The HMPPS Settlement Model: Using regime activity to support people in prison during key transitions

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This paper explores the three key transitional phases within a prison journey: entering prison, transitioning through prison and being released from prison. Entering prison is a significant life event. It is an abrupt change to life that can have a momentous and long-lasting impact on a person. Transitions within prison can be immensely destabilising, increasing a person's risk to themselves and others. Release from prison is often unexpectedly painful and challenging resulting in many struggling in the early days following release.[2] All three key transitional phases can be compounded by the prison population's vulnerability to adjustment difficulties.

In this paper the authors draw attention to the importance of understanding the needs of individuals and the value of the keyworker relationship to help inform how we can better support people to safely settle during these three key transitional times. They introduce The Settlement Model, and the tools used to operationalise this model. The Settlement Model is an initiative within the Enable Programme designed to use regime activity and Personalised Regime Plans (PRPs) to support the safe settlement and progression of people in prison.[3] The authors conclude this paper by discussing early findings from prototyping of personalised regime planning.

Adjustment challenges within the prison population

People in prison are arguably and ironically less resilient to the challenges of prison than people in the general population. It is well documented that childhood trauma is pervasive across the prison population, within all parts of the prison estate. Ford and colleagues highlight that almost half of people in prison report exposure to four or more Adverse Childhood Experiences (ACEs).[4] Evidence identifies that exposure to ACEs and poor health can impact on a person's ability to successfully adapt to life changes and are risk factors in developing adjustment disorders later in life.[5] A higher-than-average proportion of people in prison have been through the care system.[6] These individuals, as well as many others within prison, have experienced disrupted attachments to primary care givers in the early years of life. This can affect how they think, process emotions, and behave across their life span.[7] Whilst there is limited exploration around the impact of attachment styles and adjusting to a prison setting, it stands to reason that early attachment experiences will affect how someone understands and responds to sudden and significant change, such as arriving in and transitioning through prison.

1. Since writing Chris Gunderson has moved to a new role: Head of Prison Implementation Programme for the Independent Sentencing Review (ISR).
2. Shingler, J., & Stickney, J. (2023). "I can see freedom but I can't have it": Supporting people in the immediate aftermath of release. I. J. Shingler & J. Stickney (Eds.) *The Journey from Prison to Community* (pp. 24-43). Routledge.
3. The Enable Programme is a HMPPS workforce transformation programme, which aims to transform prisons over the medium term, through a series of workforce and regime changes.
4. Ford, K., Barton, E., Newbury, A., Hughes, K., Bezeczky, Z., Roderick, J., & Bellis, M. (2019). Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey. Public Health Wales; Bangor University.
5. Kameg, B. N., & Fradkin, D. (2021). Adverse childhood experiences in youth: Trauma-informed assessment, diagnosis, and management. *The Journal for Nurse Practitioners, 17*(1), 87-92; Giotakos, O. & Konstantakopoulos, G. (2002). Parenting received in childhood and early separation anxiety in male conscripts with adjustment disorder. *Mil Med, 167* (1), 28-33.
6. Social Exclusion Unit. (2002). Reducing Re-Offending by Ex-Prisoners. London: Social Exclusion Unit, 18. Available at: https://bristol.ac.uk/poverty/downloads/keyofficialdocuments/Reducing%20Reoffending.pdf (accessed 25th August 2025).
7. Shonkoff, J. P., Phillips, D. A., & National Research Council. (2000). Communicating and learning. In From neurons to neighborhoods: The science of early childhood development. National Academies Press (US); Myhr, G. (2014). Responding to threat: Using attachment-related interventions in cognitive behavioural therapy of anxiety disorders. In A. N. Danquah & K. Berry (Eds.), *Attachment theory in adult mental health:* A guide to clinical practice (pp. 48–62). Routledge.

The Criminal Justice Joint Inspection into neurodiversity estimates that around half of those entering prison have some form of neurodivergent condition that impacts on their ability to engage in everyday activities, compared to an estimated 15-20% of the general population.[8] Some of the sensory, communication and cognitive differences that neurodivergent people experience can result in them having increased difficulty adjusting and adapting to the prison environment which can be exacerbated at times of transition.

