. Drug use was low. Self-harm was very rare and care for prisoners who needed support was good. **Outcomes for prisoners were good against this healthy prison test.***
- S4** *At the last inspection in 2015 we found that outcomes for prisoners in Kirklevington Grange were good against this healthy prison test. We made eight recommendations in the area of safety.⁵ At this inspection we found that seven of the recommendations had been achieved and one had not been achieved.*
- S5** The reception was clean and welcoming and new arrivals were quickly put at ease. In our survey, 98% of prisoners said they were treated well in reception. Reception processes were prompt, and the two holding cells for prisoners returned to closed conditions were only used for short periods. In our survey, 98% of prisoners said that they had felt safe on their first night, and there were robust processes to promote the well-being of new arrivals. Induction started the day after arrival and most prisoners found it helpful.
- S6** In our survey, only 7% of prisoners said they had ever felt unsafe in the prison, compared with 19% at other open prisons. Violent incidents were very rare, with none in the previous six months. Safer custody exit interviews were good practice. The prison used the challenge, support and intervention plan model to manage perpetrators but no prisoners had required an intervention plan. Victims were well supported through good staff-prisoner relationships.
- S7** Many prisoners behaved positively and were motivated to progress, largely due to the prison's ethos, culture and opportunities. Processes to downgrade prisoners through the IEP scheme were fair. The number of adjudications was low and had reduced since the previous inspection, and they were appropriately investigated before a finding of guilt. Use of force was rarely used, with only two incidents in the previous 12 months. The relevant documentation was generally completed well but there was insufficient managerial oversight to learn lessons. We welcomed the closure of the segregation unit.
- S8** Security measures had improved and were largely proportionate for the population, but some aspects of physical security were excessive for open conditions. The low level of release on temporary licence (ROTL) failures in the previous six months was commendable. Intelligence reports were disseminated well and informed relevant objectives, but not all actions were completed promptly, which undermined the process. The random drug testing positive rate was low (4.6%) but the tests did not identify some prescription drugs that intelligence indicated prisoners were using. Work to reduce the supply of drugs was not sufficiently active, and the drug and alcohol strategy had not yet been published. There was no action plan to coordinate, drive and measure the effectiveness of actions taken. Decisions to return prisoners to closed decisions were justified.
- S9** Acts of self-harm were very rare. Care for prisoners who needed additional support was good. The quality of assessment, care in custody and teamwork (ACCT) case management

⁵ This included recommendations about substance use treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

for prisoners in crisis was impressive. Reviews were prompt and thorough. Care maps dealt with the issues raised, and the quality of staff entries was very good. The large team of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) provided useful help and were well supported by the prison and Samaritans. Since our previous inspection, there had been one death in custody; the prison had achieved the subsequent recommendations from the Prisons and Probation Ombudsman's investigation. The safeguarding policy was comprehensive and there were links with the local safeguarding adults board. No safeguarding referrals had had to be made.

Respect

S10 *Staff-prisoner relationships were positive. Living conditions were generally good but the outer fabric of the older units was poor. The quality of food was good. There were effective prison shop arrangements for prisoners. Prisoner consultation had led to real change. Prisoners could easily make applications and got prompt responses. Responses to complaint were also prompt, polite and addressed the issues raised. The management of equality and diversity work was good, as were outcomes for protected groups. Faith provision and pastoral support were strong. Health services were reasonably good. **Outcomes for prisoners were good against this healthy prison test.***

S11 *At the last inspection in 2015 we found that outcomes for prisoners in Kirklevington Grange were good against this healthy prison test. We made 13 recommendations in the area of respect. At this inspection we found that nine of the recommendations had been achieved, one had been partially achieved, and three had not been achieved.*

S12 In our survey, most prisoners said staff treated them with respect and that they had a member of staff they could turn to for help. We observed positive interactions and staff generally knew prisoners well, which contributed to the relaxed and safe atmosphere in the prison.

S13 All prisoners had a personal officer. Documented contact was adequate, but did not always drive sentence progression or motivation.

S14 The external areas of the prison were attractive, clean and well maintained. The outer fabric of some of the older units was failing and poor, but living conditions remained reasonable. There had been good efforts to tackle a bedbug infestation on D unit. Shower areas were much improved and the communal areas in all units were clean. Prisoners' rooms were well furnished and generally clean, and prisoners on D, E and L units appreciated having showers and toilets in their rooms. There were microwaves and toasters on all units but insufficient opportunities for prisoners to self-cater.

S15 In our survey, 81% of prisoners said the quality of food was good, far more than the comparator of 47%. The food we tasted was very good. The menu was varied with a range of options, and catered for all dietary requirements. Prison shop arrangements were good, and prisoners could shop from a range of catalogues.

S16 There were good prisoner consultation arrangements. Staff responded promptly and effectively to prisoners' suggestions, queries and concerns, and monthly meetings with prisoner representatives led to real change. Prisoners could easily make applications to manage their daily lives using touch-screen information kiosks around the prison, and responses were prompt. Complaints were well managed, and responses were prompt, polite and addressed the issues raised. Quality assurance was thorough. Legal visits now took place in private.

- S17 The management and oversight of equality and diversity work were effective. The strategic equality action team meet regularly, focused on relevant issues and was well attended by prisoner equality representatives. A dynamic action plan drove priorities and improved outcomes for prisoners. There was good analysis of equality monitoring data, and the prison took steps to address any disproportionate treatment, although the use of ROTL was not monitored by prisoners' protected characteristics. There was excellent equality and diversity work by prisoner representatives, supported by senior managers or officer 'strand leads'. Monthly forums addressed emerging issues, raised awareness and drove actions. Prisoners understood and had confidence in the processes to report discrimination but there had been no complaints in the previous six months. Outcomes for protected groups were good, as were links with community support organisations.
- S18 Faith provision was very good. The chaplaincy was fully integrated into the daily life of the establishment. The team provided a range of services and groups that catered for the needs of the population, and pastoral support was strong.
- S19 Prisoners were complimentary about the health services and we found a reasonably good service. Contracting arrangements were complex and some elements of local governance were missing. The health centre was bright and welcoming, and similar to a small community health practice. It had extended its opening hours and was valued by patients. Routine GP, advanced nurse practitioner and nurse triage appointments were prompt, but the management of prisoners with long-term conditions needed to improve. The mental health service was good, with a clear pathway for referral and treatment, and access to a broad range of services and interventions. The drug and alcohol recovery team provided a wide variety of psychosocial interventions, and clinical support delivered flexible patient-centred outcomes. Medicines were managed reasonably well but patients had limited access to a pharmacist. Prisoners were positive about the access and quality of dental services, which were responsive and well managed.

Purposeful activity

S20 *Prisoners were not locked in their rooms and could move freely around the prison for 13 hours a day. Library and physical education provision were good. Almost all eligible prisoners had opportunities to get varied and interesting work outside the prison. The behaviour of prisoners in education and work was very good. More than half of prisoners were released with employment or education places. Achievements rates were good in nearly all education courses, although day-long classes impaired some learning. **Outcomes for prisoners were good against this healthy prison test.***

S21 *At the last inspection in 2015 we found that outcomes for prisoners in Kirklevington Grange were good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this inspection we found that five of the recommendations had been achieved, one had been partially achieved, four had not been achieved and one was no longer relevant.*

S22 Prisoners were not locked in cells and enjoyed relatively free access around the prison for approximately 13 hours a day. The regime ran to time and there were no delays in moving prisoners between residential areas and workplaces. Prisoners had good access to the well-stocked library and the loan rate had improved. Most prisoners used the gym at least twice a week. Gym activities were well planned to maximise their use without detracting from work areas.

- S23 Managers clearly focused on providing opportunities for prisoners to gain employment experience, and no prisoners were unemployed. A network of employers provided paid work for prisoners on ROTL. Almost all eligible prisoners could work outside the prison, often in good quality, industry-standard work, usually starting off in a community work placement that provided good work experience. Employment-related agencies worked together well to support prisoners approaching release. A curriculum review had resulted in some innovative education provision to meet the needs of the prisoners. Allocation to activities for new arrivals was efficient, but they waited too long to attend the education induction and there were long waiting lists for English and mathematics classes. Quality improvement measures were in place for education classes, but were insufficiently developed in vocational training.
- S24 While prisoner employment outside the prison was varied and interesting, and they benefited from training and development provided by their employers, this progress was not recorded by the prison to support job seeking on release. Few prisoners who worked outside maintained their portfolios of achievement. Many prisoners stayed too long in community work placements and were not progressing into paid employment. The timetabling of English and mathematics classes in day-long blocks reduced prisoners' learning and motivation. Some prisoners did not receive sufficiently detailed feedback on their written work to tell them how they could improve.
- S25 Prisoners were courteous in activities and their behaviour was very good, demonstrating mutual respect between tutors and prisoners. There was a wide range of mentor roles, many of which offered very good opportunities for prisoners to take responsibility and develop their knowledge and skills. Mentors provided good services to their peers. Attendance at paid employment in July 2019 was 100%. Prisoners on ROTL benefited from working with people outside the prison to develop their interpersonal skills. Employers did not receive enough information about prisoners' abilities and skills, which meant they could not always support their development.
- S26 In the previous year, 56% of prisoners went into employment, education or training on release. Prisoners achieved good pass rates in nearly all education courses, and they had opportunities to attend further and higher education courses. Most prisoners studying or working in vocational subjects in the prison were not able to achieve a recognised qualification. Pass rates in English at level 2 and mathematics at level 1 required improvement.

Rehabilitation and release planning

S27 *Work to help prisoners maintain and rebuild family ties was strong. All prisoners had a telephone in their cell, and visits provision was good. The reducing reoffending strategy and action plan had improved and were good. ROTL was widely and effectively used to prepare prisoners for release. Almost all prisoners had an up-to-date offender assessment system (OASys) assessment and sentence plan. Work to protect the public was robust. Resettlement support from the community rehabilitation company (CRC) had improved, and prisoners' needs were largely met before release. **Outcomes for prisoners were good against this healthy prison test.***

S28 *At the last inspection in 2015 we found that outcomes for prisoners in Kirklevington Grange were good against this healthy prison test. We made 10 recommendations in the area of resettlement.⁶ At this inspection we found that five of the recommendations had been achieved, one had been partially achieved, three had not been achieved and one was no longer relevant.*

S29 *Despite an out-of-date family strategy, support for prisoners to maintain and rebuild family ties was good. Regular family and father-child days were impressive and promoted meaningful contact but Storybook Dads (which enables prisoners to record a story for their children) was currently not running. All prisoners now had telephones in their cells. The number of visits available to prisoners had improved and provision was good.*

S30 *In our survey, 81% of prisoners said that their experiences at Kirklevington had made them less likely to offend. The reducing reoffending strategy and action plan had improved and were good. Two-thirds of the prisoners used ROTL, and almost all prisoners in our survey said that it had helped them to reach their objectives and targets. ROTL boards were well structured and effective but prisoners were not invited to attend. About 34% of prisoners were assessed as high or very high risk. Probation officers know their prisoners well and had good contact with them. Sentence planning boards took place promptly for new arrivals and involved good communication with community offender managers. Prisoners spoke positively about their offender supervisors but contact was not always recorded. Almost all prisoners had a current OASys assessment and sentence plan that involved using ROTL. Home detention curfew processes were prompt and well managed.*

S31 *Work to protect the public was sound. The prison managed prisoners' risk of harm appropriately before release, although there was no formal tracking of the setting of multi-agency public protection (MAPPA) levels. MAPPA F risk information reports were sufficiently detailed. The offender management unit was well integrated into the prison and had good communication with all departments to ensure effective risk and release management. Child contact restrictions, and mail and telephone monitoring were sufficiently robust and proportionate.*

S32 *Very few prisoners had outstanding offending behaviour needs they needed to address, and the few who did accessed a suitable range of programmes in the community while on ROTL.*

S33 *Approximately 20 prisoners a month were released from Kirklevington. The enhanced through-the-gate service, provided by the CRC (see footnote 17), had improved and generally met prisoners' needs before release. Accommodation advice and support were strong, and it was commendable that in the previous six months no prisoners had been*

⁶ 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.

released without accommodation to go to. Prisoners with finance, benefit and debt problems received good support. In the previous six months, all prisoners had been released with an active bank account.

Key concerns and recommendations

- S34 Key concern: The range of vocational training courses was too narrow, and there were very few opportunities for prisoners to obtain qualifications in vocational training areas. Quality improvement measures were not fully developed, did not cover all areas of purposeful activity and had not identified weaknesses in the teaching of English and mathematics.

Recommendation: Managers should introduce the planned vocational training programmes as soon as possible and opportunities for the accreditation of prisoners' skills in all appropriate areas. Managers should ensure that quality improvement processes are rigorous, and make full use of all the data available to identify strengths and areas for improvement.

- S35 Key concern: There were long delays in assessing and allocating prisoners to education classes, and the quality of teaching and learning in some education classes required improvement. In the workplace, prisoners made insufficient use of portfolios to gather evidence of their progress. Prison staff generally liaised effectively with employers, but in a few cases important information about prisoners' abilities and support needs were not passed on, sometimes leading to the prisoner failing the placement.

Recommendation: Managers should ensure that education assessment and allocation are carried out within a short time of prisoners' arrival at the prison. Education managers should work with staff to improve the planning of learning, the range of teaching methods used and the quality of feedback to learners. Prison managers should improve communication with employers so that each prisoner's support needs are understood before he starts a work placement.

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** Most new arrivals had travelled relatively short distances from nearby prisons. There had been some attempts to provide information on Kirklevington Grange to prisoners in regional prisons, but this was sporadic and no prisoners we spoke to had received any formal information before they arrived.
- I.2** The reception area was clean, bright and welcoming. Reception processes were efficient and staff engagement with prisoners was cordial and helpful. New arrivals were seen individually and quickly put at their ease before they were moved on to the first stage of their induction. In our survey, almost all respondents said they had been in reception for less than two hours and that they were treated well. All new arrivals were given a free telephone call and could shower on the day of arrival.
- I.3** There were two holding rooms that were primarily used short term for prisoners returning to category C. Prisoners held here were closely monitored with observations recorded in an 'enhanced supervision' log.
- I.4** There were no new arrivals during our inspection but records showed that they routinely spent their initial days on F wing, the induction unit. The rooms there were clean and well furnished, in line with the standard of accommodation across the prison. In our survey, 98% of prisoners said that they felt safe on their first night, and there were robust processes to ensure that new arrivals knew how to contact staff if needed, and that welfare checks were carried out and recorded. Prisoner peer supporters were located throughout the wing to help settle in new arrivals.
- I.5** Shortly after their arrival, prisoners were given sufficient information about the prison's routines and facilities to help them through their first 24 hours, and had a private one-to-one interview with staff. There was a more formal officer-led induction and a health screen on the following day, which was followed up with a secondary health appointment within seven days for all arrivals. In our survey, almost all prisoners said they had been on an induction and the majority said it had covered everything they needed to know about the prison. Prisoner peer orderlies assisted in sharing information about the prison and led a walk-around tour to help new prisoners orient themselves.

