

Report on an unannounced full follow-up  
inspection of

# **HMP Belmarsh**

27 April – 1 May 2009

by HM Chief Inspector of Prisons

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# Introduction

Belmarsh is a large and complex prison. The great majority of its prisoners are relatively low-risk individuals who could be found in any of the other London local prisons. But it also holds some high-risk category A prisoners – 66 at the time of the inspection, 18 of whom were held in a separate unit with the highest levels of security. The task of managers, over the last few years, has been to ensure that the regime and culture of the establishment supports both populations, and that the necessary focus on security for the latter group does not undermine the support and rehabilitation of the former.

The good first night and induction arrangements that we commended at the last inspection had bedded in well, though they were still let down by poor reception arrangements. Suicide and self-harm prevention was taken seriously, and there was some good work, but with a tendency to over-medicalise the issue. Over half the prisoners at Belmarsh said that they had at some time felt unsafe there, and the prison's own bullying survey had revealed low levels of confidence in the anti-bullying system. Over-stringent security restrictions on work on the wings limited the prison's ability to manage and engage with victims.

Relationships between staff and prisoners had improved, but were still mixed. Most interactions we observed were good, particularly on the first night and drug treatment units, and more prisoners said that there was a staff member they could turn to. However, there were also more prisoners claiming to have been victimised or intimidated by staff, and staff behaviour and lack of trust were two of the top three issues that made prisoners feel less safe.

Race equality had been given a high priority, though it needed more consistent senior management attention. Black and minority ethnic prisoners continued to have more negative perceptions than other prisoners in some key areas, particularly those concerning relationships with staff. Muslim prisoners' perceptions in our survey were overall better than at the previous inspection, and they clearly appreciated the work of the Muslim chaplains, but there was still a distance from residential staff. The lack of any monitoring of key services by religion prevented managers from being able to deal with negative perceptions. Support and care for prisoners with disabilities were seriously under-developed, and the survey responses from those prisoners particularly negative.

Healthcare services had deteriorated since the last inspection, and there was an urgent need for re-engagement between the prison and the primary care trust (PCT). Mental health provision had decreased considerably, and the excellent and much-needed Cass unit was under-used and under threat. Primary healthcare in general was in some disarray, with the ending of the current GP contract, poor management of clinical records and some serious deficiencies in pharmacy services.

Belmarsh continued to have insufficient activity for its population, and we found around half of the prisoners locked in their cells during the core day. Although a small number of additional vocational training places had been created, most work was mundane and unskilled, half of it involving a limited amount of work on the wings. These underlying deficiencies were compounded by restrictive security requirements, which limited and restricted access to the few jobs available, and resulted in late arrivals to classes and workshops. Association periods had increased, but unemployed prisoners could spend over 20 hours a day locked up.

The prison was well behind current good practice in relation to resettlement work, with an outdated policy and weak governance arrangements. It was particularly troubling, in a London local prison, that there was no professional assistance in finding accommodation or managing

finances. Support for the large number of remand, short-term and life-sentenced prisoners was also under-developed. However, offender management for those in scope of offender management was effective, as was work on drugs and alcohol.

This is a mixed report on a difficult and complex prison. It records some progress, but also some areas that had slipped back and need attention. The balance between control and care, security and rehabilitation, is always a fine one in a prison such as Belmarsh. Neither side of the balance can be neglected. The overall conclusion of this inspection was that a predominant focus on security, to address some apparent weaknesses, had led to a lack of management attention to some important areas of prisoner care and rehabilitation. Those areas now need equally strong and robust management, or staff too will see them as less important parts of their role.

Anne Owers  
HM Chief Inspector of Prisons

September 2009

# Fact page

## **Task of the establishment**

HMP Belmarsh is predominantly a remand local prison serving the Central Criminal Court and surrounding courts. It also houses category A prisoners and within the prison walls has a high secure unit holding high and exceptional risk category A prisoners.

## **Area organisation**

Directorate of High Security

## **Number held**

849

## **Certified normal accommodation**

800

## **Operational capacity**

910

## **Last inspection**

8–12 October 2007

## **Brief history**

HMP Belmarsh became operational on 2 April 1991 and is a local prison, serving primarily the Central Criminal Court and its feeder magistrates' courts in south east London. In addition, the establishment serves Crown and magistrates' courts in south west Essex. Belmarsh has a dual role, in that it also holds category A prisoners.

## **Description of residential units**

There are four residential house blocks:

House block one : Holding prisoners serving one year or over.

House block two : Holding prisoners with one year or less left to serve.

House block three: Holding induction prisoners, remand and also the vulnerable prisoners overflow.

House block four : Holding vulnerable prisoners, drug-free spur and remand prisoners.

High security unit





# Healthy prison summary

## Introduction

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HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

<b>Safety</b>	prisoners, even the most vulnerable, are held safely;
<b>Respect</b>	prisoners are treated with respect for their human dignity;
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them;
<b>Resettlement</b>	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

**...performing well against this healthy prison test.**

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

**...performing reasonably well against this healthy prison test.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

**...not performing sufficiently well against this healthy prison test.**

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.

**...performing poorly against this healthy prison test.**

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.

HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

## Safety

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- HP4 Reception offered a poor environment and inadequate procedures. New prisoners were moved as quickly as possible to the first night centre, where staff and the environment were welcoming. Induction was immediate and expeditious, although there was some repetition. The quality of suicide and self-harm measures was generally good. Violence reduction processes had improved but implementation was uneven and prisoners reported feeling unsafe. There was high use of force, insufficient de-escalation and no video-recording of such incidents. The clinical management of substance misuse was good but insufficiently coordinated. Overall, the establishment was performing reasonably well against this healthy prison test.
- HP5 There were long delays in moving prisoners back from some courts. The Serco vans we saw were of a variable standard. Good use was made of video links but the secure corridor continued not to be used for returning category B prisoners from the neighbouring court.
- HP6 Reception offered a poor environment, with dirty holding rooms covered in graffiti. The area was unwelcoming and intimidating. Staff interactions with prisoners were formal and distant. Cell sharing risk assessments were not completed in private. All prisoners were strip-searched when arriving and leaving, and the arrangements for this were unsatisfactory. Vulnerable prisoners were located in separate holding rooms but they reported feeling unsafe when being moved from holding rooms overlooked by other prisoners.
- HP7 First night prisoners were prioritised for transfer across to the bright and welcoming first night unit. Prisoners were interviewed in private by a member of staff, who carried out an initial needs assessment. Some cells that had been prepared for first night prisoners were dirty. Prisoners in our survey were more likely than at comparator establishments to feel unsafe on their first night.
- HP8 Induction started on the first working day after arrival. Each element was delivered and managed by different departments and coordination between them was poor. A parallel process was delivered to vulnerable prisoners. Prisoners were moved swiftly off the first night centre when their induction was completed.
- HP9 Those at risk of self-harm but with no clinical need were inappropriately located on the healthcare centre. Assessment, care in custody and teamwork (ACCT) assessments were generally good but care plans limited. Progress had been made against action plans for self-inflicted deaths, and the ongoing continuous improvement plan was reviewed regularly at the safer custody meeting. There were no near-death incident or post-release death investigations. Listener representation was patchy and the procedures for clearing them unwieldy. There was a focus on the risks for foreign national prisoners, although interpreting services were not used for ACCT reviews.
- HP10 Over half the prisoners surveyed said that they had felt unsafe at Belmarsh, and more prisoners than at comparator prisons said that they had felt threatened or intimidated by staff. There had been a local bullying survey which showed low prisoner confidence in the anti-bullying system. The quality of entries in anti-bullying booklets varied and there were no formal interventions for perpetrators and victims. It was

difficult to manage some perpetrators, victims and vulnerable prisoners effectively because of excessively stringent security restrictions.