For service design and delivery to be effective, it is critical to acknowledge and understand the challenges people experience during key transition periods in their prison journey. This will help to ensure their needs are met during these difficult times. These insights enable us to explore how we should build services in response to need and develop opportunities during times of transition that can assist people safely settling, reduce risk and enable progression.

The three transitional phases within a prison journey

Entering prison

People are often at their most distressed on arriving in prison, which is commonly exacerbated by already compromised mental health. Environmental factors specific to prison are associated with increased risk of self-harm, and the impact of incarceration is felt at its most intense within the first few weeks of arriving.[9]

The physical presence of prisons, such as the austere buildings, shared cells, bars on windows, clanging doors, jangling keys,[10] and uniformed officers are stark reminders of loss of control, loss of liberty and being contained against one's will. These sensory cues and experiences can exacerbate pre-existing trauma and/or trigger new feelings of distress. The feeling of powerlessness and exposure to a threat-based environment can elicit trauma response behaviours often linked to criminogenic need.[11]

Adapting to prison life impacts on a person's sense of self. People in prison are removed from familiar settings, where they had roles and responsibilities that formed who they were, and placed into an environment which holds many uncertainties. The nature of incarceration means an immediate lack of autonomy and increased dependency on staff who hold control of the regime and order in the prison. Those entering prison can experience hopelessness and helplessness through disruption to the systems, services and significant others that supported them in the community. Trying to navigate the unknown without any familiar structure, routine or activities in which to engage can have a significantly negative impact on the health and wellbeing of those entering prison.

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Transitioning through prison

Prison moves are made based on sentence need, risk, and response to capacity issues. As such, there can be disparities between how moves are planned and processed. Prison moves have varying impacts from person to person based on the reason for the move, circumstances, and ability to adapt.

Moving to a new setting (within or between establishments) can be anxiety provoking and impact on behaviour.[12] Individuals must adjust to many unknown aspects of their new environment including

8. HMIP (2021) Neurodiversity in the criminal justice system: A review of evidence. Available at: https://cjji.justiceinspectorates.gov.uk/inspection-report/neurodiversity-in-the-criminal-justice-system-a-reivew-of-evidence/ (accessed 25th August 2025).
9. Favril, L., & van Ginneken, E. F. (2024). Individual and environmental contributors to psychological distress during imprisonment. *European Journal of Criminology, 21*(3), 350-369; House of Commons Justice Committee. (2021). Mental health in prison: Fifth Report of Session2021–22. House of Commons.
10. Stickney, J., & Budd, C. (2023). "180 prisoners and the noise… it hits you, BANG!": Sensory systems, incarceration and resettlement. In In J. Shingler & J. Stickney (Eds.) *The Journey from Prison to Community* (pp. 85-102). Routledge.
11. Hocken, K., Taylor, J., & Walton, J. (2022). Trauma and the experience of imprisonment. In P. Willmot & L. Jones (Eds.), *Trauma-informed forensic practice* (pp. 298–315). Routledge.
12. Kigerl, A., & Hamilton, Z. (2016). The impact of transfers between prisons on inmate misconduct: Testing importation, deprivation, and transfer theory models. *The Prison Journal, 96*(2), 232-257.

different processes, procedures, and dynamics. This may be challenging, particularly for those who experience adjustment difficulties, impacting on how they process and recall information.

Moves between prisons can disrupt meaningful regime engagement. People transfer from the reception estate to the resettlement estate to access purposeful activity based on needs. However, transfers that happen in the middle of courses, training or when a person moves from a high performing regime to one with more restrictions can be a significant barrier to them accessing meaningful regimes. Lack of access to meaningful regime activity results in occupational deprivation,[13] which can have a profound impact on health and wellbeing.[14] Occupational deprivation can disrupt the development and maintenance of skills needed to manage daily life both in prison and on release. This can negatively impact on a person's identity and impinge on peoples' ability to self-regulate through valued activity.

Preparing for release from prison

Preparing for release from prison is often a period of mixed emotions. For some the process of reintegration back into the community can feel daunting. In the first few days and weeks pre and post release people are at higher risk of facing adverse health and social outcomes. These include relapse into drug use, mortality, homelessness, debt, unemployment, and discontinuity of health care.[15]

Whilst there are opportunities within prison for people to build and maintain skills through regime activity, for those with pre-existing health and social difficulties, meaningful and effective engagement in the regime can be hard. Prisons endeavour to tailor approaches to support those with complex needs to engage, however their ability to do this is often limited. These factors can impact on how prepared someone feels for release and community resettlement.