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

- 1.6** In our survey, only 7% of prisoners said they had felt unsafe in the prison at some time, which was fewer than the 19% at other open prisons. Violent incidents were very rare, with none in the previous six months.
- 1.7** The challenge, support and intervention plan (CSIP)⁷ model to manage perpetrators was in place. There had been 10 referrals since January 2019 but no prisoners had required an intervention plan. Intelligence on bullying came from a variety of sources, and information sharing between the safer custody team and the security department was good. Victims were supported well through good staff-prisoner relationships (see paragraph 2.1).
- 1.8** The quarterly safer custody meeting was generally well attended, considered appropriate information and had a clear focus. All prisoners who were released received a safer custody exit interview in private, including questions on feelings of safety and bullying. This material was discussed at the safer custody meeting, which was a good way to gather information. An anti-bullying and violence survey had been completed with some good analysis, although the recommendations had not yet been coordinated into an action plan.
- 1.9** Many prisoners behaved positively and were motivated to progress, largely due to the prison's ethos, culture and opportunities. All new arrivals were placed on to the enhanced level of the incentives and earned privileges (IEP) scheme, regardless of their previous level. During the inspection, all the prisoners were on the enhanced level.
- 1.10** Processes to downgrade prisoners through the IEP scheme were fair. On the occasions that prisoners had been downgraded to the standard regime, they were given notice to attend a conference with their offender supervisor or a manager to discuss their behaviour. In the cases we viewed, all the prisoners attended the conference and were set individual targets. The risks of the prisoner continuing to be released on temporary licence (ROTL) were also assessed. The IEP level was then reviewed three weeks later.

Good practice

- 1.11** *Prisoners received a safer custody exit interview on their release, and the information gathered was considered by the safer custody meeting.*

Adjudications

- 1.12** There had been 74 adjudications during the previous six months, which was less than at the previous inspection and low for the type of prison. The adjudication records that we sampled showed that prisoners were given sufficient time to prepare their case and could

⁷ CSIPs (challenge, support and intervention plans) 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.

seek legal assistance, and there were appropriate investigations before a finding of guilt. Most adjudications related to unauthorised items, positive drug test results and ROTL 'failures' (such as late arrivals at or returns, breach of licence or alleged offending while on ROTL). All adjudications were quality assured by the deputy governor, which was positive.

- I.13** There was a quarterly adjudication meeting chaired by the governor. Following the identification of a disproportionality of charges for younger adults, there had been action and monitoring, and the most recent analysis showed there was no longer this disproportionality.

Use of force

- I.14** Use of force was rare, with only two incidents in the previous 12 months. One of the incidents was planned and had been recorded on video. The use of de-escalation techniques was good, all staff involved were debriefed and appropriate reports were completed promptly. The documentation we viewed was generally completed well, but there was insufficient managerial oversight to learn lessons and identify good practice.

Recommendation

- I.15** **There should be managerial oversight of all use of force to identify any lessons to be learned.**

Segregation

- I.16** We welcomed the closure of the segregation unit, which had been decommissioned in November 2016. There was no other form of segregation.

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.17** Security measures had improved and were largely proportionate to the risks of the population, but some aspects of physical security were excessive for open conditions. The establishment had previously been a closed prison, and still contained a perimeter fence, caged walkways and several gates.
- I.18** The security team focused on managing risk in the prison and the community, working collaboratively with the police, safer custody and offender management unit. The low level of ROTL failures in the previous six months was commendable.
- I.19** There had been 814 intelligence reports submitted in the previous six months. Reports were analysed and collated by a central hub and were disseminated well. Information received informed relevant intelligence objectives but not all actions were completed promptly; for example, a room search was not completed till 22 days after the action was set, which undermined the process.

- I.20** The random mandatory drug testing (MDT) positive rate was low (4.6%). However, the tests did not identify some prescription drugs, which intelligence indicated that prisoners were using, and large quantities were regularly brought into the prison. In the previous six months, 35 prisoners were returned to closed conditions following drug use or involvement in the supply of drugs into the establishment, which was justified and appropriate. However, work to reduce the supply of drugs was not sufficiently active or strategic. The drug and alcohol strategy had not yet been published, and there was no action plan to coordinate, drive and measure the effectiveness of actions taken.

Recommendations

- I.21** The prison should reduce the excessive physical security measures.
- I.22** The prison should publish its drug and alcohol strategy and support this with an action plan to reduce the drug supply.

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.23** There had been one death by misadventure since the last inspection. The prison had implemented the two recommendations by the Prisons and Probation Ombudsman (PPO) following her investigation into the death.
- I.24** There had been just three prisoners placed on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm in the previous six months, including one prisoner on ACCT at the time of the inspection. There had been no acts of self-harm since March 2018.
- I.25** The quality of ACCT documentation was very good. Reviews were conducted on time and included all key personnel, and care maps were relevant to the issues raised. Case notes were comprehensive and demonstrated genuine care for prisoners in crisis. Few prisoners stayed on ACCT for lengthy periods, with an average of around six days.
- I.26** A large team of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were on hand to offer support if needed. In our survey, 71% of prisoners said they could speak to a Listener at any time, which was far better than the 40% comparator. In practice, the Listeners provided a much wider range of support - similar to the peer supporters and prisoner information workers we see elsewhere - and assisted prisoners in dealing with the day-to-day frustrations of prison life, often signposting them to services. The team was well supported by the prison and the local Samaritans branch. As every prisoner had a telephone in their room, they could call the Samaritans at any time.

Protection of adults at risk⁸

- I.27** Although there had been no identified safeguarding issues in the previous year, the prison had processes to facilitate referrals for adult safeguarding if necessary. There were links with the local safeguarding adults board, with mutual attendance at strategic meetings.

⁸ 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).

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 remained a real strength and were good. In our survey, most prisoners said there was a member of staff they could turn to for help and that staff treated them with respect. We observed polite, positive and friendly interactions, and staff generally knew prisoners well, which contributed to the relaxed and safe atmosphere in the prison.
- 2.2 All prisoners had a personal officer and those we spoke to knew who their personal officer was. Prisoners told us that they saw their personal officer regularly and went to them if they needed anything. Contact with prisoners documented by staff was adequate but focused on behaviour and did not always drive sentence progression or motivation. We were told that some contacts were not always entered on to prisoner electronic records, which meant they were not shared with other staff.

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

- 2.3 The external areas of the prison continued to be clean, attractive and well maintained (see Appendix III: Photographs), and prisoners had very good access to them for most of the day.
- 2.4 Prisoner survey responses on living conditions were mostly positive but prisoners told us that cell cleaning equipment could be hard to come by. Despite this view, all residential communal areas were clean and tidy, as were the majority of rooms we viewed (see Appendix III). However, there had been an infestation of bedbugs on D unit and prisoners from here had been moved to F unit while a programme to eradicate the problem was under way.
- 2.5 Some of the older 'temporary' accommodation was showing its age with failures in the external cladding demonstrating the need for some significant investment (see Appendix III). Despite this, living conditions across the site were reasonable for most and good for some. All prisoners lived in single rooms and had their own privacy keys. The previously poor shower areas on some units had been refurbished and were now reasonable. Prisoners on D, E and L units had integral shower/toilet rooms, which were much appreciated.

- 2.6** All prisoners wore their own clothes and there were sufficient laundry facilities to ensure weekly washes and the provision of clean bedding. Prisoners had good access to their stored property but there were often problems with possessions not arriving with prisoners when they transferred in.

Recommendation

- 2.7** **The external fabric of all residential accommodation should be maintained to an acceptable standard.**

Residential services

- 2.8** In our survey, 81% of prisoners, far more than the comparator of 47%, said the food was good and those we spoke to were consistently positive about it. The food we sampled was very good; much of it was freshly made on site using the prison's own grown produce and accompanied by freshly baked bread. The menu operated on a four-week cycle and was varied enough to meet most needs, with special diets catered for. A good range of hot and cold options were available for midday and evening meals. Special meals were prepared for religious and cultural celebrations. Hot food was available for prisoners returning from release on temporary licence (ROTL), as were packed breakfasts and lunches.
- 2.9** Meals were eaten in a relaxed environment in the pleasant dining hall. Prisoners could also buy food and drinks from the shared prisoner-staff internal café – The Lounge. Although all wings had microwaves and toasters there were no self-catering facilities for prisoners, which was disappointing given the prison's resettlement focus.
- 2.10** Prisoners were consulted about the food and we saw evidence that the kitchen was responsive to prisoners' suggestions. The kitchen was clean and well organised, and food was stored appropriately.
- 2.11** In our survey, 85% of prisoners, more than at our last inspection and than the comparator, said the prison shop sold everything they needed. New arrivals could receive basic reception packs, which included smokers' packs, if required (see paragraph 1.2). Prisoners could place shop orders daily through information kiosks (see paragraph 2.13) and there was a weekly delivery. Prisoners could also order magazines and newspapers, and shop from a range of catalogues.

Prisoner consultation, applications and redress

- 2.12** The monthly, well-attended consultation committee meetings between staff and prisoners, were a good example of genuine and inclusive involvement. There were 10 prisoner residential unit representatives, whose role was well advertised, and prisoners we spoke to knew who they were. The prisoner representatives met in advance of each meeting to generate suggestions, queries and concerns. Prison staff responded to these thoroughly and promptly, ensuring that answers and updates were available for the meeting itself. The meetings discussed a diversity of topics, and arising actions had led to some positive change, such as the appointment of a mental health orderly.
- 2.13** Prisoners could easily make applications by using forms available in the prisoner information room and through the touch-screen information kiosks around the prison, which were an effective tool for prisoners to manage their daily lives. In the previous six months, over 10,000 applications had been received. Responses were usually prompt. In our survey, most

prisoners said applications were dealt with fairly, and 81%, against the comparator of 60%, said they were usually dealt with within seven days; we saw evidence of this in those we sampled.

- 2.14** Complaint forms were readily available to prisoners, and staff collected them from the secure complaints box in the centre of the prison every weekday. In the previous six months, 111 internal complaints had been received, about the same as at our last inspection. Responses were prompt, polite and thoroughly addressed the issues raised. Although there was no external quality assurance of responses to complaints, internal measures were thorough and robust, with far more than 10% checked each month. Prisoners had the opportunity to resolve issues informally, and we saw this happen.
- 2.15** Few prisoners had outstanding legal matters relating to their conviction or sentence. Prisoners were encouraged to see their legal advisers while they were outside the establishment on temporary licence. Since our last inspection, a closed room in the main visits hall had been made available for legal visits, and these could now take place in private.

Good practice

- 2.16** *Prisoner representatives met in advance of formal consultation meetings to coordinate reactions to prisoners' requests, which ensured effective and prompt responses.*

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 characteristics⁹ 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

- 2.17** The oversight and management of equality and diversity work were effective. The strategic equality action team (SEAT) met every two months and was chaired by the deputy governor. Meetings were inclusive, focused on relevant issues and well attended by prisoner equality representatives and some senior staff. The up-to-date equality policy was specific to the population and focused on how the needs of each protected group would be met. A dynamic action plan incorporating actions from wider prisoner consultation drove priorities and improved outcomes for prisoners.
- 2.18** The prison had access to prison national equality data and the analysis of this, where information was available, was good. The SEAT regularly reviewed the data to identify any disproportionality in treatment for protected groups. Where the prison identified any disproportionality, such as the overuse of adjudications for prisoners aged 21-29 (see paragraph 1.13) it took steps to address this. However, the national equality data was not released promptly and was often a few months out of date. The use of ROTL was not monitored to ensure equity of treatment, which was a gap.

⁹ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.19** Discrimination incident report forms were freely available. In the previous six months only two had been submitted, both by staff, but prisoners we spoke with had confidence in the process.
- 2.20** Equality work was underpinned by the excellent work of prisoner equality representatives and supported by dedicated senior managers or officer 'strand leads'. Prisoner representatives led monthly forums covering all relevant protected characteristics, including a Gypsy, Roma and Traveller group. In addition, a veterans' forum met monthly. These forums addressed emerging issues and suggested actions, escalating these to the SEAT where needed.
- 2.21** The prison celebrated a diverse range of cultural events throughout the year for all prisoners to participate in, such as Pride, Black History Month, Gypsy, Roma and Traveller Month, Ramadan and Burns Night.
- 2.22** The prison had good links with community organisations to support protected groups. It had held an equality and inclusion day that included, among others, representatives from Age UK, prostate cancer awareness, Royal British Legion and SAFFA (the armed forces charity). The prison had developed a directory of agencies covering all protected groups, posters and leaflets to promote community organisations active in the establishment and on release in the community.

Recommendations

- 2.23** **National equality data should be provided promptly to ensure up-to-date analysis by the prison.**
- 2.24** **The prison should collate and analyse the demographics of prisoners who access release on temporary licence to ensure that there is no disproportionate treatment of specific groups.**

Protected characteristics

- 2.25** The population was predominantly white with less than 15% from a black and minority ethnic background. The black and minority ethnic prisoners we spoke to were positive about their treatment and conditions, and the monthly forum for this group was well attended. Eight prisoners identified themselves as Gypsy, Roma and Traveller. Although monthly forums for these prisoners were not very well attended, the prison offered other creative ways of engaging them, such as inclusion months that prisoners helped to organise.
- 2.26** About 20% of the population was aged over 50 with the oldest being 76. Although the prison was still developing an older prisoner strategy, supported by Age UK, monthly forums to address specific needs had led to positive outcomes, such as the introduction of an older prisoner unit on D wing, which had a quiet area.
- 2.27** There were six prisoners with disabilities who needed assistance in the event of an evacuation. They all had personal emergency evacuation plans, and staff knew who they were, where they were located and what their needs were.
- 2.28** In our survey, 2% of prisoners identified themselves as gay or bisexual. Despite efforts to engage with gay and bisexual prisoners, monthly forums for these prisoners had not been well attended. The prison held no transgender prisoners and had not for the previous three years but they did have a policy in place, based on national HMPPS guidance.

- 2.29** Transfers of foreign nationals into the establishment were rare. There was no specific support for the two foreign national prisoners held at the time of the inspection but we did not identify any discrimination in their treatment.

Faith and religion

- 2.30** Faith provision was very good. Although there was no managing chaplain, the chaplaincy was integrated into the wider daily life of the establishment and was represented at key functional meetings.
- 2.31** Pastoral support was strong. The chaplaincy monitored the religious profile of the population to ensure that provision met all prisoner needs. Most faiths were covered on site and there were on-call arrangements for Saturdays and out of hours. Chaplains of other faiths attended weekly, monthly and on request. There was currently no Muslim chaplain on site, but the prison had made good efforts to provide ROTL opportunities for Muslim prisoners to attend Friday prayers at a local mosque. A Muslim chaplain had been recruited and was due to take up post. In our survey, 75% of respondents who had a religion said their religious beliefs were respected and 84% said they could speak to a chaplain of their faith in private if they so wished. Religious festivals for all faiths were celebrated throughout the year.
- 2.32** There was no longer a world faith room but the chapel was well equipped for group worship by all faiths and for private contemplation.
- 2.33** One-to-one support was offered for those who had suffered bereavement, complemented by support from Cruse (a bereavement charity)

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.

- 2.34** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁰ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 2.35** Since 2015, there had been several health providers. G4S Health Services (UK) Limited delivered primary nursing and administration services and Spectrum Community Health CIC provided GP and pharmacy services. Tees, Esk and Wear Valleys NHS Foundation Trust delivered mental health services. Change, Grow, Live (CGL) had provided psychosocial substance misuse services since April 2017, and G4S offered clinical support.
- 2.36** This complex arrangement had led to some issues with effective communication between providers. Strategic governance was reasonably good but there was a lack of focus on

¹⁰ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Kirklevington Grange in some meetings (see also paragraph 2.41). We identified some local governance issues but most of these were addressed during the inspection.