- HP11 The communal areas of the segregation unit were reasonably clean, but some cells were dirty and contained graffiti. The unit was not overused for the majority population. Small numbers were held in the unit for over 30 days and most returned to normal location after segregation. Care management systems had deteriorated since the previous inspection and the regime was over-restrictive. Individual records, including review documentation, were poor.
- HP12 The physical security of the prison was restrictive for what was predominantly a local prison, and prevented prisoners from accessing cleaning and servery work, as well as working parties in the grounds. There were sound intelligence systems, both for general issues and for counter-terrorism, and there was good liaison and information-sharing with the police and other departments. The links between security and the safer custody team had improved.
- HP13 The use of force was high, although monitored through the safer custody meeting. Trends were identified but follow-up actions were not recorded. Paperwork showed little de-escalation taking place before the use of restraint, and a high use of handcuffs to escort compliant prisoners. Planned control and restraint incidents were not video-recorded.
- HP14 Substance-dependent prisoners received a good level of care and clinical provision was flexible. Under the integrated drug treatment system, which had recently been introduced, a stabilisation unit and a second stage unit had been identified, but premises still needed to be adapted and support services co-located to provide more integrated care. Clinical and counselling, assessment, referral, advice and throughcare (CARAT) workers did not work in an integrated way. Prisoners received a good level of care but staff shortages limited structured care planning and psychosocial support. The management of mandatory drug testing had improved. In our survey, significantly fewer prisoners than the comparator, and at the previous inspection, said that it was easy or very easy to get illegal drugs.

## Respect

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- HP15 Internal communal areas and cells were clean and well decorated. Cells designed for two people were occupied by three. Staff-prisoner relationships had improved but were still variable. The personal officer scheme was not effective. Catering provision required attention. Wider diversity provision was underdeveloped. There was some active work on race, but this required more senior management attention. Black and minority ethnic prisoners continued to have poorer perceptions of prison life, and responses from Muslim prisoners were better, but mixed. Arrangements for foreign national prisoners had improved, but there was little use of professional interpreting services. There had been no progress in health services and mental health provision had reduced. Overall, the establishment was not performing sufficiently well against this healthy prison test.
- HP16 Cells were clean and freshly decorated, and spurs were generally clean and tidy. Toilets and showers were poor. The cells designed for two but occupied by three prisoners were unacceptably cramped.

- HP17 There were too many vulnerable prisoners to be located on the designated spur on house block four. Some were on a mixed spur on house block three, where access to activities was even more limited than for those on house block four. There was still no specific provision for young adults, some of whom had limited access to the regime.
- HP18 The high security unit (HSU) was reasonably clean, but the toilets and showers were in urgent need of attention. The environment was claustrophobic. The published regime was poor.
- HP19 Most staff knew the criteria required for the incentives and earned privileges scheme but few prisoners knew how to reach enhanced status. The differentials between the regimes were limited. Prisoners on basic without an activity place were limited to one hour a day out of their cell.
- HP20 Staff-prisoner relationships had improved, although this was not universal. There was little interaction between staff and prisoners during exercise but good contact during association and visits.
- HP21 The personal officer scheme was not effective. The allocation of personal officers by landing or cell resulted in a high turnover. Many wing file entries showed a good knowledge of individual circumstances but not necessarily by personal officers. Prisoners either did not know who their personal officer was or named other staff they would approach first. Management checks were limited. There was minimal personal officer engagement in sentence planning, or other key issues for prisoners' progress.
- HP22 Prisoner perceptions of the quality of the food were significantly worse than at comparator prisons. Evening meal choices did not reflect the diversity of the population, and staff were unaware of when to use halal utensils.
- HP23 There was a comprehensive diversity policy and action plan. Staff and prisoners were being trained in challenging discriminatory behaviour. Provision for prisoners with a disability was poor.
- HP24 There was an active race relations team, but it lacked sufficient senior management support. Black and minority ethnic prisoners surveyed continued to have more negative perceptions than white prisoners across a range of issues, including relationships with staff. Prisoners had little confidence in the racist incident report form (RIRF) system. Community engagement had been developed and cultural events celebrated. Our survey showed improved perceptions from Muslim prisoners, with positive support from the prison's two Muslim chaplains, but Muslim prisoners continued to express concerns about differential treatment and victimisation by staff.
- HP25 Arrangements for foreign national prisoners had improved. The UK Border Agency held surgeries weekly. The information provided to new arrivals was mostly only in English and there was little use of professional interpreting services. There had been inappropriate use of prisoner interpreters, such as for cell sharing risk assessments and healthcare interviews.
- HP26 Complaint forms were sometimes used when applications or informal requests would have been more appropriate. The quality of replies was good. Application log books did not record when or if responses were received. The full-time legal rights officer offered a comprehensive service. Bail services were good.

- HP27 The work of the chaplaincy team was well integrated into the regime of the establishment. A wide range of faith-based activities was provided. There was a range of pastoral care, family support and outreach with community groups to provide resettlement links.
- HP28 There had been no progress in health services, with a lack of PCT engagement. There was poor clinical record-keeping and an inappropriate use of prisoners as translators. There were significant delays in seeing GPs, who were about to leave with no replacement arrangements yet made. There were good arrangements for first night health screening. Primary care services had remained static, and basic clinics were lacking. Dental services had improved. Pharmacy control was poor, prescription charts were not completed correctly and policies were out of date. There was no admission or discharge policy for inpatients and no structured therapeutic activity. Outside appointments were poorly managed. There was no primary nursing mental healthcare, and mental health in-reach services had reduced. Access to psychiatrists was good. The Cass unit, providing much-needed day care services, had reduced sessions since September 2008 and we were told that it might close.

## Purposeful activity

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- HP29 The number of prisoners engaged in work or education was low and much of it was basic. There were insufficient activity spaces and too many were vacant because of security restrictions. Time out of cell was limited for those who were unemployed. The quality of learning and skills provision was satisfactory. Access to the library had improved. Access to PE was limited. Overall, the establishment was not performing sufficiently well against this healthy prison test.
- HP30 Education was well managed but there were only 99 places which were not full-time. The standard of teaching and of learners' work was good, and the range of subjects was satisfactory. Punctuality at sessions had improved, but prisoners still arrived up to 20 minutes late. The level of attendance in education was 80%.
- HP31 The range of vocational training subjects had increased but there were still only 50 places available. Literacy and numeracy support for learning was provided in all workshops. Standards of work in all areas were generally good. Too few prisoners gained accredited vocational awards.
- HP32 Much of the work available was mundane and repetitive and did not fully occupy prisoners. Around 50% of jobs were based on house blocks, mostly as cleaners. These were not fully occupied, partly because of security restrictions.
- HP33 There were insufficient activity places. Only around 50% of prisoners were occupied at any one time and the limited places available were not fully utilised. Unemployed prisoners could be locked in their cells for 20.5 hours a day. Association was occasionally cancelled, but less often than at the time of the previous inspection. Exercise took place consistently but yards were austere.
- HP34 The library was well managed and access had improved, but it was closed at weekends. Staff were responsive to prisoners' recreational and learning needs.

- HP35 Indoor PE facilities in the main prison were good. A small multi-gym was provided in the HSU. Limited accredited PE programmes were run. Outdoor facilities were not available. The recreational PE programme was well managed and included a wide variety of activities. Dedicated sessions were provided for specific prisoner groups, including vulnerable prisoners and over-50s. Fewer prisoners than at comparator establishments used the gym at least twice a week

## Resettlement

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HP36 The resettlement policy was out of date, not based on a needs analysis and governance was weak. Offender management operated effectively for those in scope. There was a backlog in offender assessment system (OASys) assessments for those not in scope. Provision for the large number of remand, short-term and life-sentenced prisoners was underdeveloped. Provision for the accommodation and finance resettlement pathways was poor, but was better for the children and families and drugs and alcohol pathways. Overall, the establishment was not performing sufficiently well against this healthy prison test.

HP37 The resettlement strategy was out of date and did not reflect the provision or priorities of the establishment. Governance arrangements were weak and resettlement policy meetings took place infrequently. There were gaps in some of the resettlement pathway provision for unsentenced and short-term prisoners. There was little available to meet the sentence planning needs of other prisoners serving over 12 months. All prisoners, including those on remand, had their immediate resettlement needs assessed during induction, but thereafter there was no monitoring of whether identified needs had been addressed. There was no custody planning for short-term prisoners or those on remand.