Feeling unskilled and having limited meaningful activity to engage in on release can have a significant negative impact on self-worth and self-esteem. It can affect people's sense of belonging to the community and ultimately can hinder resettlement. Successful community reintegration needs to be underpinned by pre-release planning and preparation to support each person's needs. This should include having a focus on accommodation, vocation, basic needs, and support,[16] as well as ensuring people can engage in daily living skills and activities.[17]

By understanding the challenges people experience during these three key transitional phases, we can explore how to better support them as they enter, transition through and prepare for release from prison.

Prison regime – The engine to drive change forward

Regime and purposeful activity

Regimes are the engines of prisons. They ensure all parts of each establishment work together to run smoothly and effectively. Prison regime is an operational term used to describe the services and activities that are available to people in prison during their core day. In 2021, the White Paper on the transformation of prisons pledged to transform regime delivery in prisons in England and Wales.[18] His Majesty's Prison and Probation Service (HMPPS) committed to a new principle called Time Well Spent. This simply means increasing the proportion of time each person in prison will engage in an activity that is linked to an identified need. Though the Government has since changed, the HMPPS commitment to Time Well Spent has endured.

Historically, purposeful activity solely included activity that contributes towards prison performance measures (i.e. education, work, and elements included within a sentence plan). This meant that crucial care and enrichment activity was deprioritised and unsentenced people in prison were excluded from many regime opportunities.

The different activities in which we engage help us to meet our practical and emotional needs as humans; they provide the mechanisms to adapt and develop physically, emotionally, socially and

13. Occupational deprivation - being unable to engage in meaningful activity due to personal and environmental circumstances.
14. Whiteford, G. (1997). Occupational deprivation and incarceration. *Journal of Occupational Science: Australia, 2* (2), 80-81.
15. Williamson, M. (2006). Improving the Health and Social Outcomes of People Recently Released from Prisons in the UK. Salisbury Centre for Mental Health; Binswanger, I. A. Nowels, C., Corsi, K. F., Glanz, J., Long, J., Booth, R. E. & Steiner, J. F. (2012). Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors. *Addiction Science and Clinical Practice, 7*(3), 3; Zlodre, J. & Fazel, S. (2012). All-cause and external mortality in released prisoners: Systematic review and meta-analysis. *American Journal of Public Health, 102(*12), 67-75.
16. Maquire, M. & Raynor, P. (2019). Preparing prisoners for release: Current and recurrent challenges. In. P. Ugwugike, H. Graham, F. McNeill, P. Raynor, F.S. Taxman, & C. Trotter (Eds.), *The Routledge Companion to Rehabilitative Work in Criminal Justice* (pp.520-532). Routledge.
17. Stickney, J., Hirons, A., & Jenner, H. (2023). "How could I know what to do?": Supporting people in building practical skills for resettlement and reintegration. In J. Shingler & J. Stickney (Eds.) The Journey from Prison to Community (pp. 118-134). Routledge.
18. Ministry of Justice. (2021). *Prisons Strategy White Paper* (CP 581). Ministry of Justice.

culturally.[19] Therefore, it is essential that regime activity responds to the needs of its population, moving away from the traditional concept of purposeful activity. In line with this knowledge, in 2023 HMPPS introduced a new definition of purposeful activity, which links the purpose of activity to the risk, wellbeing and social needs of every person in prison to support addressing recidivism. Purposeful activity is now defined as "Time spent well by a prisoner that contributes to one or more of the following identified objectives:

- Addressing risks or needs related to risk of reoffending or a resettlement objective, as identified through Offender Management work or other formal assessment.
- Enhancement of personal wellbeing, physical or mental health.
- Enhancement of inter-personal, social or life skills."[20]

