Report on an unannounced inspection of

HMP Swaleside

3 – 13 December 2018

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by HM Chief Inspector of Prisons

3–13 December 2018

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

HMP Swaleside is a category B training prison on the Isle of Sheppey in Kent. A relatively modern facility, the prison opened in the late 1980s but has had additional accommodation added to it over the past 20 years. The prison now holds up to 1,111 convicted adult men, many of whom are serving long sentences for very serious offences. At the time of the inspection, for example, well over half of the men held were serving sentences of more than 10 years, and a further 40% were serving indeterminate sentences, the clear majority of these life sentences. Well over half of those held had been at the prison for more than a year, with many held for much longer, suggesting a comparatively settled population in terms of prisoner turnover. It is true to say that the nature of offending perpetrated by Swaleside prisoners meant that many of those held were high risk and presented a high risk of harm to others. Swaleside is unquestionably a difficult place to run and an institution that presents many risks.

When we last inspected in early 2016, we described a prison that was dangerous and had experienced some deterioration but which we believed was beginning to stabilise. At this inspection we found a prison that was safer and more respectful, but where progress was very lopsided, with work to help rehabilitate prisoners and reduce individual risk actually getting worse.

Our findings suggested to us that there had been a significant amount of effort to improve the safety of Swaleside. Arrangements to receive new prisoners generally worked well, with very good induction procedures for mainstream prisoners. They were not as good for the vulnerable population. Violence had risen considerably since the last inspection, and although the number of assaults had reduced in recent months, many assaults were serious. Of the 204 assaults that had taken place in the preceding six months, well over a third were against staff and during that same period the number of prisoner-on-prisoner assaults was higher than at other similar prisons. In our survey, some 35% of prisoners told us they felt unsafe. The prison had been active in the face of this challenge and we report on several important initiatives to try to improve the situation. But many were very new and, overall, the prison's approach was not well coordinated and its effectiveness untested. The vital task of reducing violence remained a priority and is therefore the subject of one of our main recommendations.

Another main recommendation concerns supervision and accountability for the use of special accommodation, which in our view was not always used legitimately. The use of force and of segregation were similarly high, although accountability and supervision were much better; indeed, some segregation unit interventions were impressive. Security was generally applied proportionately but mandatory drug testing suggested the widespread use of illicit substances. There appeared, however, to be some very good work being done to reduce drug supply, although much of it was quite new and it was too soon to be sure of its effectiveness.

Levels of self-harm were lower than at comparable prisons, but there had been five self-inflicted deaths since our last inspection. Work to embed recommendations following Prisons and Probation Ombudsman (PPO) fatal incident investigations was weak and local policies to reduce self-harm were limited. Self-harm incidents were not investigated and the case management support for many of those in crisis was mixed. Despite this, many prisoners told us they felt well cared for and work to help reduce self-harm among prisoners with complex needs was impressive, with some elements constituting good practice in our view.

Relationships between staff and prisoners were generally very good, with over 70% of respondents to our survey saying they thought staff treated them with respect. Many staff were, however, quite inexperienced and we saw examples of staff who lacked the confidence to challenge poor behaviour or insist upon compliance with daily work routines. The quality of the environment was mixed but most cells were well maintained. The standard of cleanliness, however, did not correlate with the

plethora of supposed prisoner cleaners. Consultation, application and complaints arrangement were very mixed and needed greater managerial grip so that they could be delivered in a fully effective way. Similarly, the promotion of equality was not good enough, with outcomes for many with protected characteristics just adequate. Health services were reasonably good overall.

For a training prison, outcomes in purposeful activity were not sufficiently good. During the inspection we found 32% of men locked in their cell during the working day. This was an improvement compared to the last inspection, but was still poor. For those who went to work, the quality of most activities had improved and the quality of teaching and instruction were good. Good standards of work were evident in many aspects of education, skills and work and, for those engaged, the achievement of qualifications was high. All this was undermined by poor allocation to activity, under-employment, poor attendance and poor punctuality. Putting this right was a priority for the prison and the subject of the third of our main recommendations.

Core tasks of a prison that manages the type of prisoner held at Swaleside are meaningful sentence management, the reduction of risk of harm and ultimately the protection of the public. In these tasks Swaleside was failing badly. The prison had no useful assessment of need, and the delivery of offender management and sentence planning had been neglected. There were too few staff engaged in offender management work, too few prisoners arrived with or had an up-to-date offender assessment system (OASys) assessment and levels of contact were poor and almost exclusively reactive. Public protection arrangements were weak and offending behaviour interventions limited, especially for the prison's population of sexual offenders.

There was much to commend at Swaleside. Managers were energetic, caring and innovative, and staff, though inexperienced, were proactive and helpful. Improvements were clearly to be seen, as reflected in our assessments. That said, many improvements were undermined by failings elsewhere. Some failings had been addressed at the expense of others. For example, while there had been some incremental improvements in safety, many prisoners were not fully engaged in the regime and some prisoners' rehabilitation needs were not being met. Managers need to take a step back and think carefully about how they will not only sustain and integrate their achievements but also take a holistic approach to improving outcomes across all four of our healthy prison assessments.

Peter Clarke CVO OBE QPM February 2019
HM Chief Inspector of Prisons

Fact page

Task of the establishment
HMPO Swaleside is a category B training prison.

Certified normal accommodation and operational capacity[1]
Prisoners held at the time of inspection: 1,067
Baseline certified normal capacity: 1,111
In-use certified normal capacity: 1,111
Operational capacity: 1,111

Notable features from this inspection

The prison held a complex population, including a psychologically informed planned environment unit, a wing holding prisoners seeking protection, a wing for prisoners convicted of sexual offences and a lifer wing.

About a third of prisoners were serving an indeterminate sentence.

85% of prisoners potentially needed multi-agency supervision on release.

75% of the population had been assessed as presenting a high risk of harm.

About 60% of prisoners had committed a violent offence.

35% of prison officers had been in the Prison Service for less than 12 months.

188 prisoners were employed as wing workers.

287 prisoners, about a quarter of the population, were unemployed.

Prison status (public or private) and key providers
Public

Physical health provider: Integrated Care 24
Mental health provider: Oxleas NHS Foundation Trust
Substance misuse provider: The Forward Trust
Learning and skills provider: Novus
Community rehabilitation company (CRC): Not applicable
Escort contractor: GeoAmey

Prison group
Long-term high security estate

[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.

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

Short description of residential units
A wing – 126 places; holds prisoners from the general population
B wing – 126 places; holds prisoners seeking protection owing to debt and other issues
C wing – 126 places; offers the emotional well-being scheme to some prisoners in crisis
D wing – 126 places; the induction wing
E wing – 120 places; the drug recovery unit is located on one spur
F wing – 120 places; the PIPE unit, including a provision PIPE on one spur and a progression PIPE on the other
G wing – 178 places; holds a population of lifers on one spur
H wing – holds up to 178 prisoners convicted of sexual offences
Segregation unit – 25-bed unit
Health care unit – 17-bed in-patient unit

Name of governor and date in post
Mark Icke (May 2018)

Independent Monitoring Board chair
Bob Chapman

Date of last inspection
29 March – 8 April 2016

About this inspection and report

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

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

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

Safety	Prisoners, particularly the most vulnerable, are held safely.
Respect	Prisoners are treated with respect for their human dignity.
Purposeful activity	Prisoners are able, and expected, to engage in activity that is likely to benefit them.
Rehabilitation and release planning	Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

- **Outcomes for prisoners are good.**
  There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- **Outcomes for prisoners are reasonably good.**
  There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **Outcomes for prisoners are not sufficiently good.**
  There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **Outcomes for prisoners are poor.**
  There is evidence that the outcomes for prisoners are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

A5 Our assessments might result in one of the following:

- **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/

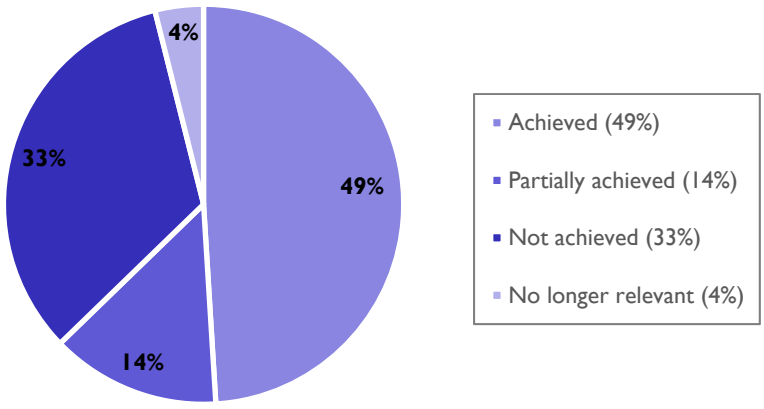
[3] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected HMP Swaleside in 2016 and made 51 recommendations overall. The prison fully accepted 45 of the recommendations and partially (or subject to resources) accepted four. It rejected two of the recommendations.

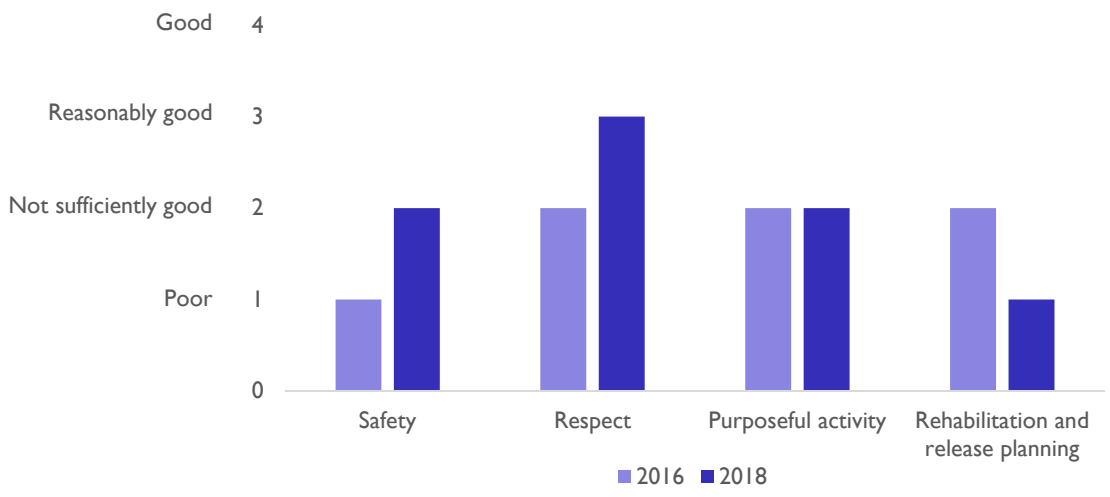
S2 At this follow-up inspection, we found that the prison had achieved 25 of those recommendations, partially achieved seven recommendations and not achieved 17 recommendations. Two recommendations were no longer relevant.

Figure 1: HMP Swaleside progress on recommendations from last inspection (n=51)



S3 Since our last inspection, outcomes for prisoners had improved in the Safety and Respect healthy prison areas. Outcomes for prisoners in Purposeful activity had stayed the same and declined in Rehabilitation and release planning.

Figure 2: HMP Swaleside healthy prison outcomes 2016 and 2018[4]



[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

S4 *Early days arrangements were generally good and prisoners were kept safe. The number of violent incidents was high. Innovative work to combat violence was promising but not yet fully productive and required more coordination. Too many prisoners in our survey said that they felt unsafe. The number of adjudication charges had increased but processes were fair. Levels of use of force were high but oversight was generally good. Prisoners were routinely stripped of their clothing on entering the special cell, which was sometimes used without sufficient justification. The use of segregation was high and some prisoners spent a long time on the unit. Some of the work to help these individuals was impressive. Security arrangements were generally proportionate. Levels of self-harm were comparatively low but five prisoners had killed themselves since the previous inspection. There was some good, innovative work to help those with complex needs. The mandatory drug testing positive rate was high, at 25%, but work to reduce the supply of drugs was having some success.*
Outcomes for prisoners against this healthy prison test were not sufficiently good.

S5 *At the last inspection in 2016 we found that outcomes for prisoners in Swaleside were poor against this healthy prison test. We made 12 recommendations in the area of safety.[5] At this inspection we found that nine of the recommendations had been achieved, one had been partially achieved and two had not been achieved.*

S6 Escort vans were clean. Escort staff checked prisoners' safety and offered refreshments during journeys to the prison. New arrivals were no longer handcuffed when disembarking from vans.

S7 The reception area had poor sightlines and holding rooms were small and uncomfortable, but staff were welcoming. Prisoners arriving from other prisons were no longer routinely strip-searched and good use was made of new searching technology. A safer custody officer interviewed new arrivals in private. Insiders (prisoners who introduce new arrivals to prison life) provided good support. Cells on the first night centre were reasonably clean and well prepared. Staff on the induction unit explored safety issues further during a private first night interview. Night staff introduced themselves to new arrivals and checked on their welfare during the night. Induction for mainstream prisoners was very good, but less so for H wing (for those convicted of a sexual offence) and B wing (for those seeking protection) prisoners, although peer workers covered the essentials for these prisoners.

S8 Although there had been a reduction in the number of serious assaults over the last few months, levels of violence were high. In the previous six months, there had been more prisoner-on-prisoner assaults than at any other category B training prison. More than a third of prisoners in our survey said that they currently felt unsafe. The monthly safer custody meeting was poorly attended, did not always take place and did not effectively analyse information or inform strategy. Although not well coordinated, some effective work to tackle violence had been carried out since the previous inspection. The recently introduced casework approach (challenge, support and intervention plans) to managing poor behaviour was not yet embedded. The very new safety intervention meeting helped to manage perpetrators and victims of violence, and was promising. However, there was an over-reliance on the safer custody team to manage intervention plans and investigate incidents. The prisoner mediation scheme was positive and early signs were encouraging, but there was insufficient managerial oversight and support for mediators. There were fewer self-isolators than at the time of the previous inspection, and they were supported.

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

S9 The incentives and earned privileges scheme did not motivate prisoners, and only a third of prisoners in our survey said that the scheme was fair. The scheme was inconsistently managed and lacked quality assurance. The number of adjudications had reduced since the previous inspection. The new adjudication standardisation meeting considered only basic data but adjudication hearings were fair.

S10 Levels of use of force had increased and were high. Oversight had improved and was generally effective. Force was largely used as a last resort. The governance of special accommodation was poor. During the inspection, managers told us that the inappropriate practice of routinely stripping prisoners of their clothing in special accommodation was to stop. We saw many examples where special accommodation had not been properly authorised or justified, and prisoners were often held there for too long.

S11 The use of segregation was high. The segregation unit was usually full, and some lengths of stay were long. Although living conditions had improved since the previous inspection, some communal areas remained grubby, showers were in poor condition and some cells were dirty and cold. The monitoring and management of segregation had improved and were good. Interventions to help prisoners to deal with the issues that caused their segregation were impressive. Relationships between staff and prisoners on the unit were good.

S12 Procedural and physical security arrangements were generally proportionate to the risks posed by the population. The management of intelligence reports had improved and was reasonably good. Security meetings were well attended and links with the rest of the prison, particularly safer custody and substance use services, were very good. Systems to identify and deal with covert organised crime and gang activity were effective, and relationships with the local police were excellent. Work to tackle extremism and prevent radicalisation was good. Work to reduce the supply of drugs also appeared to be good but was not yet embedded. The introduction of the dedicated search team was beginning to have some success but a quarter of prisoners tested positive in mandatory drug tests.

S13 Levels of self-harm were lower than at other category B training prisons. The safer custody policy was not tailored to prisoners at Swaleside. Serious incidents of self-harm were not investigated to learn lessons. The quality of assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm was mixed but most prisoners in crisis said that staff cared for them well. Work to reduce self-harm by prisoners with complex needs was impressive, and planning for them in the safer intervention and complex needs meetings was effective. The Swaleside Outreach Service[6] was good practice and an impressive intervention for prisoners with complex needs. Since the previous inspection, there had been five self-inflicted deaths. The safer custody team did not regularly or systematically monitor and embed the recommendations from the Prisons and Probation Ombudsman's (PPO) fatal incident reports. The monitoring of the PPO's recommendations by the health care department was better. There was insufficient work to identify and protect prisoners whose vulnerabilities put them at risk of harm, abuse or neglect.

[6] The Swaleside Outreach Service (SOS) is a multidisciplinary project working with prisoners with complex needs to reduce self-harming, violence and disruptive behaviour by improving their levels of engagement.

Respect

S14 *Relationships between staff and prisoners were reasonably good but some inexperienced staff lacked authority. Despite some improvements, too many communal areas were dirty. Showers were in very poor condition. The food provided was acceptable. Prisoners could buy a reasonable range of products from the prison shop. Arrangements to consult with prisoners had improved and the community hub was a positive initiative. The applications process was poor. The number of complaints submitted had increased and was very high. The management of equality and diversity required improvement, and outcomes for protected groups were mixed but generally adequate. Faith provision was good. Health services were reasonably good but some tradable medicines were inappropriately prescribed in-possession. Waiting times for the dentist were far too long.* ***Outcomes for prisoners against this healthy prison test were reasonably good.***

S15 *At the last inspection in 2016 we found that outcomes for prisoners in Swaleside were not sufficiently good against this healthy prison test. We made 18 recommendations in the area of respect. At this inspection we found that five of the recommendations had been achieved, five had been partially achieved, seven had not been achieved and one was no longer relevant.*

S16 In our survey, 71% of respondents said that most staff treated them respectfully. We saw some helpful and proactive staff across all areas of the establishment. However, some inexperienced staff lacked the confidence to challenge poor behaviour or encourage prisoners to engage with the regime.

S17 Some wings were in poor condition and, despite the many cleaners, communal areas were often dirty and uninviting. Too many showers were out of use or in very poor condition. Prisoners appreciated the opportunity to cook their own food but many cooking areas were damaged and filthy. Cells were in reasonably good condition.

S18 Prisoners in our survey were negative about the quality and quantity of the food provided, although we found these to be acceptable. Staff supervision of serveries was poor. The serveries needed refurbishment and were not cleaned after every meal. The range of items on the prison shop list largely met prisoners' needs.

S19 Consultation arrangements had improved, although attendance by managers at consultation meetings had recently waned and actions were not always addressed. The community hub[7] and peer supporters were positive initiatives that encouraged engagement. The applications process was poor. We found many old applications that had been left in wing offices without being resolved. The number of complaints submitted had increased substantially since the previous inspection but there was no detailed analysis to understand why. The quality and timeliness of replies to complaints were good. Legal services provision met the needs of the population.

S20 The management of equality and diversity was not good enough. Senior managers had responsibility for promoting protected characteristics strands but the equality and diversity group had not met for several months. Some consultation forums with protected groups led to change. Discrimination incidents were reasonably well investigated and involved face-to-face meetings. Equality data were not adequately monitored. In our survey, fewer black and minority ethnic than white prisoners said that most staff treated them respectfully. Support for Travellers was only in the early stages of development. Foreign national prisoners did not receive sufficient advice about their future options. Most prisoners with a disability who

[7] The peer-led community hub could be accessed by most prisoners each day, providing guidance and signposting on a range of issues, such as work applications or how to make a complaint.

needed assistance said that support was adequate but there were no peer carers. Evacuation plans were available for prisoners who needed help in the event of an emergency. There was a consultation forum for older prisoners but there were few age-appropriate activities. Gay, bisexual and transgender prisoners were generally positive about the support they received. Faith provision was good and the chaplaincy was well integrated into prison life.

S21 Health services had improved and were reasonably good but a few areas were still concerning. The chronic staffing shortages had started to reduce. Prisoners could access an appropriate range of primary care services and visiting specialists. Waiting times for primary care services were reasonable but too many prisoners did not attend their appointments. The in-patient unit provided good care for patients with very complex needs. A lack of escorts led to the cancellation of too many hospital appointments, long delays and risks to prisoners' health. The social care referral pathway was not sufficiently well promoted. Mental health services were good but waiting times for counselling were too long – at up to 32 weeks in some cases. The emotional well-being mentors scheme[8] was excellent, and an example of good practice. Substance misuse services were reasonably good, with flexible prescribing and a range of psychosocial support. Inconsistent supervision of medicine queues by custody staff compromised confidentiality and increased the risk of medicines being diverted. Some tradable medicines, such as dihydrocodeine (an opiate-based painkiller), were prescribed in-possession. In-possession risk assessments were too infrequent. Some prisoners waited up to 11 months for a dentist appointment, which was very poor.

Purposeful activity

S22 *Too many prisoners were locked in their cells during the working day, and prisoners spent far too long in their cells at weekends. The library and gym facilities were good. The leadership and management of education, work and skills required improvement. Too many prisoners were not allocated to activities. The quality of most teaching and instructing was good but there was too little accredited training in workshops. Not enough prisoners improved their employment skills. Prisoners' attendance and punctuality were not good enough. Outcomes and achievements for prisoners were reasonably good.* ***Outcomes for prisoners against this healthy prison test were not sufficiently good.***

S23 At the last inspection in 2016, we found that outcomes for prisoners in Swaleside were not sufficiently good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this inspection, we found that eight of the recommendations had been achieved, one had been partially achieved and two had not been achieved.

S24 Fully employed prisoners could spend about nine hours a day out of their cell during the week. Prisoners spent over 19 hours a day in their cells on Saturdays and Sundays, which was far too long. During our roll checks, we found 32% of prisoners locked in their cells during the working day, which, although lower than at the time of the previous inspection, was still too high. The regime was predictable. The library and gym facilities were good and accessible, but regime curtailments sometimes had a negative impact on attendance.

S25 Prison and education and training (OLASS) provider leaders and managers had a clear plan for the curriculum. Leaders had increased the range of accreditation in workshops, but more was needed. The quality of most work activities had improved. Prison managers and wing officers did not sufficiently prioritise prisoners' attendance at education, training and work.

[8] The emotional well-being mentors scheme offered peer support for prisoners and enabled better understanding and awareness of mental health issues.

Prisoners on B wing had insufficient access to activities. Too many prisoners were not allocated to activities. Too few wing workers were purposefully occupied.