HP38 Prisoners in scope for offender management had regular contact with their allocated offender supervisors, and their offender assessment system (OASys) assessments were up to date. There were good working relationships with offender managers, who attended most sentence planning boards. Few targets set could be achieved at the prison, yet around 20% of sentenced prisoners had spent more than 12 months there. There was a backlog of approximately 60 OASys assessments for low- and medium-risk prisoners. Some prisoners would be released or transferred without an assessment or sentence plan. There was a backlog of sentence planning boards for life-sentenced prisoners, and this group had little contact with offender supervisors.

HP39 Public protection was well managed, with improved access to information to support the identification of prisoners subject to public protection measures.

HP40 Categorisation and allocation work was well managed. Prisoners were generally moved on to category C and D prisons but there were difficulties with transfers to category B training prisons.

HP41 Provision for reintegration into the community was mixed. There was a dedicated chaplain focused on post-release mentoring and support. Contact with the outside world and support for family and friends were reasonable. The visits centre was a bright and welcoming environment with good facilities. Vulnerable prisoners had a proportionate opportunity to receive visits but these were limited to designated days.

Family days were only available to prisoners on the enhanced regime. Vulnerable prisoners and those located on the HSU did not have access to this provision.

- HP42 There had been problems with the contracted housing provider. The change to a Prison Service worker meant that a basic pre-release housing service was offered, but this did not include tenancy retention or other specialist housing work. No housing-related work was done with prisoners on first admission, although the initial LISAR assessment recorded any issues identified by prisoners.
- HP43 The lack of Jobcentre Plus workers meant that housing benefit issues were not dealt with. There was no specialist help for prisoners with financial problems, or with opening bank accounts. Two financial management courses were run each year.
- HP44 In the education, training and employment pathway, a doubling of information, advice and guidance hours had offered prisoners better support and referral to other specialists and increased links with employers. The pre-release course in education could not accommodate the numbers being discharged.
- HP45 Provision for physical health reintegration was poor. The policy for discharge clinics was not well known or followed by all staff. Those in the care of the mental health in-reach team had good referral care to community services. There was no palliative care policy.
- HP46 The drug strategy did not include alcohol, although some services were offered. The CARAT team had links with the community. The short duration drug programme was available for all who wished to access it. Opportunities to engage in voluntary drug testing were limited.

## Main recommendations

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- HP47 Cells designed for two should not be used to accommodate three prisoners.
- HP48 Security arrangements should be proportionate to the population and the need for a full regime, and any restrictions should be based on individual risk assessment and categorisation.
- HP49 The resettlement strategy document should include annual development targets, which should be regularly reviewed by the resettlement strategy committee.
- HP50 There should be sufficient purposeful activity, to increase skills and employability, for all prisoners.
- HP51 Senior managers should take a lead in ensuring that the needs of all minority groups of prisoners are met, and there should be monitoring of key areas by race, religion, nationality and disability in order to identify and deal with any differential experience.
- HP52 The management of reception arrangements should be reviewed, and improvements made, to ensure a consistent experience for prisoners in their early days at Belmarsh.

- HP53 Action should be taken in response to the trends identified in relation to bullying and violent incidents and this should be incorporated into the anti-bullying strategy.
- HP54 Senior managers should investigate and monitor the high use of force, with a view to encouraging de-escalation and eliminating any disproportionate use.
- HP55 There should be greater partnership working between the prison and NHS Greenwich to improve physical and mental health outcomes for prisoners.
- HP56 Time out of cell should be increased, particularly for the unemployed.
- HP57 Remand and short-term prisoners should have plans for their time in custody, based on the initial London Initial Screening Assessment Referral (LISAR) assessment.



# Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

## MR1 Cells designed for two should not be used to accommodate three prisoners. (HP44)

**Not achieved.** The prison designated 173 cells intended for two occupants as accommodation for three prisoners. These cells were unacceptably cramped and there was insufficient storage for personal belongings.

See main recommendation HP47.

## MR2 The violence reduction coordinator should be informed of all violent incidents and unexplained injuries and should be involved in all investigations into violent incidents. There should be an immediate review of all data relating to violence in the establishment, and the information should be used to produce an effective violence reduction strategy. Staff should be trained in how to use the strategy. (HP45)

**Partially achieved.** The violence reduction coordinator was informed of all violent incident reports and unexplained injuries from investigation reports submitted by wing staff. The investigations outlined the nature of the incident and the action that was subsequently taken, and, although the coordinator was not involved in all investigations, he commented on and quality assured the investigations and the actions taken. Unexplained injuries that were logged by health services staff were investigated by appropriate wing staff, and the coordinator had a copy of all of the investigation reports and knowledge of all the prisoners and the incidents surrounding the injuries. In all of the cases we looked at, action had been taken, ranging from monitoring the prisoners to relocating a prisoner found to have been in an altercation with another prisoner. The coordinator was in the process of delivering training to staff to improve the quality of investigations and increase staff awareness of the violence reduction strategy. However, over half of the prisoners surveyed said they had felt unsafe, and the prison's own survey had highlighted a lack of prisoner confidence in anti-bullying systems. The violence reduction coordinator had administrative support and had collated a range of information, although this had not been used to inform the strategy (see section on bullying and violence reduction).

See main recommendation HP53.

## MR3 A full-time foreign nationals coordinator should be appointed and administrative support provided for the post. (HP46)

**Achieved.** There was a full-time coordinator in post, supported by two and a half days' administrative support.

## MR4 Prisoners should arrive at activity areas on time and attendance should be managed to ensure maximum use of all activity places. (HP47)

**Partially achieved.** Poor punctuality persisted; most prisoners we observed arrived up to 20 minutes after prescribed start times. Better working between prison staff and education staff had led to the introduction of an attendance monitoring pilot and this had helped to improve punctuality and the sharing of attendance information, with more effective allocation of

education places. Attendance was around 80%, but prisoners were frequently absent or taken out of sessions to attend other regime activities (see further recommendation 5.26).

- MR5    The resettlement strategy document should include annual development targets, which should be regularly reviewed by the resettlement strategy committee. (HP48)**

**Not achieved.** The resettlement strategy related to 2007/08 and did not reflect up-to-date provision or priorities. The most recent needs analysis, carried out in the spring of 2008 by the high security estate, had informed the proposed introduction of new offending behaviour programmes but was not actively used to shape thinking in other areas of resettlement. Governance arrangements were weak, with infrequent and poorly attended resettlement policy meetings taking place, and there was no evidence of annual development targets being set or reviewed (see section on strategic management of resettlement).

**See main recommendation HP49.**

- MR6    There should be sufficient purposeful activity for all prisoners. (HP49)**

**Not achieved.** There remained a significant shortfall in the number of purposeful activities places available, with sufficient places for only around 50% of prisoners during the core day. Although the number of training workshop places had increased since the previous inspection, it was estimated that there were still only 471 places available at any one time.

**See main recommendation HP50.**

- MR7    Managers should monitor and support staff in engaging positively with prisoners on wings. (HP50)**

**Partially achieved.** Residential staff had been encouraged to engage positively with prisoners. Staff–prisoner relationships had improved, but further development was still required (see section on staff–prisoner relationships).

- MR8    Managers should explore the reasons for the alienation of many Muslim prisoners and take appropriate action. (HP51)**

**Not achieved.** There had not been any formal examination of the reasons behind the alienation of some Muslim prisoners. There was no evidence of data gathered for managerial forums, such as the race equality action team or senior management group, which could inform this debate. For example, there was no information on areas of good order (such as use of force, incentives and earned privileges or adjudications) which may have helped to identify if there were any areas of over-representation and could have been used as a discussion point with prisoner groups to challenge perceptions of unfair treatment (see also paragraph 6.22).

**See main recommendation HP51.**

# Progress on recommendations since the last report

## Section 1: Arrival in custody

### Courts, escorts and transfers

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#### Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

#### 1.1 SERCO should return prisoners to Belmarsh once their court case has been heard. (1.7)

**Not achieved.** Prisoners and reception staff still complained about long delays in returning prisoners to Belmarsh from some courts. Courts mentioned as being particularly problematic in this regard were the Central Criminal Court and Basildon Magistrates' Court. We came across an example of a prisoner, whose case had finished before 11am, arriving back at the prison at 7.30pm. It was difficult to establish why the delays occurred, but Serco escort staff cited problems with warrants being produced by court staff as a contributory factor.