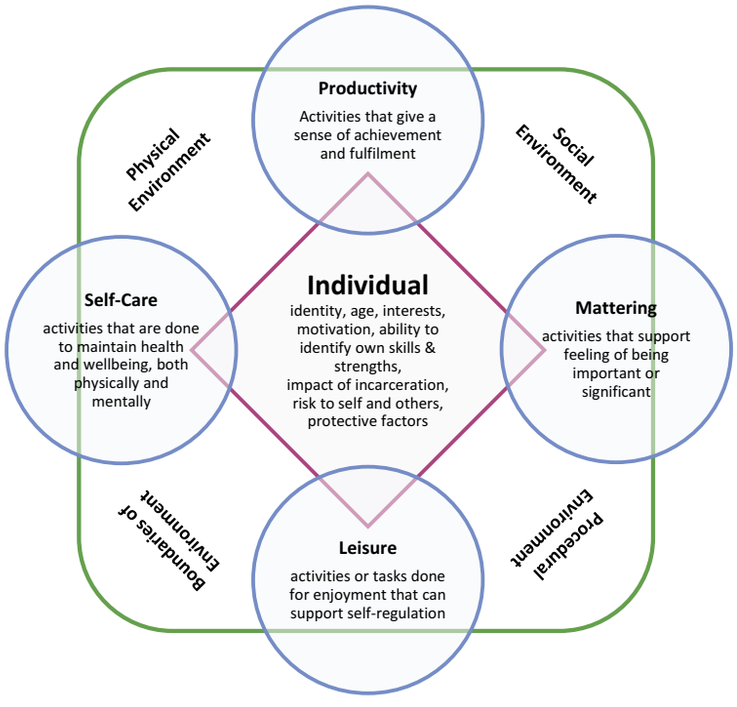
The true purposefulness of an activity is based on its inherent meaning and relevance to the person participating in it. Therefore, to ensure purposeful activity is meaningful within this context, it is essential that the needs of each person in prison are known and reflected in their own individualised regime plan. With this in mind, we can start to look at prison regime being used to support people during the three key transitional phrases identified in this paper.

The model of wellbeing in health and justice ©

The Model of Wellbeing in Health and Justice was designed and developed in order to represent the different aspects of an individual that we need to understand, to ensure their changing needs are met as they transition into and through prison.[21]

At the centre of the model is the **individual.** It includes aspects about the person that could impact on their participation and performance in regime activity. This includes interests, skills, strengths and characteristics that may influence what they do and how they do it. The model acknowledges the importance of understanding the individual in the context of the **environment** with which they are interacting. This includes the **physical** aspects of the environment (such as the material build), the **procedures** and processes that support daily living, the **boundaries** (such as restrictions) and the **social** milieu. In addition, the model considers four domains of activity, which give different health and wellbeing benefits. These domains include activities that give a sense of achievement **(productivity)**; support us to look after ourselves **(self-care);** help us to self-regulate and feel skilled **(leisure)**; and help us to connect meaningfully with others **(mattering)**. Having a balance of these domains, relevant to each individual, supports people's health and wellbeing.[22]

Figure 1. *Model of Wellbeing in Health and Justice*



19. Wilcock, A. (1993). The theory of the human need for occupation. *Occupational Science: Australia. 1*:1, 17-24.
20. HMPPS Regime Policy Framework on Regime in Prisons (awaiting publication).
21. Stickney, J., Hirons, A., & Jenner, H. (2023). "How could I know what to do?": Supporting people in building practical skills for resettlement and reintegration. In J. Shingler & J. Stickney (Eds.) *The Journey from Prison to Community* (pp. 118-134). Routledge.
22. Matuska, K. (2012). Validity evidence of a model and measure of life balance. *Occupational Therapy Journal of Research: Occupation, Participation and Health, 32*(1), 229-237

The Model of Wellbeing in Health and Justice recognises that a healthy lifestyle in custody looks different for each person. It provides a framework to explore individuals' skills, strengths and needs to support them engaging in regime activity that holds meaning and purpose to them. By understanding the needs, skills and strengths of the people within each prison, we are then able to consider what each prison's regime must deliver to best support people at different times of their custodial journey. The Model of Wellbeing in Health and Justice can be used to assist prisons in developing an operational understanding of how we can support people during identified prison transitions.

The Settlement Model

The Settlement Model provides a structure and process to enable people to access and engage in meaningful regime activity to support them to safely settle during the three identified key transitional phases in their prison journey. It has been developed in partnership between clinical and operational staff, and in collaboration with key stakeholders, combining evidence, as well as clinical and operational experience.