- 2.37** A comprehensive health needs analysis and service specifications had been updated to inform the recent retendering process, and a new lead provider model was due to commence from April 2020 (excluding the dental provider, who would continue with a separate contract). The successful bid was due to be announced, but the wait for the outcome had not affected the delivery of services.
- 2.38** Prisoners we spoke to were complimentary about health services, and service user feedback was positive. There had been attempts to establish a patient forum but uptake had been limited. NHS England had commissioned ABL Health to provide independent patient engagement through a health council, which was due to commence.
- 2.39** Few incidents had been reported, and trends were analysed but there was limited evidence of how lessons learnt were shared with staff, although a newsletter for health care staff had recently been produced covering this and other issues.
- 2.40** The confidential health care complaints system was accessible but few complaints were submitted. Responses were polite and answered the issues raised.
- 2.41** The health centre was bright and welcoming and operated like a small community surgery; prisoners appreciated the openness and community feel. They could make appointments in person or through the electronic information kiosks (see paragraph 2.13). The centre was open Monday to Friday, 8am to 5pm and until 6pm on two weekdays for prisoners returning from work to collect their medication. Methadone was administered between 7.45am and 8.30am every day, including weekends.
- 2.42** Staffing gaps had meant that there had only been one band 6 nurse managing the day-to-day service for a lengthy period instead of two nurses and a health care assistant, but nurses from the nearby HMP Holme House now attended to cover the shortfalls. A full-time senior administrator based in the health centre organised internal and external health appointments and helped the unit to run smoothly. The head of health care for the prison was based at Holme House and the priority had been on this larger more complex prison. However, a recent review at Kirklevington had resulted in some additional staff training to extend services.
- 2.43** All providers managed mandatory training for health staff well and staff had access to professional development opportunities. All staff felt supported and received management and clinical supervision.
- 2.44** Primary care staff responded to emergency calls while on duty and had received intermediate life support training. Nurses completed written records on the number of times they had responded to emergency calls, which had been 10 since January 2019, including two for suspected psychoactive substance use.¹¹ Not all staff were aware of the use of the written records and psychoactive substances, and potential trends were not monitored.
- 2.45** Emergency resuscitation equipment held in the health centre included an automated external defibrillator and oxygen. The emergency medication was checked regularly and in date, but the monitoring sheet did not itemise all the equipment and we found a few out-of-date items; these were replaced immediately.

¹¹ Drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

- 2.46** An annual infection, prevention and control audit completed in November 2018 demonstrated mostly good compliance, but the action plan needed to be updated. Equipment calibration checks had been overdue since April 2019 but had been booked for September 2019.
- 2.47** We observed caring and professional interactions between staff and patients. Health staff used one electronic clinical record (SystemOne). The records we reviewed were variable, with some examples demonstrating the patient's involvement in their care. Patient consent was recorded for treatment and information sharing. CGL used its own case management electronic system, but joint reviews with clinical staff outlined the interventions it was offering and they were recorded on SystemOne.

Recommendation

- 2.48 Responses to medical emergencies should be routinely recorded and monitored, and there should be comprehensive checks to ensure that all emergency resuscitation equipment is in good order.**

Promoting health and well-being

- 2.49** CGL had organised a 'well-being and recovery' event for prisoners and staff in March 2019 with plans to hold them every six months. Several community services were represented, including the Hepatitis C Trust, and all health teams contributed.
- 2.50** A local health information leaflet for new arrivals was being updated. Relevant eye-catching health promotion was displayed in the health centre but only in English, although information could be translated. Telephone interpreting services were available if non-English speakers needed them.
- 2.51** There was access to some community screening programmes, and sexual health services were provided by a visiting sexual health and blood-borne virus nurse and community specialists. Barrier protection and harm minimisation advice were available from health staff but not well advertised.
- 2.52** Although uptake of immunisations and vaccinations and NHS health checks were low this had been identified by the provider. Staff had recently completed training to address this and clinics were being scheduled.
- 2.53** Staff were aware of what to do in the event of an outbreak of a communicable disease and had good links with Public Health England.
- 2.54** The gym provided specific exercise sessions to promote health and well-being. Smoking cessation support with access to nicotine replacement therapy was available but uptake was low.
- 2.55** Prisoners could choose healthy option meals and health staff liaised with the kitchen if a prisoner needed a special health diet.

Primary care and inpatient services

- 2.56** Health staff completed a pre-admission assessment of prisoners to ensure that continuity of care could be provided. A registered nurse carried out an initial health screening of new arrivals within their first 24 hours. If the prisoner arrived after the health centre had closed, this took place the following day and any urgent needs were discussed with the 24-hour health team at HMP Holme House. A secondary health screening followed within five days.
- 2.57** Spectrum provided two GP and one advanced nurse practitioner sessions a week and patients were seen promptly. Some missed sessions had increased waiting times for routine appointments to four weeks, which was too long, but this had been addressed. There was access to community GP services out of hours.
- 2.58** Prisoners had good access to a nurse every weekday for advice and triage. Some patients with long-term conditions were seen by the GP. A nurse had received additional training to monitor respiratory conditions but there were no other nurse-led clinics to manage long-term conditions, reviews were not systematic and care plans were limited. Once we had identified this during the inspection, the prison scheduled nurse-led clinics run by appropriately qualified nurses from Holme House. Community podiatry, physiotherapy and optician services were available.
- 2.59** External hospital appointments were well managed with prompt referrals. Prisoners attended hospital appointments on their own or with an escort, subject to risk assessment.
- 2.60** Prisoners were offered a pre-release appointment a week before their release, and patients received a GP discharge letter detailing the care they received and any continuing medications.
- 2.61** Work was under way on completing the 'dying well in custody' charter, a national framework for local action and self-assessment. There was a pathway to support patients with palliative care or end-of-life needs with use of the inpatient facility at Holme House and links with the local hospice.

Recommendation

- 2.62** **The prison should further develop nurse-led clinics for prisoners with lifelong conditions, underpinned by evidence-based care plans, and trained and supervised staff should undertake assessment, treatment and reviews.**

Social care

- 2.63** G4S provided social care and had good links with Stockton-on-Tees Borough Council. The memorandum of understanding to support service delivery was unsigned. There had been two referrals in the previous 12 months and neither had required personal care or support from a carer. The council's occupational therapists responded to requests for aids to assist prisoners.

Mental health care

- 2.64** The integrated mental health team based at Holme House provided a responsive service through a stepped model of care to patients at Kirklevington Grange. There was a clear pathway for referring and treating patients with mental health problems and learning disabilities, with access to a broad range of services and interventions.
- 2.65** Tees, Esk and Wear Valleys NHS Foundation Trust provided secondary mental health services; it subcontracted Rethink Mental Illness to provide psychological interventions and Mind to provide counselling services.
- 2.66** There was regular weekly input by three members of the team providing emotional health and well-being support, self-help guidance, counselling and psychological treatments, including eye movement desensitisation and reprocessing therapy, and interventions based on cognitive behavioural therapy. Other members of the multidisciplinary team attended according to clinical need, including a psychiatrist and a speech and language therapist.
- 2.67** The number of referrals fluctuated but around nine a month were received through self-referral and from health and prison staff. An initial mental health assessment was carried out within four working days. More urgent assessments could be facilitated, including out of hours through the duty worker at Holme House. The current team caseload was 14 and patients were seen promptly for treatment. Physical health checks were carried out for individuals on antipsychotic and antidepressant medication.
- 2.68** Mental health staff attended the first assessment, care in custody and teamwork (ACCT) case management assessment for prisoners in crisis, if available, and subsequent meetings if the prisoner was on their caseload. Primary care health staff attended all these meetings.
- 2.69** No patients had been transferred to secure mental health units under the Mental Health Act in the past year. If a patient became mentally unwell there was a suitable protocol for referral in conjunction with Holme House. The team liaised well with community mental health teams to prepare for release.
- 2.70** The foundation trust delivered specific mental health awareness training to the prisoner Listeners (see paragraph 1.26), and most operational prison staff had completed mental health training, which was positive.

Substance use treatment¹²

- 2.71** Drug recovery strategy meetings had been replaced by a pathway focused on reducing reoffending; there had been two meetings on this attended by health and CGL staff. The strategy was still in draft (see paragraph 1.20 and recommendation 1.22). There were good links with the security department, which shared mandatory drug testing (MDT) results and relevant security information.
- 2.72** The drug and alcohol recovery psychosocial team comprised a team manager who worked between Kirklevington Grange and Holme House, two full-time recovery workers and a part-time family worker, and it had access to a connecting communities lead. The team was actively supporting 60 prisoners at the time of the inspection (23% of the population) and assessment was prompt. Structured one-to-one sessions were supplemented by excellent individual workbooks, and acupuncture and relaxation were popular. Other interventions

¹² 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).

included self-management and recovery training, 'Breaking Free' online (an evidence-based recovery programme for alcohol and drugs) and Foundations of Recovery, a CGL structured 16-session programme. Brief interventions such as alcohol awareness, psychoactive substances and overdose awareness were available, and information was displayed on the electronic information kiosks to promote awareness throughout the prison.

- 2.73** The clinical substance misuse team based at Holme House visited when needed. There was access to two non-medical prescribers, including the clinical lead, who confirmed prisoners' previous prescribing regimes promptly to enable effective and safe treatment continuity. Prescribing was flexible and care was regularly reviewed jointly. Prisoners were fully involved in their care and were positive about the support they received. During the inspection, 13 prisoners were receiving methadone, of whom 11 were reducing and two were on maintenance doses. Methadone remained the only opiate substitution treatment on offer, but this was under review.
- 2.74** A peer mentor and three peer supporters offered support to new arrivals on their first night, ran drop-in sessions and co-facilitated groups, including some at weekends. They delivered talks about their experience and recovery to local schools, colleges and youth offending teams, which was a good initiative to raise awareness. There was also a volunteer placement for a peer mentor within the CGL Stockton community team once ROTL had been granted, which was positive.
- 2.75** Alcoholics Anonymous (AA) provided monthly meetings and prisoners could attend other mutual aid meetings in the community through ROTL.
- 2.76** Naloxone training to treat opiate overdose was delivered to every new arrival during induction and offered again to all prisoners on their release, which was thorough. Over 90% of officers had also received naloxone and overdose awareness training, which was impressive.
- 2.77** Pre-release planning was good with effective links with community services to ensure continuity of clinical treatment for prisoners on ROTL and being released. Prisoners due for release had a structured session with the recovery coordinator, which confirmed appointments, provided local community services information, refreshed harm reduction, overdose and tolerance advice, and updated naloxone training if required.

Good practice

- 2.78** *Peer mentors went into local schools, colleges and youth offending teams to talk about their experience of substance use and recovery, which helped to raise awareness.*

Medicines optimisation and pharmacy services

- 2.79** Medicines were supplied and dispensed promptly by the pharmacy at Holme House. Most medicines were supplied on a named-patient basis with information leaflets. A porter delivered medication every weekday if needed and collected returned items once a week in a secure and safe manner.
- 2.80** Patients collected in-possession medication from the health centre and signed a printed script to verify receipt along with the nurse in attendance. All new arrivals on medication had a medication review within 48 hours. Patients were responsible for re-ordering their own prescriptions to prepare them for release, which was positive. The health care team explained this and helped anyone who needed additional support.

- 2.81** There was a medicine in-possession risk assessment policy, which all providers had contributed to, and new arrivals were risk assessed on reception. All prisoners received their medication in possession, apart from those receiving methadone. Prisoners had locked boxes to store their medicines securely.
- 2.82** A pharmacist from Holme House had completed and signed for regular controlled drug checks. The emergency stock cupboard was well maintained and nurses identified when stock was used. The pharmacist checked the cupboard, but this was not recorded.
- 2.83** All in-possession medicines continued to be stored in a refrigerator because the temperature of the clinical room could not be controlled adequately. Portable air conditioning was now available, and the pharmacist identified medicines that should not be stored in a refrigerator. Room and refrigerator temperatures were appropriately recorded and the situation was under review.
- 2.84** In line with national guidance for category D prisons, gabapentin and pregabalin (used for neuropathic pain or as an anti-convulsant), reclassified as controlled drugs in April 2019, were given weekly in possession to allow prisoners to go to work and participate fully in the regime. There were regular recorded spot checks to ensure compliance.
- 2.85** Methadone was supplied on a supervised basis using stock against a prescription, and administered by a registered nurse with a second person to check; this was an improvement since the last inspection.
- 2.86** There were regional medicines management meetings that discussed tradeable medication reports and antibiotic use. The first meeting of a local medicines management meeting was scheduled to focus on local issues, including prescribing trends and pain management.
- 2.87** There were no pharmacy clinics or medicine use reviews, although the regional pharmacist had just qualified as a non-medical prescriber and intended to set up a monthly medication review clinic for prisoners.
- 2.88** A limited range of patient group directions (PGDs) allowed nurses to administer specified medicines without a prescription, mainly for immunisations and basic remedies to treat minor ailments.

Recommendation

- 2.89** **There should be regular pharmacist input into the prison to ensure effective management of stock, and prisoners should have access to medicine use reviews and pharmacy advice.**

Dental services and oral health

- 2.90** In our survey, 58% of prisoners said it was easy to see the dentist, against the comparator of 22%, and 68%, against 34%, said that the quality of dental service was good. Urgent appointments were prioritised on clinical need and were prompt, and routine appointments were around three weeks, which was good.
- 2.91** A full range of NHS treatments were offered and records were good. The dental room met infection control standards and there was a separate decontamination room. Dental equipment was maintained and serviced regularly, ensuring that a safe service was provided. Prisoners could access a branch of the same dental practice in the community.

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 main core day commenced at 7.30am and routinely ran to time with no undue delays during prisoner movement to work areas. Prisoners remaining on site were required to be at their rooms periodically throughout the day for roll checks.
- 3.2** Prisoners enjoyed relatively free access across the site until 8pm, when they returned to their residential units. Those in the older living units could access the fitness suite, communal quiet room and TV/games room until 10.30pm. Although prisoners were not locked in their rooms, they were expected to return to their rooms by 10.30pm, apart from the small number who returned later in the evening from external work placements. Late returners could access communal areas for a short time to reheat prepared meals.
- 3.3** Prisoners had reasonable access to recreational facilities, including some fixed exercise equipment in the grounds, during the evenings and at weekends.
- 3.4** The physical education department continued to be adequately resourced. Prisoner access was good and 77% of respondents in our survey said they went to the gym at least twice a week. Timetabling of gym and exercise sessions accommodated the varying needs of prisoners who were away on courses, working in the community or employed inside or outside the prison during the working day. For example, there were early morning, late evening and weekend sessions for shiftworkers. Gym activities continued to reflect the working nature of the prison and did not conflict with attendance at learning and skills activities.
- 3.5** Outdoor facilities consisted of a full-size football pitch and an all-weather surface, which were well used throughout the year. The gym consisted of a cardiovascular (CV) area, free weights and a single-court sports hall. Exercise bikes and running machines were available on some units, and a well-equipped CV room on the main corridor was accessible from 7.15am to 10.30pm. A series of events, including a regular Parkrun,¹³ were held throughout the year.
- 3.6** The PE department had good links to other departments, especially with health care to provide additional support to prisoners who required physiotherapy or specifically tailored exercise programmes.
- 3.7** The library was run by Stockton-on-Tees Borough Council and was popular and well used. Around 91% of the population were registered borrowers, and over 4,500 books had been borrowed in previous three months. The range of stock was varied and regularly replenished. Prisoners could also request books not available in the library stock. Stock loss and damage were low.

¹³ A non-profit organisation that supports more than 700 communities across the country to coordinate free volunteer-led events for walkers and runners.

- 3.8** The library offered some good activities, including a chess club and the Reading Ahead literacy scheme challenge. The Shannon Trust literacy scheme was still not in operation.