**We repeat the recommendation.**

#### 1.2 PECS should release spaces as soon as they become available to minimise the time prisoners spend waiting in cells. (1.12)

**No longer relevant.** This recommendation related specifically to Operation Safeguard, which was not operating during the inspection.

#### 1.3 Greater use should be made of the secure link corridor to return prisoners from court. (1.8)

**Not achieved.** At the time of the inspection, the secure corridor was still only being used to move category A prisoners to Woolwich Crown Court. We could establish no valid reason for the corridor not being used to move category B prisoners to and from the court, and Prison Service senior managers could not provide a rationale for not doing so. We were assured that the corridor would in the future be used for category B prisoner moves.

**We repeat the recommendation.**

#### 1.4 Escort vans should carry refreshments and snacks for prisoners who have not had a recent meal. (1.9)

**Not achieved.** Serco, the main escort contractor, did not provide meals for prisoners being moved to and from the establishment. While most journeys were short, some were not. In one case identified during the inspection, prisoners were moved from HMP Haverigg, in Cumbria, to Belmarsh without any food being provided by escort staff.

**We repeat the recommendation.**

**1.5 Prisoners should be removed from the van to an appropriate holding room at the earliest opportunity. (1.10)**

**Partially achieved.** Reception staff made efforts to minimise the time that prisoners spent waiting on escort vehicles before being moved to holding rooms. However, the first holding room in reception could only comfortably hold 10 prisoners, and, with several vans often arriving at the same time, some prisoners were left waiting on vans, sometimes for up to 40 minutes.

**We repeat the recommendation.**

**1.6 Prisoners' property should accompany them to court. (1.11)**

**Not achieved.** Prisoners' property did not accompany them to court, which meant that if they were returned to any prison other than Belmarsh, they had to wait for it to be sent on to them. While this was not a major issue at the time of the inspection, it would become a problem if Belmarsh was full and regularly locking out, which had been the situation in the past.

**We repeat the recommendation.**

**Additional information**

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**1.7** Escort vehicles we saw were of a variable standard. Some Serco vans were adequate but others were dirty, covered in graffiti and contained equipment which was not working, such as intercoms between the driver and escort staff in the cellular area.

**1.8** Some prisoners had not been given at least 24 hours' notice of a transfer, despite this information being known by prison staff. In one example, a group of prisoners being transferred to HMP Maidstone were informed of a transfer on the morning of the move. House block staff had been informed of the move the day before by the observation, classification and allocation (OCA) department, and there was no reason why the prisoners concerned had not been notified at the same time. We saw full briefings and exchanges of relevant information taking place between escort and reception staff.

**1.9** A supply of non-prison clothing was available in reception for prisoners being released, or with court appearances, without their own clothing.

**1.10** The presence of a prison guard dog was required before prisoners were moved between reception and escort vehicles. Handcuffs were only used for category B, C and D prisoners if a risk assessment indicated their necessity. Category A prisoners were routinely handcuffed when moving in and out of reception.

**1.11** We saw examples of prisoners not being produced at court on time, although reception staff said that this was the exception rather than the norm. Nevertheless, they indicated that such delays occurred at least weekly. Video links were used as an alternative to appearances in court; records indicated an average of 60–70 uses a month for crown and magistrates' courts.

**1.12** Reception remained open over the lunchtime period to receive new arrivals and returns, and staff stayed on duty to deal with late arrivals. This sometimes meant that reception staff had to stay on duty until after 10pm.

**Further recommendations**

**1.13** Prisoners should be given at least 24 hours' notice of transfers to other prisons.

- 1.14 Prison escort vans should be free of graffiti, clean and safe.
- 1.15 Prisoners should be produced at court on time.

## First days in custody

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### Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.16 Prisoners' poor perceptions of their safety and treatment in reception should be investigated and addressed. (1.24)

**Not achieved.** No active steps had been taken to investigate the reasons why prisoners' perceptions of safety and their treatment on reception were poor. Little had been done to improve the general environment, and the layout in particular still caused concern for vulnerable prisoners about their safety. In our survey, 45% of prisoners said that they had been treated well or very well in reception, compared with 40% in 2007, but this was still significantly worse than the 58% comparator.

**We repeat the recommendation.**

- 1.17 The initial holding room and other holding areas should contain up-to-date relevant information about the prison. (1.25)

**Not achieved.** Limited information was displayed in the initial holding room. Some of this was in a range of languages other than English. Other information was general and had not been updated for some time. Other holding rooms contained no up-to-date and relevant information. All holding rooms were dirty and covered in graffiti, some of which was dated 2007, and had clearly not been painted for some time.

**We repeat the recommendation.**

### Further recommendations

- 1.18 Holding rooms should be free of graffiti and a regular programme of decoration instituted.
- 1.19 Holding rooms should be cleaned daily.

- 1.20 Prisoners should be referred to by their first or chosen name in reception and on the first night centre. (1.26)

**Partially achieved.** Prisoners were routinely referred to by their surname in reception, and we observed that this was also the case for a prisoner orderly who had worked in the area for six months. By contrast, staff on the first night centre routinely used the first and preferred names of prisoners in their care.

#### Further recommendation

1.21 Reception staff should refer to prisoners by their preferred name.

1.22 Staff should not use inappropriate language when dealing with prisoners. Managers should challenge inappropriate behaviour and language. (1.27)

**Partially achieved.** We found no examples of inappropriate language being used by reception staff when dealing with prisoners, and managers said that they would challenge this if needed. Nevertheless, staff relationships with prisoners were formal and distant, and few, if any, meaningful interactions were observed, despite staff having attended pro-social modelling training. Some ongoing practices were disrespectful; for example, prisoners were told to stand in an area in front of the reception desk marked by yellow tape and referred to as the 'box'. When we challenged managers about this, they removed the yellow tape.

#### Further recommendation

1.23 Reception staff should attend refresher pro-social modelling training and be encouraged by managers to use the skills gained.

1.24 Prisoners should be placed in a secure holding room prior to the cell sharing risk assessment (CSRA) process beginning and the assessment should be completed in private. (1.28)

**Not achieved.** Cell sharing risk assessments were routinely completed at the front desk in reception, in full view and hearing of other prisoners, and sometimes immediately after arrival. We saw this happening with some vulnerable prisoners, including one who had arrived on an open assessment, care in custody and teamwork (ACCT) document.  
**We repeat the recommendation.**

1.25 Vulnerable prisoners should not be put at risk by being located in an area in full view of new arrivals and reception staff should be made aware of the vulnerable prisoner strategy. (1.29)

**Not achieved.** Vulnerable prisoner holding cells were still directly in front of the open holding area for main location prisoners. This meant that vulnerable prisoners being located in the cells had to walk in front of sometimes large numbers of other prisoners congregating around the open gated area, which some vulnerable prisoners said could be intimidating. Reception staff were aware of the vulnerable prisoners strategy but were unable to locate it, and were unclear of its content.  
**We repeat the recommendation.**

1.26 Prisoners should not be squat-searched without an adequate risk assessment, and they should not be required to squat over a mirror during the search. (1.30)

**Partially achieved.** For most prisoners, strip-searching took place in a room with at least three staff present and in a cubicle with no privacy screening. While a gown was available, this was not offered to prisoners. The policy with regard to squat-searching had changed since the previous inspection and we were told that this now only took place when a risk assessment indicated the need. There were no examples of this during the inspection, and prison records indicated only seven occasions in 2009 to date when this had been carried out, compared with

around 50 in 2008. However, prisoners still told us of incidents of squat-searching in reception (see paragraph 6.10). We were told that mirrors were no longer used when squat-searching took place, but found two mirrors on a desk in the category A prisoner strip-search room.

#### Further recommendation

- 1.27** The requirement for prisoners to squat during a strip-search should be authorised by a governor and should not include squatting over a mirror.