S26 The quality of most of the teaching and instructing was good. Education classes were planned and delivered well. Peer mentors and skills advisers were used well. Teachers provided constructive feedback on prisoners' written work.

S27 Prisoners were generally well behaved in education classes and at work. Punctuality and attendance at activities were too low. Too few prisoners developed employment skills.

S28 The proportion of prisoners who achieved qualifications was high in most subjects. Standards of work in catering, engineering, art and woodwork were good. Although improved, the achievement of qualifications in functional skills was not yet good. Achievement rates in information technology were too low.

Rehabilitation and release planning

S29 *Prisoners now had telephones in their cells, which was appreciated and helped them to maintain contact with families. Visits arrangements were generally good but sessions did not always start on time. The strategic management of reducing reoffending was poor. Too many prisoners did not have an up-to-date assessment of their risks and needs. Offender supervisors had little contact with prisoners, most of which was reactive. Arrangements to protect the public were weak. Categorisation processes were adequate. There were too few places on offending behaviour programmes to meet the needs of the population, and none specifically for prisoners convicted of sexual offences. Not all prisoners were moved to a resettlement prisons before release.* ***Outcomes for prisoners against this healthy prison test were poor.***

S30 At the last inspection in 2016 we found that outcomes for prisoners in Swaleside were not sufficiently good against this healthy prison test. We made 10 recommendations in the area of resettlement.[9] At this inspection we found that three of the recommendations had been achieved, six had not been achieved and one was no longer relevant.

S31 There were no courses to help prisoners to maintain or repair family relationships. Prisoners appreciated having telephones in their cells, which helped them to maintain contact with their friends and families. The visitors centre was a decent facility but did not provide family support services or information. Visits often started late, sometimes by an hour. The visits hall was comfortable, with a supervised children's play area and good refreshment facilities. A family support worker from Spurgeons (a children's charity providing support for families visiting the prison and helping prisoners to maintain family relationships) arranged regular family days, open to all prisoners, and provided individual support for prisoners with maintaining family ties.

S32 The strategic management of reducing reoffending was weak. A recent needs analysis was not based on a sufficiently broad and accurate range of data. Reducing reoffending meetings did not drive improvement and there was no action plan to measure progress. The work of the offender management unit had been neglected; the unit was chronically understaffed and caseloads were unmanageable. Too many prisoners arrived at the prison without an offender assessment system (OASys) assessment, and 75% of the current population did not have an up-to-date assessment, which impeded progression and the reduction of risk. There were far

[9] 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.

too few probation officers for the high-risk population, and uniformed offender supervisors, who held many of these cases, were routinely cross-deployed to other duties in the prison.

S33 Levels of contact between offender supervisors and prisoners were poor and almost entirely reactive. A persistent lack of recording on P-NOMIS (electronic case notes) compromised many aspects of offender management. Prisoners serving indeterminate sentences made up about a third of the population but there was little provision to meet their needs.

S34 About 75% of the population were assessed as presenting a high risk of harm, and seven of these were due to be released in the next three months. Monthly public protection meetings failed to identify all prisoners approaching release who were potentially subject to multi-agency public protection arrangements (MAPPA) on release, or to confirm MAPPA management levels promptly. Offender managers based in the community usually mitigated these weaknesses. Procedures to implement and review child contact restrictions were weak. Mail and telephone monitoring arrangements were mostly sound.

S35 Recategorisation reviews were timely, and the progression board was useful. Prisoners who needed a progressive move were transferred promptly.

S36 There were not enough places on accredited offending behaviour programmes to meet the needs of the population. To stabilise the prison, a cohort of prisoners convicted of a sexual offence had been introduced at the end of 2016. Many had outstanding treatment needs, but there were no interventions to reduce the risk they posed. The stretched Prison Advice and Care Trust (PACT) worker (who was commissioned by the European Social Fund to work with 'hard to reach' prisoners) delivered a wide range of short interventions to help a few prisoners to address their needs. There was sufficient support for the small number of prisoners who needed help with accommodation on release but outcomes were not monitored. Support for those needing help with finance, benefit and debt was adequate.

S37 The psychologically informed planned environment (PIPE) unit[10] had expanded since the previous inspection, and was a positive facility. Despite significant challenges, some innovations, including the new farms and gardens, were impressive.

S38 The establishment tried to transfer prisoners to their local resettlement prison but about 50 prisoners were released directly from the prison each year. The prison had introduced a process to identify resettlement needs. This was timely but the reliance on a peer worker to gather the information was inappropriate. Suitable referrals to third-sector organisations were made but outcomes were not monitored to measure the effectiveness of this work.

Main concerns and recommendations

S39 Concern: Levels of violence were high and had increased considerably since the previous inspection. Prisoner-on-prisoner assaults were high. In our survey, more than a third of prisoners said they currently felt unsafe. The approach to managing safer custody was not sufficiently strategic. Managers from key areas around the prison, such as health care, security and the offender management unit, were not fully engaged in managing the published violence reduction strategy.

Recommendation: Prisoners should be and feel safe. The management of violence reduction should include input from all relevant agencies; be informed by accurate data; include prompt and robust investigations; and draw existing initiatives together in a coherent way.

[10] Part of the offender personality disorder pathway, PIPE units are designed to support transition and personal development at significant stages of a prisoner's sentence.

S40 Concern: The governance of the special accommodation was poor and we were not confident that its use was always properly authorised or justified. The practice of routinely stripping prisoners of their clothing when entering the cell was poor.

Recommendation: Special accommodation should only be used in extreme circumstances and as a last resort. It should always be properly authorised and justified, and prisoners should be returned to normal conditions as soon as possible. The practice of routinely stripping prisoners of their clothing should cease.

S41 Concern: Not enough prisoners were purposefully active. In our roll checks, almost a third of prisoners were locked in their cells. Attendance at education, training and work was too low. Prisoners regularly arrived at activities late and finished them early. Prison managers and wing officers did not ensure that prisoners attended education, training and work. Many prisoners were employed as cleaners yet they did little work and communal areas were dirty. This lack of purposeful activity undermined many other aspects of prison life, including rehabilitation.

Recommendation: Prisoners should spend sufficient time out of their cells and engage in activities that support their rehabilitation. Attendance and punctuality in education, training and work should significantly improve so that they are good.

S42 Concern: Not enough was done to rehabilitate prisoners. Too many prisoners did not have an up-to-date OASys assessment. There were not enough offender supervisors to ensure that the complex and sophisticated population progressed through long sentences and reduced their risk. Levels of contact between offender supervisors and prisoners were poor.

Recommendation: Prisoners should be helped to reduce their likelihood of reoffending and their risk of harm should be managed effectively. Prisoners should have regular contact with an offender supervisor and an up-to-date OASys document to help them address their offending behaviour and ensure their progression is monitored effectively.

S43 Concern: A cohort of prisoners convicted of a sexual offence, with outstanding treatment needs, had been introduced since the previous inspection. They did not receive adequate offender management and there were no programmes available to enable them to reduce their risk of harm or progress.

Recommendation: HMPPS and the prison should develop a strategy that reduces the level of harm presented by prisoners convicted of a sexual offence; progresses them through their sentence; and protects the public during custody and on release.

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.

1.1 The cellular vans used to transfer prisoners were clean and refreshments were provided on the journey. Prisoner escort records contained risk assessment information from the transferring establishment, and logs showed that escort staff checked regularly on the safety of prisoners.

1.2 Prisoners transferring from another establishment were no longer routinely handcuffed but those going to and from outside appointments had restraints applied. The routine strip-searching of new arrivals had also stopped since the previous inspection.

1.3 The reception area was clean but badly designed. Holding rooms were not visible to staff from the main working area and were small, with uncomfortable benches. However, they contained more information than at the time of the previous inspection.

1.4 Officers in reception were polite and welcoming to new arrivals. They were supported by two Insiders (prisoners who introduce new arrivals to prison life), who met new arrivals to gather information and provide advice and support. Information booklets, adapted to the various residential wings, were provided. Information in languages other than English was available. A safer custody officer interviewed new arrivals in private on their first night to assess their vulnerability, including potential victimisation by other prisoners. Prisoners also received a health screening by a nurse (see paragraph 2.64) and had their property processed. In our survey, only 43% of respondents said that they had spent less than two hours in reception, but we were satisfied that the time there was spent purposefully.

1.5 Most prisoners were taken to D wing, the induction unit, where they had another private interview with an induction officer to check any safety concerns and there was another chance to speak to Insiders. First night cells were reasonably clean and well prepared.

1.6 Night patrol staff spoke to new arrivals when they started their shift, and checked them three times during the night. However, in our survey, only 61% of prisoners, against the 76% comparator, said that they had felt safe on their first night.

1.7 New arrivals were provided with written information about the prison. On D wing, an Insider provided a well-structured induction presentation and answered questions. Over the following week, new arrivals were inducted into the gym, library and education department.

1.8 Prisoners convicted of a sexual offence and those seeking protection went directly from reception to H and B wings, respectively. In our survey, far fewer H wing prisoners (39%) than others (93%) said that they had undergone an induction. They did not receive a formal presentation but were briefed by Insiders. The delivery of induction was tracked, to provide assurance that it had been delivered.

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

1.9 According to the prison's own needs analysis, about 60% of prisoners were convicted of a violent index offence. Levels of violence had increased considerably since the previous inspection, and were high. Although the number of serious assaults had reduced in the last few months, many were severe and involved weapons. In the previous six months, there had been 204 assaults, of which 75 had been on staff and 129 on prisoners. During this period, the number of prisoner-on-prisoner assaults had been higher than at similar prisons. In our survey, more respondents than at similar prisons said that they currently felt unsafe (35% versus 22%) and that they had felt unsafe at some time at the prison (62% versus 48%).

1.10 There had been clear improvements in the recording of data on violence, and we were confident that incidents were reported, but this information was not analysed effectively, to inform an overarching strategy. The monthly safer custody committee meeting was poorly attended by departments such as health care, security and the offender management unit (OMU) and it did not effectively analyse information or inform strategy. Meetings were often cancelled and there was insufficient attention to emerging issues. Overall, the approach to safer custody was not sufficiently strategic (see main recommendation S39).

1.11 Although not well coordinated, some effective work to tackle violence had been carried out since the previous inspection. Challenge, support and intervention plans (CSIPs)[11] had recently been introduced to manage poor behaviour, although this work was not yet embedded. This casework approach had the potential to work well but many staff were still unfamiliar with CSIPs. There was a backlog of investigations into violent incidents and those we saw lacked detail (see main recommendation S39).

1.12 A weekly, well-attended, multidisciplinary safer interventions meeting (SIM) was very new. It had begun to direct and monitor work with perpetrators and victims of violence, and was promising. However, there was an over-reliance on the safer custody team to manage intervention plans and investigate incidents.

1.13 The Swaleside Outreach Service (SOS) was an excellent initiative (see also paragraph 1.47 and good practice point 1.53). A team of residential officers, a mental health social worker and psychologists worked with prisoners whose behaviour was challenging, violent or disruptive. They ran a day centre, where these prisoners could engage in planned interventions.

1.14 The recent introduction of a prisoner mediation scheme was a positive step. However, although early signs were encouraging, there was insufficient managerial oversight and support for the prisoner mediators. Officers on the residential units were generally unaware of these prisoners' role, and the mediators told us that they often felt under-supported by wing staff.

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[11] Challenge, Support and Intervention Plan (CSIP) is a system used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

1.15 The new cohort of prisoners convicted of a sexual offence (see paragraph 4.34) was held on H wing. These prisoners were sometimes subjected to verbal abuse from other prisoners while being escorted to activities. Prisoners seeking protection because of issues such as debt were located on B wing. The regime for prisoners on this wing was poor, with little purposeful activity (see paragraph 3.17).

1.16 There were fewer self-isolators than at the time of the previous inspection, but a small number of prisoners on residential units other than B wing still refused to leave their cells because they felt under threat. At the time of the inspection, eight prisoners isolated themselves. Support for these prisoners had improved since the previous inspection, and there was good planning to help them to deal with the issues that had caused them to self-isolate. They were reviewed every week by wing staff and the safer custody team, and plans to return them to a normal regime were monitored at the SIM. Furthermore, the segregation unit was routinely full of prisoners refusing to return to the wings because they felt unsafe on normal location (see section on segregation).

1.17 At the time of the inspection, 502 prisoners were on the enhanced level of the incentives and earned privileges (IEP) scheme, 478 were on standard and 85 were on basic. The scheme was not widely promoted and there were too few incentives to motivate prisoners to progress in it. In our survey, only around a third of respondents said that the scheme was fair. We found no evidence of prisoners being given warnings about their behaviour before being placed on the basic level of the scheme. Targets and care plans for basic prisoners were inconsistent and poorly governed. The scheme was inconsistently managed and lacked quality assurance.

1.18 Attendance at activities was poor (see section on education, skills and work activities and main recommendation S41) and some prisoners had been dismissed from their jobs as a result. These prisoners were prevented from attending the gym for 28 days and placed onto nil pay. This approach was in breach of prison rules and had the potential to increase debt.

Recommendations

1.19 Prisoner mediators should have sufficient managerial oversight and ongoing support.

1.20 Punishments for negative behaviour should not breach published HMPPS guidance.

Adjudications

1.21 There had been 1,453 adjudications in the previous six months, around 400 fewer than in the same period at the time of the previous inspection. It was concerning that over 80 charges, some for serious incidents such as assault, had not been proceeded with between June and November 2018, owing to staff redeployment.

1.22 Adjudication hearings were conducted fairly, although some charges could have been dealt with more appropriately using the IEP scheme. Punishments were usually reasonable, although the local tariff guide had not been reviewed since 2015. The most serious charges were referred to the police or independent adjudicator (IA), and there had been 270 referrals to the IA in the previous six months.

1.23 Governance arrangements had marginally improved since the previous inspection and there was now a quarterly adjudication standardisation meeting. However, supporting data analysis was too basic to identify trends, improve processes or help to update the tariff guide.

Recommendation

1.24 Adjudication standardisation procedures should identify trends, reduce the number of charges dismissed or not proceeded with, and inform local tariff guidelines.

Use of force

1.25 Levels of use of force had increased and were high, with 160 incidents involving force during the previous six months. Most incidents were spontaneous responses to fights or assaults, and many involved the use of full control and restraint techniques. Force was mainly used as a last resort.

1.26 The monitoring of the use of force had improved and was generally effective. A use of force committee, led by the head of security, met each month to provide governance. Use of force paperwork was checked and video recordings of incidents were examined by managers. In most cases we examined, planned interventions had been well organised and appropriate, and documentation completed correctly. Proper authority was recorded and senior staff supervised most incidents. De-escalation techniques were preferred and had been used to good effect. The backlog of staff statements had reduced considerably since the introduction of a full-time use of force coordinator in October 2018, and was being dealt with proactively.

1.27 The governance of the use of special accommodation was poor. It had been used 40 times in the previous six months, which was less than at the time of the previous inspection but still high. Authorisation forms did not always give assurance that use of this accommodation was justified. In at least six out of these 40 cases, governors had not given proper authorisation for the use of special accommodation, and in many other cases prisoners had not been returned to normal accommodation as soon as possible. In nearly all cases, prisoners had been routinely stripped of their clothing on entering the cell, which had not been warranted or authorised. During the inspection, managers told us that this inappropriate practice would stop (see main recommendation S40).

Segregation

1.28 Although living conditions on the segregation unit had improved since the previous inspection, some communal areas remained grubby, showers were in poor condition and exercise yards were stark. Although most cells were clean, some were dirty and cold. Some toilets were dirty and stained.

1.29 Levels of segregation were generally similar to those at the time of the previous inspection, and were high. The unit was nearly always full. During the inspection, 22 of the 23 cells on the unit were occupied; 20 prisoners were being held under Rule 45 for good order and two were confined as punishment following an adjudication. Eighteen prisoners had refused to move back to normal residential units because they felt unsafe there.

1.30 Most prisoners had been segregated for between one and five weeks but several very challenging prisoners had remained on the unit for prolonged periods. For example, in the second quarter of 2018, nine prisoners had been held in segregation for more than 84 days,

and at the time of the inspection there was one prisoner who had been segregated for more than seven months.

1.31 Reviews for prisoners segregated for reasons of good order and discipline were timely, and multidisciplinary meetings were appropriately focused on their welfare. Interventions to help prisoners to deal with the issues that had caused their segregation were impressive. Some of the longer-stay prisoners had individual care plans and some could access elements of a normal regime. Some participated in offending behaviour work with the SOS (see paragraph 1.47) or went to the gym. Most received individual sessions with mental health in-reach workers and prison psychologists.

1.32 Relationships between staff and prisoners on the unit were good. We saw all officers interacting positively with prisoners on a day-to-day basis, and they did not overreact or adopt a heavy-handed approach to demanding behaviour.

1.33 The monitoring and management of segregation had improved since the previous inspection and were good. A local segregation policy had been published and a segregation monitoring and review group met regularly to review cases.

Recommendation

1.34 All segregated prisoners should have plans to help them to address the issues that caused their 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 misuse and effective drug supply reduction measures are in place.

1.35 Procedural and physical security arrangements were generally proportionate to the risks posed by the population. The fabric of the prison was generally sound and there were no obvious weaknesses in the perimeter walls and fences. Regular checks and routine searches of the perimeter took place at appropriate times during the day, along with adequate searches of communal areas and activities buildings. Searching, including cell searches, was driven by intelligence and had detected a sizable number of prohibited articles. The recent introduction of a dedicated search team allowed the prison to conduct these searches quickly and was beginning to have some success. A staff briefing was held every morning, which was an effective way of communicating security-related information.

1.36 Although most elements of dynamic security (where prison staff apply awareness and observation of behaviour to create a safe and secure prison) were reasonably good, some staff lacked the confidence to challenge poor behaviour, and supervision on some residential units was less effective than it had been at the time of the previous inspection (see paragraph 2.2). However, the gathering and management of intelligence were good.

1.37 Security-led meetings were well attended and examined a wide range of data. Security objectives and priorities were based on intelligence and reflected the key risks to the prison. The management of intelligence reports had improved and was reasonably good. Trained security analysts communicated intelligence quickly to appropriate areas. Links between the security department and other key departments, such as the OMU, safer custody team and

substance use services, were very good. The security team published a detailed monthly report, which was presented to the security committee.

1.38 The security team had good intelligence systems to identify and deal with gang activity and covert forms of organised crime. There were excellent links with the local police, particularly on operations to deal with gang-related issues. There was good, well-organised work to deal with extremism and prevent radicalisation.

1.39 Security risk assessments were effective. The prison was not risk averse when allocating activity spaces, although there were some sensible restrictions where necessary.

1.40 The use of illicit drugs remained a serious problem for the prison, and in our survey 45% of respondents said that it was easy to get drugs. The average mandatory drug testing positive rate for 2018 was high, at about 25%. There was a well-thought-out approach to drug supply reduction. The security department and substance misuse services worked well together. Drug reduction strategies were very new. The wide-ranging supply reduction action plan was reviewed at the recently introduced drug strategy meetings. Good use was made of new searching technology. Although these initiatives to reduce drug use were helpful, some had not yet fully embedded. Suspicion drug testing had stalled.

Recommendations

1.41 The supply of illicit drugs should be greatly reduced. The drug strategy should be fully embedded and senior managers should monitor its efficacy over time.

1.42 Suspicion drug testing should be reintroduced.

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

1.43 Reported levels of self-harm were lower than at other category B training prisons. There had been 296 incidents of self-harm in the previous six months, involving 95 prisoners. There had been five self-inflicted deaths since the previous inspection.

1.44 Strategic action to prevent suicide and self-harm was not well developed. The safer custody policy was generic and did not focus on the specific challenges at the establishment. Monthly safer custody meetings did not always take place and did not drive improvement. There was no analysis of self-harm patterns to guide effective action.

1.45 Individual cases of serious self-harm had not been investigated to learn lessons, and there were no clear criteria to determine which cases should be investigated.

1.46 Despite the lack of strategic direction, there were some impressive initiatives to reduce levels of self-harm by prisoners with complex needs. The SIM (see paragraph 1.12) reviewed the management of prisoners with serious and prolific self-harming behaviour, shared

information and planned action across appropriate departments. When there were serious concerns about repeated acts of self-harm, reports were submitted to the complex needs meeting (which included residential, mental health and psychology staff), where interventions and the management of prisoners were planned.

1.47 A particularly impressive intervention was the SOS. It had been established in October 2017 as a multidisciplinary team of residential officers, psychologists and a mental health social worker. At the time of the inspection, the SOS supported 25 prisoners with complex needs from all wings. These included long-term segregated prisoners (see section on segregation). Prisoners attended groupwork and individual sessions, with the aim of improving their engagement and social functioning to overcome problems of isolation and personal distress. There had been considerable success with prisoners who had a long history of self-harming in reducing this behaviour. Prisoners told us that the SOS had made a real difference to their behaviour and outlook.

1.48 There had been 173 assessment, care in custody and teamwork (ACCT) case management documents opened in the previous six months, which was fewer than at similar prisons and at the time of the previous inspection. The overall quality of ACCT support was mixed. Assessments were mostly sound but some care plans lacked sufficient detail, and initial reviews did not always include mental health staff. Subsequent reviews did not focus sufficiently on care plan objectives. However, there were records of meaningful interaction between prisoners on ACCTs and officers, and the close involvement of mental health staff was evident in some cases. Most prisoners in crisis told us that staff were caring and supportive.

1.49 An action plan to respond to recommendations from Prisons and Probation Ombudsman (PPO) investigations into self-inflicted deaths showed that some appropriate measures had been introduced. However, progress against recommendations had not been consistently or systematically monitored by the safer custody team. There was no oversight to ensure that improved practice was embedded. The monitoring of relevant PPO recommendations by the health care department was better (see also paragraph 2.50).

1.50 There were sufficient trained Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Some staff were not well enough informed of the service provided by the Listeners, but the latter told us that they received good support from the local Samaritans. The number of Listener callouts had reduced since the introduction of telephones in cells, possibly because of better access to friends and family, as well as the Samaritans helpline.