Education, skills and work activities (Ofsted)¹⁴

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.¹⁵

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

Overall effectiveness of education, skills and work:	Good
<i>Achievements of prisoners engaged in education, skills and work:</i>	<i>Good</i>
<i>Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>
<i>Personal development and behaviour:</i>	<i>Good</i>
<i>Leadership and management of education, skills and work:</i>	<i>Good</i>

Management of education, skills and work

- 3.10** Managers had focused consistently and successfully on providing opportunities for prisoners to gain work experience and progress to employment after release. They had developed and maintained good links with a wide range of employers and community organisations, who provided workplaces for prisoners released on temporary licence (ROTL).
- 3.11** Managers had developed community enterprises to provide employment outside the prison gate, including a café, craft shop and car valeting service. Altogether, around 90% of prisoners eligible for ROTL – equivalent to almost two-thirds of the population - were employed outside the prison. There were no unemployed prisoners. Managers had implemented robust measures to monitor attendance, which was good at all activities. Pay rates were fair and did not disadvantage prisoners taking part in education.
- 3.12** Partnership working was good. Managers from the prison, education contractor and resettlement agencies worked together effectively and provided good support to prisoners preparing for ROTL and release. For example, the community rehabilitation company (CRC, see footnote 17) had recently introduced pre-release workshops for prisoners after a careful review of courses already offered by other agencies to ensure they added value and avoided duplication. Agencies worked together in a 'New Directions' centre where staff and

¹⁴ 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.

¹⁵ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

experienced prisoner mentors provided careers advice and support for prisoners seeking a work placement.

- 3.13** The allocation of prisoners to activities was efficient and fair. New arrivals met qualified and experienced mentors from the prison's careers guidance service. The service provided good support, helping prisoners to choose their short-term activities and plan their long-term career goals. Staff who later allocated prisoners to community placements ensured that these reflected, as far as possible, prisoners' interests and career aspirations.
- 3.14** A recent review of the education curriculum had resulted in some innovative education provision, well adapted to the needs of prisoners preparing for release. For example, the digital employability workshop provided a drop-in facility with support for prisoners to extend their studies or prepare a curriculum vitae (CV) using the virtual campus network (giving prisoners internet access to community education, training and employment opportunities).
- 3.15** The range of vocational training available in the prison was narrow, limited to welding and horticulture. Other programmes, including waste management, food safety and woodworking, were not running at the time of the inspection because staff were sick or not yet in post. Prisoners had very few opportunities to obtain qualifications in vocational training areas. (See key concern and recommendation S.34.)
- 3.16** Quality improvement measures were implemented appropriately in education. Teachers were regularly observed and supportive action plans helped them improve. However, weaknesses in the delivery and teaching of English and mathematics remained a key gap. There was no formal monitoring of the quality of the prison's training and work. (See key concern and recommendation S.34.)
- 3.17** Prison managers had developed good data resources to monitor operational performance and the progress of individual prisoners. They were beginning to use this data to guide planning and decision-making. The prison's self-assessment report identified most of the key areas for improvement. The quality improvement group met regularly but did not focus tightly enough on quality issues. (See key concern and recommendation S.34.)

Good practice

- 3.18** *Managers had developed community enterprises outside the prison gate, including a café, craft shop, and car valeting service. These provided work for prisoners and developed positive relationships between the prison and the local community, who used and valued the services.*
- 3.19** *The 'New Directions' centre ran drop-in services to prisoners where staff and experienced prisoner mentors provided careers advice and support to find work.*

Quality of provision

- 3.20** New arrivals had to wait too long to have their skills assessed, and many had to wait for around 10 weeks before they could join English and mathematics classes. For some prisoners, these delays meant that they had to return to the prison while on ROTL to complete education courses, reducing their motivation. (See key concern and recommendation S.35.)
- 3.21** The timetabling and delivery of English and mathematics classes were weak. Prisoners spent one whole day every week studying these subjects, and struggled to maintain concentration

through these long sessions. The following week many had difficulty in recalling what they had learned and learning had to be repeated, which slowed their progress.

- 3.22** Teachers did not always use diagnostic assessment results to plan learning programmes. This meant that some prisoners in mixed-ability classes did not receive the help they needed to progress. Some teaching lacked variety, causing prisoners to lose interest and become disengaged. Some marked work was returned without feedback to explain to prisoners how they could improve both the content and their written English. (See key concern and recommendation S.35.)
- 3.23** Prisoners with additional learning needs were encouraged to declare these at induction and teachers used this information to provide effective support. Prisoners with disabilities and learning difficulties achieved pass rates as good, or better than, their peers.
- 3.24** In vocational subjects such as welding and horticulture, prisoners received good instruction and developed work skills. They were able to use computer facilities and the virtual campus to compile a CV and covering letter in readiness for release. Prisoners were also encouraged to develop their interests and skills through project work and by training to become mentors.
- 3.25** The majority of prisoners worked in paid employment or community placements, which prepared them well for release. Prisoners were generally allocated to community work placements first, and then progressed to paid employment.
- 3.26** Paid work placements were very good. Prisoners benefited from very supportive employers and most work was varied and interesting. They used the latest industry-standard equipment and were expected to meet the same high standards as other employees. Prisoners also had access to employers' training schemes, for example, in health and safety, forklift truck operation, manufacturing operations and invoicing.
- 3.27** Community placements provided a range of work experiences, including food sustainability projects and neighbourhood initiatives to feed homeless people. Prisoners also worked in a few charity shops. These busy retail environments helped them progress to paid work placements. However, a small number of prisoners stayed too long in their community work placements and did not progress quickly enough into paid employment.
- 3.28** Arrangements to record the transferrable skills that prisoners gained at work were weak. Many prisoners did not use the portfolios provided to plan and record their progress, and community employers did not always provide feedback on prisoners' skills development. As a result, prisoners did not always gather all the possible evidence to support future job applications. (See key concern and recommendation S.35.)

Personal development and behaviour

- 3.29** Prisoners' behaviour was very good. They carried out activities in a calm and orderly way and demonstrated respect for staff and peers. They valued the opportunities provided by the prison, and were motivated to progress to work outside. Prisoners enjoyed attending their community work placements, particularly the opportunities to work with people outside the prison and develop their interpersonal skills.
- 3.30** Prisoner attendance at activities was good. Staff supported them to develop their attendance records, often ensuring that prisoners could access their workplace even after attending medical appointments. Attendance in paid employment had been 100% in the previous month.

- 3.31** The range of community placements enabled prisoners to improve their understanding and awareness of social and economic issues, such as homelessness and food sustainability. Helping others in the community and at work improved prisoners' sense of self-worth.
- 3.32** Employers reported that the vast majority of prisoners enjoyed working and arrived with good attitudes to work. Most were willing to work overtime and were committed and reliable. In a small number of cases, prison staff did not provide employers with enough information about the prisoners' starting points, such as their communication skills or preparedness for work. In these cases employers found it difficult to support prisoners effectively, and as a result a small minority of placements failed.
- 3.33** The prison offered a wide range of mentor roles, many with very good opportunities for prisoners to take responsibility and develop their knowledge and skills. Mentors provided good services to their peers in roles such as classroom assistants, careers advisers and administrative assistants.

Outcomes and achievements

- 3.34** A high proportion of prisoners, 56% of those released in 2018/19, gained employment, education or training places on release. The prison worked well with resettlement agencies, including the CRC, to obtain accurate data on job outcomes.
- 3.35** Pass rates on the small number of education courses were generally very high but pass rates in English level 2 and mathematics level 1 required improvement. A high proportion of prisoners progressed to the next level from their starting points in English and mathematics. Retention rates had significantly improved in 2018/19 and were good.
- 3.36** The prison provided good support for prisoners to study at local colleges and universities. Nineteen prisoners had been enrolled in local colleges in 2018/19 and four attended universities. Achievements on these courses were good – in one case a prisoner had successfully completed a master's degree and was progressing to study for a doctorate.
- 3.37** Prisoners with additional needs, such as disabilities or learning difficulties, achieved pass rates similar to, and sometimes better than, the mainstream population. Data showed no significant difference between the achievement rates of different groups.
- 3.38** Prisoners attending vocational training produced work of an appropriate standard, but the prison did not offer opportunities to gain a qualification in most areas. Prison managers had plans to recruit vocational training staff to extend provision for prisoners.

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** Kirklevington Grange offered a range of services to support prisoners maintain and rebuild family ties. The experienced NEPACS¹⁶ family worker continued to deliver a variety of parenting programmes, such as 'parenting from prison', as well as one-to-one casework involving liaison with children and family programmes in the community.
- 4.2** In our survey, 70% of prisoners said that staff had encouraged them to keep in touch with family and friends, which was much higher than the comparator of 48%. The 'email a prisoner' scheme to help friends and family stay in touch was also available. Prisoners had excellent access to telephones, and in our survey, 100% said they could use a telephone daily.
- 4.3** The 2018 family strategy needed updating to reflect the current provision in the establishment. Until recently, the prison had provided a regular after-school club for children as well as Storybook Dads, enabling prisoners to record a story for their children. The latter had been halted due to contractual changes.
- 4.4** Kirklevington Grange ran 12 family days a year, each lasting approximately four hours. We observed an impressive 'Father – Child' day, which was supported by the gym staff. Children spent time with their fathers or grandfathers doing multi-skills, painting and colouring. Staff encouraged prisoners to engage with, and take responsibility for, their children. Prisoners valued this opportunity to have meaningful contact with their children or grandchildren.
- 4.5** The provision for social visits had increased, which was positive. Visits took place on two weekday afternoons and during weekend mornings and afternoons. The visits hall had sufficient space, entry was swift and visits started on time. We observed positive interactions between staff and visitors. In our survey, 97% of prisoners who had received a visit said that their visitors were usually treated respectfully by staff.

¹⁶ A charity that supports prisoners and their families in the north east of England.

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.

- 4.6** In our survey, 81% of prisoners said that their experiences at Kirklevington had made them less likely to offend in the future, more than the comparator of 65%. The reasonably good reducing reoffending strategy identified the resettlement pathways and included offender management. A needs analysis had been completed in 2017 and a new one was due to be finished. The reducing reoffending meeting, which met every other month, discussed the seven resettlement pathways in sufficient detail and was accompanied by a dynamic, prison-wide action plan. This helped to ensure a prison-wide approach to reducing reoffending.
- 4.7** The prison made good use of release on temporary licence (ROTL) to resettle prisoners into the community, usually towards the end of a long sentence. In the previous six months, there had been 18,068 instances of ROTL by a total of 291 prisoners. At the time of our inspection, 66% of prisoners were using ROTL. It was positive that in our survey, 98% of prisoners who had used ROTL said that it had helped them to achieve their objectives and targets.
- 4.8** The ROTL process was managed safely and in accordance with guidance. ROTL boards were structured, well attended and effective. We observed two restricted ROTL initial boards for high risk of harm prisoners. The board undertook a comprehensive review of each prisoner's case, including the current assessment of risk of further offending and harm to others. It was a candid assessment of the risks presented by each prisoner, followed by agreement on subsequent licence conditions, which were clearly presented. The countersigning part of the risk assessment was passed to the deputy governor to agree or decline. This was a thorough process but prisoners were not present at their own ROTL board.
- 4.9** The offender management unit (OMU) was well resourced. At the time of our inspection, there was the equivalent of 0.5 senior probation officers (SPO), three probation officers and six offender supervisors. The team was well motivated, shared good practice and sufficiently supervised. Probation officers had manageable caseloads of approximately 30 prisoners, and offender supervisors held caseloads of approximately 20-30 prisoners. They had also been profiled to complete additional shifts, such as night duties, for approximately 45% of their hours in the previous six months.
- 4.10** About 34% of prisoners were assessed as presenting a high or very high risk of harm. Probation officers managed these prisoners, knew those who they were supporting well, and had frequent and purposeful contact with them. Sentence planning boards were held promptly after arrival, and communication with offender managers in the community was good. Offender supervisors managed medium- and low-risk prisoners. Although prisoners spoke positively about their offender supervisors, staff did not always record contact with prisoners on the P-Nomis Prison Service IT system.
- 4.11** At the time of our inspection, only 12 prisoners did not have an OASys (offender assessment system) assessment. Most prisoners had a current assessment of further offending and risk of harm, and all the cases we reviewed had a sentence plan with at least one objective to undertake ROTL. OASys assessments were prompt and of sufficient quality to help inform subsequent ROTL boards.

- 4.12 In the previous six months, approximately 80% of the applications for home detention curfew (HDC) had been approved. Licence conditions were appropriate. Appointments had been arranged with the community offender manager and the processes were prompt.
- 4.13 Communication between the prison and the Parole Board was prompt and appropriate.

Recommendation

- 4.14 **Case recordings by all staff on the prison IT system should accurately reflect their contact with prisoners.**

Public protection

- 4.15 Public protection work remained sound. The weekly interdepartmental risk management meeting was well attended by staff from other departments but its terms of reference were unclear. This meant that there was no formal system for tracking the multi-agency public protection arrangements (MAPPA) levels of prisoners before they were due to be released. Despite this, prisoners' risk of harm was discussed through the monthly public protection management board meeting, as well as at the weekly restricted ROTL board. Where MAPPA levels had not been set and prisoners were due for release in the next six months, there was evidence that the processes in place would escalate and safely manage these concerns with offender managers in the community. Some alerts on P-Nomis to advise staff of key areas and potential risk in respect of MAPPA levels required updating.
- 4.16 We reviewed 10 notifications of prisoner information for potential multi-agency release management assessments (MAPPA F). All were sufficiently detailed, of a good standard and were appropriately countersigned by the SPO.
- 4.17 The OMU was well integrated into the prison. It had regular communication with other departments about changes in prisoner risk to ensure effective and safe release planning.
- 4.18 Twenty-two prisoners were subject to child contact restrictions. The prison screened all new arrivals to identify, monitor and manage those identified as a risk to children. The monthly public protection management board, chaired by the SPO, had good oversight of this process, and restrictions and reviews were proportionate.
- 4.19 There were 12 prisoners subject to mail and telephone monitoring. The monthly public protection management board considered relevant and new risk information and reviewed all cases. Reviews for prisoners subject to mail monitoring were proportionate and the authorisations were prompt. Telephone calls were routinely monitored and recordings of them were sufficiently detailed. However, mail monitoring was still recorded on written logs, which was not as effective in sharing information compared with the electronic log used for telephone monitoring.
- 4.20 There were 46 indeterminate sentence prisoners, of whom 28 were serving life sentences and 18 indeterminate sentences for public protection. The informal monthly lifers' forum was not always well attended, but these prisoners were positive about the support from the prison and their offender supervisor.

Recommendations

- 4.21 **P-Nomis alerts relating to MAPPA should be accurate and up to date.**

4.22 An electronic monitoring log should be used to record information about prisoners subject to mail monitoring.

Interventions

Expected outcomes:

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

- 4.23** Very few prisoners arrived at Kirklevington with outstanding offending behaviour needs to be addressed. However, those who required interventions could access a suitable range of programmes in the community through the community rehabilitation company (CRC),¹⁷ using ROTL. Accredited programmes available included Building Better Relationships (BBR), the Thinking Skills Programme (TSP) and the Resolve programme for violent offenders. Three prisoners had completed some of these programmes in the previous six months. Most prisoners assessed as eligible for the programmes could complete them before their release date, which was positive.
- 4.24** A total of 117 prisoners had been released in the previous six months, and it was commendable that none had been released without accommodation to go to. If there was a problem in finding accommodation, prisoners were helped to apply for grants. However, despite this good work, the prison did not complete follow-up checks to ensure that the accommodation was sustainable.
- 4.25** The CRC provided an enhanced through-the-gate service that offered prisoners specialist support, with monthly workshops that addressed housing, pre-employability, finance and budgeting before release. The resettlement worker met all prisoners at induction, 12 weeks before their release and then again one to two weeks before release to ensure all resettlement needs were met.
- 4.26** All prisoners who had been released in the previous six months had left with an active bank account, which was positive. Prisoners were assisted to contact their bank and set up appointments at their local branch, which they could attend while on ROTL. Prisoners who were held for offences involving fraud were also helped to obtain bank accounts through the Darlington Credit Union.

Recommendation

- 4.27 The prison should measure sustainable accommodation outcomes for prisoners after release.**

¹⁷ Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The National Probation Service has maintained responsibility for high- and very high-risk offenders.

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.