The Settlement Model aims to support the health, wellbeing and safety of people in prison through the use of regime activity.

Engaging with key stakeholders has been crucial to accessing a diverse range of skills and information. This has ensured that The Settlement Model is co-designed and co-developed by people who are invested in supporting positive change within prisons. The Settlement Model focuses on enabling prisons to develop a better understanding of each person in their establishment and how their needs can be best met through engagement in meaningful regime activity. In addition to this, it aims to minimise duplication of information gathering, process and procedures at each transitional stage in a person custodial journey.

The Settlement Model consists of three separate packages that address distinct transitional phases of custody. These are:

- Package one: Initial Settlement (the first 30 days in custody)
- Package two: Transitional Settlement (moving between custodial settings)
- Package three: Release Re-settlement (the last three months prior to release)

Two tools have been developed to operationalise The Settlement Model through keywork. Both these tools have been designed using the Model of Health and Wellbeing to ensure that the right information is being gathered to inform relevant regime plans during these three phases. These tools are:

This is Me tool: (TiMe)

TiMe is an information gathering tool that provides structure to keywork sessions. It places value and importance on the relationship between the person in prison and the keyworker. This tool supports the development of the keyworker relationship by gathering information about each person's skills, strengths and needs in relation to regime activity. In addition, it explores what may impact their engagement in purposeful activity, enabling the keyworker to know the person better. With this information keyworkers can address immediate needs and plan for future support. The information gathered from the TiMe tool helps inform the development of a Personalised Regime Plan.

Personalised Regime Plan (PRP)

The purpose of a PRP is to operationalise the information gathered by the TiMe tool to enable every person in prison, regardless of sentence or status, to access meaningful and purposeful regime activities. With the information gathered from the TiMe tool, keyworkers can link an identified need to the best fit of the establishment's regime opportunities available creating a meaningful PRP. These plans can be regularly reviewed during keywork sessions and can transition with people as they move establishments as a record of progress where needed.

The Settlement Model aims to support the health, wellbeing and safety of people in prison through the use of regime activity. As a first step towards implementation, a prototyping pilot was carried out to ensure that the tools used to operationalise this (that is, TiMe and PRP) functioned as intended and that the process was feasible through keywork.

Prototyping TiMe and PRP

Prototyping is the process of testing the functionality of a product and informing the design iteratively through feedback. Prototyping assumes that for products to be most effective it is essential to understand them within the context in which they are to be delivered. Therefore, prototyping relies on

putting people who will deliver the products or will be impacted by them at the center of the design and delivery, to better understand their perspective.[23] This approach was used to test and improve TiMe and PRP prior to piloting and a formal evaluation, as it offered rapid feedback.

Methodology

Prototyping TiMe and PRP focused on package one (Initial Settlement) of The Settlement Model. In collaboration with key stakeholders, two remand prisons were identified as appropriate, due to them both having established keywork delivery in place at the time of phase one prototyping.

Objectives

The purpose of prototyping was to understand whether the TiMe and PRP tools work effectively in:

- Supporting keyworkers to gather meaningful information about people's skills, strengths and needs relating to regime, on entering prison.
- Keyworkers developing PRPs for people based on information from the TiMe tool.
- Enabling people entering prison to engage in personalised regime activity regardless of sentence or status.
- Adding value to keywork sessions for both the keyworker and person in prison.

Procedure

Area Executive Directors (AEDs), Prison Group Directors (PGDs) and Governing Governors of each prison were engaged with to gain agreement for the prototyping of Initial Settlement. Each prison then recruited an operational Band 3 and 4 prison officer[24] for six months to lead on delivery and data collection. Once the recruitment process had been completed, an awareness and training session was delivered at each establishment to ensure staff felt confident and capable in the use of the TiMe and PRP tools and data collection. Each establishment then worked collaboratively to design the process of delivering TiMe and PRP through keywork.

Both prisons established priority keywork sessions to take place in the first 30 days on entering prison. Priority keywork meant that people entering prison were offered one keywork session each week for the first four weeks. The first keywork session addressed urgent high priority needs. The TiMe tool was completed in the second keywork session, PRP completed in the third session and in the fourth keywork session the PRP was reviewed to ensure it was enabling people to access personalised regime activity.