Recommendations

1.51 Strategic action to prevent suicide and self-harm should address the specific needs of Swaleside prisoners, take account of local trend analysis and be monitored over time against an up-to-date action plan.

1.52 Actions taken in response to recommendations from the Prisons and Probation Ombudsman should be regularly reviewed, to ensure that they are embedded in practice.

Good practice

1.53 *The Swaleside Outreach Service was an effective, multidisciplinary intervention working with challenging prisoners to address their isolation and distress.*

Protection of adults at risk[12]

The safeguarding policy focused on social care needs and the separation of vulnerable prisoners for reasons such as debt. There was insufficient identification and protection of prisoners whose vulnerabilities put them at risk of abuse or neglect. Links had not been established with the local safeguarding adults board, and staff were not trained in the referral process.

[12] 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 In our survey, 71% of respondents said that most staff treated them respectfully, which was similar to the percentage at other category B training prisons and at the time of the previous inspection. Thirty per cent of prisoners said that a member of staff had talked to them about how they were getting on during the previous week, more than at the time of the previous inspection (15%).

2.2 During the inspection, we observed some helpful and proactive staff across all areas of the establishment. However, 35% of staff working on the residential units had been in post for less than 12 months, and this inexperience was often noticeable. Staff sometimes lacked the confidence to challenge poor behaviour or encourage prisoners to engage with the regime (see also paragraph 3.31 and main recommendation S41). For example, during lock-up periods, some staff lacked the authority to ensure that prisoners returned to their cells, and it sometimes took them around 20 minutes to secure a wing. A full-time mentor supported and guided inexperienced staff but middle managers were not always visible on the wings to lead their staff and demonstrate the standards required.

2.3 The personal officer scheme was inconsistently applied. In our survey, 64% of respondents said that they had a personal officer, but very few of the prisoners we spoke to said that they had had regular contact with this individual. This was reflected in the poor standard of electronic case notes on P-NOMIS; in many cases there was no evidence of prisoner contact (see also paragraph 4.18).

Recommendation

2.4 There should be visible leadership on the wings, to support inexperienced staff and model appropriate standards.

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

2.5 There had been some improvements to the cleanliness of external areas since the previous inspection; a regular cleaning party was deployed to remove rubbish during the day and artwork had been added to some of the routes between residential units.

2.6 The older residential units (A, B, C and D wings) were in poor condition and communal areas were dirty and unappealing. During the inspection, we found rotting food in serveries which was not removed for over 12 hours. During our night visit, we saw rats in corridors near rubbish bags that had not been disposed of correctly (see also paragraph 2.15). There was an excessive number of prisoners supposedly employed to clean (see paragraph 3.13 and recommendation 3.21) but the lack of effective staff supervision resulted in little cleaning actually taking place.

2.7 In our survey, 88% of respondents said that they could shower daily, which was far better than at the time of the previous inspection (67%) but worse than at similar prisons (94%). The regime allowed for daily access, but up to half of the shower rooms on the older units were out of use, and the remaining ones were in a poor state of repair and lacked privacy screening. Prison managers were sighted on these issues and funding had been acquired to upgrade the facilities.

2.8 Most prisoners were positive about the single cell accommodation, much of which had been painted since the previous inspection and was in reasonably good condition. The introduction of in-cell telephones was a positive initiative that was welcomed by prisoners.

2.9 Despite a recent programme to clean toilets in cells, many remained stained and few had adequate screening. The prison had recently invested in cleaning materials and equipment. Wing laundries had been improved with industrial-grade machinery, although repairs often took too long to be completed.

2.10 Peer workers carried out regular wing checks, to inform managers of any problems with living conditions (see also section on prisoner consultation, applications and redress). Although this was an innovative method of engaging prisoners to improve their living conditions, there was little evidence of any follow-up work taking place, and most residential managers were not well briefed on this process.

2.11 Prisoners' access to their property was adequate, and they could have property sent in annually, depending on their level on the incentives and earned privileges (IEP) scheme (see also paragraph 1.17).

Recommendation

2.12 **Prisoners should be provided with decent and respectful living conditions.** (Repeated recommendation 2.7)

Residential services

2.13 In our survey, only 41% of respondents said that the food provided was good. We found the quality and quantity of the food we sampled to be reasonable, except for the breakfast packs, which were small and issued on the day before they were to be eaten. A new menu had been introduced in November 2018 and offered more choice within a balanced diet, over a four-week cycle. Faith and medical diets were catered for. Lunchtime choices had improved, with both hot and cold food available.

2.14 The kitchen was clean and well equipped, although it also catered for HMP Standford Hill, which put sustained pressure on the service. Over 25 prisoners were employed in the kitchen and all kitchen staff had received food hygiene training, which was an improvement on the situation at the time of the previous inspection. Vocational catering courses were to be introduced in early 2019.

2.15 Prison officers were now stationed at wing serveries. The catering manager had issued clear guidance to the officers about the minimum standards to be achieved in serveries. Despite these developments, staff supervision of serveries was poor. Several prisoner servery workers were incorrectly dressed and serveries were not cleaned after every meal. Food was left out overnight, which risked attracting vermin (see also paragraph 2.6). Most serveries needed refurbishment as equipment often broke down.

2.16 Prisoners appreciated the self-cook kitchen areas but most of these were damaged and filthy. Prisoners were not provided were appropriate utensils, such as chopping boards, to ensure that the self-cook areas were hygienic. Some prisoners made use of the communal dining facilities.

2.17 A food consultation forum met every two months. Food comments books were only available on a couple of serveries, which limited opportunities to engage and learn.

2.18 Prison shop arrangements were efficient and prisoners could choose from a wide range of items. In our survey, 62% of respondents said that the prison shop sold the things that they needed, which was better than at similar prisons. However, for new prisoners, their first shop order could take up to a week to arrive, which risked them getting into debt. Prisoners were adequately consulted about the list of shop goods, and this resulted in the requested changes being made. Prisoners could obtain items from catalogues and there were no administration charges.

Recommendation

2.19 Wing serveries should be well supervised, to ensure that workers are appropriately dressed, serveries are kept clean and unused food is promptly cleared away.

Prisoner consultation, applications and redress

2.20 A community hub run by peer workers, located at the centre of the prison, could be accessed by most prisoners. The team provided guidance and signposting on a range of issues, such as work applications and complaints. The community hub peer workers were easily identifiable by their red T-shirts. Although the community hub was a positive initiative that encouraged prisoner engagement and active citizenship, there was no job description or governance to ensure that the team was appropriately supported or that it conducted its roles within appropriate boundaries.

2.21 Prisoner consultation arrangements had improved, and a monthly meeting was now embedded. Peer workers held their own pre-meeting to agree on the main points raised across residential units, and these were then passed on to managers for a response before the main meeting. However, not all actions were addressed, and attendance by managers had waned over recent months.

2.22 In our survey, only 35% of prisoners said that their applications had been dealt with fairly, and 21% that they had been dealt with within seven days, both of which were far worse than at similar prisons. Prisoner information desk (PID) peer workers on each wing logged applications and passed them to staff. PID workers recorded when an application was initially received but were not then told if a response had ever been received from the relevant department. We found many old applications in wing offices that had not been actioned or forwarded to the relevant department for a response. In the responses we examined, comments were often curt and the staff member responding did not give their name.

2.23 The number of complaints submitted was high, with 3,547 in the previous six months, which was high, and far higher than at similar prisons and at the time of the previous inspection. Responses to complaints were mostly courteous and prompt. Any complaints relating to staff were overseen by the governor and dealt with appropriately.

2.24 Despite the sharp increase in the number of complaints submitted, there was no formal analysis by senior managers to understand the reasons for this or identify any trends. When we looked at the data, we found that most complaints were about residential issues (23%), followed by property (13%), and that most complaints were submitted by G wing residents (20%). As a result of the lack of analysis of complaints and the poor governance of applications, prison managers could not address prisoners' concerns.

2.25 There was no dedicated legal services officer but prisoners could access sufficient legal texts and Prison Service Instructions in the library, and 'access to justice' laptop computers were available to assist prisoners with their legal representations. Legal visits took place from Monday to Thursday.

Recommendations

2.26 There should be robust governance in place to support and manage all peer workers, including job descriptions.

2.27 The applications system should provide timely and helpful responses to prisoners and be subject to robust checks by managers.

2.28 Regular analysis of complaints should identify patterns and trends, and systematically address prisoners' concerns.

Equality, diversity and faith

Expected outcomes:
There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics[13] 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

2.29 The management of equality and diversity work had improved but was not yet good enough. The prison had a good equality and diversity policy and action plan, but equality meetings to drive forward this work were infrequent, with only two taking place in 2018, the most recent being held several months before the inspection. However, the enthusiastic equality officer had engaged senior managers to promote protected characteristic strands. Some forums had begun to meet and there was some evidence of positive change as a result.

2.30 Since January 2018, data had been gathered locally about outcomes for prisoners with protected characteristics in areas such as the IEP scheme and adjudications. This valuable information had not yet been used by senior managers to identify any potential inequality and drive improvement. However, several equality impact assessments had been completed.

2.31 Prisoner diversity representatives felt better supported than at the time of the previous inspection but not all had been trained.

2.32 In the previous six months, 61 discrimination incident report forms (DIRFs) had been submitted. Some had been upheld following reasonably good investigations, which usually included a face-to-face meeting. DIRFs were now subject to independent quality assurance, an improvement since the previous inspection.

Recommendation

2.33 The prison's equality and diversity group should meet regularly and use up-to-date analysis of outcomes for prisoners, to identify inequality and implement remedial action.

Protected characteristics

2.34 The prison had improved the identification of prisoners with protected characteristics during reception and induction. Support forums for black and minority ethnic; Muslim; Gypsy, Romany and Traveller; and younger prisoners had all been established.

2.35 At the time of the inspection, 34% of prisoners were from a black and minority ethnic background. In our survey, fewer such prisoners (61%) than their white counterparts (80%) said that most staff treated them respectfully, but a recent celebration of Black History Month had been well received. The small number of Gypsy, Roma and Traveller prisoners were disappointed that their significant anniversaries had not been celebrated, although

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

events were planned for 2019. Support for these prisoners was only in the early stages of development.

2.36 Fifteen per cent of prisoners were foreign nationals, none of whom were being detained under immigration powers. Professional translation and interpreting services were available for prisoners requiring them, and there was a support forum for them. However, these prisoners did not receive sufficient advice about their future options. The foreign national prisoners we spoke to did not realise that they had access to Home Office immigration staff, who visited the establishment monthly. Foreign nationals could apply for a free five-minute monthly telephone call to their families outside the UK if they had no social visits.

2.37 About 23% of prisoners had declared a disability. Those we spoke to said that the support they received was adequate and that they received reasonably good care. However, not all had been provided with the cell adaptations they required. Lifts and stairlifts in the prison were too often not working. Prisoners requiring care plans for more complex needs, and all of those requiring up-to-date individualised personal emergency and evacuation plans, now had them, although not all officers knew where these plans were located.

2.38 The prisoner carer scheme had been discontinued before the inspection because some prisoner carers had taken advantage of their position to exploit others. Prison officers currently assisted those in need with the basic tasks of daily living.

2.39 Older prisoners were consulted about future developments via a regular forum. There were few age-appropriate activities, but there were gym sessions for older prisoners.

2.40 Gay, bisexual and transgender prisoners had access to a good support forum and were generally positive about the help they received. Transgender prisoners were provided with individual assistance, and staff had arranged for those from different wings to meet up to provide each other with mutual support, which they appreciated.

Recommendation

2.41 Prisoner carers, with appropriate training and regular staff supervision, should be reintroduced and their progress closely monitored.

Faith and religion

2.42 The chaplaincy was well integrated into prison life and faith provision was good. There were two vacancies for minority faith leaders at the time of the inspection. In our survey, 83% of respondents said that they could attend worship if they wanted to. However, not all worshippers could attend a service on Sunday mornings owing to staff shortages and the limited regime.

2.43 The team was highly motivated and facilities were extensive, and offered a warm and welcoming environment in which reflective, educational worship and festival meetings were held. There was good pastoral care. Chaplains supported prisoners in crisis at assessment, care in custody and teamwork (ACCT) case management reviews, helped those receiving bad news and accompanied prisoners on compassionate release on temporary licence where necessary.

2.44 Chaplains were visible on the wings and were appreciated by staff and prisoners. The multi-denominational prisoner faith council was an excellent initiative, promoting religious harmony among diverse faith groups.

Recommendation

2.45 **All prisoners should be able to attend corporate worship regularly and on time.** (Repeated recommendation 2.32)

Good practice

2.46 *The prisoner faith council was a well-considered approach to promoting religious harmony among diverse faith groups.*

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.

2.47 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[14] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. An area has been identified that requires improvement, with a subsequent notice issued by the CQC which has been detailed within Appendix III of this report.

Strategy, clinical governance and partnerships

2.48 NHS England commissioned a range of providers to deliver health services. Integrated Care 24 (IC24) provided primary health services, with input from the Minster Medical Group, and mental health services were delivered by the Oxleas NHS Foundation Trust. The Forward Trust provided an integrated substance misuse treatment and intervention service. Dental services were provided by Kent Community Health NHS Trust.

2.49 Governance arrangements were effective, with good relationships between stakeholders. A prison governor worked specifically with the health services team and helped to drive a joint approach. A partnership board for prisons on the Isle of Sheppey was reasonably well attended, apart from dental and GP representation, and local quality board meetings covered essential areas. A health needs assessment (HNA) refresh, dated March 2017, had informed health provision.

2.50 Recommendations from a health council run by User Voice (an independent advocate service) and learning from adverse incidents, complaints and death in custody reports informed service delivery (see also paragraph 1.49). Lessons learnt were shared with staff at regular meetings and through a high-quality newsletter.

2.51 Prisoners could complain about health matters via a confidential complaints system. Responses were timely, polite and addressed the issues raised. Compliments were also recorded, which was positive.

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

2.52 The previous chronic staffing shortages had started to improve. There were still vacancies, but an active rolling recruitment programme had generated some new staff, and regular bank and agency staff were used to cover shortfalls. Staff received regular clinical and managerial supervision, and mandatory training was up to date.

2.53 Health services were delivered mainly from the large health centre, but medication was now dispensed from several different areas in the prison, which had helped to reduce the pressure on the health centre. Clinic rooms were generally clean but some fixtures and fittings did not meet infection control standards, and an external audit in August 2018 had identified several areas, which the service was addressing.

2.54 Officers were now present in the health centre, which was an improvement since the previous inspection. During medication administration, we saw some vigilant officers but there were others who did not adequately supervise the area. This compromised patient confidentiality and increased the potential for medicines to be diverted.

2.55 Health services staff responded to medical emergencies 24 hours a day and had received appropriate training. Approximately 39% of prison staff were trained in emergency response. Prison staff understood the code system to call for assistance in medical emergencies, and the need for ambulances to be requested. The on-site paramedic regularly checked the two emergency bags in the health centre. Emergency drugs were accessible in only one of the bags, but a decision to stock both bags was agreed during the inspection.

2.56 The prison had new defibrillators on all wings and in communal areas, but it was not clear who was responsible for checking them.

Recommendation

2.57 Prison officers should ensure that health service areas, including queues for medication, are safely and effectively managed.

Promoting health and well-being

2.58 Holistic support for prisoners with serious health conditions was provided by a health and well-being coordinator, who offered group and individual mindfulness and relaxation sessions, and also self-help programmes, including smoking cessation, positive thinking, understanding diabetes and understanding sleep. They promoted health throughout the prison and led the 'Well-being for all' action group, which involved prisoner representatives in promoting activities and projects, and providing relevant guidance.

2.59 Professional telephone interpreting services had been used for some health consultations but we found that prisoners had too often been used as informal interpreters for others, which breached confidentiality. A range of health promotion material was displayed but there was too little information available in languages other than English, and the health care leaflet given to new arrivals had not been translated.

2.60 There was a good programme of vaccinations and screenings, although nearly half of prisoners who had consented to an influenza vaccination were yet to receive it, owing to a delay in supplies.

2.61 Barrier protection and harm minimisation advice was available from health services staff.

Recommendation

2.62 Professional telephone interpreting services should always be used for confidential consultations when a prisoner does not speak good English. Information should be available in a range of languages.

Good practice

2.63 *The 'Well-being for all' action group promoted health activities and provided relevant guidance.*

Primary care and inpatient services

2.64 New arrivals received a screening by a qualified nurse which identified immediate health and substance misuse needs, and appropriate referrals were made. This occurred in a small room in reception, with no telephone for access to professional interpreting services. Staff said that they would arrange for reception screening to take place in the health care department when needed.

2.65 In addition to primary care clinics, prisoners had access to a variety of visiting specialists, including a consultant focused on the needs of older patients. GP surgeries were held each weekday by regular doctors, and an out-of-hours service was available. The waiting time for non-urgent GP appointments was only three days.

2.66 Health care applications were dealt with effectively, and nurse triage clinics were prompt. The management of patients with long-term conditions had improved considerably with the introduction of an advanced nurse practitioner, who ran clinics and implemented care plans. Health care assistants were being trained to undertake regular reviews of patients with these conditions.

2.67 IC24 had taken some action to address the high 'failure to attend' rate at health appointments. This had been reduced but was still too high, with 233 appointments missed in the previous eight months.

2.68 Some patients waited too long before and after appointments if escorts were not available to return them to their activities or wing. This was a concern for the prisoners from H wing, convicted of a sexual offence, who were held in a separate waiting room which was cramped and isolated. The call bell was not working properly, and we witnessed it going unanswered on a few occasions. We saw one prisoner who was held in this room for a total of seven hours on one day, for two health care appointments, one of which did not take place.

2.69 In the previous four months, one-third of external hospital appointments had been cancelled because of prison staffing issues. Prisoners with the most urgent needs were clinically prioritised, but some patients with lower-level needs sometimes had their assessments or treatment delayed by several months owing to multiple cancellations of hospital escorts. Visiting consultants and ultrasound scans alleviated some of these pressures, but the number of escort cancellations remained too high.

2.70 The in-patient unit was used mainly for patients with mental health needs, and effective care plans were in place. There was also a well-equipped room for a patient with serious physical disabilities. There was a suitably furnished palliative care suite and there were good links with community palliative and end-of-life services.

2.71 There was now more consistent officer support on the in-patient unit, and patients were unlocked for most of the day. They had access to communal areas, although few therapeutic activities were provided on the unit. Four of the 17 cells had been out of use for several weeks at the time of the inspection, owing to damage caused by patients under the influence of new psychoactive substances (NPS).[15]

Recommendations

2.72 The number of missed appointments should be reduced further, to ensure that patients receive prompt treatment within effective use of clinical resources.

2.73 Arrangements for prisoners convicted of a sexual offence attending health care appointments should be safe and respectful.

2.74 There should be sufficient escort staff available to ensure that prisoners' treatment at outside hospitals is not delayed.

2.75 Patients on the in-patient unit should have access to a range of therapeutic activities to support their well-being and recovery.

Social care

2.76 Social workers and an occupational therapist from Kent County Council worked with IC24 to assess prisoners' care needs, and IC24 also made physiotherapy referrals for those with lower-level needs. IC24's care plans reflected social care requirements, and care workers were employed when required to assist prisoners, although no one outside the in-patient unit was in receipt of a full care package at the time of the inspection. Most assessments arose from IC24 identifying prisoners' potential needs at reception or through health care appointments. We were not confident that the wider referral process was sufficiently robust, if prison staff or the prisoners themselves became concerned about newly emerging needs.

Recommendation

2.77 The referral pathway should ensure that all prisoners with social care needs are identified and supported.

Mental health care

2.78 In our survey, 41% of prisoners said that they had mental health problems, and 38% of those with a need said that they had been helped at the prison. Both the mental health in-reach team and the Bradley Therapy Service (BTS) provided a good level of support via a stepped model of care, for patients with mild to moderate mental health needs to those with more complex needs. The BTS offered psychological interventions and counselling but the waiting time for counselling was too long, at up to 32 weeks. Other interventions were offered while waiting for this service. An increase in staffing to allow for more intensive group therapy was scheduled for January 2019.

[15] NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

2.79 Mental health services were based on C wing, with a large group room and dedicated interview space. A wide range of groups was available, including anger management, as well as individual work.

2.80 Routine assessments were usually carried out within 10 days, and more urgent referrals were seen quickly. At the time of the inspection, the mental health in-reach team had 61 patients on their caseload, including 41 on the primary case load and 20 patients who were being managed effectively under the Care Programme Approach. The BTS was supporting 26 individuals.

2.81 Both teams comprised skilled and experienced mental health practitioners from nursing, psychology and counselling backgrounds, and there was regular psychiatric input. Prisoners were referred from reception screenings and an open referral system. There had been 193 referrals between July and September 2018.

2.82 The emotional well-being mentors scheme was impressive. There was good governance of, and support for, 10 prisoner mentors, who offered help and support for their peers. The scheme encouraged the development of skills and knowledge to enable better understanding and awareness of mental health issues.

2.83 The clinical records we sampled were very good, with thorough risk assessments, comprehensive progress notes and care plans demonstrating patient involvement.

2.84 Links with the rest of the prison were effective, including with the psychologically informed planned environment (PIPE) unit (see section on specialist units). The team completed some impressive joint work with the Swaleside Outreach Service (see also paragraph 1.47 and good practice point 1.53) for prisoners with very complex needs. The in-reach team visited the segregation unit regularly and engaged positively with prisoners. A member of the team was available to provide input to the ACCT process each weekday.

2.85 Bimonthly mental health awareness training for prison staff had started, and approximately 10% of officers had attended to date, with further sessions scheduled. New officers received this as part of their initial training.

2.86 Two prisoners had been transferred to secure services under the Mental Health Act between June and November 2018. In both cases, the 14-day transfer target had been exceeded, by approximately two weeks. The transfer coordinator had developed good links with community services and liaised effectively with all concerned to improve the transfer process.