- 4.28** Since the previous inspection, resettlement and release planning work had improved. There was a better range of services, resources had strengthened and the CRC provision was very well integrated. The prison released approximately 20 prisoners a month into the community, and the service they received from the enhanced through-the-gate programme was good.
- 4.29** The provision available to prisoners in the New Directions centre (see paragraphs 3.13 and 3.19) was also good. Under supervision, prisoners could access websites to help search and apply for jobs and courses. In our survey, a very high 89% of prisoners who were to be released in the next three months said that someone was helping them to prepare for release.
- 4.30** We reviewed several basic custody screening resettlement assessments for prisoners due to be released in the following 12 weeks. They were completed promptly and to a good standard. There had been appropriate referrals for housing needs or help with finance, benefit and debt on release. Where required, there was effective communication about release planning with community probation services.
- 4.31** The prison provided a job club that was facilitated by Advanced Personnel Management, an agency providing employment skills services. If needed, prisoners were given support to obtain Citizen Cards (proof of age identity card), driving licences and passports.
- 4.32** At the time of our inspection, 17 prisoners were within 12 weeks of release and from a resettlement area outside the prison's catchment. In these cases, the resettlement worker contacted the offender manager in the community to ensure that prisoners' ongoing resettlement needs were shared and managed appropriately.

Section 5. Summary of recommendations 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 at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Key concerns and recommendations		Directed to:
S34	<p>Key concern: The range of vocational training courses was too narrow, and there were very few opportunities for prisoners to obtain qualifications in vocational training areas. Quality improvement measures were not fully developed, did not cover all areas of purposeful activity, and had not identified weaknesses in the teaching of English and mathematics.</p> <p>Recommendation: Managers should introduce the planned vocational training programmes as soon as possible and opportunities for the accreditation of prisoners' skills in all appropriate areas. Managers should ensure that quality improvement processes are rigorous and make full use of all the data available to identify strengths and areas for improvement.</p>	The governor
S35	<p>Key concern: There were long delays in assessing and allocating prisoners to education classes, and the quality of teaching and learning in some education classes required improvement. In the workplace, prisoners made insufficient use of portfolios to gather evidence of their progress. Prison staff generally liaised effectively with employers, but in a few cases important information about prisoners' abilities and support needs were not passed on, sometimes leading to the prisoner failing the placement.</p> <p>Recommendation: Managers should ensure that education assessment and allocation are carried out within a short time of prisoners' arrival at the prison. Education managers should work with staff to improve the planning of learning, the range of teaching methods used and the quality of feedback to learners. Prison managers should improve communication with employers so that each prisoner's support needs are understood before he starts a work placement.</p>	The governor
General recommendations		Directed to:
1.15	There should be managerial oversight of all use of force to identify any lessons to be learned.	The governor
1.21	The prison should reduce the excessive physical security measures.	The governor
1.22	The prison should publish its drug and alcohol strategy and support this with an action plan to reduce the drug supply.	The governor
2.7	The external fabric of all residential accommodation should be maintained to an acceptable standard.	The governor

2.23	National equality data should be provided promptly to ensure up-to-date analysis by the prison.	HMPPS
2.24	The prison should collate and analyse the demographics of prisoners who access release on temporary licence to ensure that there is no disproportionate treatment of specific groups.	HMPPS and the governor
2.47	Responses to medical emergencies should be routinely recorded and monitored, and there should be comprehensive checks to ensure that all emergency resuscitation equipment is in good order.	The governor
2.61	The prison should further develop nurse-led clinics for prisoners with lifelong conditions, underpinned by evidence-based care plans, and trained and supervised staff should undertake assessment, treatment and reviews.	The governor
2.88	There should be regular pharmacist input into the prison to ensure effective management of stock, and prisoners should have access to medicine use reviews and pharmacy advice.	The governor
4.14	Case recordings by all staff on the prison IT system should accurately reflect their contact with prisoners.	The governor
4.21	P-Nomis alerts relating to MAPPA should be accurate and up to date.	The governor
4.22	An electronic monitoring log should be used to record information about prisoners subject to mail monitoring.	The governor
4.27	The prison should measure sustainable accommodation outcomes for prisoners after release.	The governor
Examples of good practice		
1.11	Prisoners received a safer custody exit interview on their release, and the information gathered was considered by the safer custody meeting.	
2.16	Prisoner representatives met in advance of formal consultation meetings to coordinate reactions to prisoners' requests, which ensured effective and prompt responses.	
2.77	Peer mentors went into local schools, colleges and youth offending teams to talk about their experience of substance use and recovery, which helped to raise awareness.	
3.18	Managers had developed community enterprises outside the prison gate, including a café, craft shop, and car valeting service. These provided work for prisoners and developed positive relationships between the prison and the local community, who used and valued the services.	
3.19	The 'New Directions' centre ran drop-in services to prisoners where staff and experienced prisoner mentors provided careers advice and support to find work.	

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Colin Carroll	Team leader
Natalie Heeks	Inspector
Jade Richards	Inspector
Paul Rowlands	Inspector
Rebecca Stanbury	Inspector
Billie Powell	Researcher
Catherine Shaw	Researcher
Joe Simmonds	Researcher
Maureen Jamieson	Lead health and social care inspector
Andrea Crosby-Josephs	Care Quality Commission inspector
Ken Fisher	Ofsted inspector
Maria Navarro	Ofsted inspector
Steve Oliver-Watts	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 2015, prisoners were not given clear information before admission about what to expect in an open prison. This often led to confusion and frustration. Early days procedures were reasonably good. There was little violence, bullying or self-harm and the prison remained a safe environment. Staff expected high standards of behaviour and antisocial behaviour was not tolerated. There was a perception by some prisoners that being transferred out was used punitively, but we did not find this to be the case. Security procedures were mostly proportionate. Use of the segregation unit and use of force were limited and these interventions were only used when necessary. There was evidence that some illicit drugs were being used by prisoners, but this was managed effectively. **Outcomes for prisoners were good against this healthy prison test.***

Main recommendation

All prisoners should be provided with accurate information about Kirklevington Grange before their transfer and, as part of their preparation for transfer to open conditions, should have the opportunity to talk to a member of staff at their sending prison who has the same information. (S51)
Not achieved

Recommendations

The management and content of the induction programme should ensure that new arrivals consistently receive all the information they need. (I.13)
Achieved

The safer custody meeting should review cases involving violence, bullying or self-harm to learn lessons from them. (I.25)
Achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.29)
Achieved

All security measures should be proportionate and reflect the security status of prisoners at Kirklevington. (I.40)
Achieved

The drug and alcohol recovery team (DART) should develop an internal peer support scheme for prisoners with drug and/or alcohol problems. (1.65)

Achieved

In partnership with prison staff, the DART should develop a strategy to broaden the range and ease of access to psychosocial substance use treatment. (1.66)

Achieved

Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (1.67)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

*At the last inspection, in 2015, living conditions for all prisoners were at least reasonable and good for more than half the population. Relationships between staff and prisoners were consistently very good. Work on diversity remained positive. Prisoners' basic spiritual needs were adequately met, but the role of the chaplaincy was now more limited. Replies to formal complaints were reasonable. Prisoners were not routinely able to see their solicitors in private. Prisoners were positive about the quality of health care but processes to ensure that emergency equipment was fully functioning were not effective. Prisoners generally liked the food, but were not able to cater for themselves. **Outcomes for prisoners were good against this healthy prison test.***

Recommendations

Prisoners' complaints of being cold on the induction unit should be investigated and addressed. (2.7)

Achieved

Cells and communal areas requiring decoration should be painted and communal showers in the older units should be replaced. (2.8)

Achieved

Association equipment that is in a poor condition should be repaired or replaced. (2.9)

Achieved

NOMS should review the impact of the new equality monitoring tool to ensure that it meets the needs of all prisons. Training in its use should be provided. (2.24)

Not achieved

The reasons for foreign national prisoners liable to deportation not being transferred to Kirklevington Grange should be investigated to ensure that prisoners in this group are being treated fairly and in accordance with policy. (2.34)

Not achieved

Legal visits at the establishment should take place in private. (2.49)

Achieved

Health care staff should have regular access to individual management and clinical supervision and this should be recorded. (2.62)

Achieved

The emergency resuscitation equipment should be in good order with an effective monitoring system in place. Sufficient discipline staff should be trained in the use of automated external defibrillators. (2.63)

Partially achieved

A local in-possession policy should be introduced by the medicines and therapeutics committee. (2.79)

Achieved

The ambient temperature of the medication room should be monitored to ensure that it provides an appropriate environment for medicines to be stored. (2.80)

Achieved

The medicines and therapeutics committee should review the administration of methadone by a single nurse which contravenes best practice and the guidance for handling Tramadol should be followed. (2.81)

Achieved

Over-labelled stock should be supplied by a company with an appropriate licence. (2.82)

Achieved

Prisoners should have additional facilities to cook for themselves. (2.94)

Not achieved

Purposeful activity

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

*At the last inspection, in 2015, although the scheduled time unlocked had reduced slightly, prisoners were still able to spend ample time out of their cells. The vast majority of prisoners were employed in good quality purposeful activity. The range of external paid employment, community service, college courses and training for prisoners was very good and had expanded significantly since the last inspection. Quality improvement and monitoring arrangements for learning, skills and work and the use of data were improving but still at an early stage of development. The quality of teaching and learning was mostly good. Pass rates for the few prisoners on English or mathematics courses were also mostly good. The number of prisoners gaining employment after release was high but their wider employability, personal and social skills were not yet being developed actively enough. Facilities in the library were adequate. The PE facilities were good but had reached the stage where they needed refurbishment. **Outcomes for prisoners were good against this healthy prison test.***

Recommendations

The review of the effectiveness of the quality improvement group process should be completed as a matter of priority. In whatever form the group is then constituted it should focus very tightly on quality improvement action planning and monitoring rather than operational matters. (3.16)

Not achieved

Thorough performance management and monitoring arrangements should be established quickly, informed by a wide range of detailed data, including attendance at all activities. (3.17)

Achieved

The precise meanings of terms and methodologies used by the education provider in connection with prisoners' pass rates should be clarified so they are widely understood by all prison managers. (3.18)

Achieved

The recently refined self-assessment report process should be used to produce a linked quality improvement action plan which is at the heart of continuous improvement practice. (3.19)

Achieved

The prison and learning and skills provider should promote the various resettlement pathways and the impact of the support, education, training, voluntary and employment options earlier, more thoroughly and more vigorously to prisoners to ensure they have a clear understanding of what is available and how it can benefit them. (3.20)

Partially achieved

Prisoners should be given specific and detailed written targets in their individual learning plans to help them understand what they need to do and when they need to do it to improve further. (3.33)

Not achieved

Teachers should ensure that spelling and grammar in all handouts and written feedback to prisoners are correct. (3.34)

Not achieved

The processes and management of the system for RARPA on community work and in employment should be improved to ensure the system accurately records individuals' achievements. (3.35)

No longer relevant

The prison should engage employers in reviewing prisoners' progress and achievements as part of its assessment of the impact of ROTL. (3.36)

Not achieved

The library service should promote the library more actively so that visits and the loan rate in particular increase. (3.44)

Achieved

The physical fabric of the gym should be upgraded and the weights area redesigned to make best use of the available space. (3.51)

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 2015, the strategic management of resettlement was reasonable, although some of the data used needed updating. Offender management was excellent, there was an effective multidisciplinary approach and prisoners felt well supported. Risk assessments relating to temporary release and public protection were rigorous and much better than we usually see. The support available for indeterminate-sentenced prisoners (ISP) needed to be advertised better. Pathway work was generally effective and extremely good use was made of peer support to sustain this. Useful programme work was being delivered by community probation staff, although it was unclear if this would continue in the light of external changes. **Outcomes for prisoners were good against this healthy prison test.***

Recommendations

There should be an up-to-date prisoner needs analysis which draws on an appropriate range of information, including OASys data. (4.5)

Not achieved

Sentence plans should include all appropriate objectives, including addressing offending behaviour needs. (4.15)

Achieved

Oral parole hearings should be timely. (4.28)

Not achieved

Risk assessed prisoners should have supervised access to telephones and the internet in the new direction centre to assist with resettlement needs. (4.34)

Achieved

Ways of augmenting the CfBT staffing resource should be considered, for example by training prisoners to take on an intermediary role or to act as a conduit to CfBT staff. (4.41)

No longer relevant

The virtual campus should be fully commissioned and used to maximum capacity. (4.42)

Achieved

Prisoners should have supervised access to Skype for family contact to ease pressure on limited visits capacity. (4.52)

Not achieved

Interventions, such as a parenting programme and Storybook Dads, should be provided to meet identified need. (4.53)

Partially achieved

Sufficient social visits should be provided to meet demand. (4.54)

Achieved

Focused interventions to address unmet offending behaviour needs should be developed and implemented. (4.57)

Achieved

Appendix III: Photographs



Fencing



External fabric failure on K wing



A prisoner's room on G wing



L wing



A prisoner's room on L wing



Appendix IV: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	2	262	99.6
Recall	0	1	0.4
Total	2	263	100

Sentence	18–20 yr olds	21 and over	%
Six months to less than 12 months	0	1	0.4
12 months to less than 2 years	0	5	1.9
2 years to less than 4 years	1	48	18.5
4 years to less than 10 years	1	131	49.8
10 years and over (not life)	0	33	12.5
ISPP (indeterminate sentence for public protection)	0	13	4.9
Life	0	32	12.0
Total	2	263	100

Age	Number of prisoners	%
Please state minimum age here: 19		
Under 21 years	2	0.8
21 years to 29 years	48	18.1
30 years to 39 years	103	38.9
40 years to 49 years	60	22.6
50 years to 59 years	39	14.7
60 years to 69 years	10	3.8
70 plus years	3	1.1
Please state maximum age here: 76		
Total	265	100

Nationality	18–20 yr olds	21 and over	%
British	2	261	99.2
Foreign nationals	0	2	0.8
Total	2	263	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	1	0.4
Category D	1	262	99.2
Other	1	0	0.4
Total	2	263	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	1	222	84.2
Irish	0	2	0.8
Gypsy/Irish Traveller	0	8	3.0
Other white	0	4	1.5
Mixed			
White and black Caribbean	0	1	0.4
White and Asian	0	5	1.9
Asian or Asian British			
Indian	0	4	1.5
Pakistani	1	10	4.2
Bangladeshi	0	2	0.8
Other Asian	0	3	1.1
Other ethnic group	0	2	0.8
Total	2	263	100 (+.2 due to rounding)

Religion	18–20 yr olds	21 and over	%
Church of England	0	55	20.8
Roman Catholic	1	42	16.2
Other Christian denominations	0	30	11.3
Muslim	1	23	9.1
Sikh	0	2	0.8
Hindu	0	1	0.4
Buddhist	0	5	1.9
Jewish	0	1	0.4
Other	0	2	0.8
No religion	0	102	38.5
Total	2	263	100 (+.2 due to rounding)

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	9	3.4
Total	0	9	3.4

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	11	4.2
1 month to 3 months	1	0.4	52	19.6
3 months to six months	0	0	62	23.4
six months to 1 year	1	0.4	75	28.3
1 year to 2 years	0	0	58	21.9
2 years to 4 years	0	0	5	1.9
Total	2	0.8	263	99.3 (extra 0.1 due to rounding)

Appendix V: 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.¹⁸

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.¹⁹ 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.²⁰ 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 12 August 2019 the prisoner population at HMP Kirklevington Grange was 267. Using the sampling method described above, questionnaires were distributed to 152 prisoners. We received a total of 120 completed questionnaires, a response rate of 79%. Six prisoners declined to participate in the survey and 26 questionnaires were either not returned at all, or returned blank.