- 1.28** The secondary holding room should not be referred to as 'the cage' and its appearance should be improved. (1.31)

**Partially achieved.** Staff no longer referred to the two secondary holding rooms as the 'cage'. Nevertheless, the appearance of these rooms was unchanged and they offered a poor and intimidating environment for prisoners.

#### Further recommendation

- 1.29** The appearance of the two secondary holding rooms should be improved.

- 1.30** The availability of a Listener should be advertised in reception and all prisoners should be offered use of the telephone. (1.32)

**Partially achieved.** One of the two prisoner orderlies in reception was a trained Listener, and the second was nearing the end of his Listener training. They had only limited opportunities for access to prisoners in reception, and their availability was not advertised. Two of the four prisoner orderlies on the first night centre were also Listeners and had virtually unlimited access to newly arrived prisoners. However, in our survey only 10% (compared with the 31% comparator) said that they had met a Listener in the first 24 hours at the prison. It is possible that newly arriving prisoners were unaware that the orderlies were Listeners, and what they could offer. Prisoners were offered telephone calls in reception but in most cases this took place on the first night centre, except for those arriving late (see further recommendation 1.44).

#### Further recommendation

- 1.31** The availability of Listeners in reception and the first night centre should be advertised to newly arrived prisoners.

- 1.32** All prisoners, including those who arrive late, should receive a full first night interview. (1.33)

**Achieved.** Prisoners moved from reception to the bright and welcoming first night centre on house block three. They were all interviewed by first night staff before being located in cells, regardless of the time of arrival on the unit. To achieve this, first night staff stayed on duty until the last prisoner had arrived and been interviewed. The interview involved an assessment of immediate needs and a review of any support required.

- 1.33** Prisoners should be placed in clean, graffiti-free cells on their first night. (1.34)

**Partially achieved.** First night cells were regularly redecorated and were generally bright and

free of graffiti. Not all cells prepared for first night prisoners during the inspection were adequately cleaned.

#### Further recommendation

**1.34** Cells prepared for first night prisoners should be adequately cleaned before they are occupied.

**1.35** Staff should wear name badges that clearly identify them. (1.35)

**Not achieved.** Neither reception nor first night staff wore name badges.  
**We repeat the recommendation.**

**1.36** A senior manager should be responsible for reception, first night and induction to ensure good procedures are maintained. (1.36)

**Not achieved.** Reception was managed by a governor in the operations group, while the first night and induction manager was based in the residential group. This meant that no senior manager had overall responsibility for all major aspects of arrival in custody work and may have contributed to poor outcomes in reception, which was in stark contrast to the experience of newly arriving prisoners on the first night centre. Despite the excellent first night centre, in our survey only 55% of prisoners reported feeling safe on their first night, compared with 60% in 2007 and the 74% comparator. This might have been partly due to some of the preconceptions about the establishment being reinforced by the experience in reception, and to many first night prisoners being located in three-man cells.

**1.37** The induction programme should always be delivered on the first and second working days after reception and should fully occupy prisoners. (1.37)

**Partially achieved.** The induction process took place over two days. The first day's session took place on the first night centre and was always delivered on the first working day after arrival. It included a second one-to-one interview with a first night officer to complete the London Initial Screening Assessment Referral (LISAR). A PowerPoint presentation provided information about the prison, rules and regime, and prisoner first night and induction orderlies ran a session outlining what Listeners could provide. Prisoners were also seen by bail officers, and legal services and chaplaincy staff. Gym inductions had just started to take place during the first day. A basic induction booklet was provided to all prisoners, containing up-to-date information about the prison. Prisoner first night and induction orderlies were present throughout, to provide support to prisoners. The second day's session took place in the prisoner workshops area and not did always start on the second day at the prison; it was sometimes delayed for some time (there were 28 outstanding on one day during the inspection). While this delay was sometimes due to prisoners having medical or other issues, at other times it was simply to ensure that a large group could be assembled. This part of induction was called the 'restart' course, and included a presentation from staff about life at the prison, one-to-one interviews, a basic needs assessment and some useful information about the legal system and sentencing. Until recently, afternoon sessions were also run by the specialist housing and Jobcentre Plus workers (see section on resettlement pathways). Both days of induction fully occupied the prisoners involved. Even though there was some duplication between the two days, each day was managed by different departments, with no liaison between the two. A parallel induction was offered to vulnerable prisoners.



#### Further recommendations

- 1.38 The second induction session should take place on the second day in the prison unless there are medical or other good reasons not to do so.
- 1.39 Both days of induction should be managed by one manager, and unnecessary duplication removed.
- 1.40 Prisoners should be involved in the delivery of the induction programme, and staff should ensure the information given to prisoners is correct. (1.38)

Achieved. See recommendation 1.37.

#### Additional information

- 1.41 The environment in reception was poor and cramped. It was extremely busy, with 30–40 movements a day and over 70 new receptions a week, and the environment and staff were under considerable strain.
- 1.42 Reception staff prioritised new prisoners and aimed to move them to the first night centre within 90 minutes of arrival at the establishment. A snapshot analysis we carried out for March 2009 indicated that this had been achieved for 78% of such prisoners. By prioritising first night prisoners, further delays could be experienced by those returning from court, although we observed staff making efforts to move prisoners back to house blocks as quickly as possible. Cold drinks and hot food were routinely provided by the prisoner orderlies when needed.
- 1.43 The first night centre was staffed by a caring and professional dedicated staff group and a group of prisoner first night and induction orderlies, who were readily on hand to provide information and support. On arrival, prisoners were provided with bedding, basic hygiene products, 'plastics' (cutlery) and a hot meal. Subject to any public protection concern, they were offered a free five-minute telephone call and shower, although this did not always happen if they arrived on the unit after 8.30pm. A £2.50 smokers' pack was offered and a credit if needed, although the quantity of tobacco available in these packs was small. An equivalent food pack was available. All prisoners were seen on their first night by health services staff based on the unit. Vulnerable prisoners were also dealt with on the first night centre, with the induction classroom being utilised to ensure their safety.

#### Further recommendations

- 1.44 Prisoners arriving after 8.30pm should be offered a free telephone call and shower.
- 1.45 Smokers' packs should contain enough tobacco to last until the first prison shop order is received.



# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

**2.1 Cells and recess areas should be redecorated and suitably refurbished. (2.14)**

**Partially achieved.** A programme of redecorating and refurbishing residential areas had started. Most cells were freshly painted and free of graffiti. Recess areas were generally poor. There had been some repainting of these areas but the paint had quickly peeled away.  
**We repeat the recommendation.**

**2.2 Staff on house blocks should be able to clearly and quickly identify any prisoner requiring assistance in the event of an emergency evacuation. (2.15)**

**Not achieved.** Personal evacuation plans for prisoners with mobility problems were not in place on all house blocks. Staff were reliant on the personal knowledge of the prisoners resident on their house block and there was no written information to guide staff who might be new to working on the house blocks.  
**We repeat the recommendation.**

**2.3 Prisoners should be given twice-yearly opportunities to receive additional clothing from their families. (2.16)**

**Not achieved.** During their first 56 days at the establishment, prisoners could have property brought into the prison. We saw evidence that this policy was applied flexibly and applications outside the timescale were considered sensitively. Prisoners were not allowed to have property brought in for another 12 months after this initial period.  
**We repeat the recommendation.**

**2.4 Requests for access to stored property should be dealt with within a week of the application being made. (2.17)**

**Not achieved.** A check of the outstanding requests for access to property showed that some applications that had been submitted more than two weeks earlier had not yet been dealt with.  
**We repeat the recommendation.**

**2.5 Prisoners should be given sufficient notice of cancellations to evening association to allow them to shower during the morning unlock period. (2.18)**

**Not achieved.** Evening staffing levels were not advised to house blocks in time for prisoners to be informed of the cancellation of evening association in the morning 'domestics' period.  
**We repeat the recommendation.**

**2.6 Problems in providing hot water for washing on some house blocks should be resolved. (2.19)**

**Not achieved.** Prisoners complained that it was difficult to maintain the correct temperature in showers. We were informed that the thermoscopic valves controlling shower temperatures needed replacing and a programme was underway to complete this work.  
**We repeat the recommendation.**

**2.7 Prisoners' mail should only be opened to carry out legitimate or targeted censorship. (3.68)**

**Not achieved.** Most prisoners' mail was routinely opened, except for those on house block two, where a sample was opened.  
**We repeat the recommendation.**

**2.8 Prisoners should be given sufficient notice of cancellations to evening association to allow them to make a telephone call during the morning unlock period. (3.69)**

**Not achieved.** Evening staffing levels were not advised to house blocks in time for prisoners to be informed of the cancellation of evening association in the morning 'domestics' period (see recommendation 2.5).  
**We repeat the recommendation.**

**2.9 Telephones on spur three of house block four should be relocated to an area where staff can better observe them. (3.70)**

**Achieved.** The telephones had been relocated to the end of the spur, where they could be clearly seen from the house block office.