Recommendation

2.87 Prisoners should have timely access to counselling services.

Good practice

2.88 *The emotional well-being mentors scheme encouraged better understanding and awareness of mental health issues.*

Substance use treatment[16]

2.89 The HNA refresh in 2017 had informed the new contract specification. Strategic oversight, partnership working and integration with supply reduction had greatly improved since the previous inspection. In-date policies and procedures were accessible electronically.

2.90 The addition of a lead from the senior management team to work in partnership with the service manager was positive. The newly introduced joint health care operations meeting, complex case reviews, drug strategy and safer interventions meeting were progressive. Although supply reduction was demonstrating good results, the use of NPS remained a problem (see also paragraph 1.40). Failure rates from the abstinence programmes were high.

2.91 Commissioners had agreed to give the psychosocial team access to the main health care electronic recording system (SystmOne), which was welcome. The team was now located on E wing, the designated recovery unit, but also held clinics in the education department. An embedded induction ensured that all new arrivals were seen by a team member and a peer mentor.

2.92 Approximately 350 prisoners engaged with the service, of whom 26 were on opiate substitution therapy. Methadone and buprenorphine (opiate substitution medications) were being prescribed. The clinical prescribing model was nurse led, with one session a week, and medical advice was available for complex cases. In the previous six months, 208 referrals had been received. Case management was robust and case notes were comprehensive.

2.93 A well-organised timetable offered structured interventions: a rolling substance-dependent treatment programme and intermittent alcohol dependency treatment programmes, recovery skills workshops, team-building sessions in the gym, and yoga slots. Narcotics Anonymous and Alcoholics Anonymous attended weekly.

2.94 Therapy dogs (shown to improve mood, reduce stress and boost self-esteem) had been introduced as a pilot to improve engagement with the service. Feedback was positive and the team demonstrated improving outcomes for prisoners who were deemed to be difficult to engage.

2.95 Pre-release harm reduction advice included naloxone training to treat opiate overdose, and all those with substance use issues who had been released in recent months had been involved in comprehensive release planning.

Medicines optimisation and pharmacy services

2.96 Medicines were supplied by HMP Rochester, which was part of the Oxleas NHS Trust. Pharmacists from Rochester and IC24 provided a range of clinics, including a pain clinic, medicine reviews and a minor ailments clinic. The pharmacist for the Isle of Sheppey prisons was an independent prescriber, which enabled patients to access a wider range of medicines without having to see the doctor.

2.97 Medicines for each patient were stored in individual cardboard boxes, but many were piled on top of each other on the shelves in the pharmacy room and in the treatment room on B wing, increasing the risk of administration errors. Two insulin pens in the pharmacy room refrigerator still had the needles attached, which increased the risk of contamination and injury. Loose strips of tablets were found in the pharmacy emergency medicines cupboard. Medicines that needed to be kept cold were stored appropriately, although the temperature

[16] 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).

of the refrigerator in the pharmacy room had been out of the accepted range a few times, without any documented corrective action. The supply of controlled drugs was well managed overall.

2.98 Medicines were administered twice a day for supervised administrations, and once a day for in-possession medicines. Staff told us that prisoners who would usually need their medicine administered three times a day were only prescribed in two doses, unless they received them as in-possession medicines. Staff were concerned that this would become more of an issue when pregabalin (prescribed to treat neuropathic pain) and gabapentin (an antiepileptic medication) were reclassified as controlled drugs, in April 2019, and would be given as supervised administrations. Around 77% of patients received their medicines in-possession. Night-time medicines requiring supervised administration were given as a single in-possession dose at 4pm, as there was little staffing capacity for night-time dispensing at prisoners' cell doors.

2.99 Medicine administrations were well documented and recorded. Risk assessments for in-possession medicines were attached to this documentation, but in several cases assessments had not been updated when circumstances changed. We came across several patients who had been assessed as having their medicines in-possession but were actually being supplied with supervised administrations.

2.100 One patient was receiving codeine in-possession, which was contrary to the in-possession policy, although this individual had had a consultation with the pain team. The risk of diversion was increased by the relatively high proportion of patients who received potentially tradable medicines, such as dihydrocodeine (an opiate-based painkiller), in-possession.

2.101 The medicines management committee met quarterly and was well attended, and monitored prescribing trends, including of tradable medicines.

Recommendations

2.102 The in-possession policy should be followed, to ensure that the prescribing of medicines is suitable for patient treatment in a secure environment, overseen by the medicines management committee.

2.103 All medication that cannot be held in possession should be administered at times that ensure clinical efficacy.

2.104 Risk assessments for in-possession medicines should be regularly reviewed and updated when a prisoner's circumstances change.

Dental services and oral health

2.105 Staff shortages and a lack of working equipment had led to long waits for routine dental appointments. Although the provider had worked hard to reduce waiting times by providing additional sessions, there were several prisoners on the current waiting list who would have an 11-month wait to see the dentist, which was excessive. Some action was being taken to address these long waits, and the waiting time was now approximately nine weeks for patients requesting a new appointment.

Recommendation

2.106 Prisoners requiring routine dental appointments should receive them within six weeks.

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 Prisoners who worked full time spent around nine hours each day out of their cell during the week but those who were unemployed had only around two hours. Although the amount of time out of cell had decreased since the previous inspection, the regime was now predictable, and during the working week there were few curtailments. A split regime remained in operation at weekends and, although this was predictable and well publicised, prisoners were locked in their cells for over 19 hours on Saturdays and Sundays, which was far too long.

3.2 During our roll checks we found an average of 32% of prisoners locked in their cells during the working day, which, although slightly lower than at the time of the previous inspection (40%), was still too high for a training prison. The prison was still too slow in moving prisoners to activities and there was too little challenge from staff when prisoners failed to attend (see also paragraphs 2.2 and 3.16, and main recommendation S41).

3.3 Exercise periods lasted up to an hour during the evening and up to two hours at weekends. Exercise yards had been improved with the addition of seating, and a wide range of activity equipment was available on the psychologically informed planned environment (PIPE) unit exercise yard. There was a reasonable range of recreational equipment in the communal areas of residential wings but this was not always made available during association periods and some needed replacing because of natural wear and tear.

3.4 The library team provided a good service. Three-quarters of prisoners were members and most had access to the library at least twice a week, although attendance was sometimes limited owing to a lack of staff to provide escorts. The range of materials was good, including books for foreign language speakers and for personal studies, and requested texts could be obtained from other Kent County Council libraries. Legal textbooks and Prison Service Instructions were advertised and accessible. The range of DVDs had grown and they were borrowed extensively. Library staff made good efforts to promote literacy, including a 'reading well' themed event. There was a monthly programme of topical displays, and lively and interesting wall art carried out by prisoners.

3.5 Gym staff were well qualified. Peer workers helped and motivated fellow prisoners. There was a large well-equipped gym and sports hall, a classroom, a treatment room and an all-weather pitch. The PE induction course was informative, and was delivered within the first week of arrival. Gym representatives on the wings and gym peer mentors promoted healthy living and personal fitness during induction.

3.6 Only 55% of the population participated in gym activities, although all wings and prisoner groups had scheduled sessions throughout the day and in the evenings. Regime curtailments sometimes had a negative impact on attendance. There was no monitoring or analysis of those attending PE, to understand gaps or develop provision.

3.7 Links with health services staff were very good and resulted in sessions for drug and alcohol addiction recovery and remedial PE. The delivery of accredited vocational qualifications in the gym had ended, but there were credible plans to restart them in 2019.

Education, skills and work activities (Ofsted)[17]

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.[18]

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

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

Management of education, skills and work

3.9 Since the previous inspection, the prison had joined the long-term high security estate. As a result, there were no longer formal education links with the prisons in the Kent and Sussex cluster. However, leaders and managers worked closely with their peers and ensured that good practice could be shared. The range of courses available was adequate and the needs of most prisoners were met.

3.10 Leaders and managers had responded well to the recommendations made following the previous inspection. This had helped to improve the quality of education, work and training but teaching and learning in most education and work activities were not yet good enough.

3.11 A clear and carefully considered curriculum plan was due to be rolled out from April 2019, when the contracting arrangements would change. The plan was based on a recently completed needs assessment and was tailored to the unique demands of the prison. Managers had plans to expand the range and quality of activities.

3.12 Since the previous inspection, the number of activity spaces had increased. However, managers did not allocate activities properly and consequently too many prisoners were not in education, work or training. Managers prioritised filling commercial workshops. Too many prisoners with outstanding English and mathematics needs were mistakenly allocated to

[17] 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.

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

work, even though over a quarter of prisoners (287) were unemployed at the time of the inspection.

3.13 Managers had allocated 188 prisoners to work on the wings, which was too many. These prisoners were not always purposefully occupied; the standard of their work was not good enough and many wings remained dirty.

3.14 Since the previous inspection, leaders had increased the range of activities through which prisoners could achieve accredited qualifications. They had introduced accredited training in three workshops, where there was previously none available. However, most workshops and the prison kitchen did not yet offer accredited training. Managers recognised this as an area needing further improvement and had plans to make training accessible in more workshops as part of the revised curriculum.

3.15 Leaders had improved the quality of most work activities for prisoners. Almost all the mundane workshops had been removed and replaced with work that challenged and engaged prisoners more. For example, rag cutting workshops had been removed and replaced with an electrical engineering workshop.

3.16 Prisoners regularly arrived at activities late, and too often they finished their activities early. Prison managers and wing officers did not give enough priority to ensuring that prisoners attended education, training and work. Too often, prisoners refused to attend without facing any consequences; for example, those who refused to attend activities remained on the standard level of the incentives and earned privileges scheme (see also section on personal development and behaviour and main recommendation S41).

3.17 Prisoners seeking protection on B wing had insufficient access to activities. Their only access to education was the option of participating in peer-led English and mathematics groups on the wing. A few of these prisoners attended a workshop.

3.18 The education and vocational provision provided by Novus was good. Leaders had improved the quality of teaching, learning and assessment. The management of staff performance was better. Managers had removed some underperforming staff and ensured that those who needed to improve were supported to be better.

Recommendations

3.19 The English and mathematics needs of prisoners should be prioritised when allocating them to activities.

3.20 All activity spaces should be filled.

3.21 All wing work should be purposeful, productive and of good quality.

3.22 Prisoners seeking protection on B wing should have access to a broader and more suitable range of activities.

3.23 The range of accreditation available in training and work should be further increased.

Quality of provision

3.24 The quality of most of the teaching and instructing was good. Tutors planned learning sessions effectively to meet the individual needs of prisoners. As a result, most made good progress against challenging targets. Tutors were well qualified, experienced and enthusiastic. They made learning activities enjoyable and interactive, which motivated prisoners to learn. Most workshop instructors used their industrial experience well, enabling prisoners to develop and practise their skills to a high level. For example, in the woodwork workshop prisoners manufactured doors for a commercial contract that met exacting industrial and quality standards.

3.25 Tutors made good use of information gathered during initial assessments to develop high-quality, detailed individual learning plans and activities. These helped to ensure that prisoners enrolled on courses that met their needs and aspirations. Tutors were aware of most prisoners' individual barriers to learning and development. A small number of workshops, such as DHL, had introduced personalised target setting, which motivated prisoners. However, too many workshops did not set targets to help prisoners to improve their performance.

3.26 Tutors provided effective support for prisoners to improve their skills in English and mathematics in vocational training and work. Prisoners recognised the correct terms used in their industry and could spell them accurately, and therefore gained confidence in their abilities.

3.27 Well-trained peer mentors and skills advisers used their expertise and experience to enhance the learning and practical skills of other prisoners, particularly on the industrial cleaning course, where they acted as trainers and assessors. Prisoners in education classes recorded their learning regularly in personal development plans and were able to demonstrate accurately the progress they were making.

3.28 Tutors promoted equality and diversity well in classrooms and workshops. Prisoners received accessible and interesting information about different faiths, religions and cultures, which helped them to develop an understanding of these. A particularly well-organised and interactive event organised by the education and training (OLASS) provider to commemorate Black History Month had helped to raise prisoners' awareness.

3.29 Most tutors provided prisoners with accurate and timely feedback on their work, especially in classroom lessons. This encouraged prisoners to recognise what they had done well and how to improve the quality of their work. Feedback on prisoners' written work was helpful and constructive. In vocational training, a few prisoners produced well-completed portfolios and provided detailed records of the tasks completed and skills learned (see also paragraph 3.38).

3.30 The number of prisoners studying distance learning or undergraduate-level courses in subjects as diverse as social science, counselling, history, languages and business studies had increased, and met the needs of prisoners well. This was promoted well within the education department. A specialist tutor supported prisoners with course-related administration and general study skills.

Personal development and behaviour

3.31 Prisoners' attendance at purposeful activity was too low. This often resulted in classes with small numbers. This limited the range of teaching and learning activities that tutors could deploy. Poor punctuality to purposeful activity often resulted in a slow start to sessions.

Prison staff did not challenge prisoners enough to develop a work ethic. For example, we saw prisoners on the wings wearing dressing gowns mid-morning without being challenged by wing officers (see also paragraph 2.2).

3.32 The proportion of prisoners participating in purposeful activity and developing the employment skills and behaviour necessary to find work on release was too low. This constituted a significant barrier to their successful rehabilitation. Those employed in wing work did not have an opportunity to study towards a qualification related to their job role.

3.33 Prisoners generally behaved well in education, training and work. They responded well to directions and requests from staff. Most demonstrated appropriate attitudes to their work and completed tasks independently. On the very few occasions when prisoners did not behave well, staff addressed this quickly and ensured that prisoners resumed their work.

Recommendation

3.34 Prisoners should develop their employment-related skills to a good standard, even when they are not allocated to purposeful activity.

Outcomes and achievements

3.35 Most prisoners who took qualifications achieved them. Achievement rates were high in most subjects. There were particularly high achievement rates in level 1 employability skills and level 2 enterprise. Prison managers used the level 2 mentoring qualification as a prerequisite for the highly successful peer mentor and skills adviser job roles. As a result, prisoners were keen to study this qualification, and those who did so produced good work.

3.36 Prisoners generally presented written work neatly. Standards of practical work in vocational training were good, and suitable for the qualification and length of the course. They were very good in the engineering and woodwork workshops. Prisoners in the DHL contract workshop worked to commercial standards and achieved their contractual targets.

3.37 Standards of work, particularly in the workshops, were high. Prisoners in woodwork and engineering all produced work that met the standards of their commercial contracts. Prisoners in art and catering all produced work that met the expectations of the awarding body.

3.38 The 'portfolio of progress', which was designed to recognise and record the achievement of prisoners in areas where qualifications were not available, was not sufficiently used across all the different activities. As a result, it was not possible to judge prisoners' progress in training and workshops where accreditation was not available.

3.39 Although improved since the previous inspection, the achievement of qualifications in functional skills was not yet good. The proportion of prisoners achieving their English and mathematics qualifications was too low. Too few prisoners achieved qualifications in information technology, particularly at levels 1 and 2.

Recommendations

3.40 The 'portfolio of progress' should be embedded in all areas of purposeful activity, with priority given to the areas where accredited qualifications are not yet available.

3.41 The proportion of prisoners who achieve their functional skills qualifications should increase.

3.42 A greater proportion of prisoners should achieve qualifications in information technology, particularly at levels 1 and 2.

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 There was no strategy to help prisoners to maintain or repair family ties but the prison had a partnership with Spurgeons (a children's charity providing support for families visiting the prison and helping prisoners to maintain family relationships) to develop services. The Spurgeons family support worker helped prisoners to re-establish and maintain contact with their children, and referred prisoners to other services where appropriate. She had submitted a bid to introduce a parenting course, for delivery in 2019.

4.2 The introduction of telephones in cells had been very positive and helped prisoners to maintain close contact with their friends and families. On arrival at the prison, PIN telephone accounts were quickly set up and prisoners were provided with credit. There were satisfactory arrangements for sending and receiving mail.

4.3 Storybook Dads (in which prisoners record stories for their children) was available through the library, and an extended stock of children's books was available for prisoners to read over their in-cell telephones.

4.4 There were enough places available on social visits, which took place six days a week. Visits could be booked online or by telephone, but when we tried the telephone line it was constantly engaged. Many visitors travelled long distances to the prison. A large, modern visitors centre outside the prison provided shelter and comfortable seating for waiting visitors. Some printed information was available there but the children's play facilities were limited and there was no additional advice and support for families.

4.5 The visits hall had been refurbished recently and provided a relaxed environment. The large children's play area was supervised by a Spurgeon's play worker, and a snack bar provided a wide range of food and drinks. Prisoners were still required to wear an identifying sash, for security reasons.

4.6 Visitors were searched respectfully and staff were aware of cultural sensitivities. In the visits hall, staff provided appropriate oversight but were not intrusive or restrictive of contact between prisoners and visitors.

4.7 In our survey, only 17% of respondents said that visits started and finished on time. At the session we observed, some visitors did not get into the visits hall until an hour after the

advertised time. Simple measures to reduce delays, such as seating visitors first when the movement of prisoners from the wings was delayed, were not taken.

4.8 There were separate visits sessions for prisoners convicted of a sexual offence and living on H wing. In our survey, 92% of H wing prisoners who received visits said that their visitors were treated respectfully.

4.9 The Spurgeons family support worker arranged family visits which were open to all prisoners – nine a year for those in the general population and three for those on H wing.

Recommendation

4.10 **Visits should start at the advertised times.** (Repeated recommendation 4.39)

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.[19]

4.11 The strategic management of reducing reoffending was weak, and had been undermined since the previous inspection by frequent changes in departmental leadership. The up-to-date needs analysis was based on outdated offender assessment system (OASys) assessments (see below) and a prisoner survey with a response rate of only 14%.

4.12 Reducing reoffending meetings lacked a clear agenda, were poorly attended and did not drive improvement. The reducing reoffending strategy was very new and did not highlight the specific challenges faced by the prison or identify the key priorities for change. There was no reducing reoffending action plan to drive progress.

4.13 In 2016, the prison had introduced a cohort of prisoners convicted of a sexual offence, but there were no specific offending behaviour programmes in place to reduce their risk of harm to others or promote their sentence progression (see also paragraph 4.34 and main recommendation S43).

4.14 At the time of the inspection, 92% of prisoners were serving very long or indeterminate sentences, 75% of prisoners were assessed as presenting a high risk of harm and 85% potentially required multi-agency supervision on release. The work of the offender management unit (OMU) was critical to progressing prisoners through their sentence plans and reducing their likelihood of reoffending. However, the OMU had been neglected and significantly under-resourced since the previous inspection. There was also a lack of good, joined-up working between the OMU and those delivering interventions, such as the programmes department, the Prison Advice and Care Trust (PACT), the chaplaincy and Medway and Swale Advocacy Partnership (MSAP).

4.15 Too many prisoners (40% since February 2018) arrived at the prison without an OASys assessment of their risk and needs. Among the existing population of over 1,000 prisoners, 75% did not have an up-to-date assessment. This included 10% of the population who still did

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

not have an initial assessment. The lack of both up-to-date assessments and sentence plans impeded prisoners' progression and the reduction of their risk (see main recommendation S42).

4.16 The OMU was chronically understaffed, which had an impact on all aspects of its work. Although the prison held a high-risk population, there were only 3.4 full-time-equivalent probation officers, and together they held only 91 cases. This meant that the 6.75 full-time-equivalent uniformed offender supervisors held 88% of the high-risk cases. They received no regular professional supervision to help them to progress and support this often challenging population. Between May and October 2018, 33% of uniformed offender supervisors' time in the OMU had been cross-deployed to other duties. Each of them typically held a caseload of 150 prisoners, which was unmanageable.

4.17 Levels of contact between offender supervisors and prisoners were poor and almost entirely reactive. We judged the management of most of the cases we looked at to be inadequate. There was no expectation that prisoners would have an initial meeting with their offender supervisor on arrival at the establishment, or of regular structured contact thereafter. It was not uncommon to go for several months, if not more than a year, without any recorded contact between an offender supervisor and a prisoner. Instead, offender supervisors typically used the little time available to them to respond to immediate events such as parole reports. Even then, they struggled to meet deadlines (see main recommendation S42).

4.18 A persistent lack of recording on P-NOMIS (electronic case notes) by offender supervisors, but also by prison staff generally, compromised many aspects of the OMU's work. This had become accepted custom and practice. When staff came to complete recategorisation reviews, submissions to multi-agency public protection arrangements (MAPPA) panels and reports to the parole board, there was little information available to reflect a prisoner's progression and their behaviour in prison accurately.

4.19 Prisoners serving indeterminate sentences made up 34% of the population, a decrease since the previous inspection. There was too little in place to meet their needs. Among this group, 20% had an OASys assessment which was more than three years old and which was therefore inadequate to inform their sentence progression. There was no regular consultation with these prisoners. The psychology department and the OMU were starting to work together to progress the 75 prisoners serving indeterminate sentences for public protection, 63 of whom were over tariff, but this work was very new.

4.20 The prison had tried to create a lifer unit on G wing. An impressive prospectus had been sent out to other prisons, to recruit prisoners serving life sentences. Prisoners had subsequently moved to the establishment on the promise of well-paid employment in the DHL workshop and access to a 'life supervisor'. Neither was in place during the inspection and there was very little on G wing which offered these prisoners additional support.

Recommendation

4.21 Work to reduce reoffending should be informed by a needs analysis based on an accurate, up-to-date range of data. Progress should be routinely measured against an action plan by senior managers.

Public protection

4.22 At the time of the inspection, 75% of prisoners had been assessed as presenting a high risk of harm, and 85% were eligible for multi-agency supervision on release. Although the establishment was not a resettlement prison, about 50 prisoners were released each year. Public protection work was frail. Monthly public protection meetings were rarely attended by offender supervisors, which hindered their effectiveness. The December 2018 meeting had been cancelled altogether, leaving a two-month gap in risk management oversight.

4.23 In the three months following the inspection, nine prisoners were due to be released, seven of whom potentially needed multi-agency supervision in the community. Recent public protection meetings had failed to identify two of the latter individuals, and the OMU did not have a confirmed MAPPA management level for most of them. There was little evidence to show that offender supervisors had recognised these gaps and sought assurance. However, in the cases we checked, these weaknesses had usually been mitigated by community-based offender managers, who had independently documented release arrangements.