¹⁸ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

¹⁹ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

²⁰ 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.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Kirklevington Grange. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.²¹ 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 Kirklevington Grange 2019 compared with those from other HMI Prisons surveys²²

- Survey responses from HMP Kirklevington Grange in 2019 compared with survey responses from the most recent inspection at all other open prisons.
- Survey responses from HMP Kirklevington Grange in 2019 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Kirklevington Grange in 2019 compared with survey responses from HMP Kirklevington Grange in 2014.

Comparisons between sub-populations of prisoners within HMP Kirklevington Grange 2019²³

- 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.²⁴

In the comparator analyses, statistically significant differences are indicated by shading.²⁵ 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.

²¹ Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

²² 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.

²³ These analyses are carried out on summary data from selected survey questions only.

²⁴ A minimum of 10 responses which must also represent at least 10% of the total response.

²⁵ 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.

Survey summary

Background information

I.1	What wing or house block are you currently living on?	
	A wing	5 (4%)
	B wing	7 (6%)
	C wing	7 (6%)
	D wing	13 (11%)
	E wing	19 (16%)
	F wing	6 (5%)
	G wing	4 (3%)
	H wing	7 (6%)
	J wing	1 (1%)
	K wing	20 (17%)
	L wing	24 (20%)
	R wing	7 (6%)
I.2	How old are you?	
	Under 21	0 (0%)
	21 - 25	8 (7%)
	26 - 29	16 (13%)
	30 - 39	52 (44%)
	40 - 49	23 (19%)
	50 - 59	16 (13%)
	60 - 69	4 (3%)
	70 or over	0 (0%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	103 (87%)
	White - Irish	2 (2%)
	White - Gypsy or Irish Traveller	0 (0%)
	White - any other White background	3 (3%)
	Mixed - White and Black Caribbean	1 (1%)
	Mixed - White and Black African	0 (0%)
	Mixed - White and Asian	0 (0%)
	Mixed - any other Mixed ethnic background	1 (1%)
	Asian/ Asian British - Indian	2 (2%)
	Asian/ Asian British - Pakistani	6 (5%)
	Asian/ Asian British - Bangladeshi	0 (0%)
	Asian/ Asian British - Chinese	0 (0%)
	Asian - any other Asian Background	0 (0%)
	Black/ Black British - Caribbean	0 (0%)
	Black/ Black British - African	0 (0%)
	Black - any other Black/ African/ Caribbean background	0 (0%)
	Arab	0 (0%)
	Any other ethnic group	0 (0%)
I.4	How long have you been in this prison?	
	Less than 6 months	40 (34%)
	6 months or more	77 (66%)

1.5 Are you currently serving a sentence?

Yes	118 (100%)
Yes - on recall	0 (0%)
No - on remand or awaiting sentence	0 (0%)
No - immigration detainee	0 (0%)

1.6 How long is your sentence?

Less than 6 months	0 (0%)
6 months to less than 1 year	3 (3%)
1 year to less than 4 years	22 (19%)
4 years to less than 10 years	60 (52%)
10 years or more	14 (12%)
IPP (indeterminate sentence for public protection)	4 (3%)
Life	13 (11%)
Not currently serving a sentence	0 (0%)

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

Yes	27 (23%)
No	83 (72%)
Don't remember	6 (5%)

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

Less than 2 hours	111 (94%)
2 hours or more	7 (6%)
Don't remember	0 (0%)

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

Yes	111 (94%)
No	2 (2%)
Don't remember	5 (4%)

2.4 Overall, how were you treated in reception?

Very well	49 (42%)
Quite well	66 (56%)
Quite badly	2 (2%)
Very badly	0 (0%)
Don't remember	0 (0%)

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

Problems getting phone numbers	10 (9%)
Contacting family	8 (7%)
Arranging care for children or other dependants	2 (2%)
Contacting employers	1 (1%)
Money worries	14 (12%)
Housing worries	6 (5%)
Feeling depressed	10 (9%)
Feeling suicidal	2 (2%)
Other mental health problems	6 (5%)
Physical health problems	3 (3%)
Drug or alcohol problems (e.g. withdrawal)	1 (1%)
Problems getting medication	5 (4%)
Needing protection from other prisoners	1 (1%)
Lost or delayed property	9 (8%)
Other problems	5 (4%)
Did not have any problems	73 (65%)

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

Yes	24 (21%)
No	17 (15%)
Did not have any problems when I first arrived	73 (64%)

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	89 (76%)
Toiletries / other basic items	80 (68%)
A shower	87 (74%)
A free phone call	94 (80%)
Something to eat	85 (73%)
The chance to see someone from health care	49 (42%)
The chance to talk to a Listener or Samaritans	47 (40%)
Support from another prisoner (e.g. Insider or buddy)	42 (36%)
Wasn't offered any of these things	3 (3%)

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

Very clean	17 (14%)
Quite clean	81 (69%)
Quite dirty	12 (10%)
Very dirty	7 (6%)
Don't remember	1 (1%)

3.3 Did you feel safe on your first night here?

Yes	117 (98%)
No	1 (1%)
Don't remember	2 (2%)

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

	Yes	No	Don't remember
Access to the prison shop / canteen?	62 (55%)	44 (39%)	7 (6%)
Free PIN phone credit?	78 (70%)	27 (24%)	7 (6%)
Numbers put on your PIN phone?	77 (72%)	23 (21%)	7 (7%)

3.5	Did your induction cover everything you needed to know about this prison?	
	Yes	85 (71%)
	No	33 (28%)
	Have not had an induction	1 (1%)

On the wing

4.1	Are you in a cell on your own?	
	Yes	120 (100%)
	No, I'm in a shared cell or dormitory	0 (0%)
4.2	Is your cell call bell normally answered within 5 minutes?	
	Yes	7 (6%)
	No	4 (3%)
	Don't know	10 (9%)
	Don't have a cell call bell	94 (82%)
4.3	Please answer the following questions about the wing or house block you are currently living on:	
		Yes No Don't know
	Do you normally have enough clean, suitable clothes for the week?	104 (90%) 10 (9%) 2 (2%)
	Can you shower every day?	119 (99%) 1 (1%) 0 (0%)
	Do you have clean sheets every week?	104 (90%) 11 (9%) 1 (1%)
	Do you get cell cleaning materials every week?	53 (46%) 59 (51%) 3 (3%)
	Is it normally quiet enough for you to relax or sleep at night?	95 (80%) 24 (20%) 0 (0%)
	Can you get your stored property if you need it?	49 (42%) 36 (31%) 32 (27%)
4.4	Normally, how clean or dirty are the communal / shared areas of your wing or house block (landings, stairs, wing showers etc.)?	
	Very clean	11 (10%)
	Quite clean	39 (34%)
	Quite dirty	35 (30%)
	Very dirty	30 (26%)

Food and canteen

5.1	What is the quality of food like in this prison?	
	Very good	17 (14%)
	Quite good	79 (66%)
	Quite bad	19 (16%)
	Very bad	4 (3%)
5.2	Do you get enough to eat at mealtimes?	
	Always	42 (35%)
	Most of the time	51 (43%)
	Some of the time	19 (16%)
	Never	7 (6%)
5.3	Does the shop / canteen sell the things that you need?	
	Yes	100 (85%)
	No	18 (15%)
	Don't know	0 (0%)

Relationships with staff

6.1	Do most staff here treat you with respect?	
	Yes	92 (77%)
	No	27 (23%)
6.2	Are there any staff here you could turn to if you had a problem?	
	Yes	98 (84%)
	No	19 (16%)
6.3	In the last week, has any member of staff talked to you about how you are getting on?	
	Yes	51 (43%)
	No	67 (57%)
6.4	How helpful is your personal or named officer?	
	Very helpful	44 (37%)
	Quite helpful	43 (36%)
	Not very helpful	15 (13%)
	Not at all helpful	4 (3%)
	Don't know	11 (9%)
	Don't have a personal / named officer	1 (1%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly	35 (29%)
	Sometimes	50 (42%)
	Hardly ever	31 (26%)
	Don't know	3 (3%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	81 (69%)
	No	36 (31%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change	31 (26%)
	Yes, but things don't change	42 (36%)
	No	20 (17%)
	Don't know	25 (21%)

Faith

7.1	What is your religion?	
	No religion	45 (38%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	59 (50%)
	Buddhist	4 (3%)
	Hindu	1 (1%)
	Jewish	1 (1%)
	Muslim	9 (8%)
	Sikh	0 (0%)
	Other	0 (0%)
7.2	Are your religious beliefs respected here?	
	Yes	55 (47%)
	No	6 (5%)
	Don't know	12 (10%)
	Not applicable (no religion)	45 (38%)

7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	
	Yes	61 (52%)
	No	8 (7%)
	Don't know	4 (3%)
	Not applicable (no religion)	45 (38%)

7.4	Are you able to attend religious services, if you want to?	
	Yes	60 (51%)
	No	7 (6%)
	Don't know	6 (5%)
	Not applicable (no religion)	45 (38%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	83 (70%)
	No	35 (30%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	14 (12%)
	No	104 (88%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	119 (100%)
	No	0 (0%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	29 (25%)
	Quite easy	49 (42%)
	Quite difficult	30 (25%)
	Very difficult	8 (7%)
	Don't know	2 (2%)
8.5	How often do you have visits from family or friends?	
	More than once a week	6 (5%)
	About once a week	35 (30%)
	Less than once a week	53 (46%)
	Not applicable (don't get visits)	22 (19%)
8.6	Do visits usually start and finish on time?	
	Yes	79 (84%)
	No	15 (16%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	90 (97%)
	No	3 (3%)

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	113 (97%)
	Yes, but these times are not usually kept to	4 (3%)
	No	0 (0%)

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	0 (0%)
	2 to 6 hours	10 (9%)
	6 to 10 hours	33 (28%)
	10 hours or more	69 (59%)
	Don't know	5 (4%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	4 (3%)
	2 to 6 hours	27 (23%)
	6 to 10 hours	37 (31%)
	10 hours or more	46 (39%)
	Don't know	4 (3%)
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	0 (0%)
	1 or 2	8 (7%)
	3 to 5	3 (3%)
	More than 5	100 (88%)
	Don't know	2 (2%)
9.5	How many days in a typical week do you get association, if you want it?	
	None	0 (0%)
	1 or 2	3 (3%)
	3 to 5	1 (1%)
	More than 5	104 (93%)
	Don't know	4 (4%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None	1 (1%)
	1 or 2	2 (2%)
	3 to 5	2 (2%)
	More than 5	107 (94%)
	Don't know	2 (2%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more	89 (77%)
	About once a week	2 (2%)
	Less than once a week	8 (7%)
	Never	16 (14%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more	42 (36%)
	About once a week	26 (22%)
	Less than once a week	34 (29%)
	Never	15 (13%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes	83 (72%)
	No	18 (16%)
	Don't use the library	15 (13%)

Applications, complaints and legal rights

I0.1	Is it easy for you to make an application?			
	Yes			103 (89%)
	No			5 (4%)
	Don't know			8 (7%)
I0.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	83 (74%)	18 (16%)	11 (10%)
	Are applications usually dealt with within 7 days?	79 (72%)	19 (17%)	11 (10%)
I0.3	Is it easy for you to make a complaint?			
	Yes			72 (63%)
	No			7 (6%)
	Don't know			36 (31%)
I0.4	If you have made any complaints here, please answer the questions below:			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	16 (15%)	10 (9%)	81 (76%)
	Are complaints usually dealt with within 7 days?	12 (11%)	13 (12%)	81 (76%)
I0.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes			15 (14%)
	No			31 (28%)
	Not wanted to make a complaint			65 (59%)
I0.6	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?	48 (44%)	4 (4%)	28 (26%) 29 (27%)
	Attend legal visits?	43 (41%)	4 (4%)	31 (29%) 28 (26%)
	Get bail information?	12 (12%)	5 (5%)	32 (31%) 54 (52%)
I0.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes			17 (15%)
	No			49 (43%)
	Not had any legal letters			47 (42%)

Health care

I1.1	How easy or difficult is it to see the following people?				
		Very easy	Quite easy	Quite difficult	Very difficult Don't know
	Doctor	16 (14%)	49 (42%)	30 (26%)	11 (9%) 11 (9%)
	Nurse	26 (22%)	65 (56%)	14 (12%)	5 (4%) 6 (5%)
	Dentist	16 (14%)	51 (44%)	24 (21%)	13 (11%) 12 (10%)
	Mental health workers	10 (9%)	28 (25%)	8 (7%)	5 (4%) 61 (54%)

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	19 (16%)	60 (51%)	11 (9%)	7 (6%)	20 (17%)
	Nurse	23 (20%)	63 (54%)	15 (13%)	5 (4%)	10 (9%)
	Dentist	26 (23%)	52 (46%)	6 (5%)	5 (4%)	25 (22%)
	Mental health workers	9 (8%)	27 (25%)	5 (5%)	1 (1%)	68 (62%)
11.3	Do you have any mental health problems?					
	Yes					20 (17%)
	No					96 (83%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					8 (7%)
	No					10 (9%)
	Don't have any mental health problems					96 (84%)
11.5	What do you think of the overall quality of the health services here?					
	Very good					15 (13%)
	Quite good					65 (56%)
	Quite bad					21 (18%)
	Very bad					6 (5%)
	Don't know					9 (8%)

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				16 (14%)
	No				100 (86%)
12.2	If you have a disability, are you getting the support you need?				
	Yes				3 (3%)
	No				11 (10%)
	Don't have a disability				100 (88%)
12.3	Have you been on an ACCT in this prison?				
	Yes				1 (1%)
	No				114 (99%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?				
	Yes				1 (1%)
	No				0 (0%)
	Have not been on an ACCT in this prison				114 (99%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?				
	Very easy				53 (47%)
	Quite easy				27 (24%)
	Quite difficult				0 (0%)
	Very difficult				1 (1%)
	Don't know				32 (28%)
	No Listeners at this prison				0 (0%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	11 (9%)
	No	106 (91%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	9 (8%)
	No	2 (2%)
	Did not / do not have an alcohol problem	106 (91%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	10 (9%)
	No	105 (91%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	1 (1%)
	No	114 (99%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	0 (0%)
	No	115 (100%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	9 (8%)
	No	1 (1%)
	Did not / do not have a drug problem	104 (91%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	17 (15%)
	Quite easy	23 (20%)
	Quite difficult	1 (1%)
	Very difficult	1 (1%)
	Don't know	74 (64%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	2 (2%)
	Quite easy	4 (3%)
	Quite difficult	10 (8%)
	Very difficult	12 (10%)
	Don't know	92 (77%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	8 (7%)
	No	108 (93%)
14.2	Do you feel unsafe now?	
	Yes	2 (2%)
	No	114 (98%)

I4.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here?	
	Verbal abuse	15 (14%)
	Threats or intimidation	11 (10%)
	Physical assault	3 (3%)
	Sexual assault	1 (1%)
	Theft of canteen or property	4 (4%)
	Other bullying / victimisation	7 (7%)
	Not experienced any of these from prisoners here	86 (80%)
I4.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	46 (41%)
	No	67 (59%)
I4.5	Have you experienced any of the following types of bullying / victimisation from staff here?	
	Verbal abuse	11 (10%)
	Threats or intimidation	12 (11%)
	Physical assault	0 (0%)
	Sexual assault	0 (0%)
	Theft of canteen or property	1 (1%)
	Other bullying / victimisation	11 (10%)
	Not experienced any of these from staff here	86 (80%)
I4.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	52 (47%)
	No	58 (53%)

Behaviour management

I5.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	65 (57%)
	No	22 (19%)
	Don't know what the incentives / rewards are	27 (24%)
I5.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	67 (58%)
	No	10 (9%)
	Don't know	21 (18%)
	Don't know what this is	17 (15%)
I5.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	0 (0%)
	No	116 (100%)
I5.4	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	0 (0%)
	No	0 (0%)
	Don't remember	0 (0%)
	Not been restrained here in last 6 months	116 (100%)