Once priority keywork sessions were being delivered, bi-monthly check points were established between the authors and key prison staff to discuss findings, answer questions, problem solve challenges and adapt the tools in line with feedback received. This ensured a collaborative approach to iterative changes, which were made to the layout, order of questions, structure of questions and language used within both tools to ensure questions were clear and accessible. To understand if the tools were functioning as intended, the Band 4s reviewed keywork entries as part of the quality assurance process. These findings were shared with the authors to explore whether the TiMe tool assisted keyworkers in completing PRPs and whether there was any noticeable change in keywork documentation.

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Towards the end of the prototyping, the HMPPS Change, Communication and Engagement Team facilitated three separate focus groups with each prison. The aim of these groups was to gather impartial feedback to understand if:

- The Senior Leadership Teams (SLT) viewed the TiMe tool and PRPs as having any systemic impact on their establishments during the prototyping period.
- Priority keyworkers regarded these tools as helpful in improving information gathering, communication and relationship building as people entered prison.

23. Ministry of Justice. (2023). MOJ Evaluation and Prototyping Strategy; Voisey, J. (2024) If a picture is worth 1,000 words, a prototype is worth 1,000 meetings. Why prototyping will help you get better results. *Prison Service Journal 271,* 26-33.
24. Operational Band 3 prison officer is an entry level role as a prison officer within a Public Sector Prison, operational Band 4 is a supervising officer: staff in this grade will usually lead a team of Band 3 prison officers.

- People entering prison had found these tools helpful in assisting them to settle in the early days of their custodial journey.

Whilst the facilitators of the focus groups remained consistent across all groups, the questions differed to ensure each group's experience was effectively captured.

Ethical considerations

Ethical implications of prototyping were considered by the authors who were guided by moral principles to ensure that prototyping was responsible and considerate of the impact on establishments and individuals. Key principles were adhered to including:

Transparency – a close working relationship was developed with the operational staff in the prison. This facilitated open, honest and transparent conversations to inform how the tools needed to be altered and developed to maximise operational use.

User-centred design – Keyworkers and people in prison were held at the heart of this prototyping. Prototyping was a collaborative process between the authors, establishment leadership support, keyworkers and people in prison. Prototyping in this form was a vehicle that enabled all the participants to share a transformative experience adapting the design of the TiMe and PRP to maximise delivery effectiveness.[25]

Sustainability – The authors facilitated regular stakeholder engagement and offered iterative feedback opportunities within both prisons. Prototyping resulted in TiMe and PRP being adapted responsively to need, making the tools and process accessible and available beyond this testing period, increasing their sustainability.

Confidentiality – General Data Protection Regulation (GDPR) was adhered to throughout this process ensuring no identifiable information from the TiMe and PRP were shared outside each prison.

Bias – The authors were aware of the bias in situ, with each prison gathering data on the TiMe and PRPs alongside those who designed and developed the tools. To address this bias, additional data was collected by the HMPPS Change, Communication and Engagement Team. This team carried out focus groups with key stakeholders who fed back their findings to those involved in the prototyping. The Change, Communication and Engagement Team sits within HMPPS but outside of the Enable Programme to offer impartial feedback on product developments.[26]

Key findings

The process of prototyping and user feedback highlighted three key findings:

The value of a consistent keyworker

Continuity in keyworker (i.e. having the same keyworker for each session) was notably valued by both people in prison and keyworkers. Feedback from the focus groups identified that with continuity of keyworkers, people in prison saw meaning and purpose in engaging in their keywork sessions. This was highlighted by a person in prison stating, "I wouldn't open up as much seeing somebody different all the time because I wouldn't feel comfortable, and I think you have to build a level of trust". Continuity in keyworker also meant that duplication of questions was minimised, and any action needed from keywork sessions was more likely to be achieved.

"I wouldn't open up as much seeing somebody different all the time because I wouldn't feel comfortable"

Where there was no continuity of keyworker, sessions were more likely to be experienced as rushed, less meaningful and at times repetitive, reducing the perceived value of these sessions from both people in prison and keyworkers themselves.