4.24 Procedures to implement and review child contact restrictions were weak. There were 168 prisoners with restrictions in place. This work had increased since the introduction of a cohort of prisoners convicted of a sexual offence (see paragraph 4.34) but was given to administrative staff, who generally imposed existing restrictions that had already been in place at these prisoners' previous prison or used basic case information to assign a level. Assessments to determine whether a prisoner posed a continuing risk to children were not completed by offender supervisors, and restrictions were not reviewed annually, a requirement of the Public Protection Manual.

4.25 Mail and telephone monitoring arrangements were mostly sound, although the clerks who listened to telephone calls had faced an increase in the length and frequency of calls since the introduction of in-cell telephones. There was no funding to have foreign language calls and letters routinely translated, which was a potentially significant gap in risk identification.

Recommendations

4.26 Monthly public protection meetings should routinely consider all high-risk prisoners and those due for release who will potentially be subject to multi-agency public protection arrangements (MAPPA) arrangements in the community. MAPPA management levels should be confirmed far enough ahead of release to ensure that effective supervision arrangements can be implemented.

4.27 Child contact restrictions should be implemented and reviewed in accordance with the latest HMPPS guidance.

Categorisation and transfers

4.28 Progression and recategorisation were significantly impeded by the lack of up-to-date OASys assessments (see paragraph 4.15) and the lack of places on suitable accredited offending behaviour programmes (see paragraph 4.32). Recategorisation reviews were timely, with about 80–100 completed each month, although the lack of recording of prison behaviour on P-NOMIS was a barrier to informed decision-making (see paragraph 4.18). There was a useful progression board, where managers reviewed and finalised decisions.

4.29 Once recategorised, most prisoners received a progressive transfer promptly. In the six months to November 2018, 125 prisoners had been recategorized to C and 107 had been transferred to a category C prison.

4.30 At the time of the inspection, about 10% of the population were category C prisoners and about three-quarters of these prisoners were on hold at Swaleside. This was mostly appropriate – for example, because they were undergoing treatment on the psychologically informed planned environment (PIPE) unit, attending an accredited programme or were in their parole window – but several were peer workers who could have been progressed.

Interventions

Expected outcomes:
Prisoners are able to access interventions designed to promote successful rehabilitation.

4.31 The lack of up-to-date OASys assessments and sentence plans (see paragraph 4.15) affected the effective delivery of well-sequenced interventions. The prison ran four accredited offending behaviour programmes: the thinking skills programme (TSP), Resolve (a moderate-intensity programme to reduce violence), Kaizen (a general anti-violence programme) and Kaizen IPV (a programme to address intimate partner violence). The latter two interventions were high-intensity programmes for small numbers of very challenging prisoners.

4.32 There were not enough places on these programmes to meet the needs of the population. The prison held over 1,000 prisoners, but only 58 places were available in the current financial year, and there would be 65 places in the following year. Only 18 places had been provided on the TSP in the current year; 174 prisoners were waiting to be assessed for this intervention. There were only eight places available on the recently introduced Kaizen IPV in the current year, and this number was due to stay low in the following year. The prison's own needs analysis suggested that about two-thirds of the population had either been a victim or perpetrator of intimate partner violence, so the need was significant. However, a moderate-intensity IPV programme had ended since the previous inspection. In the 20 randomly selected cases we looked at, only three prisoners had completed an accredited offending behaviour programme at the prison in the previous two years.

4.33 The programmes team had identified a trend of prisoners refusing to engage in offending behaviour work. We also saw this tendency in the cases we checked. The introduction of a non-accredited motivation and engagement programme had therefore been positive. Some of this was delivered on the segregation unit and on B wing (which held prisoners seeking protection), which was unusual and innovative.

4.34 In order to stabilise the prison, a cohort of 164 prisoners convicted of a sexual offence had been introduced on H wing at the end of 2016. Among this group, there were 41 prisoners with a confirmed outstanding treatment need and a further 35 individuals for whom an initial projection suggested a treatment need. The prison did not offer any interventions to reduce the risk posed by these prisoners (see main recommendation S43).

4.35 A PACT worker (who was commissioned by the European Social Fund to work with 'hard to reach' prisoners) delivered a wide range of short one-to-one interventions to help small numbers of prisoners to address their needs. These included preparing for parole hearings, problem solving, alcohol awareness and coping with a life sentence. The worker was very busy but the variety of help provided was impressive. The chaplaincy had recently reintroduced the Sycamore Tree victim awareness programme.

4.36 There was sufficient support for the small number of prisoners who needed help with accommodation on release. Most were released to approved premises because of their associated risk. For those who were not, the PACT worker could make two referrals each month to the Langley House Trust. She had made seven such referrals in 2018 but did not know if these had been successful. The prison did not monitor outcomes, to ascertain the effectiveness of this service. In the previous six months, the prison had released 24 prisoners across the country, but it was not known whether their accommodation had still been available to them three months after release.

4.37 There was adequate support for prisoners needing help with finance, benefits and debt. The PACT worker helped prisoners due for release to open bank accounts, A worker from MSAP attended once a week and advised prisoners on issues such as debt. There was no Jobcentre Plus worker on site, so prisoners could not easily apply for benefits before release.

Recommendations

4.38 There should be enough places on accredited offending behaviour programmes to meet the needs of the population.

4.39 The prison should monitor whether prisoners have maintained their planned accommodation after release.

Specialist units

Expected outcomes:
Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

Offender personality disorder units, including psychologically informed planned environments

4.40 The PIPE unit[20] worked with prisoners with very challenging behaviour and personality disorders, and was a positive facility. It had expanded since the previous inspection and now occupied the entirety of F wing. One spur held the existing provision PIPE, and a progression PIPE had been added on the other spur. The provision PIPE was the recipient of an enabling environment award from the Royal College of Psychiatrists. Funding for the unit was in place until 2020 and there was a waiting list of about 45 prisoners from across the prison estate. The amount of time out of cell on the unit mirrored that of the main prison.

4.41 The PIPE unit had faced some significant challenges. F wing had more spaces (120) than needed for the number of prisoners requiring PIPE provision. Consequently, the wing held about 25 lodgers who were not part of the treatment model. Although there was a clear policy in place, these prisoners had the potential to disrupt the therapeutic environment, and the atmosphere on F wing did not feel noticeably different to that on the other residential units. Drug misuse was a problem on the unit. Staff shortages had presented further challenges. Of the group sessions scheduled in the previous six months, 24% had not been delivered, although the number achieved was still far higher than the contracted requirements. Similarly, 25% of planned key worker contact in the previous six months had not taken place.

[20] Part of the offender personality disorder pathway, PIPE units are designed to support transition and personal development at significant stages of a prisoner's sentence.

4.42 Some innovations on the unit since the previous inspection were impressive. A project to develop the new farms and gardens area with Greener Growth (a community interest company) had enhanced the facilities and provided therapeutic opportunities for PIPE residents to grow vegetables and have contact with animals. The treatment service provided a range of therapeutic groups. Funding from the offender personality disorder pathway had also been used to develop a day centre.

Release planning

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

4.43 The establishment was not a resettlement prison and had no community rehabilitation company to prepare prisoners for release. Staff regularly tried to transfer prisoners to their local resettlement prison before discharge, but in 2018 they had been successful in only one-third of cases. As a result, about 50 prisoners, of whom about 80% were not from the Kent area, were released directly from the prison each year.

4.44 The prison had introduced a bespoke process to identify prisoners' resettlement needs. This was timely but relied on a peer worker to interview prisoners and gather information using a checklist, which was inappropriate as it was likely to involve disclosing sensitive information about their offending behaviour. Once the checklist was returned to the OMU, appropriate referrals were made to third-sector organisations. However, the outcomes of these referrals were not monitored to measure the effectiveness of this work.

4.45 When a prisoner was released, a taxi to nearby railway stations was provided, so that they could make their onward journey.

Recommendation

4.46 A trained member of staff should interview prisoners, to identify their resettlement needs.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new 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.

Main recommendation — To HMPPS

5.1 HMPPS and the prison should develop a strategy that reduces the level of harm presented by prisoners convicted of a sexual offence; progresses them through their sentence; and protects the public during custody and on release. (S43)

Main recommendations — To the governor

5.2 Prisoners should be and feel safe. The management of violence reduction should include input from all relevant agencies; be informed by accurate data; include prompt and robust investigations; and draw existing initiatives together in a coherent way. (S39)

5.3 Special accommodation should only be used in extreme circumstances and as a last resort. It should always be properly authorised and justified, and prisoners should be returned to normal conditions as soon as possible. The practice of routinely stripping prisoners of their clothing should cease. (S40)

5.4 Prisoners should spend sufficient time out of their cells and engage in activities that support their rehabilitation. Attendance and punctuality in education, training and work should significantly improve so that they are good. (S41)

5.5 Prisoners should be helped to reduce their likelihood of reoffending and their risk of harm should be managed effectively. Prisoners should have regular contact with an offender supervisor and an up-to-date OASys document to help them address their offending behaviour and ensure their progression is monitored effectively. (S42)

Recommendations

Managing behaviour

5.6 Prisoner mediators should have sufficient managerial oversight and ongoing support. (1.19)

5.7 Punishments for negative behaviour should not breach published HMPPS guidance. (1.20)

5.8 Adjudication standardisation procedures should identify trends, reduce the number of charges dismissed or not proceeded with, and inform local tariff guidelines. (1.24)

5.9 All segregated prisoners should have plans to help them to address the issues that caused their segregation. (1.34)

Security

5.10 The supply of illicit drugs should be greatly reduced. The drug strategy should be fully embedded and senior managers should monitor its efficacy over time. (1.41)

5.11 Suspicion drug testing should be reintroduced. (1.42)

Safeguarding

5.12 Strategic action to prevent suicide and self-harm should address the specific needs of Swaleside prisoners, take account of local trend analysis and be monitored over time against an up-to-date action plan. (1.51)

5.13 Actions taken in response to recommendations from the Prisons and Probation Ombudsman should be regularly reviewed, to ensure that they are embedded in practice. (1.52)

Staff-prisoner relationships

5.14 There should be visible leadership on the wings, to support inexperienced staff and model appropriate standards. (2.4)

Daily life

5.15 Prisoners should be provided with decent and respectful living conditions. (2.12, repeated recommendation 2.7)

5.16 Wing serveries should be well supervised, to ensure that workers are appropriately dressed, serveries are kept clean and unused food is promptly cleared away. (2.19)

5.17 There should be robust governance in place to support and manage all peer workers, including job descriptions. (2.26)

5.18 The applications system should provide timely and helpful responses to prisoners and be subject to robust checks by managers. (2.27)

5.19 Regular analysis of complaints should identify patterns and trends, and systematically address prisoners' concerns. (2.28)

Equality, diversity and faith

5.20 The prison's equality and diversity group should meet regularly and use up-to-date analysis of outcomes for prisoners, to identify inequality and implement remedial action. (2.33)

5.21 Prisoner carers, with appropriate training and regular staff supervision, should be reintroduced and their progress closely monitored. (2.41)

5.22 All prisoners should be able to attend corporate worship regularly and on time. (2.45, repeated recommendation 2.32)

Health, well-being and social care

5.23 Prison officers should ensure that health service areas, including queues for medication, are safely and effectively managed. (2.57)

5.24 Professional telephone interpreting services should always be used for confidential consultations when a prisoner does not speak good English. Information should be available in a range of languages. (2.62)

5.25 The number of missed appointments should be reduced further, to ensure that patients receive prompt treatment within effective use of clinical resources. (2.72)

5.26 Arrangements for prisoners convicted of a sexual offence attending health care appointments should be safe and respectful. (2.73)

5.27 There should be sufficient escort staff available to ensure that prisoners' treatment at outside hospitals is not delayed. (2.74)

5.28 Patients on the in-patient unit should have access to a range of therapeutic activities to support their well-being and recovery. (2.75)

5.29 The referral pathway should ensure that all prisoners with social care needs are identified and supported. (2.77)

5.30 Prisoners should have timely access to counselling services. (2.87)

5.31 The in-possession policy should be followed, to ensure that the prescribing of medicines is suitable for patient treatment in a secure environment, overseen by the medicines management committee. (2.102)

5.32 All medication that cannot be held in possession should be administered at times that ensure clinical efficacy. (2.103)

5.33 Risk assessments for in-possession medicines should be regularly reviewed and updated when a prisoner's circumstances change. (2.104)

5.34 Prisoners requiring routine dental appointments should receive them within six weeks. (2.106)

Education, skills and work activities

5.35 The English and mathematics needs of prisoners should be prioritised when allocating them to activities. (3.19)

5.36 All activity spaces should be filled. (3.20)

5.37 All wing work should be purposeful, productive and of good quality. (3.21)

5.38 Prisoners seeking protection on B wing should have access to a broader and more suitable range of activities. (3.22)

5.39 The range of accreditation available in training and work should be further increased. (3.23)

5.40 Prisoners should develop their employment-related skills to a good standard, even when they are not allocated to purposeful activity. (3.34)

5.41 The 'portfolio of progress' should be embedded in all areas of purposeful activity, with priority given to the areas where accredited qualifications are not yet available. (3.40)

5.42 The proportion of prisoners who achieve their functional skills qualifications should increase. (3.41)

5.43 A greater proportion of prisoners should achieve qualifications in information technology, particularly at levels 1 and 2. (3.42)

Children and families and contact with the outside world

5.44 Visits should start at the advertised times. (4.10, repeated recommendation 4.39)

Reducing risk, rehabilitation and progression

5.45 Work to reduce reoffending should be informed by a needs analysis based on an accurate, up-to-date range of data. Progress should be routinely measured against an action plan by senior managers. (4.21)

Public protection

5.46 Monthly public protection meetings should routinely consider all high-risk prisoners and those due for release who will potentially be subject to multi-agency public protection arrangements (MAPPA) arrangements in the community. MAPPA management levels should be confirmed far enough ahead of release to ensure that effective supervision arrangements can be implemented. (4.26)

5.47 Child contact restrictions should be implemented and reviewed in accordance with the latest HMPPS guidance. (4.27)

Interventions

5.48 There should be enough places on accredited offending behaviour programmes to meet the needs of the population. (4.38)

5.49 The prison should monitor whether prisoners have maintained their planned accommodation after release. (4.39)

Release planning

5.50 A trained member of staff should interview prisoners, to identify their resettlement needs. (4.46)

Examples of good practice

Safeguarding

5.51 The Swaleside Outreach Service was an effective, multidisciplinary intervention working with challenging prisoners to address their isolation and distress. (1.53)

Equality, diversity and faith

5.52 The prisoner faith council was a well-considered approach to promoting religious harmony among diverse faith groups. (2.46)

Health, well-being and social care

5.53 The 'Well-being for all' action group promoted health activities and provided relevant guidance. (2.63)

5.54 The emotional well-being mentors scheme encouraged better understanding and awareness of mental health issues. (2.88)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Colin Carroll	Team leader
Jonathan Tickner	Inspector
Andrew Rooke	Inspector
Gordon Riach	Inspector
Paul Tarbuck	Inspector
Ian Dickens	Inspector
Joe Simmonds	Researcher
Sharlene Andrew	Researcher
Catherine Shaw	Researcher
Holly Tuson	Researcher
Maureen Jamieson	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Simon Denton	Pharmacist
Cat Reeves	Care Quality Commission inspector
Ken Merry	Ofsted inspector
Steve Oliver-Watts	Ofsted inspector
Jai Sharda	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, some men had long journeys to the prison. Support during men's early days at the prison needed improvement. Levels of violence and disorder were far too high and many prisoners felt unsafe. Some initiatives to address these issues were developing, but were not sufficiently embedded. The prison had started to work well with men at risk of self-harm although there were some gaps in the provision. Aspects of security needed attention and illicit drugs were readily available. Management of the incentives and earned privileges (IEP) scheme required improvement. Disciplinary processes did not adequately support work to make the prison safer and the use of force needed attention. The segregation unit was very poor. Substance misuse support needed to be better. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

The violence reduction strategy should be reviewed. It should: include input from relevant agencies; be informed by accurate data, security intelligence, prompt and robust investigations and prisoners' views about safety; and draw existing initiatives together in a coherent way. (S36)
Partially achieved

Segregated prisoners should be held in decent, respectful conditions and provided with a reliable daily regime to meet their basic needs; managers should ensure proper planning takes place to support reintegration into a mainstream wing. (S37)
Achieved

Recommendations

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

New arrivals should only be subjected to a strip-search when justified by a risk assessment. (1.8)
Achieved

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

All prisoners at risk of self-harming should receive consistently good care and serious near fatal incidents should be adequately investigated so lessons about how support could be improved can be learned. (1.25)
Not achieved

Intelligence should be properly analysed and appropriate security objectives set every month and communicated to all staff. (1.35)
Achieved

Prisoners should only have their visits restricted for incidents directly related to visits; they should also receive information on what steps they should take to have the restrictions lifted. (1.36)
Achieved

The IEP scheme should encourage good behaviour, set behavioural targets when necessary, and provide adequate safeguards for prisoners being downgraded to and managed on the basic level of the scheme. (1.41)
Not achieved

A regular adjudication standardisation meeting should be implemented. (1.45)
Achieved

All force should be proportionate and used only as a last resort. Managerial oversight of the process should be sufficient to ensure this is the case. (1.51)
Achieved

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

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, prisoners valued the single-cell accommodation, but some cells and wing areas were dirty. Prisoners faced shortages and were frustrated about a lack of access to many amenities. Some staff were very good, but many felt overwhelmed, which negatively affected relationships. Equality and diversity work was underdeveloped, although the prison provided some support for those with protected characteristics. The chaplaincy provided good support and was well integrated into prison life. Complaints processes were improving. Legal services were underdeveloped. Aspects of the health care provision were unsafe and needed immediate attention. Prisoners were negative about the food, but valued the self-catering facilities. Canteen arrangements were reasonable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Designated staff should cover health care and ensure the environment is safe and secure for all prisoners. (S38)
Not achieved

Recommendations

Prisoners should be provided with decent and respectful living conditions. (2.7)
Not achieved (recommendation repeated, 2.12)

Stocks of prison-issue bed linen, towels and clothing in the residential stores should be increased to meet the population's needs. (2.8)
Achieved

Management oversight of the applications process should be introduced to monitor the quality and timeliness of responses. (2.9)
Not achieved

Prisoners should have regular meaningful contact with a personal officer or member of staff who should know enough about prisoners' circumstances to provide assistance if required, and to support work to reduce their risks and encourage progression. (2.12)
Not achieved

Senior managers should prioritise equality and diversity work to ensure the needs of those with protected characteristics are addressed. (2.18)
Partially achieved

All minority groups should be systematically identified, supported and consulted, to ensure their needs are assessed and where possible met; their negative perceptions should be understood and unequal treatment addressed. (2.26)
Achieved

Prisoner carers should be adequately trained for their role; oversight and support should be developed to ensure adequate safeguarding systems are in place. (2.27)
No longer relevant

All prisoners should be able to attend corporate worship regularly and on time. (2.32)
Not achieved (recommendation repeated, 2.45)

The prison should deal with complaints about staff more rigorously. (2.38)
Achieved

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

Sufficient discipline staff should be trained in the use of automated external defibrillators. (2.49)
Achieved

Did not attend rates and waiting numbers and times should be driven down, and be subject to constant scrutiny by the partnership board. (2.58)
Partially achieved

Escort arrangements should be adequate and effective to meet the health care needs of the prison population. (2.59)
Not achieved

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

Prisoners should have satisfactory access to dental care and treatment, and measures should continue to reduce the number of patients on the waiting list. (2.68)
Not achieved

All discipline officers should receive regular mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems. (2.73)
Partially achieved

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

Purposeful activity

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

At the last inspection, in 2016, too many prisoners were locked up during the working day and the regime was somewhat curtailed. Learning and skills provision required improvement overall. There was still a shortfall in activity places and too many men were unemployed. Strategic management of learning and skills was developing but the range of activities did not adequately address men's needs. Attendance at activities had improved, but punctuality was poor. Improvements in teaching were not matched by consistently good achievements. The use of mentors, the Inside Out programme and the Open Academy represented good practice. The library and gym were good but were adversely affected by poor attendance. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Prisoners should have a good amount of predictable time out of their cells and should be moved around the prison promptly to maximise the working day and prisoners' access to other constructive activities. (S39)
Not achieved

Recommendations

improves in all areas. (3.10)
Achieved

The range of vocational training courses should be increased. (3.11)
Achieved

The prison should increase the provision of vocational qualifications in workshops and work areas. (3.17)
Achieved

The prison should record prisoners' personal development and employability skills. (3.18)
Partially achieved

Novus should improve lesson planning to ensure that all learners make the progress of which they are capable. (3.26)
Achieved

The prison should ensure targets set for learners include broader personal development and English and mathematics. (3.27)
Achieved

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

Retention and pass rates in mathematics and English classes should be improved. (3.34)
Achieved

Data analysis should cover participation by different groups and prisoners' views should be canvassed to inform the provision. (3.43)
Not achieved

The gym should operate in line with the published core day and provide the full range of activities available. (3.44)
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 2016, strategic management of resettlement remained weak and the prison did not have a 'whole prison' approach. Prisoners were frustrated by offender management arrangements, which did not support them adequately in reducing their risks. Public protection arrangements were generally appropriate. A relatively small number of men were released directly from the prison; arrangements for them were appropriate. However, few local releases took place. Children and families work was reasonable and developing. A good range of offending behaviour courses was available and the psychologically informed planned environment (PIPE) was excellent. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Prisoners should have regular contact with an offender supervisor and an up-to-date OASys document to help them address their offending behaviour and ensure their progression is monitored effectively. (S40)
Not achieved

Recommendations

The prison should ensure men receive adequate support in reducing their risks by having a better understanding of the needs of the population and coordinating offender management work with other departments to provide a 'whole prison' approach. (4.4)
Not achieved

Senior management should ensure that OMU staff have access to CPS documents to enable them to produce better OASys reviews. (4.12)
Not achieved

Categorisation reviews should contain more detailed information, including contributions from other departments. (4.18)
Achieved

Prisoner mentors should be adequately resourced to support prisoners with resettlement queries. (4.26)
Achieved

Prisoners who are not being released to Kent should be transferred for local discharge. (4.27)
Not achieved

NCS advisers should have access to data on prisoners' education attainments and sentence length to enable them to target their service effectively. (4.30)
No longer relevant

All prisoners should have access to accumulated visits. (4.38)
Achieved

Visits should start at the advertised time. (4.39)
Not achieved (recommendation repeated, 4.10)

Prisoners should not have to wear sashes in the visits hall. (4.40)
Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Kent Community Health NHS Foundation Trust
Registered Location: Dental Department HMP Swaleside
Location ID: RYY26
Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening procedures, Surgical procedures

Action we have told the provider to take

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

Regulation 9 – Person-centred care	9 - (1) The care and treatment of service users must (a) be appropriate, (b) meet their needs, and (c) reflect their preferences.