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

Yes	0 (0%)
No	114 (100%)

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?	0 (0%)	0 (0%)
Could you shower every day?	0 (0%)	0 (0%)
Could you go outside for exercise every day?	0 (0%)	0 (0%)
Could you use the phone every day (if you had credit)?	0 (0%)	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	95 (82%)	7 (6%)	13 (11%)	1 (1%)
Vocational or skills training	66 (60%)	20 (18%)	23 (21%)	1 (1%)
Prison job	106 (93%)	6 (5%)	2 (2%)	0 (0%)
Voluntary work outside of the prison	77 (69%)	12 (11%)	23 (21%)	0 (0%)
Paid work outside of the prison	58 (51%)	30 (27%)	25 (22%)	0 (0%)

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	70 (63%)	34 (30%)	8 (7%)
Vocational or skills training	68 (64%)	18 (17%)	21 (20%)
Prison job	57 (53%)	50 (46%)	1 (1%)
Voluntary work outside of the prison	60 (56%)	26 (24%)	21 (20%)
Paid work outside of the prison	69 (63%)	11 (10%)	29 (27%)

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

Yes	100 (88%)
No	14 (12%)
Not applicable (e.g. if you are retired, sick or on remand)	0 (0%)

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

Yes	102 (89%)
No	13 (11%)

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

Yes	95 (93%)
No	3 (3%)
Don't know what my objectives or targets are	4 (4%)

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

Yes	80 (79%)
No	17 (17%)
Don't know what my objectives or targets are	4 (4%)

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	32 (35%)	5 (5%)	55 (60%)
Other programmes	26 (30%)	6 (7%)	56 (64%)
One to one work	29 (32%)	8 (9%)	54 (59%)
Being on a specialist unit	8 (10%)	4 (5%)	71 (86%)
ROTL - day or overnight release	62 (65%)	1 (1%)	33 (34%)

Preparation for release

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

Yes	26 (23%)
No	86 (75%)
Don't know	2 (2%)

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

Very near	2 (8%)
Quite near	12 (46%)
Quite far	8 (31%)
Very far	4 (15%)

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

Yes	23 (88%)
No	3 (12%)

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	7 (27%)	2 (8%)	17 (65%)
Getting employment	4 (16%)	8 (32%)	13 (52%)
Setting up education or training	3 (12%)	5 (20%)	17 (68%)
Arranging benefits	8 (31%)	3 (12%)	15 (58%)
Sorting out finances	5 (19%)	1 (4%)	20 (77%)
Support for drug or alcohol problems	3 (12%)	3 (12%)	19 (76%)
Health / mental health support	2 (8%)	2 (8%)	20 (83%)
Social care support	2 (8%)	2 (8%)	21 (84%)
Getting back in touch with family or friends	4 (16%)	2 (8%)	19 (76%)

More about you

19.1 Do you have children under the age of 18?

Yes	64 (57%)
No	49 (43%)

19.2 Are you a UK / British citizen?

Yes	113 (99%)
No	1 (1%)

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

Yes	1 (1%)
No	113 (99%)

19.4	Have you ever been in the armed services (e.g. army, navy, air force)?	
	Yes	11 (10%)
	No	102 (90%)
19.5	What is your gender?	
	Male	116 (100%)
	Female	0 (0%)
	Non-binary	0 (0%)
	Other	0 (0%)
19.6	How would you describe your sexual orientation?	
	Straight / heterosexual	113 (98%)
	Gay / lesbian / homosexual	0 (0%)
	Bisexual	2 (2%)
	Other	0 (0%)
19.7	Do you identify as transgender or transsexual?	
	Yes	0 (0%)
	No	112 (100%)

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 (2%)
	Less likely to offend	93 (81%)
	Made no difference	20 (17%)

HMP Kirklevington Grange 2019
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 a disability compared with those who did not.
- responses of prisoners who reported that they had mental health problems 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:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

Have a disability	Do not have a disability	Mental health problems	No mental health problems
16	100	20	96

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	0%	7%	5%	6%
	Are you 50 years of age or older?	38%	14%	15%	18%
1.3	Are you from a minority ethnic group?	0%	9%	5%	10%
7.1	Are you Muslim?	0%	8%	5%	8%
11.3	Do you have any mental health problems?	53%	12%		
12.1	Do you consider yourself to have a disability?			40%	7%
19.2	Are you a foreign national?	0%	1%	0%	1%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	0%	0%	0%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	87%	95%	95%	94%
2.4	Overall, were you treated very / quite well in reception?	100%	98%	95%	99%
2.5	When you first arrived, did you have any problems?	80%	27%	70%	27%
For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	50%	61%	42%	67%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	88%	100%	100%	98%
3.5	Have you had an induction at this prison?	94%	100%	100%	99%
For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	73%	72%	75%	71%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	33%	35%	0%	44%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	75%	92%	80%	91%
	- Can you shower every day?	94%	100%	100%	99%
	- Do you have clean sheets every week?	80%	92%	84%	91%
	- Do you get cell cleaning materials every week?	38%	46%	45%	45%
	- Is it normally quiet enough for you to relax or sleep at night?	75%	81%	65%	83%
	- Can you get your stored property if you need it?	31%	44%	25%	46%

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	Grey shading indicates that we have no valid data for this question

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

	Have a disability	Do not have a disability	Mental health problems	No mental health problems
Number of completed questionnaires returned	16	100	20	96

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	75%	79%	75%	79%
5.3	Does the shop / canteen sell the things that you need?	81%	86%	84%	85%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	63%	80%	60%	81%
6.2	Are there any staff here you could turn to if you had a problem?	88%	84%	70%	87%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	13%	48%	20%	48%
6.6	Do you feel that you are treated as an individual in this prison?	50%	72%	55%	72%
FAITH					
For those who have a religion:					
7.2	Are your religious beliefs respected here?	64%	76%	60%	76%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	82%	85%	80%	85%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	69%	70%	58%	72%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	19%	11%	20%	10%
8.3	Are you able to use a phone every day (if you have credit)?	100%	100%	100%	100%
For those who get visits:					
8.7	Are your visitors usually treated respectfully by staff?	100%	98%	94%	99%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	0%	0%	0%	0%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	25%	64%	30%	65%
For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	77%	83%	67%	85%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	81%	91%	80%	92%
For those who have made an application:					
10.2	Are applications usually dealt with fairly?	77%	84%	69%	86%
10.3	Is it easy for you to make a complaint?	56%	64%	53%	64%
For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	50%	64%	25%	68%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	43%	31%	71%	26%

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	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
16	100

Mental health problems	No mental health problems
20	96

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	56%	56%
	- Nurse?	93%	77%
	- Dentist?	40%	61%
	- Mental health workers?	38%	33%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	67%	33%
11.5	Do you think the overall quality of the health services here is very / quite good?	69%	70%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	21%	
SAFETY			
14.1	Have you ever felt unsafe here?	19%	5%
14.2	Do you feel unsafe now?	13%	0%
14.3	Not experienced bullying / victimisation by other prisoners	63%	84%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	47%	40%
14.5	Not experienced bullying / victimisation by members of staff	47%	86%
14.6	If you were being bullied / victimised by staff here, would you report it?	40%	48%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	50%	58%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	44%	61%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	0%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	0%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	75%	90%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	100%	87%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	69%	81%
17.4	Have you done ROTL - day or overnight release in this prison?	62%	66%
	For those who have done ROTL - day or overnight release, did it help you to achieve your objectives or targets?	88%	100%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?	86%	90%
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?	69%	83%

45%	58%
90%	77%
37%	62%
45%	31%
44%	
65%	70%
14%	17%
5%	7%
0%	2%
60%	85%
55%	38%
70%	83%
50%	47%
40%	60%
35%	65%
0%	0%
0%	0%
85%	88%
90%	88%
67%	82%
40%	70%
100%	98%
100%	86%
80%	81%

HMP Kirklevington Grange 2019

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.

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

50 and over	Under 50
20	99

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?		8%
	Are you 70 years of age or older?	0%	
1.3	Are you from a minority ethnic group?	0%	10%
7.1	Are you Muslim?	0%	9%
11.3	Do you have any mental health problems?	15%	18%
12.1	Do you consider yourself to have a disability?	30%	10%
19.2	Are you a foreign national?	0%	1%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	0%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	95%	94%
2.4	Overall, were you treated very / quite well in reception?	100%	98%
2.5	When you first arrived, did you have any problems?	47%	33%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	43%	64%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	90%	100%
3.5	Have you had an induction at this prison?	95%	100%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	63%	75%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	50%	31%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	89%	90%
	- Can you shower every day?	95%	100%
	- Do you have clean sheets every week?	94%	90%
	- Do you get cell cleaning materials every week?	37%	48%
	- Is it normally quiet enough for you to relax or sleep at night?	53%	86%
	- Can you get your stored property if you need it?	53%	40%

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

50 and over	Under 50
20	99

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	95%	76%
5.3	Does the shop / canteen sell the things that you need?	79%	87%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	84%	77%
6.2	Are there any staff here you could turn to if you had a problem?	90%	83%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	30%	46%
6.6	Do you feel that you are treated as an individual in this prison?	60%	72%
FAITH			
For those who have a religion:			
7.2	Are your religious beliefs respected here?	57%	79%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	88%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	55%	73%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	20%	10%
8.3	Are you able to use a phone every day (if you have credit)?	100%	100%
For those who get visits:			
8.7	Are your visitors usually treated respectfully by staff?	100%	98%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	0%	0%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	55%	59%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	72%	84%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	100%	87%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	71%	86%
10.3	Is it easy for you to make a complaint?	85%	58%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	86%	53%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	27%	34%

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Number of completed questionnaires returned

50 and over	Under 50
20	99

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	50%	57%
	- Nurse?	90%	77%
	- Dentist?	63%	57%
	- Mental health workers?	37%	33%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	50%	44%
11.5	Do you think the overall quality of the health services here is very / quite good?	68%	70%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	0%	33%
SAFETY			
14.1	Have you ever felt unsafe here?	15%	5%
14.2	Do you feel unsafe now?	10%	0%
14.3	Not experienced bullying / victimisation by other prisoners	63%	84%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	53%	38%
14.5	Not experienced bullying / victimisation by members of staff	77%	81%
14.6	If you were being bullied / victimised by staff here, would you report it?	53%	46%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	70%	54%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	70%	56%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	0%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	0%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	95%	86%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	100%	86%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	80%	79%
17.4	Have you done ROTL - day or overnight release in this prison?	89%	60%
	For those who have done ROTL - day or overnight release, did it help you to achieve your objectives or targets?	94%	100%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?	100%	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?	60%	85%

HMP Kirklevington Grange 2019
Survey responses compared with those from other HMIP surveys of open prisons
and with those from the previous survey

In this table summary statistics from HMP Kirklevington Grange 2019 are compared with the following HMIP survey data:

- **Summary statistics from most recent surveys of all other open prisons (13 prisons).** Please note that we do not have comparable data for the new questions introduced in September 2017.
- **Summary statistics from surveys of open prisons conducted since the introduction of the new questionnaire in September 2017 (6 prisons).** Please note that this does not include all open prisons.
- **Summary statistics from HMP Kirklevington Grange in 2014.** Please note that we do not have comparable data for the new questions introduced in September 2017.

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Number of completed questionnaires returned

HMP Kirklevington Grange 2019	All other open prisons	HMP Kirklevington Grange 2019	Open prisons surveyed since September 2017	HMP Kirklevington Grange 2019	HMP Kirklevington Grange 2014
120	1,949	120	853	120	137

n=number of valid responses to question (HMP Kirklevington Grange 2019)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION									
1.2	Are you under 21 years of age?	n=119	0%	1%	0%	1%	0%	0%	
	Are you 25 years of age or younger?	n=119	7%		7%	9%	7%		
	Are you 50 years of age or older?	n=119	17%	25%	17%	22%	17%	16%	
	Are you 70 years of age or older?	n=119	0%	2%	0%	1%	0%	0%	
1.3	Are you from a minority ethnic group?	n=118	9%	26%	9%	28%	9%	12%	
1.4	Have you been in this prison for less than 6 months?	n=117	34%		34%	37%	34%		
1.5	Are you currently serving a sentence?	n=118	100%		100%	100%	100%		
	Are you on recall?	n=118	0%	2%	0%	2%	0%	3%	
1.6	Is your sentence less than 12 months?	n=116	3%	2%	3%	2%	3%	1%	
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	n=116	3%	10%	3%	5%	3%	6%	
7.1	Are you Muslim?	n=119	8%	14%	8%	17%	8%	8%	
11.3	Do you have any mental health problems?	n=116	17%		17%	22%	17%		
12.1	Do you consider yourself to have a disability?	n=116	14%	16%	14%	18%	14%	15%	
19.1	Do you have any children under the age of 18?	n=113	57%	50%	57%	53%	57%	55%	
19.2	Are you a foreign national?	n=114	1%	2%	1%	1%	1%	1%	
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=114	1%	2%	1%	3%	1%	2%	
19.4	Have you ever been in the armed services?	n=113	10%	7%	10%	6%	10%	12%	
19.5	Is your gender female or non-binary?	n=116	0%		0%	1%	0%		
19.6	Are you homosexual, bisexual or other sexual orientation?	n=115	2%	3%	2%	2%	2%	2%	
19.7	Do you identify as transgender or transsexual?	n=112	0%		0%	1%	0%		
ARRIVAL AND RECEPTION									
2.1	Were you given up-to-date information about this prison before you came here?	n=116	23%	28%	23%	29%	23%		
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=118	94%	76%	94%	75%	94%	93%	
2.3	When you were searched in reception, was this done in a respectful way?	n=118	94%	86%	94%	87%	94%	84%	
2.4	Overall, were you treated very / quite well in reception?	n=117	98%		98%	91%	98%		

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		HMP Kirkclevington Grange 2019	All other open prisons	HMP Kirkclevington Grange 2019	Open prisons surveyed since September 2017	HMP Kirkclevington Grange 2019	HMP Kirkclevington Grange 2014
Number of completed questionnaires returned		120	1,949	120	853	120	137
2.5	When you first arrived, did you have any problems? <i>n=113</i>	35%	43%	35%	45%	35%	53%
2.5	Did you have problems with:						
	- Getting phone numbers? <i>n=113</i>	9%	12%	9%	13%	9%	11%
	- Contacting family? <i>n=113</i>	7%	11%	7%	13%	7%	14%
	- Arranging care for children or other dependents? <i>n=113</i>	2%		2%	1%	2%	
	- Contacting employers? <i>n=113</i>	1%	3%	1%	4%	1%	1%
	- Money worries? <i>n=113</i>	12%	9%	12%	10%	12%	17%
	- Housing worries? <i>n=113</i>	5%	8%	5%	7%	5%	5%
	- Feeling depressed? <i>n=113</i>	9%		9%	13%	9%	
	- Feeling suicidal? <i>n=113</i>	2%		2%	1%	2%	
	- Other mental health problems? <i>n=113</i>	5%		5%	7%	5%	
	- Physical health problems? <i>n=113</i>	3%	8%	3%	7%	3%	8%
	- Drugs or alcohol (e.g. withdrawal)? <i>n=113</i>	1%		1%	1%	1%	
	- Getting medication? <i>n=113</i>	4%		4%	8%	4%	
	- Needing protection from other prisoners? <i>n=113</i>	1%	1%	1%	1%	1%	1%
	- Lost or delayed property? <i>n=113</i>	8%	12%	8%	13%	8%	9%
For those who had any problems when they first arrived:							
2.6	Did staff help you to deal with these problems? <i>n=41</i>	59%	46%	59%	42%	59%	46%
FIRST NIGHT AND INDUCTION							
3.1	Before you were locked up on your first night, were you offered:						
	- Tobacco or nicotine replacement? <i>n=117</i>	76%	60%	76%	66%	76%	56%
	- Toiletries / other basic items? <i>n=117</i>	68%	48%	68%	45%	68%	29%
	- A shower? <i>n=117</i>	74%	48%	74%	61%	74%	36%
	- A free phone call? <i>n=117</i>	80%	36%	80%	46%	80%	66%
	- Something to eat? <i>n=117</i>	73%	60%	73%	71%	73%	44%
	- The chance to see someone from health care? <i>n=117</i>	42%	68%	42%	57%	42%	64%
	- The chance to talk to a Listener or Samaritans? <i>n=117</i>	40%	37%	40%	28%	40%	50%
	- Support from another prisoner (e.g. Insider or buddy)? <i>n=117</i>	36%		36%	28%	36%	
	- None of these? <i>n=117</i>	3%		3%	9%	3%	
3.2	On your first night in this prison, was your cell very / quite clean? <i>n=118</i>	83%		83%	60%	83%	
3.3	Did you feel safe on your first night here? <i>n=120</i>	98%	91%	98%	92%	98%	88%
3.4	In your first few days here, did you get:						
	- Access to the prison shop / canteen? <i>n=113</i>	55%	38%	55%	47%	55%	27%
	- Free PIN phone credit? <i>n=112</i>	70%		70%	46%	70%	
	- Numbers put on your PIN phone? <i>n=107</i>	72%		72%	60%	72%	
3.5	Have you had an induction at this prison? <i>n=119</i>	99%	97%	99%	99%	99%	92%
For those who have had an induction:							
3.5	Did your induction cover everything you needed to know about this prison? <i>n=118</i>	72%		72%	67%	72%	