### **Additional information**

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**2.10** The cells were sparse and had poor provision for the storage of personal property, with no lockable cupboards and inadequate shelving. They contained basins and there were adequate showers on the house blocks. The showers were in individual cubicles but were dirty. Toilets in shared cells were screened effectively but there was no screening in the single cells we inspected. Toilets, basins, baths and showers were invariably badly stained with limescale, and there was a fly infestation in some shower cubicles. Prisoners could shower when unlocked in the morning and during evening association. There was no evening association on Fridays, and prisoners receiving a visit on a Saturday morning would not have showered for 24 hours. Prisoners who could not purchase their own toiletries were provided with them.

**2.11** Landing areas were clean and tidy. There was an adequate supply of cleaning materials but some spurs were understaffed with wing cleaners because of security clearance requirements. Prisoners, except those on the basic regime, had in-cell electricity and should have been provided with televisions and kettles, but the provision of these items was inconsistent.

**2.12** There was an in-cell emergency call bell in all cells, and records we inspected showed that response times were prompt. There was a clear offensive display policy and this was enforced. All displays in residential areas were compliant with this policy.

**2.13** Monthly consultation meetings were held with prisoner representatives. Records of these meetings showed that there was appropriate discussion of matters raised by prisoners, with action points identified. Prisoner representatives were not available in every residential area, and more general prisoners consultation was not routine (see section on staff-prisoner relationships).

- 2.14 Prisoners were able to wear their own clothing, which was brought in at visits or purchased through approved suppliers. Clothing brought in during the week was distributed the following weekend after being examined by the security department. Laundry orderlies on the house blocks provided a weekly service to prisoners. Prisoners received back the clothing they put out for washing, so they could retain one set of prison-issue clothing. The supply of bedding was inconsistent and of a poor quality. Prisoners were not able to purchase their own duvets or curtains.
- 2.15 Prisoner property was appropriately stored but there was pressure on space in the prison, so property was regularly sent to the central Prison Service store.
- 2.16 Prisoners could send and receive as many letters as they wished. Mail was dealt with on the day it was received or posted. Legal mail was dealt with appropriately and opened in the presence of the prisoner if there were security concerns.
- 2.17 Telephones on the house blocks were appropriately located and hooded to afford good supervision and privacy. There were too few telephones, with one for every 23 prisoners. However, we did not observe excessive queuing and prisoners did not complain that they could not access telephones. A system of restricting the length of calls and preventing follow-on calls operated to manage accessibility. Telephone calls were actively monitored and there were notices advising prisoners of this on each telephone booth, but only in English.

#### Further recommendations

- 2.18 Adequate lockable storage for personal property should be provided in each cell.
- 2.19 Showers, toilets, basins and baths should have staining removed and be cleaned regularly.
- 2.20 Toilets in single cells should be screened.
- 2.21 All prisoners entitled to in-cell electricity should be provided with a television and a kettle.
- 2.22 Prisoners should be allowed time to shower before going to visits on a Saturday.
- 2.23 Prisoners should be provided with adequate bedding.
- 2.24 Prisoners on enhanced status should be able to purchase duvets and curtains.
- 2.25 Notices advising prisoners that telephone calls are monitored should be provided in an appropriate range of languages.

## High security unit

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- 2.26 A regime should be provided that includes daily periods of purposeful activity for all prisoners in the high security unit. (2.27)

**Not achieved.** The regime on the high security unit was restricted, with limited access to basic education and on-unit activities such as cleaning, association, exercise and gym. There were long periods of lock-up built into the regime timetable.

#### Further recommendation

- 2.27 An analysis should be carried out to ascertain the educational and vocational needs of the prisoner population in the high security unit, and purposeful activity provided in the regime to meet those needs.

#### Additional information

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- 2.28 The high security unit provided a separate and secure unit for some of the highest category prisoners. It could accommodate up to 48 prisoners, although at the time of the inspection one spur and the unit segregation spur were closed. There were 18 prisoners on the unit, spread across the three open spurs in single cells. Four prisoners had been relocated in the main prison segregation unit following some problems in recent weeks, when one group of prisoners had reacted to the treatment of another group during an incident, and offered support to those prisoners in a disruptive manner.
- 2.29 The unit was self-contained, with a small gym, classroom, library, visits area and exercise area. No needs analysis had been carried out to ascertain the educational or vocational needs of the population. Physical conditions on the unit were reasonable, with the exception of the showers and toilets, which were in urgent need of attention. While security arrangements were appropriate for the prisoners held on the unit, the environment was claustrophobic. This was exacerbated by prisoners only being able to move off the unit for court appearances and internal and external hospital appointments.
- 2.30 We observed variable prisoner interactions on the unit. Prisoners we spoke to said that they were treated well by staff.

#### Further recommendation

- 2.31 The showers and toilets in the high security unit should be refurbished as a matter of urgency.

#### Vulnerable prisoner unit

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- 2.32 A full regime including purposeful activity, exercise and daily association should be offered to all vulnerable prisoners. (2.32)

**Not achieved.** Vulnerable prisoners held on an overspill landing on spur two of house block three were not able to access the full amount of time for exercise and association. These sessions had to be split with the other occupants of the house block. They also had little access to employment and training. There was minimal individual education on the landing. Case studies showed that some prisoners were only guaranteed 45 minutes out of their cell. We observed efforts by staff to ensure that they had access to showers, telephones and exercise. Prisoners reported that they were unlocked about three times a week for exercise, association and domestics. The use of a landing on a mixed house block spur was not compatible with providing an acceptable regime for all vulnerable prisoners.

**We repeat the recommendation.**

## Further recommendation

2.33 Vulnerable prisoners should not be accommodated on a mixed house block spur.

2.34 Vulnerable prisoners temporarily held on spur three should be protected from intimidation from other prisoners. (2.33)

**Achieved.** The overspill arrangements had been altered, and the spur used also housed first night prisoners. This helped to ensure that vulnerable prisoners were not identified or intimidated. Staff were diligent in responding to any name calling or threats by use of the anti-bullying and incentives and earned privileges (IEP) procedures. Prisoners on the overspill landing reported that they did not experience harassment and did not feel unsafe there. Managers accepted that the overspill arrangements were unsatisfactory and that the safety of vulnerable prisoners could have been at risk.

## Additional information

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- 2.35 There were 92 vulnerable prisoners at the time of the inspection. Around 71 of these were housed in spur one of house block four, a dedicated vulnerable prisoner unit. The remaining 21 were on the upper landing on house block three.
- 2.36 Vulnerable prisoners reported good relationships with staff on both the dedicated vulnerable prisoner unit and the overspill landing. The prison maximised the use of the dedicated vulnerable prisoner unit, trying to keep the cells occupied, but this sometimes meant that prisoners who left for a short time were accommodated on the overspill landing on their return. The landing was also used as accommodation for prisoners suspected of bullying on the dedicated vulnerable prisoner unit.
- 2.37 Accommodation on the unit was generally good. Cells were clean and freshly painted but, in common with the rest of the prison, were sparse and lacked adequate storage for personal property. There were showers on the first and second floors, with a laundry on the ground floor. A dedicated group of wing cleaners and laundry orderlies kept conditions good for the resident prisoners.
- 2.38 There were several prisoners with disabilities 'located flat' on the ground floor, which met their needs in some respects. However, access to the unit classrooms and showers was difficult for these prisoners. One prisoner told us that he was only able to wash at his in-cell basin and had not showered since his arrival.
- 2.39 Prisoners on the unit had full access to exercise and association, as described in the published core day, when staffing permitted. There were 26 spaces in a workshop attached to the spur which offered mundane employment, and education classes were held in a classroom located on a spur landing. The chaplaincy provided Bible classes and a Friday music class was run by the education department. They were able to attend religious services on the appropriate days. All vulnerable prisoners had visits on Wednesdays and Saturdays. Prisoners complained that there were sometimes delays in getting to various facilities because of safety concerns.