How the regulation was not being met:

Management of the dental waiting list required improvement to ensure that patients have access to timely care and treatment that meets their needs:

- Dental staff shortages and equipment breakdown during 2018 had caused a significant delay to patients receiving initial and routine dental care.
- While additional sessions were helping to clear the backlog, we found a significant number of patients who were yet to receive a routine appointment after an extended wait of between 32 and 49 weeks since their initial request.

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	1031	96.6
Recall	0	36	3.4
Convicted unsentenced	0	0	
Remand	0	0	
Civil prisoners	0	0	
Detainees	0	0	
Total	**0**	**1,067**	

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	0	0
Less than six months	0	0	0
six months to less than 12 months	0	0	0
12 months to less than 2 years	0	0	0
2 years to less than 4 years	0	2	0.2
4 years to less than 10 years	0	84	7.9
10 years and over (not life)	0	617	57.8
ISPP (indeterminate sentence for public protection)	0	75	7
Life	0	289	34.1
Total	**0**	**1,067**	

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	30.4
21 years to 29 years	324	30.7
30 years to 39 years	328	18.1
40 years to 49 years	193	12.7
50 years to 59 years	136	5.6
60 years to 69 years	60	2.4
70 plus years	26	0
Please state maximum age here:	85	
Total	**1,067**	

Nationality	18–20-year-olds	21 and over	%
British	0	902	84.5
Foreign nationals	0	165	15.5
Total	**0**	**1,067**	

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	0	0
Category B	0	950	89
Category C	0	105	9.8
Category D	0	12	1.1
Other	0	0	0
Total	**0**	**1,067**	

Ethnicity	18–20-year-olds	21 and over	%
White			
British	0	506	47.4
Irish	0	25	2.3
Gypsy/Irish Traveller	0	16	1.5
Other white	0	69	6.5
Mixed			
White and black Caribbean	0	41	3.8
White and black African	0	6	0.6
White and Asian	0	4	0.4
Other mixed	0	15	1.4
Asian or Asian British			
Indian	0	10	0.9
Pakistani	0	25	2.3
Bangladeshi	0	15	1.4
Chinese	0	2	0.2
Other Asian	0	33	3.1
Black or black British			
Caribbean	0	138	12.9
African	0	90	8.4
Other black	0	50	4.7
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	9	0.8
Not stated	0	13	
Total	**0**	**1,067**	

Religion	18–20-year-olds	21 and over	%
Baptist	0	2	0.2
Church of England	0	197	18.5
Roman Catholic	0	171	16
Other Christian denominations	0	147	13.8
Muslim	0	286	26.8
Sikh	0	8	0.7
Hindu	0	10	0.9
Buddhist	0	18	1.7
Jewish	0	15	1.4
Other	0	39	3.7
No religion	0	174	16.3
Total	**0**	**1,067**	

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

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	**%**	**Number**	**%**
Less than 1 month	0	0	58	5.4
1 month to 3 months	0	0	85	8
3 months to six months	0	0	154	14.4
six months to 1 year	0	0	177	16.6
1 year to 2 years	0	0	264	24.7
2 years to 4 years	0	0	223	20.9
4 years or more	0	0	106	9.9
Total	**0**	**0**	**1,067**	

Unsentenced prisoners only

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

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.[21]

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.[22] 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. [23] 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 3 December 2018, the prisoner population at HMP Swaleside was 1,071. Using the sampling method described above, questionnaires were distributed to 221 prisoners. We received a total of 187 completed questionnaires, a response rate of 85%. This included two questionnaires completed via face-to-face interview. Ten prisoners declined to participate in the survey and 24 questionnaires were either not returned at all, or returned blank.

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

22 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

23 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/hmiprisons/about-our-inspections/

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Swaleside. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared. [24] 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 Swaleside 2018 compared with those from other HMIP surveys[25]

- Survey responses from HMP Swaleside in 2018 compared with survey responses from the most recent inspection at all other category B training prisons.
- Survey responses from HMP Swaleside in 2018 compared with survey responses from other category B training prisons inspected since September 2017.
- Survey responses from HMP Swaleside in 2018 compared with survey responses from HMP Swaleside in 2016.

Comparisons between different residential locations within HMP Swaleside 2018

- Responses of prisoners on H wing (sex offender unit) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP Swaleside 2018[26]

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.

In the comparator analyses, statistically significant differences are indicated by shading.[27] 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.

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[24] Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

[25] 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.

[26] These analyses are carried out on summary data from selected survey questions only.

[27] 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

1.1 What wing or houseblock are you currently living on?

A wing	21 (11%)
B wing	18 (10%)
C wing	20 (11%)
D wing	22 (12%)
E West wing	10 (5%)
S South wing	7 (4%)
F wing	20 (11%)
G wing	32 (17%)
H wing	30 (16%)
Segregation unit	5 (3%)
Health care unit	2 (1%)

1.2 How old are you?

Under 21	0 (0%)
21 - 25	28 (15%)
26 - 29	28 (15%)
30 - 39	55 (30%)
40 - 49	28 (15%)
50 - 59	27 (15%)
60 - 69	10 (5%)
70 or over	6 (3%)

1.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	85 (47%)
White - Irish	2 (1%)
White - Gypsy or Irish Traveller	6 (3%)
White - any other White background	8 (4%)
Mixed - White and Black Caribbean	9 (5%)
Mixed - White and Black African	2 (1%)
Mixed - White and Asian	1 (1%)
Mixed - any other Mixed ethnic background	4 (2%)
Asian/ Asian British - Indian	1 (1%)
Asian/ Asian British - Pakistani	1 (1%)
Asian/ Asian British - Bangladeshi	1 (1%)
Asian/ Asian British - Chinese	0 (0%)
Asian - any other Asian Background	1 (1%)
Black/ Black British - Caribbean	30 (17%)
Black/ Black British - African	19 (11%)
Black - any other Black/ African/ Caribbean background	7 (4%)
Arab	1 (1%)
Any other ethnic group	2 (1%)

1.4 How long have you been in this prison?

Less than 6 months	21 (12%)
6 months or more	161 (88%)

1.5 Are you currently serving a sentence?

Yes	173 (95%)
Yes - on recall	8 (4%)
No - on remand or awaiting sentence	1 (1%)
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	1 (1%)
1 year to less than 4 years	4 (2%)
4 years to less than 10 years	25 (14%)
10 years or more	94 (52%)
IPP (indeterminate sentence for public protection)	16 (9%)
Life	40 (22%)
Not currently serving a sentence	1 (1%)

Arrival and reception

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

Yes	21 (11%)
No	148 (81%)
Don't remember	14 (8%)

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

Less than 2 hours	78 (43%)
2 hours or more	84 (46%)
Don't remember	19 (10%)

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

Yes	141 (78%)
No	25 (14%)
Don't remember	14 (8%)

2.4 Overall, how were you treated in reception?

Very well	44 (24%)
Quite well	100 (55%)
Quite badly	26 (14%)
Very badly	6 (3%)
Don't remember	6 (3%)

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

Problems getting phone numbers	36 (20%)
Contacting family	36 (20%)
Arranging care for children or other dependants	4 (2%)
Contacting employers	3 (2%)
Money worries	29 (16%)
Housing worries	14 (8%)
Feeling depressed	56 (31%)
Feeling suicidal	19 (10%)
Other mental health problems	34 (19%)
Physical health problems	30 (16%)
Drug or alcohol problems (e.g. withdrawal)	9 (5%)
Problems getting medication	45 (25%)
Needing protection from other prisoners	19 (10%)
Lost or delayed property	61 (34%)
Other problems	32 (18%)
Did not have any problems	51 (28%)

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

Yes	30 (18%)
No	88 (52%)
Did not have any problems when I first arrived	51 (30%)

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	84 (47%)
Toiletries / other basic items	70 (39%)
A shower	47 (26%)
A free phone call	56 (31%)
Something to eat	111 (62%)
The chance to see someone from health care	79 (44%)
The chance to talk to a Listener or Samaritans	20 (11%)
Support from another prisoner (e.g. Insider or buddy)	37 (21%)
Wasn't offered any of these things	28 (16%)

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

Very clean	8 (4%)
Quite clean	47 (26%)
Quite dirty	49 (27%)
Very dirty	71 (39%)
Don't remember	5 (3%)

3.3 Did you feel safe on your first night here?

Yes	106 (61%)
No	54 (31%)
Don't remember	15 (9%)

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

	Yes	No	Don't remember
Access to the prison shop / canteen?	52 (31%)	97 (58%)	17 (10%)
Free PIN phone credit?	98 (59%)	57 (35%)	10 (6%)
Numbers put on your PIN phone?	61 (39%)	75 (48%)	21 (13%)

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

Yes	77 (44%)
No	69 (40%)
Have not had an induction	28 (16%)

On the wing

4.1 Are you in a cell on your own?

Yes	179 (99%)
No, I'm in a shared cell or dormitory	1 (1%)

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

Yes	48 (27%)
No	115 (64%)
Don't know	17 (9%)
Don't have a cell call bell	0 (0%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	114 (66%)	54 (31%)	6 (3%)
Can you shower every day?	156 (88%)	20 (11%)	1 (1%)
Do you have clean sheets every week?	97 (55%)	76 (43%)	3 (2%)
Do you get cell cleaning materials every week?	102 (59%)	72 (41%)	0 (0%)
Is it normally quiet enough for you to relax or sleep at night?	101 (59%)	67 (39%)	4 (2%)
Can you get your stored property if you need it?	38 (21%)	93 (53%)	46 (26%)

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

Very clean	9 (5%)
Quite clean	65 (37%)
Quite dirty	64 (36%)
Very dirty	40 (22%)

Food and canteen

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

Very good	11 (6%)
Quite good	61 (34%)
Quite bad	60 (34%)
Very bad	45 (25%)

5.2 Do you get enough to eat at mealtimes?

Always	13 (7%)
Most of the time	33 (18%)
Some of the time	78 (44%)
Never	55 (31%)

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

Yes	109 (62%)
No	63 (36%)
Don't know	3 (2%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	126 (71%)
No	52 (29%)

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

Yes	119 (66%)
No	62 (34%)

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

Yes	53 (30%)
No	125 (70%)

6.4 How helpful is your personal or named officer?

Very helpful	21 (12%)
Quite helpful	25 (14%)
Not very helpful	15 (8%)
Not at all helpful	27 (15%)
Don't know	25 (14%)
Don't have a personal / named officer	65 (37%)

6.5 How often do you see prison governors, directors or senior managers talking to prisoners?

Regularly	21 (12%)
Sometimes	46 (25%)
Hardly ever	103 (57%)
Don't know	11 (6%)

6.6 Do you feel that you are treated as an individual in this prison?

Yes	67 (39%)
No	107 (61%)

6.7 Are prisoners here consulted about things like food, canteen, health care or wing issues?

Yes, and things sometimes change	24 (13%)
Yes, but things don't change	70 (39%)
No	63 (35%)
Don't know	24 (13%)

Faith

7.1 What is your religion?

No religion	42 (24%)
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	73 (42%)
Buddhist	4 (2%)
Hindu	2 (1%)
Jewish	3 (2%)
Muslim	45 (26%)
Sikh	0 (0%)
Other	6 (3%)

7.2 Are your religious beliefs respected here?

Yes	82 (46%)
No	39 (22%)
Don't know	14 (8%)
Not applicable (no religion)	42 (24%)

7.3 Are you able to speak to a chaplain of your faith in private, if you want to?

Yes	79 (44%)
No	24 (13%)
Don't know	35 (19%)
Not applicable (no religion)	42 (23%)

7.4 Are you able to attend religious services, if you want to?

Yes	111 (63%)
No	16 (9%)
Don't know	7 (4%)
Not applicable (no religion)	42 (24%)

Contact with family and friends

8.1	**Have staff here encouraged you to keep in touch with your family / friends?**	
	Yes	42 (24%)
	No	133 (76%)
8.2	**Have you had any problems with sending or receiving mail (letters or parcels)?**	
	Yes	102 (57%)
	No	77 (43%)
8.3	**Are you able to use a phone every day (if you have credit)?**	
	Yes	167 (95%)
	No	9 (5%)
8.4	**How easy or difficult is it for your family and friends to get here?**	
	Very easy	6 (3%)
	Quite easy	32 (18%)
	Quite difficult	54 (31%)
	Very difficult	72 (41%)
	Don't know	11 (6%)
8.5	**How often do you have visits from family or friends?**	
	More than once a week	3 (2%)
	About once a week	8 (5%)
	Less than once a week	97 (55%)
	Not applicable (don't get visits)	67 (38%)
8.6	**Do visits usually start and finish on time?**	
	Yes	18 (17%)
	No	87 (83%)
8.7	**Are your visitors usually treated respectfully by staff?**	
	Yes	69 (69%)
	No	31 (31%)

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	47 (27%)
	Yes, but these times are not usually kept to	106 (60%)
	No	23 (13%)
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	22 (13%)
	2 to 6 hours	90 (51%)
	6 to 10 hours	44 (25%)
	10 hours or more	7 (4%)
	Don't know	12 (7%)
9.3	**How long do you usually spend out of your cell on a typical Saturday or Sunday?**	
	Less than 2 hours	47 (27%)
	2 to 6 hours	119 (67%)
	6 to 10 hours	4 (2%)
	10 hours or more	2 (1%)
	Don't know	5 (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	2 (1%)
1 or 2	27 (15%)
3 to 5	35 (20%)
More than 5	104 (58%)
Don't know	10 (6%)

9.5 How many days in a typical week do you get association, if you want it?

None	4 (2%)
1 or 2	7 (4%)
3 to 5	29 (16%)
More than 5	128 (73%)
Don't know	8 (5%)

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	5 (3%)
3 to 5	27 (16%)
More than 5	130 (75%)
Don't know	11 (6%)

9.7 Typically, how often do you go to the gym?

Twice a week or more	77 (44%)
About once a week	31 (18%)
Less than once a week	6 (3%)
Never	61 (35%)

9.8 Typically, how often do you go to the library?

Twice a week or more	22 (13%)
About once a week	52 (30%)
Less than once a week	45 (26%)
Never	55 (32%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes	57 (34%)
No	58 (34%)
Don't use the library	55 (32%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes	110 (62%)
No	59 (33%)
Don't know	8 (5%)

10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	55 (34%)	101 (62%)	8 (5%)
Are applications usually dealt with within 7 days?	32 (20%)	124 (76%)	8 (5%)

10.3 Is it easy for you to make a complaint?

Yes	106 (59%)
No	53 (30%)
Don't know	20 (11%)

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

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	25 (16%)	100 (63%)	34 (21%)
Are complaints usually dealt with within 7 days?	21 (13%)	106 (66%)	34 (21%)

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

Yes	49 (29%)
No	97 (57%)
Not wanted to make a complaint	25 (15%)

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

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	58 (33%)	46 (26%)	42 (24%)	28 (16%)
Attend legal visits?	45 (28%)	33 (20%)	56 (35%)	27 (17%)
Get bail information?	8 (5%)	21 (14%)	58 (38%)	67 (44%)

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

Yes	88 (50%)
No	61 (35%)
Not had any legal letters	27 (15%)

Health care

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

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	10 (6%)	23 (13%)	66 (37%)	73 (41%)	6 (3%)
Nurse	21 (12%)	49 (28%)	57 (32%)	43 (24%)	6 (3%)
Dentist	5 (3%)	8 (4%)	31 (17%)	120 (67%)	14 (8%)
Mental health workers	13 (8%)	21 (12%)	31 (18%)	43 (25%)	61 (36%)

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	16 (9%)	50 (29%)	41 (24%)	47 (27%)	20 (11%)
Nurse	16 (9%)	64 (37%)	30 (17%)	48 (28%)	15 (9%)
Dentist	10 (6%)	27 (16%)	28 (16%)	57 (33%)	52 (30%)
Mental health workers	10 (6%)	24 (15%)	23 (14%)	35 (22%)	70 (43%)

11.3 Do you have any mental health problems?

Yes	71 (41%)
No	103 (59%)

11.4 Have you been helped with your mental health problems in this prison?

Yes	27 (16%)
No	44 (25%)
Don't have any mental health problems	103 (59%)

11.5 What do you think of the overall quality of the health services here?

Very good	8 (4%)
Quite good	34 (19%)
Quite bad	52 (29%)
Very bad	67 (37%)
Don't know	18 (10%)

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	61 (34%)
No	116 (66%)

12.2 If you have a disability, are you getting the support you need?

Yes	12 (7%)
No	47 (27%)
Don't have a disability	116 (66%)

12.3 Have you been on an ACCT in this prison?

Yes	32 (18%)
No	142 (82%)

12.4 If you have been on an ACCT in this prison, did you feel cared for by staff?

Yes	9 (5%)
No	22 (13%)
Have not been on an ACCT in this prison	142 (82%)

12.5 How easy or difficult is it for you to speak to a Listener, if you need to?

Very easy	25 (14%)
Quite easy	39 (22%)
Quite difficult	17 (10%)
Very difficult	6 (3%)
Don't know	84 (48%)
No Listeners at this prison	4 (2%)

Alcohol and drugs

13.1 Did you have an alcohol problem when you came into this prison?

Yes	11 (6%)
No	166 (94%)

13.2 Have you been helped with your alcohol problem in this prison?

Yes	2 (1%)
No	9 (5%)
Did not / do not have an alcohol problem	166 (94%)

13.3 Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?

Yes	34 (19%)
No	143 (81%)

13.4 Have you developed a problem with illicit drugs since you have been in this prison?

Yes	36 (20%)
No	141 (80%)

13.5 Have you developed a problem with taking medication not prescribed to you since you have been in this prison?

Yes	16 (9%)
No	160 (91%)

13.6 Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?

Yes	7 (4%)
No	35 (21%)
Did not / do not have a drug problem	126 (75%)

13.7 Is it easy or difficult to get illicit drugs in this prison?

Very easy	56 (32%)
Quite easy	22 (13%)
Quite difficult	7 (4%)
Very difficult	3 (2%)
Don't know	85 (49%)

13.8 Is it easy or difficult to get alcohol in this prison?

Very easy	43 (25%)
Quite easy	30 (17%)
Quite difficult	7 (4%)
Very difficult	6 (3%)
Don't know	86 (50%)

Safety

14.1 Have you ever felt unsafe here?

Yes	110 (61%)
No	69 (39%)

14.2 Do you feel unsafe now?

Yes	59 (35%)
No	111 (65%)

14.3 Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)

Verbal abuse	72 (42%)
Threats or intimidation	70 (41%)
Physical assault	40 (23%)
Sexual assault	8 (5%)
Theft of canteen or property	65 (38%)
Other bullying / victimisation	40 (23%)
Not experienced any of these from prisoners here	73 (42%)

14.4 If you were being bullied / victimised by other prisoners here, would you report it?

Yes	52 (33%)
No	108 (68%)

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

Verbal abuse	58 (35%)
Threats or intimidation	47 (28%)
Physical assault	27 (16%)
Sexual assault	5 (3%)
Theft of canteen or property	33 (20%)
Other bullying / victimisation	37 (22%)
Not experienced any of these from staff here	81 (49%)

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

Yes	87 (53%)
No	76 (47%)

Behaviour management

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

Yes	57 (33%)
No	90 (53%)
Don't know what the incentives / rewards are	24 (14%)

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

Yes	58 (34%)
No	84 (49%)
Don't know	20 (12%)
Don't know what this is	10 (6%)

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

Yes	26 (15%)
No	151 (85%)

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

Yes	5 (3%)
No	17 (10%)
Don't remember	2 (1%)
Not been restrained here in last 6 months	151 (86%)

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

Yes	17 (10%)
No	157 (90%)

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?	9 (53%)	8 (47%)
Could you shower every day?	1 (6%)	15 (94%)
Could you go outside for exercise every day?	13 (81%)	3 (19%)
Could you use the phone every day (if you had credit)?	3 (20%)	12 (80%)

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	80 (48%)	57 (34%)	28 (17%)	2 (1%)
Vocational or skills training	33 (21%)	79 (50%)	38 (24%)	8 (5%)
Prison job	58 (35%)	94 (56%)	13 (8%)	2 (1%)
Voluntary work outside of the prison	5 (3%)	28 (18%)	44 (28%)	79 (51%)
Paid work outside of the prison	4 (3%)	26 (17%)	41 (26%)	86 (55%)

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	78 (48%)	56 (35%)	28 (17%)
Vocational or skills training	53 (38%)	36 (26%)	51 (36%)
Prison job	45 (30%)	85 (57%)	20 (13%)
Voluntary work outside of the prison	22 (16%)	16 (11%)	102 (73%)
Paid work outside of the prison	21 (15%)	13 (9%)	106 (76%)

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

Yes	56 (33%)
No	103 (61%)
Not applicable (e.g. if you are retired, sick or on remand)	11 (6%)

Planning and progression

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

Yes	82 (48%)
No	89 (52%)

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

Yes	65 (81%)
No	12 (15%)
Don't know what my objectives or targets are	3 (4%)

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

Yes	21 (27%)
No	55 (70%)
Don't know what my objectives or targets are	3 (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	28 (39%)	12 (17%)	31 (44%)
Other programmes	23 (33%)	11 (16%)	36 (51%)
One to one work	19 (28%)	11 (16%)	37 (55%)
Being on a specialist unit	5 (8%)	7 (11%)	51 (81%)
ROTL - day or overnight release	1 (2%)	4 (7%)	53 (91%)

Preparation for release

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

Yes	10 (6%)
No	157 (89%)
Don't know	9 (5%)

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

Very near	1 (10%)
Quite near	2 (20%)
Quite far	3 (30%)
Very far	4 (40%)

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

Yes	4 (40%)
No	6 (60%)

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	2 (22%)	7 (78%)	0 (0%)
Getting employment	2 (22%)	6 (67%)	1 (11%)
Setting up education or training	1 (13%)	6 (75%)	1 (13%)
Arranging benefits	1 (13%)	4 (50%)	3 (38%)
Sorting out finances	1 (11%)	4 (44%)	4 (44%)
Support for drug or alcohol problems	0 (0%)	2 (29%)	5 (71%)
Health / mental health support	1 (13%)	3 (38%)	4 (50%)
Social care support	0 (0%)	5 (63%)	3 (38%)
Getting back in touch with family or friends	2 (22%)	4 (44%)	3 (33%)

More about you

19.1 Do you have children under the age of 18?

Yes	91 (52%)
No	83 (48%)

19.2 Are you a UK / British citizen?

Yes	163 (93%)
No	13 (7%)

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

Yes	8 (5%)
No	165 (95%)

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

Yes	14 (8%)
No	158 (92%)

19.5 What is your gender?

Male	173 (99%)
Female	0 (0%)
Non-binary	2 (1%)
Other	0 (0%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual	158 (91%)
Gay / lesbian / homosexual	3 (2%)
Bisexual	7 (4%)
Other	5 (3%)

19.7 Do you identify as transgender or transsexual?

Yes	2 (1%)
No	165 (99%)

Final questions about this prison

20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend	20 (13%)
Less likely to offend	71 (45%)
Made no difference	68 (43%)

HMP Swaleside 2018

Survey responses compared with those from other HMIP surveys of category B training prisons and with those from the previous survey

In this table summary statistics from HMP Swaleside 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other category B training prisons (6 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.