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ON THE WING									
4.1	Are you in a cell on your own?	n=120	100%			100%	64%	100%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=21	33%			33%	25%	33%	
4.3	On the wing or houseblock you currently live on:								
	- Do you normally have enough clean, suitable clothes for the week?	n=116	90%			90%	86%	90%	
	- Can you shower every day?	n=120	99%	97%		99%	96%	99%	99%
	- Do you have clean sheets every week?	n=116	90%	78%		90%	87%	90%	38%
	- Do you get cell cleaning materials every week?	n=115	46%	68%		46%	73%	46%	27%
	- Is it normally quiet enough for you to relax or sleep at night?	n=119	80%	79%		80%	80%	80%	81%
	- Can you get your stored property if you need it?	n=117	42%	48%		42%	48%	42%	30%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=115	44%			44%	58%	44%	
FOOD AND CANTEEN									
5.1	Is the quality of the food in this prison very / quite good?	n=119	81%			81%	47%	81%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=119	78%			78%	49%	78%	
5.3	Does the shop / canteen sell the things that you need?	n=118	85%	62%		85%	65%	85%	67%
RELATIONSHIPS WITH STAFF									
6.1	Do most staff here treat you with respect?	n=119	77%	77%		77%	71%	77%	82%
6.2	Are there any staff here you could turn to if you had a problem?	n=117	84%	78%		84%	74%	84%	82%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=118	43%	35%		43%	37%	43%	43%
6.4	Do you have a personal officer?	n=118	99%			99%	95%	99%	
For those who have a personal officer:									
6.4	Is your personal or named officer very / quite helpful?	n=117	74%			74%	62%	74%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=119	29%			29%	18%	29%	
6.6	Do you feel that you are treated as an individual in this prison?	n=117	69%			69%	54%	69%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=118	62%			62%	52%	62%	
	If so, do things sometimes change?	n=73	43%			43%	41%	43%	
FAITH									
7.1	Do you have a religion?	n=119	62%	68%		62%	64%	62%	65%
For those who have a religion:									
7.2	Are your religious beliefs respected here?	n=73	75%			75%	74%	75%	
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	n=73	84%			84%	78%	84%	
7.4	Are you able to attend religious services, if you want to?	n=73	82%			82%	90%	82%	
CONTACT WITH FAMILY AND FRIENDS									
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=118	70%			70%	48%	70%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=118	12%	21%		12%	23%	12%	23%
8.3	Are you able to use a phone every day (if you have credit)?	n=119	100%			100%	96%	100%	
8.4	Is it very / quite easy for your family and friends to get here?	n=118	66%			66%	49%	66%	
8.5	Do you get visits from family/friends once a week or more?	n=116	35%			35%	26%	35%	
For those who get visits:									
8.6	Do visits usually start and finish on time?	n=94	84%			84%	81%	84%	
8.7	Are your visitors usually treated respectfully by staff?	n=93	97%			97%	88%	97%	

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TIME OUT OF CELL									
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=117	100%			100%	98%	100%	
For those who know what the unlock and lock-up times are supposed to be:									
9.1	Are these times usually kept to?	n=117	97%			97%	91%	97%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=117	0%	2%		0%	3%	0%	4%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=117	59%	55%		59%	54%	59%	60%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=118	3%			3%	6%	3%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=118	39%			39%	44%	39%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=113	89%			89%	80%	89%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=112	93%			93%	92%	93%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=114	94%			94%	92%	94%	
9.7	Do you typically go to the gym twice a week or more?	n=115	77%			77%	65%	77%	
9.8	Do you typically go to the library once a week or more?	n=117	58%	60%		58%	64%	58%	47%
For those who use the library:									
9.9	Does the library have a wide enough range of materials to meet your needs?	n=101	82%	73%		82%	69%	82%	62%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS									
10.1	Is it easy for you to make an application?	n=116	89%	84%		89%	81%	89%	87%
For those who have made an application:									
10.2	Are applications usually dealt with fairly?	n=101	82%	71%		82%	71%	82%	70%
	Are applications usually dealt with within 7 days?	n=98	81%	60%		81%	63%	81%	69%
10.3	Is it easy for you to make a complaint?	n=115	63%	55%		63%	54%	63%	50%
For those who have made a complaint:									
10.4	Are complaints usually dealt with fairly?	n=26	62%	38%		62%	36%	62%	37%
	Are complaints usually dealt with within 7 days?	n=25	48%	38%		48%	38%	48%	55%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=46	33%			33%	27%	33%	
For those who need it, is it easy to:									
10.6	Communicate with your solicitor or legal representative?	n=80	60%			60%	61%	60%	
	Attend legal visits?	n=78	55%			55%	53%	55%	
	Get bail information?	n=49	25%			25%	29%	25%	
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=66	26%	33%		26%	35%	26%	52%

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				120	1,949	120	853	120	137
HEALTH CARE									
11.1	Is it very / quite easy to see:								
	- Doctor?	n=117	56%			56%	56%	56%	
	- Nurse?	n=116	78%			78%	79%	78%	
	- Dentist?	n=116	58%			58%	22%	58%	
	- Mental health workers?	n=112	34%			34%	28%	34%	
11.2	Do you think the quality of the health service is very / quite good from:								
	- Doctor?	n=117	68%			68%	66%	68%	
	- Nurse?	n=116	74%			74%	80%	74%	
	- Dentist?	n=114	68%			68%	34%	68%	
	- Mental health workers?	n=110	33%			33%	23%	33%	
11.3	Do you have any mental health problems?	n=116	17%			17%	22%	17%	
For those who have mental health problems:									
11.4	Have you been helped with your mental health problems in this prison?	n=18	44%			44%	53%	44%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=116	69%			69%	67%	69%	
OTHER SUPPORT NEEDS									
12.1	Do you consider yourself to have a disability?	n=116	14%	16%		14%	18%	14%	15%
For those who have a disability:									
12.2	Are you getting the support you need?	n=14	21%			21%	49%	21%	
12.3	Have you been on an ACCT in this prison?	n=115	1%			1%	2%	1%	
For those who have been on an ACCT:									
12.4	Did you feel cared for by staff?	n=1	100%			100%	54%	100%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=113	71%			71%	40%	71%	
ALCOHOL AND DRUGS									
13.1	Did you have an alcohol problem when you came into this prison?	n=117	9%	9%		9%	7%	9%	7%
For those who had / have an alcohol problem:									
13.2	Have you been helped with your alcohol problem in this prison?	n=11	82%	84%		82%	71%	82%	86%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=115	9%	10%		9%	9%	9%	11%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=115	1%	2%		1%	3%	1%	4%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=115	0%			0%	2%	0%	
For those who had / have a drug problem:									
13.6	Have you been helped with your drug problem in this prison?	n=10	90%	81%		90%	67%	90%	73%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=116	35%			35%	34%	35%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=120	5%			5%	28%	5%	

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SAFETY							
14.1	Have you ever felt unsafe here? <div>n=116</div>	7%	19%	7%	16%	7%	16%
14.2	Do you feel unsafe now? <div>n=116</div>	2%	7%	2%	6%	2%	7%
14.3	Have you experienced any of the following from other prisoners here:						
	- Verbal abuse? <div>n=107</div>	14%		14%	15%	14%	
	- Threats or intimidation? <div>n=107</div>	10%		10%	12%	10%	
	- Physical assault? <div>n=107</div>	3%		3%	3%	3%	
	- Sexual assault? <div>n=107</div>	1%		1%	1%	1%	
	- Theft of canteen or property? <div>n=107</div>	4%		4%	7%	4%	
	- Other bullying / victimisation? <div>n=107</div>	7%		7%	7%	7%	
	- Not experienced any of these from prisoners here <div>n=107</div>	80%		80%	79%	80%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it? <div>n=113</div>	41%		41%	35%	41%	
14.5	Have you experienced any of the following from staff here:						
	- Verbal abuse? <div>n=107</div>	10%		10%	20%	10%	
	- Threats or intimidation? <div>n=107</div>	11%		11%	19%	11%	
	- Physical assault? <div>n=107</div>	0%		0%	1%	0%	
	- Sexual assault? <div>n=107</div>	0%		0%	1%	0%	
	- Theft of canteen or property? <div>n=107</div>	1%		1%	3%	1%	
	- Other bullying / victimisation? <div>n=107</div>	10%		10%	14%	10%	
	- Not experienced any of these from staff here <div>n=107</div>	80%		80%	69%	80%	
14.6	If you were being bullied / victimised by staff here, would you report it? <div>n=110</div>	47%		47%	48%	47%	
BEHAVIOUR MANAGEMENT							
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well? <div>n=114</div>	57%		57%	52%	57%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison? <div>n=115</div>	58%		58%	55%	58%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months? <div>n=116</div>	0%	1%	0%	1%	0%	
For those who have been restrained in the last 6 months:							
15.4	Did anyone come and talk to you about it afterwards? <div>n=0</div>				50%		
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months? <div>n=114</div>	0%		0%	1%	0%	
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? <div>n=0</div>				67%		
	Could you shower every day? <div>n=0</div>				0%		
	Could you go outside for exercise every day? <div>n=0</div>				50%		
	Could you use the phone every day (if you had credit)? <div>n=0</div>				0%		

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid comparator data for this question

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

Shading is used to indicate statistical significance*, as follows:		HMP Kirklevington Grange 2019		All other open prisons		HMP Kirklevington Grange 2019		Open prisons surveyed since September 2017		HMP Kirklevington Grange 2019		HMP Kirklevington Grange 2014	
	Green shading shows results that are significantly more positive than the comparator												
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	Grey shading indicates that we have no valid comparator data for this question												
* less than 1% probability that the difference is due to chance													
Number of completed questionnaires returned		120		1,949		120		853		120		137	
EDUCATION, SKILLS AND WORK													
16.1	In this prison, is it easy to get into the following activities:												
	- Education?	n=116	82%			82%	76%	82%					
	- Vocational or skills training?	n=110	60%			60%	53%	60%					
	- Prison job?	n=114	93%			93%	81%	93%					
	- Voluntary work outside of the prison?	n=112	69%			69%	23%	69%					
	- Paid work outside of the prison?	n=113	51%			51%	11%	51%					
16.2	In this prison, have you done the following activities:												
	- Education?	n=112	93%	85%		93%	84%	93%	84%				
	- Vocational or skills training?	n=107	80%	79%		80%	75%	80%	85%				
	- Prison job?	n=108	99%	94%		99%	93%	99%	98%				
	- Voluntary work outside of the prison?	n=107	80%			80%	52%	80%					
	- Paid work outside of the prison?	n=109	73%			73%	44%	73%					
For those who have done the following activities, do you think they will help you on release:													
	- Education?	n=104	67%	61%		67%	61%	67%	66%				
	- Vocational or skills training?	n=86	79%	67%		79%	71%	79%	64%				
	- Prison job?	n=107	53%	42%		53%	38%	53%	47%				
	- Voluntary work outside of the prison?	n=86	70%			70%	60%	70%					
	- Paid work outside of the prison?	n=80	86%			86%	79%	86%					
16.3	Do staff encourage you to attend education, training or work?	n=114	88%			88%	71%	88%					
PLANNING AND PROGRESSION													
17.1	Do you have a custody plan?	n=115	89%			89%	80%	89%					
For those who have a custody plan:													
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=102	93%			93%	93%	93%					
17.3	Are staff helping you to achieve your objectives or targets?	n=101	79%			79%	66%	79%					
17.4	In this prison, have you done:												
	- Offending behaviour programmes?	n=92	40%			40%	54%	40%					
	- Other programmes?	n=88	36%			36%	45%	36%					
	- One to one work?	n=91	41%			41%	38%	41%					
	- Been on a specialist unit?	n=83	15%			15%	19%	15%					
	- ROTL - day or overnight release?	n=96	66%			66%	66%	66%					
For those who have done the following, did they help you to achieve your objectives or targets:													
	- Offending behaviour programmes?	n=32	87%			87%	75%	87%					
	- Other programmes?	n=32	81%			81%	72%	81%					
	- One to one work?	n=37	78%			78%	72%	78%					
	- Being on a specialist unit?	n=12	67%			67%	44%	67%					
	- ROTL - day or overnight release?	n=63	98%			98%	93%	98%					

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		Number of completed questionnaires returned		HMP Kirkclevington Grange 2019	All other open prisons	HMP Kirkclevington Grange 2019	Open prisons surveyed since September 2017	HMP Kirkclevington Grange 2019	HMP Kirkclevington Grange 2014
				120	1,949	120	853	120	137
PREPARATION FOR RELEASE									
18.1	Do you expect to be released in the next 3 months?	n=114	23%			23%	24%	23%	
For those who expect to be released in the next 3 months:									
18.2	Is this prison very / quite near to your home area or intended release address?	n=26	54%			54%	49%	54%	
18.3	Is anybody helping you to prepare for your release?	n=26	89%			89%	66%	89%	
18.4	Do you need help to sort out the following for when you are released:								
	- Finding accommodation?	n=26	35%			35%	36%	35%	
	- Getting employment?	n=25	48%			48%	48%	48%	
	- Setting up education or training?	n=25	32%			32%	33%	32%	
	- Arranging benefits?	n=26	42%			42%	45%	42%	
	- Sorting out finances?	n=26	23%			23%	36%	23%	
	- Support for drug or alcohol problems?	n=25	24%			24%	16%	24%	
	- Health / mental Health support?	n=24	17%			17%	21%	17%	
	- Social care support?	n=25	16%			16%	18%	16%	
	- Getting back in touch with family or friends?	n=25	24%			24%	21%	24%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:								
	- Finding accommodation?	n=9	78%			78%	35%	78%	
	- Getting employment?	n=12	33%			33%	34%	33%	
	- Setting up education or training?	n=8	38%			38%	28%	38%	
	- Arranging benefits?	n=11	73%			73%	33%	73%	
	- Sorting out finances?	n=6	83%			83%	28%	83%	
	- Support for drug or alcohol problems?	n=6	50%			50%	69%	50%	
	- Health / mental Health support?	n=4	50%			50%	41%	50%	
	- Social care support?	n=4	50%			50%	27%	50%	
	- Getting back in touch with family or friends?	n=6	67%			67%	44%	67%	
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?	n=115	81%			81%	65%	81%	