#### Further recommendation

- 2.40 Prisoners located on the ground floor of the vulnerable prisoners unit because of mobility difficulties should have daily access to a shower.

## Staff–prisoner relationships

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#### Expected outcomes:

Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.41 Prisoners should be addressed by their first or preferred name. (2.37)

**Partially achieved.** The use of first or preferred names for prisoners was not common across the prison, but was routine on the first night centre and in the Wilson centre. Most staff elsewhere referred to and about prisoners by their surnames. There were exceptions to this on the wings, with some officers calling prisoners by first or nicknames.

**We repeat the recommendation.**

- 2.42 Managers should continue to monitor and model positive and appropriate relationships between staff and prisoners. (2.38)

**Partially achieved.** There had been a focus on positive staff–prisoner relationships, and these were better than at the previous inspection. Pro-social modelling training was run monthly, and new and existing staff were being trained. This had the support of managers and was being prioritised. There was still further work to be done in engaging all staff (see recommendation MR7 and additional information).

#### Further recommendation

- 2.43 The focus on pro-social modelling training and management attention on staff relationships with prisoners should be continued, and those existing staff most in need prioritised.

#### Additional information

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- 2.44 Staff were observed engaging well with prisoners and trying to answer applications and resolve problems, such as retrieving property from reception and arranging inter-prison telephone calls. However, prisoners were regularly locked up for long periods, which reduced the amount of interaction and required more staff intervention to resolve issues. Staff did not routinely knock before entering cells. Uniformed staff showed some awareness of role modelling. Many staff interacted well with prisoners but some were abrupt and disinclined to engage with prisoners. Among the best interactions we saw were on house block three on the first night wing, where newly received prisoners had their concerns responded to and were supported.



- 2.45 Only 63% of prisoners who responded to our survey said that most staff in the prison treated them with respect, which was worse than the 67% comparator. Only 56% of those considering themselves to have a disability and 52% of black and minority ethnic prisoners said that staff treated them with respect.
- 2.46 With the exception of black and minority ethnic prisoners (at 66%), a significantly higher proportion of prisoners in our survey than at comparator prisons (71% compared with 64%) said that they had a member of staff they could turn to for help with a problem. This was also higher than at the previous inspection. In our groups, prisoners confirmed that there were key staff they would turn to for help when they needed it. Fewer than at the time of the previous inspection said that they had been victimised by staff, although black and minority ethnic, foreign national and in particular Muslim and disabled prisoners were disproportionately likely to say this. Seventeen per cent of prisoners said that staff normally spoke to them most or all of the time on association, which was in line with the comparator. For prisoners who considered themselves to have a disability and black and minority ethnic prisoners, this was significantly lower, at 6% and 12%, respectively.
- 2.47 We observed little verbal challenging of inappropriate conduct. From the wing files, it appeared that inappropriate behaviour routinely attracted written warnings, but in only a minority of these cases were prisoners told that they had been given a warning. There was evidence in some files that officers had engaged with prisoners whose poor behaviour had been out of character.
- 2.48 Cell doors were unlocked during association, allowing for freer interaction in the evenings and at weekends (see section on time out of cell). There were prisoner representatives in key areas but not across all residential areas, and those on one house block were not able to cover a second house block, even when the latter did not have a representative, as was the case with foreign national prisoner representatives. Peer support initiatives were limited, and prisoners were not involved in supporting key services such as resettlement. Wider prisoner consultation was used infrequently, and too often in response to one-off events, such as Ramadan, rather than being a regular, well-integrated process.

#### Further recommendations

- 2.49 Staff should be trained and encouraged to challenge inappropriate behaviour and engage with and support prisoners in working to improve poor conduct.
- 2.50 Managers should support staff in engaging positively and appropriately with prisoners from minority groups.
- 2.51 The number of prisoner representatives should be increased or the roles enlarged to allow the services offered to be available across the prison.
- 2.52 The number of areas in which peer supporters work should be increased, especially in resettlement.
- 2.53 Prisoner consultation should be used more regularly and the outcomes communicated across the prison.

# Personal officers

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## Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.54 Training should be provided to all staff in regular contact with prisoners to increase their understanding of prisoners' resettlement needs and associated interventions. (2.43)

**Not achieved.** There had been no training directed at developing staff understanding of prisoners' resettlement needs and associated interventions. Staff induction did not introduce them to key aspects or players in this work. Some information was available for staff on house blocks but it was not up to date.

**We repeat the recommendation.**

- 2.55 Personal officers should be aware of the particular needs and risks associated with their prisoners and this should be reflected in records of contact with them. (2.44)

**Partially achieved.** The wing history files we sampled varied. Many showed an understanding of the personal circumstances of prisoners and the issues facing them, although demonstrated no awareness of sentence planning or offending behaviour targets. Often, the entries were not made by the person listed as the individual's personal officer. Some entries were limited to comments on behaviour alone. Officers we spoke to also varied in their knowledge of the prisoners on their caseload. Some were aware of issues and followed them up on prisoners' behalf, while others showed little knowledge or interest in those in their care (see additional information).

- 2.56 The personal officer scheme should be clearly displayed in all house blocks. (2.45)

**Partially achieved.** The personal officer allocations were displayed for staff in the offices containing the wing files and for prisoners on the tables where applications were submitted. Staff were all aware of who was on their caseload but few prisoners were able to name their personal officer (see additional information). There was no promotion of the scheme or publicity about what it involved.

**We repeat the recommendation.**

## Additional information

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- 2.57 A personal officer scheme was in place on all units other than on the high security unit, where it was a deliberate policy not to encourage close individual contact. In our survey, 45% said that they had a personal officer, which was significantly better than the 38% comparator but worse than at the previous inspection (57%). Only 56% said that they found their personal officer helpful or very helpful, compared with 66% at the previous inspection and 64% at comparator prisons. Most prisoners said that they would not approach their personal officer for help but named other staff to whom they would go. A minority of prisoners told us of problems that their personal officer had helped them with.

- 2.58 The senior officer introduction to the wings included telling prisoners who their personal officer was but it was not easy for prisoners to identify this person. They had to go to the application table on the wing (see recommendation 2.56), and there was little evidence of staff introducing

themselves to prisoners. The scheme was based on landing or cell location and there was little consistency of personal officer, owing to regular moves. We came across files where individuals had been given four different personal officers in as many months.

- 2.59 Staff showed a good understanding of the personal officer scheme, as laid out in the establishment's policy. Individual knowledge of prisoners was generally good but often not specifically by the personal officers. The files sampled showed no evidence of contact with prisoners' families. According to the published personal officer scheme, staff were expected to make and chase up referrals to relevant resettlement departments. Although there was some evidence of this happening, it was often by a member of staff who was not the allocated personal officer. There was limited evidence that personal officers were involved in contributing to important decision making. They completed some contributions for IEP reviews and sentence planning but were unable to attend boards, and made minimal contributions to recategorisation, home detention curfew and parole reviews. Although the local policy identified the personal officer scheme as being required under the Prison Service Order (PSO) for resettlement, this was not the focus of the published scheme or the officers.
- 2.60 The local personal officer policy required a fortnightly entry into wing history files, but managers we spoke to were satisfied with a monthly entry, provided that it demonstrated good quality engagement. Entries had often been made more frequently than monthly, when there was anything significant to report. House block two entries were briefer than those in the other house blocks. Entries by staff on the high security unit were noticeably transactional rather than qualitative. Management checks in files were limited and related to the quantity, rather than the quality, of entries. We were unable to access any monitoring sheets, which were identified through the policy as the route for managers to assess and improve the quality of entries.