25. Chamorro-Koc, M. (2024). Prototyping for Healthcare Innovation. In: Miller, E., Winter, A., Chari, S. (Eds.) How Designers Are T*ransforming Healthcare.* (pp. 103-117). Springer.
26. Grzybek, M. (2024). Ethical design: principles, benefits and examples. Future Processing. Available at: https://www.future-processing.com/blog/ethical-design-principles-benefits-and-examples/ (accessed 25th August 2025).

The benefit TiMe and PRPs bring to the transition into prison

The TiMe tool and PRPs provided structure to keywork sessions which, when done in a meaningful relational way, contributed towards people safely entering prison. When there was continuity of keyworker, the TiMe tool and PRP were viewed positively by both keyworkers and people in prison in supporting the transition into prison and addressing difficulties early. One person in prison stated that these sessions "felt welcoming during a scary time", with another saying the sessions provided opportunities to talk "about ways to cope whilst in prison". Where there was inconsistency with keyworkers, the purpose of TiMe and PRP was less clear and therefore less valued by people in prison and the keyworkers.

The TiMe tool captured important and relevant information on people's skills, strengths and needs. The gathering of this information was instrumental in being able to develop meaningful PRPs.

The TiMe tool helped in the early identification of difficulties people experienced on entering prison. Feedback indicated an increase in the number of referrals made to services such as neurodiversity support to assist regime engagement following the TiMe tool being completed.

A keyworker identified that within priority keywork sessions "prisoners are able to give information which leads to other things. We've seen an increase in neurodiversity and the number of people being assessed and supported for conditions such as autism which wouldn't have happened before".

The use of PRPs encouraged keyworkers to have increased awareness of regime opportunities available for those coming into prison, which supported early engagement in meaningful and purposeful regime activity.

Improved keyworker job satisfaction

Keyworkers who experienced keyworker continuity felt their roles were valued by the establishment, that they were important, and their work mattered. The relationship that keyworkers developed with people in prison through using the TiMe tool and PRP provided improved job satisfaction, with keyworkers feeling as though their role was making a positive difference to people as they entered prison. One keyworker voiced that this way of working has "given me a reason to come to work, I feel for the first time since being in the job (8 years) that I'm actually making a difference to prisoners' lives". The above quote highlights the value this process can have on keyworker job satisfaction.

"I feel for the first time since being in a job that I'm actually making a difference to prisoners' lives".

Limitations

Whilst these findings are encouraging, it is important to acknowledge that prototyping of the TiMe tool and PRPs has been time limited for a period of six months and limited to two remand prisons where keywork is well established. For a more comprehensive understanding of the effectiveness in operationalising these tools, more expansive prototyping is needed.

The next prototyping phase is to broaden the range of prisons to include training and resettlement prisons. Expanding prototyping will enable more information to be captured regarding the effectiveness of these tools in supporting people to settle during the three key transitional phases in their prison journey.

Conclusion

Early findings from prototyping the TiMe tool and PRPs within Initial Settlement indicate that the relationship within keywork is critical to the effectiveness of these tools. Having a consistent keyworker is crucial to enabling people in prison to develop rapport with their keyworkers which leads to productive and meaningful keywork sessions.

Feedback received from keyworkers and people in prison identified that the TiMe tool is helpful in assisting meaningful structure to keywork sessions and the information from the TiMe tool can be easily used to create a PRP.

In addition to the benefit the TiME tool and PRPs bring to people entering prison, there are also noticeable benefits to the staff delivering keywork. Keyworkers who experience continuity within their keywork sessions and have senior leadership support report feeling more valued, that their roles matter and that they have increased job satisfaction.

Feedback from SLT and priority keyworkers also suggests that the use of TiMe and PRP in the early days of entering custody can enable other activities to take place faster including: early signposting to agencies that can support accessibility and engagement in activity such as neurodiversity services; early awareness of available regime activities within establishments and the process to access them; better understanding of the needs of people in prison to support more effective regime planning. These factors are critical when considering the role of meaningful activity in supporting transitions in custody.

These initial findings from prototyping the TiMe tool and PRP, support the use of personalised regime planning in assisting people safely settle into custody. More expansive prototyping is now planned to include package two and three of the Settlement Model to explore how these tools can support people transitioning through prison and preparing for release. The continuation of this prototyping will contribute to a wider pilot and evaluation, which will formally look at the impact of TiMe and PRP on regime engagement, safety and wellbeing across the wider prison estate.