- Summary statistics from surveys of category B training prisons conducted since the introduction of the new questionnaire in September 2017 (2 prisons). Please note that this does not include all category B training prisons.

- Summary statistics from HMP Swaleside in 2018 are compared with those from HMP Swaleside in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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

			HMP Swaleside 2018	All other category B training prisons	HMP Swaleside 2018	All other category B training prisons surveyed since September 2017	HMP Swaleside 2018	HMP Swaleside 2016
	Number of completed questionnaires returned		**187**	**1,249**	**187**	**345**	**187**	**184**
		n=number of valid responses to question (HMP Swaleside 2018)						
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	*n=182*	0%	0%	0%	0%	0%	0%
	Are you 25 years of age or younger?	*n=182*	15%		15%	10%	15%	
	Are you 50 years of age or older?	*n=182*	24%	30%	24%	19%	24%	16%
	Are you 70 years of age or older?	*n=182*	3%	5%	3%	1%	3%	1%
1.3	Are you from a minority ethnic group?	*n=180*	44%	25%	44%	34%	44%	41%
1.4	Have you been in this prison for less than 6 months?	*n=182*	12%		12%	15%	12%	
1.5	Are you currently serving a sentence?	*n=182*	100%	99%	100%	100%	100%	100%
	Are you on recall?	*n=182*	4%	3%	4%	2%	4%	4%
1.6	Is your sentence less than 12 months?	*n=181*	1%	1%	1%	0%	1%	1%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	*n=181*	9%	12%	9%	8%	9%	15%
7.1	Are you Muslim?	*n=175*	26%	12%	26%	20%	26%	18%
11.3	Do you have any mental health problems?	*n=174*	41%		41%	37%	41%	
12.1	Do you consider yourself to have a disability?	*n=177*	35%	31%	35%	32%	35%	23%
19.1	Do you have any children under the age of 18?	*n=174*	52%	43%	52%	45%	52%	48%
19.2	Are you a foreign national?	*n=176*	7%	10%	7%	7%	7%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	*n=173*	5%	3%	5%	5%	5%	3%
19.4	Have you ever been in the armed services?	*n=172*	8%	8%	8%	6%	8%	3%
19.5	Is your gender female or non-binary?	*n=175*	1%		1%	0%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	*n=173*	9%	7%	9%	4%	9%	3%
19.7	Do you identify as transgender or transsexual?	*n=167*	1%		1%	2%	1%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	*n=183*	12%		12%	21%	12%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	*n=181*	43%	52%	43%	54%	43%	41%
2.3	When you were searched in reception, was this done in a respectful way?	*n=180*	78%	82%	78%	85%	78%	78%
2.4	Overall, were you treated very / quite well in reception?	*n=182*	79%		79%	86%	79%	

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		n=number of valid responses to question (HMP Swaleside 2018)						
2.5	When you first arrived, did you have any problems?	*n=182*	72%	66%	72%	67%	72%	65%
2.5	Did you have problems with:							
	- Getting phone numbers?	*n=182*	20%	21%	20%	22%	20%	17%
	- Contacting family?	*n=182*	20%	21%	20%	19%	20%	20%
	- Arranging care for children or other dependents?	*n=182*	2%		2%	2%	2%	
	- Contacting employers?	*n=182*	2%	2%	2%	2%	2%	1%
	- Money worries?	*n=182*	16%	13%	16%	12%	16%	8%
	- Housing worries?	*n=182*	8%	5%	8%	2%	8%	5%
	- Feeling depressed?	*n=182*	31%		31%	22%	31%	
	- Feeling suicidal?	*n=182*	10%		10%	7%	10%	
	- Other mental health problems?	*n=182*	19%		19%	17%	19%	
	- Physical health problems?	*n=182*	17%	15%	17%	15%	17%	17%
	- Drugs or alcohol (e.g. withdrawal)?	*n=182*	5%		5%	5%	5%	
	- Getting medication?	*n=182*	25%		25%	20%	25%	
	- Needing protection from other prisoners?	*n=182*	10%	6%	10%	4%	10%	6%
	- Lost or delayed property?	*n=182*	34%	24%	34%	27%	34%	30%
	For those who had any problems when they first arrived:							
2.6	Did staff help you to deal with these problems?	*n=118*	25%	34%	25%	28%	25%	26%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	*n=179*	47%	57%	47%	49%	47%	67%
	- Toiletries / other basic items?	*n=179*	39%	53%	39%	54%	39%	48%
	- A shower?	*n=179*	26%	31%	26%	47%	26%	30%
	- A free phone call?	*n=179*	31%	38%	31%	37%	31%	41%
	- Something to eat?	*n=179*	62%	58%	62%	73%	62%	64%
	- The chance to see someone from health care?	*n=179*	44%	57%	44%	51%	44%	66%
	- The chance to talk to a Listener or Samaritans?	*n=179*	11%	32%	11%	26%	11%	25%
	- Support from another prisoner (e.g. Insider or buddy)?	*n=179*	21%		21%	29%	21%	
	- None of these?	*n=179*	16%		16%	11%	16%	
3.2	On your first night in this prison, was your cell very / quite clean?	*n=180*	31%		31%	46%	31%	
3.3	Did you feel safe on your first night here?	*n=175*	61%	76%	61%	80%	61%	63%
3.4	In your first few days here, did you get:							
	- Access to the prison shop / canteen?	*n=166*	31%	31%	31%	55%	31%	19%
	- Free PIN phone credit?	*n=165*	59%		59%	46%	59%	
	- Numbers put on your PIN phone?	*n=157*	39%		39%	62%	39%	
3.5	Have you had an induction at this prison?	*n=174*	84%	91%	84%	95%	84%	88%
	For those who have had an induction:							
3.5	Did your induction cover everything you needed to know about this prison?	*n=146*	53%		53%	64%	53%	

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ON THE WING							
4.1	Are you in a cell on your own? *n=180*	99%		99%	95%	99%	
4.2	Is your cell call bell normally answered within 5 minutes? *n=180*	27%	35%	27%	29%	27%	24%
4.3	On the wing or houseblock you currently live on:						
	- Do you normally have enough clean, suitable clothes for the week? *n=174*	66%	74%	66%	79%	66%	53%
	- Can you shower every day? *n=177*	88%	94%	88%	93%	88%	67%
	- Do you have clean sheets every week? *n=176*	55%	69%	55%	70%	55%	14%
	- Do you get cell cleaning materials every week? *n=174*	59%	67%	59%	54%	59%	35%
	- Is it normally quiet enough for you to relax or sleep at night? *n=172*	59%	66%	59%	64%	59%	57%
	- Can you get your stored property if you need it? *n=177*	22%	27%	22%	31%	22%	12%
4.4	Are the communal / shared areas of your wing or houseblook normally very / quite clean? *n=178*	42%		42%	53%	42%	
FOOD AND CANTEEN							
5.1	Is the quality of the food in this prison very / quite good? *n=177*	41%		41%	54%	41%	
5.2	Do you get enough to eat at meal-times always / most of the time? *n=179*	26%		26%	39%	26%	
5.3	Does the shop / canteen sell the things that you need? *n=175*	62%	50%	62%	54%	62%	54%
RELATIONSHIPS WITH STAFF							
6.1	Do most staff here treat you with respect? *n=178*	71%	77%	71%	70%	71%	74%
6.2	Are there any staff here you could turn to if you had a problem? *n=181*	66%	73%	66%	65%	66%	56%
6.3	In the last week, has any member of staff talked to you about how you are getting on? *n=178*	30%	29%	30%	22%	30%	15%
6.4	Do you have a personal officer? *n=178*	64%		64%	57%	64%	
	For those who have a personal officer:						
6.4	Is your personal or named officer very / quite helpful? *n=113*	41%		41%	38%	41%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners? *n=181*	12%		12%	5%	12%	
6.6	Do you feel that you are treated as an individual in this prison? *n=174*	39%		39%	39%	39%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues? *n=181*	52%		52%	60%	52%	
	If so, do things sometimes change? *n=94*	26%		26%	36%	26%	
FAITH							
7.1	Do you have a religion? *n=175*	76%	77%	76%	78%	76%	77%
	For those who have a religion:						
7.2	Are your religious beliefs respected here? *n=135*	61%		61%	61%	61%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to? *n=138*	57%		57%	71%	57%	
7.4	Are you able to attend religious services, if you want to? *n=134*	83%		83%	89%	83%	

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CONTACT WITH FAMILY AND FRIENDS							
8.1	Have staff here encouraged you to keep in touch with your family / friends? *n=175*	24%		24%	28%	24%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)? *n=179*	57%	51%	57%	63%	57%	51%
8.3	Are you able to use a phone every day (if you have credit)? *n=176*	95%		95%	96%	95%	
8.4	Is it very / quite easy for your family and friends to get here? *n=175*	22%		22%	23%	22%	
8.5	Do you get visits from family/friends once a week or more? *n=175*	6%		6%	10%	6%	
	For those who get visits:						
8.6	Do visits usually start and finish on time? *n=105*	17%		17%	32%	17%	
8.7	Are your visitors usually treated respectfully by staff? *n=100*	69%		69%	59%	69%	
TIME OUT OF CELL							
9.1	Do you know what the unlock and lock-up times are supposed to be here? *n=176*	87%		87%	93%	87%	
	For those who know what the unlock and lock-up times are supposed to be:						
9.1	Are these times usually kept to? *n=153*	31%		31%	28%	31%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday? *n=175*	13%	8%	13%	10%	13%	13%
	Do you usually spend 10 hours or more out of your cell on a typical weekday? *n=175*	4%	17%	4%	11%	4%	5%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday? *n=177*	27%		27%	8%	27%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday? *n=177*	1%		1%	4%	1%	
9.4	Do you have time to do domestics more than 5 days in a typical week? *n=178*	58%		58%	68%	58%	
9.5	Do you get association more than 5 days in a typical week, if you want it? *n=176*	73%		73%	71%	73%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to? *n=174*	75%		75%	77%	75%	
9.7	Do you typically go to the gym twice a week or more? *n=175*	44%		44%	46%	44%	
9.8	Do you typically go to the library once a week or more? *n=174*	43%	45%	43%	54%	43%	30%
	For those who use the library:						
9.9	Does the library have a wide enough range of materials to meet your needs? *n=115*	50%	50%	50%	49%	50%	50%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS							
10.1	Is it easy for you to make an application? *n=177*	62%	79%	62%	71%	62%	66%
	For those who have made an application:						
10.2	Are applications usually dealt with fairly? *n=156*	35%	51%	35%	40%	35%	34%
	Are applications usually dealt with within 7 days? *n=156*	21%	35%	21%	25%	21%	13%
10.3	Is it easy for you to make a complaint? *n=179*	59%	67%	59%	71%	59%	49%
	For those who have made a complaint:						
10.4	Are complaints usually dealt with fairly? *n=125*	20%	28%	20%	19%	20%	16%
	Are complaints usually dealt with within 7 days? *n=127*	17%	22%	17%	13%	17%	10%
10.5	Have you ever been prevented from making a complaint here when you wanted to? *n=146*	34%		34%	28%	34%	

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			HMP Swaleside 2018	All other category B training prisons	HMP Swaleside 2018	All other category B training prisons surveyed since September 2017	HMP Swaleside 2018	HMP Swaleside 2016
	Number of completed questionnaires returned		**187**	**1,249**	**187**	**345**	**187**	**184**
		n=number of valid responses to question (HMP Swaleside 2018)						
	For those who need it, is it easy to:							
10.6	Communicate with your solicitor or legal representative?	*n=146*	40%		40%	52%	40%	
	Attend legal visits?	*n=134*	34%		34%	50%	34%	
	Get bail information?	*n=87*	9%		9%	12%	9%	
	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=149*	59%	58%	59%	69%	59%	69%
HEALTH CARE								
11.1	Is it very / quite easy to see:							
	- Doctor?	*n=178*	19%		19%	21%	19%	
	- Nurse?	*n=176*	40%		40%	39%	40%	
	- Dentist?	*n=178*	7%		7%	12%	7%	
	- Mental health workers?	*n=169*	20%		20%	14%	20%	
11.2	Do you think the quality of the health service is very / quite good from:							
	- Doctor?	*n=174*	38%		38%	40%	38%	
	- Nurse?	*n=173*	46%		46%	42%	46%	
	- Dentist?	*n=174*	21%		21%	33%	21%	
	- Mental health workers?	*n=162*	21%		21%	21%	21%	
11.3	Do you have any mental health problems?	*n=174*	41%		41%	37%	41%	
	For those who have mental health problems:							
11.4	Have you been helped with your mental health problems in this prison?	*n=71*	38%		38%	34%	38%	
11.5	Do you think the overall quality of the health services here is very / quite good?	*n=179*	24%		24%	24%	24%	
OTHER SUPPORT NEEDS								
12.1	Do you consider yourself to have a disability?	*n=177*	35%	31%	35%	32%	35%	23%
	For those who have a disability:							
12.2	Are you getting the support you need?	*n=59*	20%		20%	28%	20%	
12.3	Have you been on an ACCT in this prison?	*n=174*	18%		18%	12%	18%	
	For those who have been on an ACCT:							
12.4	Did you feel cared for by staff?	*n=31*	29%		29%	44%	29%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	*n=175*	37%		37%	35%	37%	
ALCOHOL AND DRUGS								
13.1	Did you have an alcohol problem when you came into this prison?	*n=177*	6%	14%	6%	10%	6%	13%
	For those who had / have an alcohol problem:							
13.2	Have you been helped with your alcohol problem in this prison?	*n=11*	18%	61%	18%	44%	18%	57%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	*n=177*	19%	17%	19%	15%	19%	22%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	*n=177*	20%	11%	20%	13%	20%	15%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	*n=176*	9%		9%	10%	9%	
	For those who had / have a drug problem:							
13.6	Have you been helped with your drug problem in this prison?	*n=42*	17%	56%	17%	49%	17%	43%
13.7	Is it very / quite easy to get illicit drugs in this prison?	*n=173*	45%		45%	49%	45%	
13.8	Is it very / quite easy to get alcohol in this prison?	*n=172*	42%		42%	43%	42%	

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	Number of completed questionnaires returned		187	1,249	187	345	187	184
		n=number of valid responses to question (HMP Swaleside 2018)						
SAFETY								
14.1	Have you ever felt unsafe here?	*n=179*	62%	48%	62%	50%	62%	69%
14.2	Do you feel unsafe now?	*n=170*	35%	22%	35%	26%	35%	46%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	*n=172*	42%		42%	34%	42%	
	- Threats or intimidation?	*n=172*	41%		41%	32%	41%	
	- Physical assault?	*n=172*	23%		23%	20%	23%	
	- Sexual assault?	*n=172*	5%		5%	1%	5%	
	- Theft of canteen or property?	*n=172*	38%		38%	20%	38%	
	- Other bullying / victimisation?	*n=172*	23%		23%	18%	23%	
	- Not experienced any of these from prisoners here	*n=172*	42%		42%	55%	42%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	*n=160*	33%		33%	28%	33%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	*n=167*	35%		35%	33%	35%	
	- Threats or intimidation?	*n=167*	28%		28%	29%	28%	
	- Physical assault?	*n=167*	16%		16%	11%	16%	
	- Sexual assault?	*n=167*	3%		3%	1%	3%	
	- Theft of canteen or property?	*n=167*	20%		20%	12%	20%	
	- Other bullying / victimisation?	*n=167*	22%		22%	23%	22%	
	- Not experienced any of these from staff here	*n=167*	49%		49%	51%	49%	
14.6	If you were being bullied / victimised by staff here, would you report it?	*n=163*	53%		53%	43%	53%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	*n=171*	33%		33%	35%	33%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	*n=172*	34%		34%	40%	34%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	*n=177*	15%	8%	15%	7%	15%	16%
	For those who have been restrained in the last 6 months:							
15.4	Did anyone come and talk to you about it afterwards?	*n=24*	21%		21%	13%	21%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	*n=174*	10%		10%	6%	10%	
	For those who have spent one or more nights in the segregation unit in the last 6 months:							
15.6	Were you treated well by segregation staff?	*n=17*	53%		53%	57%	53%	
	Could you shower every day?	*n=16*	6%		6%	43%	6%	
	Could you go outside for exercise every day?	*n=16*	81%		81%	71%	81%	
	Could you use the phone every day (if you had credit)?	*n=15*	20%		20%	76%	20%	

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Number of completed questionnaires returned		187	1,249	187	345	187	184
	n=number of valid responses to question (HMP Swaleside 2018)						
EDUCATION, SKILLS AND WORK							
16.1	In this prison, is it easy to get into the following activities:						
	- Education? *n=167*	48%		48%	66%	48%	
	- Vocational or skills training? *n=158*	21%		21%	27%	21%	
	- Prison job? *n=167*	35%		35%	35%	35%	
	- Voluntary work outside of the prison? *n=156*	3%		3%	3%	3%	
	- Paid work outside of the prison? *n=157*	3%		3%	1%	3%	
16.2	In this prison, have you done the following activities:						
	- Education? *n=162*	83%	86%	83%	87%	83%	78%
	- Vocational or skills training? *n=140*	64%	76%	64%	73%	64%	66%
	- Prison job? *n=150*	87%	90%	87%	90%	87%	80%
	- Voluntary work outside of the prison? *n=140*	27%		27%	31%	27%	
	- Paid work outside of the prison? *n=140*	24%		24%	30%	24%	
	For those who have done the following activities, do you think they will help you on release:						
	- Education? *n=134*	58%	58%	58%	65%	58%	50%
	- Vocational or skills training? *n=89*	60%	53%	60%	67%	60%	38%
	- Prison job? *n=130*	35%	43%	35%	44%	35%	33%
	- Voluntary work outside of the prison? *n=38*	58%		58%	62%	58%	
	- Paid work outside of the prison? *n=34*	62%		62%	64%	62%	
16.3	Do staff encourage you to attend education, training or work? *n=159*	35%		35%	43%	35%	
PLANNING AND PROGRESSION							
17.1	Do you have a custody plan? *n=171*	48%		48%	81%	48%	
	For those who have a custody plan:						
17.2	Do you understand what you need to do to achieve your objectives or targets? *n=80*	81%		81%	87%	81%	
17.3	Are staff helping you to achieve your objectives or targets? *n=79*	27%		27%	46%	27%	
17.4	In this prison, have you done:						
	- Offending behaviour programmes? *n=71*	56%		56%	63%	56%	
	- Other programmes? *n=70*	49%		49%	53%	49%	
	- One to one work? *n=67*	45%		45%	44%	45%	
	- Been on a specialist unit? *n=63*	19%		19%	23%	19%	
	- ROTL - day or overnight release? *n=58*	9%		9%	4%	9%	
	For those who have done the following, did they help you to achieve your objectives or targets:						
	- Offending behaviour programmes? *n=40*	70%		70%	77%	70%	
	- Other programmes? *n=34*	68%		68%	70%	68%	
	- One to one work? *n=30*	63%		63%	76%	63%	
	- Being on a specialist unit? *n=12*	42%		42%	55%	42%	
	- ROTL - day or overnight release? *n=5*	20%		20%	56%	20%	

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	n=number of valid responses to question (HMP Swaleside 2018)						
PREPARATION FOR RELEASE							
18.1	Do you expect to be released in the next 3 months? *n=176*	6%		6%	2%	6%	
	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=10*	30%		30%	20%	30%	
18.3	Is anybody helping you to prepare for your release? *n=10*	40%		40%	60%	40%	
18.4	Do you need help to sort out the following for when you are released:						
	- Finding accommodation? *n=9*	100%		100%	80%	100%	
	- Getting employment? *n=9*	89%		89%	75%	89%	
	- Setting up education or training? *n=8*	88%		88%	80%	88%	
	- Arranging benefits? *n=8*	63%		63%	80%	63%	
	- Sorting out finances? *n=9*	56%		56%	75%	56%	
	- Support for drug or alcohol problems? *n=7*	29%		29%	67%	29%	
	- Health / mental Health support? *n=8*	50%		50%	75%	50%	
	- Social care support? *n=8*	63%		63%	75%	63%	
	- Getting back in touch with family or friends? *n=9*	67%		67%	50%	67%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:						
	- Finding accommodation? *n=9*	22%		22%	50%	22%	
	- Getting employment? *n=8*	25%		25%	0%	25%	
	- Setting up education or training? *n=7*	14%		14%	25%	14%	
	- Arranging benefits? *n=5*	20%		20%	25%	20%	
	- Sorting out finances? *n=5*	20%		20%	0%	20%	
	- Support for drug or alcohol problems? *n=2*	0%		0%	0%	0%	
	- Health / mental Health support? *n=4*	25%		25%	0%	25%	
	- Social care support? *n=5*	0%		0%	0%	0%	
	- Getting back in touch with family or friends? *n=6*	33%		33%	0%	33%	
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=159*	45%		45%	55%	45%	

HMP Swaleside 2018

Comparison of survey responses between sub-populations of prisoners

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

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		Black and minority ethnic	White	Muslim	Non-Muslim
	Number of completed questionnaires returned	79	101	45	130
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 25 years of age?	23%	10%	34%	10%
	Are you 50 years of age or older?	15%	31%	2%	32%
1.3	Are you from a minority ethnic group?			84%	30%
7.1	Are you Muslim?	49%	7%		
11.3	Do you have any mental health problems?	27%	51%	24%	45%
12.1	Do you consider yourself to have a disability?	22%	42%	16%	39%
19.2	Are you a foreign national?	5%	9%	10%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	7%	3%	6%
	ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	73%	84%	80%	80%
2.4	Overall, were you treated very / quite well in reception?	71%	86%	68%	84%
2.5	When you first arrived, did you have any problems?	69%	73%	80%	67%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	19%	31%	24%	28%
	FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	61%	61%	49%	66%
3.5	Have you had an induction at this prison?	91%	77%	88%	81%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	49%	58%	50%	56%
	ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	23%	30%	23%	30%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	64%	69%	51%	72%
	- Can you shower every day?	88%	89%	79%	92%
	- Do you have clean sheets every week?	51%	60%	54%	56%
	- Do you get cell cleaning materials every week?	58%	61%	60%	61%
	- Is it normally quiet enough for you to relax or sleep at night?	68%	53%	69%	56%
	- Can you get your stored property if you need it?	21%	23%	24%	22%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	79	101	45	130
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	26%	27%	25%	28%
5.3 Does the shop / canteen sell the things that you need?	55%	70%	52%	70%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	61%	80%	63%	76%
6.2 Are there any staff here you could turn to if you had a problem?	67%	68%	71%	67%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	26%	34%	28%	32%
6.6 Do you feel that you are treated as an individual in this prison?	40%	39%	43%	38%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	59%	65%	61%	63%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	60%	56%	62%	57%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	20%	29%	24%	25%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	57%	55%	55%	56%
8.3 Are you able to use a phone every day (if you have credit)?	94%	96%	91%	96%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	65%	74%	63%	71%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	9%	14%	14%	12%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	1%	7%	5%	4%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	39%	62%	42%	56%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	61%	65%	60%	63%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	30%	40%	32%	38%
10.3 Is it easy for you to make a complaint?	58%	61%	54%	62%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	17%	24%	18%	22%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	37%	27%	33%	32%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	79	101	45	130
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	18%	19%	18%	19%
- Nurse?	37%	43%	37%	41%
- Dentist?	8%	7%	7%	8%
- Mental health workers?	14%	26%	15%	23%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	50%	31%	36%	38%
11.5 Do you think the overall quality of the health services here is very / quite good?	20%	27%	23%	24%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	12%	26%	14%	23%
SAFETY				
14.1 Have you ever felt unsafe here?	63%	60%	73%	57%
14.2 Do you feel unsafe now?	38%	32%	32%	35%
14.3 Not experienced bullying / victimisation by other prisoners	50%	37%	49%	40%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	25%	40%	32%	34%
14.5 Not experienced bullying / victimisation by members of staff	41%	56%	42%	51%
14.6 If you were being bullied / victimised by staff here, would you report it?	49%	57%	58%	52%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	32%	36%	33%	34%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	25%	42%	30%	37%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	17%	13%	16%	14%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	12%	7%	14%	8%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	30%	39%	24%	40%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	55%	44%	48%	48%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	25%	29%	21%	30%
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?	60%	20%		40%
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?	49%	42%	54%	41%

HMP Swaleside 2018

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*

		Have a disability	Do not have a disability		Mental health problems	No mental health problems
	Number of completed questionnaires returned	61	116		71	103
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	17%	15%		16%	16%
	Are you 50 years of age or older?	33%	19%		23%	25%
1.3	Are you from a minority ethnic group?	30%	52%		29%	54%
7.1	Are you Muslim?	12%	32%		15%	31%
11.3	Do you have any mental health problems?	83%	20%			
12.1	Do you consider yourself to have a disability?				68%	10%
19.2	Are you a foreign national?	3%	10%		2%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	9%	2%		8%	3%
	ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	72%	84%		77%	83%
2.4	Overall, were you treated very / quite well in reception?	77%	81%		76%	82%
2.5	When you first arrived, did you have any problems?	90%	62%		89%	59%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	29%	23%		21%	29%
	FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	56%	64%		46%	71%
3.5	Have you had an induction at this prison?	85%	84%		83%	83%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	31%	62%		40%	59%
	ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	22%	29%		22%	29%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	59%	70%		59%	71%
	- Can you shower every day?	88%	89%		89%	89%
	- Do you have clean sheets every week?	47%	60%		48%	60%
	- Do you get cell cleaning materials every week?	57%	61%		52%	65%
	- Is it normally quiet enough for you to relax or sleep at night?	50%	63%		52%	64%
	- Can you get your stored property if you need it?	19%	24%		16%	25%

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	Have a disability	Do not have a disability	Mental health problems	No mental health problems
Number of completed questionnaires returned	61	116	71	103
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	29%	25%	23%	28%
5.3 Does the shop / canteen sell the things that you need?	59%	63%	63%	62%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	72%	70%	68%	74%
6.2 Are there any staff here you could turn to if you had a problem?	55%	72%	52%	77%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	26%	33%	23%	34%
6.6 Do you feel that you are treated as an individual in this prison?	31%	44%	30%	44%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	64%	60%	59%	62%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	47%	64%	54%	61%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	19%	26%	17%	27%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	56%	59%	60%	56%
8.3 Are you able to use a phone every day (if you have credit)?	97%	95%	96%	95%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	64%	71%	68%	70%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	17%	11%	15%	11%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	7%	2%	6%	2%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	57%	45%	57%	44%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	56%	66%	54%	68%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	29%	38%	23%	43%
10.3 Is it easy for you to make a complaint?	53%	64%	56%	61%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	21%	19%	15%	24%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	35%	32%	41%	26%

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** 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	61	116	71	103
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	20%	17%	19%	18%
- Nurse?	40%	40%	40%	38%
- Dentist?	10%	6%	6%	8%
- Mental health workers?	26%	17%	30%	13%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	36%	39%	37%	
11.5 Do you think the overall quality of the health services here is very / quite good?	22%	24%	24%	21%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	19%		13%	40%
SAFETY				
14.1 Have you ever felt unsafe here?	71%	56%	79%	49%
14.2 Do you feel unsafe now?	49%	29%	52%	24%
14.3 Not experienced bullying / victimisation by other prisoners	28%	50%	22%	57%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	37%	29%	31%	32%
14.5 Not experienced bullying / victimisation by members of staff	36%	54%	32%	57%
14.6 If you were being bullied / victimised by staff here, would you report it?	61%	48%	52%	54%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	27%	36%	21%	41%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	26%	37%	23%	40%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	24%	10%	26%	8%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	8%	16%	6%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	34%	36%	32%	37%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	39%	53%	48%	48%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	11%	31%	20%	28%
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?	67%	29%	40%	40%
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?	40%	47%	39%	47%

HMP Swaleside 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners aged 25 and under are compared with those of prisoners over 25
- responses of prisoners aged 50 and over are compared with those of prisoners under 50

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

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	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	28	154	43	139
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2 Are you under 21 years of age?	0%			0%
Are you 70 years of age or older?		4%	14%	
1.3 Are you from a minority ethnic group?	64%	40%	28%	49%
7.1 Are you Muslim?	54%	20%	2%	33%
11.3 Do you have any mental health problems?	41%	40%	38%	41%
12.1 Do you consider yourself to have a disability?	37%	33%	46%	30%
19.2 Are you a foreign national?	7%	7%	5%	8%
19.3 Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	4%	5%	5%
ARRIVAL AND RECEPTION				
2.3 When you were searched in reception, was this done in a respectful way?	82%	79%	83%	78%
2.4 Overall, were you treated very / quite well in reception?	75%	80%	88%	77%
2.5 When you first arrived, did you have any problems?	68%	72%	67%	73%
For those who had any problems when they first arrived:				
2.6 Did staff help you to deal with these problems?	18%	27%	32%	24%
FIRST NIGHT AND INDUCTION				
3.3 Did you feel safe on your first night here?	56%	62%	76%	56%
3.5 Have you had an induction at this prison?	93%	82%	68%	89%
For those who have had an induction:				
3.5 Did your induction cover everything you needed to know about this prison?	46%	54%	56%	52%
ON THE WING				
4.2 Is your cell call bell normally answered within 5 minutes?	11%	30%	37%	24%
4.3				
- Do you normally have enough clean, suitable clothes for the week?	59%	68%	81%	62%
- Can you shower every day?	89%	89%	91%	89%
- Do you have clean sheets every week?	52%	56%	67%	52%
- Do you get cell cleaning materials every week?	59%	59%	73%	54%
- Is it normally quiet enough for you to relax or sleep at night?	78%	55%	43%	64%
- Can you get your stored property if you need it?	29%	20%	14%	24%

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

	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	28	154	43	139
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	29%	26%	33%	24%
5.3 Does the shop / canteen sell the things that you need?	67%	61%	67%	61%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	67%	72%	88%	66%
6.2 Are there any staff here you could turn to if you had a problem?	75%	66%	71%	66%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	25%	31%	32%	30%
6.6 Do you feel that you are treated as an individual in this prison?	39%	39%	36%	40%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	64%	61%	67%	60%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	70%	55%	46%	60%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	25%	24%	27%	24%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	50%	58%	47%	60%
8.3 Are you able to use a phone every day (if you have credit)?	85%	97%	100%	93%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	61%	71%	100%	61%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	19%	10%	10%	12%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	5%	13%	2%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	63%	47%	36%	53%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	59%	64%	74%	59%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	17%	39%	49%	32%
10.3 Is it easy for you to make a complaint?	48%	62%	74%	55%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	6%	23%	44%	14%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	38%	31%	19%	36%

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

	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	28	154	43	139
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	19%	19%	16%	20%
- Nurse?	27%	43%	43%	39%
- Dentist?	4%	8%	12%	6%
- Mental health workers?	28%	19%	16%	22%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	70%	32%	44%	35%
11.5 Do you think the overall quality of the health services here is very / quite good?	35%	22%	19%	26%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	13%	23%	25%	19%
SAFETY				
14.1 Have you ever felt unsafe here?	52%	63%	54%	64%
14.2 Do you feel unsafe now?	23%	37%	27%	37%
14.3 Not experienced bullying / victimisation by other prisoners	63%	39%	36%	45%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	20%	35%	67%	22%
14.5 Not experienced bullying / victimisation by members of staff	44%	49%	63%	44%
14.6 If you were being bullied / victimised by staff here, would you report it?	52%	54%	75%	47%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30%	35%	44%	30%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	19%	37%	47%	30%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	26%	13%	2%	19%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	10%	2%	13%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	22%	38%	40%	34%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	56%	47%	35%	53%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	0%	33%	39%	25%
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%	33%	50%	38%
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?	33%	47%	46%	44%

HMP Swaleside 2018

Comparison of survey responses from different residential locations

In this table responses from the sex offender unit (H wing) are compared with those from rest of the establishment.

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

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		Sex offender unit (H wing)	Rest of the establishment
	Number of completed questionnaires returned	30	150
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	0%
	Are you 25 years of age or younger?	7%	15%
	Are you 50 years of age or older?	69%	16%
	Are you 70 years of age or older?	17%	1%
1.3	Are you from a minority ethnic group?	21%	48%
1.4	Have you been in this prison for less than 6 months?	10%	10%
1.5	Are you currently serving a sentence?	100%	99%
	Are you on recall?	0%	5%
1.6	Is your sentence less than 12 months?	0%	1%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	8%
7.1	Are you Muslim?	14%	27%
11.3	Do you have any mental health problems?	41%	40%
12.1	Do you consider yourself to have a disability?	35%	34%
19.1	Do you have any children under the age of 18?	38%	56%
19.2	Are you a foreign national?	14%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	6%
19.4	Have you ever been in the armed services?	17%	6%
19.5	Is your gender female non-binary?	0%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	11%	9%
19.7	Do you identify as transgender or transsexual?	0%	2%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	4%	12%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	26%	45%
2.3	When you were searched in reception, was this done in a respectful way?	79%	78%
2.4	Overall, were you treated very / quite well in reception?	82%	79%

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

		Sex offender unit (H wing)	Rest of the establishment
	Number of completed questionnaires returned	30	150
2.5	When you first arrived, did you have any problems?	79%	71%
2.5	Did you have problems with:		
	- Getting phone numbers?	25%	19%
	- Contacting family?	25%	19%
	- Arranging care for children or other dependents?	0%	2%
	- Contacting employers?	0%	1%
	- Money worries?	11%	17%
	- Housing worries?	7%	8%
	- Feeling depressed?	36%	29%
	- Feeling suicidal?	7%	11%
	- Other mental health problems?	11%	19%
	- Physical health problems?	32%	14%
	- Drugs or alcohol (e.g. withdrawal)?	0%	6%
	- Getting medication?	39%	22%
	- Needing protection from other prisoners?	4%	10%
	- Lost or delayed property?	18%	37%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	17%	26%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	14%	52%
	- Toiletries / other basic items?	36%	40%
	- A shower?	18%	29%
	- A free phone call?	0%	36%
	- Something to eat?	57%	63%
	- The chance to see someone from health care?	25%	47%
	- The chance to talk to a Listener or Samaritans?	4%	13%
	- Support from another prisoner (e.g. Insider or buddy)?	11%	22%
	- None of these?	25%	15%
3.2	On your first night in this prison, was your cell very / quite clean?	48%	26%
3.3	Did you feel safe on your first night here?	72%	58%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	33%	30%
	- Free PIN phone credit?	19%	67%
	- Numbers put on your PIN phone?	35%	39%
3.5	Have you had an induction at this prison?	39%	93%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	50%	53%

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	Sex offender unit (H wing)	Rest of the establishment
Number of completed questionnaires returned	30	150

ON THE WING			
4.1	Are you in a cell on your own?	100%	99%
4.2	Is your cell call bell normally answered within 5 minutes?	37%	24%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	90%	60%
	- Can you shower every day?	77%	93%
	- Do you have clean sheets every week?	100%	44%
	- Do you get cell cleaning materials every week?	75%	53%
	- Is it normally quiet enough for you to relax or sleep at night?	32%	64%
	- Can you get your stored property if you need it?	10%	22%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	64%	36%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	48%	38%
5.2	Do you get enough to eat at meal-times always / most of the time?	28%	25%
5.3	Does the shop / canteen sell the things that you need?	62%	61%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	72%	70%
6.2	Are there any staff here you could turn to if you had a problem?	63%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	25%	29%
6.4	Do you have a personal officer?	79%	62%
	For those who have a personal officer:		
6.4	Is your personal or named officer very / quite helpful?	27%	44%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	7%	10%
6.6	Do you feel that you are treated as an individual in this prison?	41%	36%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	59%	51%
	If so, do things sometimes change?	18%	27%
FAITH			
7.1	Do you have a religion?	66%	79%
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	74%	59%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	53%	57%
7.4	Are you able to attend religious services, if you want to?	95%	82%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	21%	22%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	55%	59%
8.3	Are you able to use a phone every day (if you have credit)?	100%	96%
8.4	Is it very / quite easy for your family and friends to get here?	11%	24%
8.5	Do you get visits from family/friends once a week or more?	7%	6%
	For those who get visits:		
8.6	Do visits usually start and finish on time?	29%	15%
8.7	Are your visitors usually treated respectfully by staff?	92%	64%

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	Sex offender unit (H wing)	Rest of the establishment
Number of completed questionnaires returned	30	150

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	79%	88%
	For those who know what the unlock and lock-up times are supposed to be:		
9.1	Are these times usually kept to?	23%	30%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	11%	11%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	11%	3%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	29%	24%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	52%	61%
9.5	Do you get association more than 5 days in a typical week, if you want it?	59%	78%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	79%	73%
9.7	Do you typically go to the gym twice a week or more?	35%	48%
9.8	Do you typically go to the library once a week or more?	32%	46%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	44%	50%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	52%	64%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	44%	33%
	Are applications usually dealt with within 7 days?	29%	19%
10.3	Is it easy for you to make a complaint?	52%	59%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	26%	19%
	Are complaints usually dealt with within 7 days?	16%	17%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	14%	38%

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		Sex offender unit (H wing)	Rest of the establishment
	Number of completed questionnaires returned	30	150
	For those who need it, is it easy to:		
10.6	Communicate with your solicitor or legal representative?	27%	43%
	Attend legal visits?	26%	37%
	Get bail information?	7%	10%
	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?	50%	62%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	10%	19%
	- Nurse?	27%	42%
	- Dentist?	7%	7%
	- Mental health workers?	14%	20%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	38%	36%
	- Nurse?	52%	44%
	- Dentist?	31%	19%
	- Mental health workers?	19%	19%
11.3	Do you have any mental health problems?	41%	40%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	17%	38%
11.5	Do you think the overall quality of the health services here is very / quite good?	17%	22%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	35%	34%
	For those who have a disability:		
12.2	Are you getting the support you need?	40%	15%
12.3	Have you been on an ACCT in this prison?	7%	19%
	For those who have been on an ACCT:		
12.4	Did you feel cared for by staff?	50%	24%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	50%	34%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	0%	7%
	For those who had / have an alcohol problem:		
13.2	Have you been helped with your alcohol problem in this prison?		20%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	0%	23%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	0%	25%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	0%	11%
	For those who had / have a drug problem:		
13.6	Have you been helped with your drug problem in this prison?		17%
13.7	Is it very / quite easy to get illicit drugs in this prison?	21%	51%
13.8	Is it very / quite easy to get alcohol in this prison?	7%	51%

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SAFETY			
14.1	Have you ever felt unsafe here?	45%	64%
14.2	Do you feel unsafe now?	11%	39%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	45%	41%
	- Threats or intimidation?	31%	42%
	- Physical assault?	3%	28%
	- Sexual assault?	3%	4%
	- Theft of canteen or property?	17%	43%
	- Other bullying / victimisation?	31%	21%
	- Not experienced any of these from prisoners here	48%	41%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	62%	25%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	36%	34%
	- Threats or intimidation?	29%	28%
	- Physical assault?	4%	19%
	- Sexual assault?	0%	3%
	- Theft of canteen or property?	14%	21%
	- Other bullying / victimisation?	18%	22%
	- Not experienced any of these from staff here	54%	48%
14.6	If you were being bullied / victimised by staff here, would you report it?	62%	51%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	43%	31%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	43%	31%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	16%
	For those who have been restrained in the last 6 months:		
15.4	Did anyone come and talk to you about it afterwards?		19%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	9%
	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?		39%
	Could you shower every day?		0%
	Could you go outside for exercise every day?		75%
	Could you use the phone every day (if you had credit)?		18%

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EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	43%	49%
	- Vocational or skills training?	15%	22%
	- Prison job?	56%	31%
	- Voluntary work outside of the prison?	0%	4%
	- Paid work outside of the prison?	0%	3%
16.2	In this prison, have you done the following activities:		
	- Education?	73%	85%
	- Vocational or skills training?	55%	65%
	- Prison job?	92%	87%
	- Voluntary work outside of the prison?	17%	30%
	- Paid work outside of the prison?	17%	26%
	For those who have done the following activities, do you think they will help you on release:		
	- Education?	32%	63%
	- Vocational or skills training?	25%	65%
	- Prison job?	27%	35%
	- Voluntary work outside of the prison?	25%	62%
	- Paid work outside of the prison?	25%	66%
16.3	Do staff encourage you to attend education, training or work?	44%	34%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	27%	51%
	For those who have a custody plan:		
17.2	Do you understand what you need to do to achieve your objectives or targets?	83%	80%
17.3	Are staff helping you to achieve your objectives or targets?	14%	27%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	0%	62%
	- Other programmes?	14%	53%
	- One to one work?	17%	47%
	- Been on a specialist unit?	0%	21%
	- ROTL - day or overnight release?	0%	10%
	For those who have done the following, did they help you to achieve your objectives or targets:		
	- Offending behaviour programmes?		68%
	- Other programmes?	100%	65%
	- One to one work?	100%	59%
	- Being on a specialist unit?		42%
	- ROTL - day or overnight release?		20%

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	7%	5%
	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?	0%	29%
18.3	Is anybody helping you to prepare for your release?	0%	43%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	100%	100%
	- Getting employment?	100%	100%
	- Setting up education or training?	50%	100%
	- Arranging benefits?	0%	83%
	- Sorting out finances?	50%	67%
	- Support for drug or alcohol problems?	0%	40%
	- Health / mental Health support?	0%	67%
	- Social care support?	50%	80%
	- Getting back in touch with family or friends?	100%	50%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	0%	33%
	- Getting employment?	0%	33%
	- Setting up education or training?	0%	20%
	- Arranging benefits?		20%
	- Sorting out finances?	0%	25%
	- Support for drug or alcohol problems?		100%
	- Health / mental Health support?		25%
	- Social care support?	0%	0%
	- Getting back in touch with family or friends?	0%	33%
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?	39%	47%



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