#### Further recommendations

- 2.61 Staff entries in wing files on the high security unit should record good quality information about the prisoner and his circumstances.
- 2.62 Personal officers should be more readily identifiable.
- 2.63 All personal officers should introduce themselves, and the content of this first conversation should be recorded in the personal file.
- 2.64 Regular changes of personal officer should be avoided.
- 2.65 The role of the personal officer with regard to resettlement should be developed.
- 2.66 Good quality personal officer entries should be made in wing history sheets weekly.
- 2.67 Management checks of personal officer contributions should be qualitative and the outcome recorded.



## Section 3: Duty of care

### Bullying and violence reduction

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#### Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 The violence reduction coordinator should be given a job description and be allocated sufficient time for the role. The coordinator should be tasked with collating all incident data. (3.9)

**Achieved.** The violence reduction coordinator was a senior officer who was also responsible for the first night centre. He was allocated 26 hours a week to fulfil the coordinator's role. This was sufficient, particularly as the investigations, 155 in the year to date, were devolved to wing staff. The coordinator had a job description, which included the collation of incident data as one of his duties.

- 3.2 Interventions for both bullies and victims of bullying should be introduced. Bullies should be made aware of how to address their anti-social behaviour and victims should be individually supported. (3.10)

**Not achieved.** There were no interventions for bullies or victims of bullying. The psychology department was developing a pro-social modelling course and using the findings of the bullying survey to determine the type of interventions that were required. At the time of the inspection, suspected bullies were set basic targets. It was particularly difficult to manage some perpetrators, victims and vulnerable prisoners owing to excessively stringent security restrictions. For example, wing work that might support victims of bullying and offer more time out of cell to enable staff to monitor them was not easily accessible owing to security restrictions in allocating work (see section on security and rules). The main outcome for victims in most cases was that the perpetrator was relocated. Most of the perpetrators of bullying incidents were moved to house block three; it was unclear why they were moved there, considering that this was an already mixed and busy environment, where monitoring would be challenging.

**We repeat the recommendation.**

#### Further recommendations

- 3.3 Security restrictions, specifically wing work allocation, should be reviewed to enable victims, perpetrators and vulnerable prisoners to be adequately managed on the wings.
- 3.4 There should be a clear procedure for relocating perpetrators of bullying, with a plan for how they will be monitored and managed.

## **Additional information**

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- 3.5 In our survey, 52% (compared with the 40% comparator) reported having felt unsafe at the establishment, and significantly more prisoners than at comparator local prisons said that they currently felt unsafe. Black and minority ethnic prisoners were more likely than their white counterparts to feel unsafe on their first night and at some point during their time at the prison. These perceptions were known to the establishment, as it had completed its own local bullying survey in February 2009, the outcome of which was going to be used to update the violence reduction strategy. This survey had also highlighted low prisoner confidence in the bullying system, including the methods of reporting bullying incidents. Prisoners were concerned that their anonymity was not sufficiently protected when bullying incidents were reported and also that the bullying hotline in the visitors' centre was too conspicuous, as it was located near a large window, so families and friends could be seen reporting an incident.
- 3.6 In the local bullying survey, prisoners reported feeling less safe during association, in the holding rooms located on the wings and in the showers. More interaction by staff was cited by prisoners as a means of improving feelings of safety, and this was supported by the safety interviews we carried out. Our safety interviews revealed that prisoners felt unsafe because of overcrowding and cited the location of three men in two-man cells as an example. Prisoners also told us that the behaviour of staff towards prisoners and lack of trust in staff contributed to their safety concerns. In our survey, more prisoners than at comparator prisons said that they had felt threatened or intimidated by staff. We came across an allegation of assault by a member of staff which had not been investigated.
- 3.7 The results of the local bullying survey had been discussed at the safer custody meeting in March 2009 and an action plan devised, which included establishing focus groups with black and minority ethnic and Muslim prisoners and establishing violence reduction prisoner representatives.
- 3.8 At the time of the inspection, there were 10 prisoners subject to anti-bullying measures, and there had been a total of 37 anti-bullying booklets opened in the year to date. We saw some good investigations and case entries in the anti-bullying booklets, particularly those from house block three. However, some investigations had been poorly conducted and we saw anti-bullying booklets that did not have regular entries or intervention plans for the perpetrator and were not regularly reviewed according to the strategy. There were few victim support plans.
- 3.9 The quality and management of anti-bullying systems were discussed at the safer custody meeting and efforts had been made at each of the meetings to identify development issues and take action to improve the quality of the work undertaken. Trends were analysed at the meeting and had highlighted that most investigations and assaults occurred on house block two, which was where short-term prisoners were located. House block four had the most anti-bullying booklets opened. Although these trends had been identified, there was no evidence that they had been subsequently responded to. This had also been identified by managers, and the format of the safer custody and violence reduction meeting had changed a week before the inspection so that objectives could be set, based on the analysis of trends, and to improve the communication and sharing of information between the security department and the safer custody group.

#### Further recommendations

- 3.10 The local bullying action plan should be implemented immediately and progress regularly reviewed at the safer custody and violence reduction meeting.
- 3.11 All allegations of assault by staff should be investigated promptly.
- 3.12 The findings of the local bullying survey should be used to update the violence reduction strategy.

## Self-harm and suicide

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#### Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.13 The safer custody strategy should be published and staff should be made aware of its contents. (3.18)

**Achieved.** The safer custody policy and strategy had last been reviewed in January 2009 and was published on the intranet. There had been a renewed focus on assessment, care in custody and teamwork (ACCT) training, which included a monthly training day. All new staff received foundation training in ACCT procedures during their induction, and there was a programme of refresher training. There were specific safer custody notice boards on most wings which displayed relevant, up-to-date information, including the prison's safer custody policy statement and information about the Listeners scheme. There were periodic notices to staff reminding them about aspects of the strategy (see recommendation 3.22).

- 3.14 All areas of the prison should be represented at safer custody meetings. A deputy for each area should attend if the nominated individual is unable to do so. (3.19)

**Not achieved.** Healthcare representation at safer custody meetings which we commented on at the previous inspection had improved, and a representative had attended five of the last six meetings. However, other important areas of the prison were not represented, such as the security department; reception; counselling, assessment, referral, advice and throughcare (CARAT) team; or the education and activities departments. Nominated representatives did not send a deputy when they were unable to attend.

**We repeat the recommendation.**

- 3.15 Detailed analysis of the trend data for prisoners at risk should take place at the safer custody meetings. (3.20)

**Achieved.** The quality of management information about ACCT procedures and incidents of self-harm had improved over recent months with the introduction of new databases to collate and analyse the data. The suicide prevention coordinator (formerly the safer custody coordinator) presented a monthly report to the safer custody and violence reduction meeting, and minutes of these meetings evidenced some analysis of relevant factors, including the time,

location and nature of self-harm incidents. Over recent months, the data had shown an emerging trend of self-harm incidents occurring during periods of lock-up.

- 3.16 The safer custody coordinator should quality check current and closed ACCT documents to establish best practice and should ensure this information is included in staff training and in staff notices and briefings. (3.21)**

**Partially achieved.** There were regular daily quality checks of open ACCT documents by the suicide prevention coordinator, in addition to checks by wing managers and duty governors. Most management entries simply stated 'no issues'. There was, however, no formal report to the safer custody and violence reduction meetings on these quality checks and no auditing of all closed documents. Feedback on any shortcomings was given by the suicide prevention coordinator through the relevant line manager, and he would periodically attend house block meetings to discuss any issues relating to ACCT procedures.

#### Further recommendations

- 3.17** All closed assessment, care in custody and teamwork (ACCT) documents should be audited by the suicide prevention coordinator, and reports on the quality and learning points should be passed to the safer custody and violence reduction meeting.
- 3.18** Management checks on ACCT documents should include comments on quality.

- 3.19 The death in custody action plan should be completed within target dates. The area office should quality check the plan and inform the Prison and Probation Ombudsman when it is satisfied that all action points have been appropriately addressed. (3.22)**

**Partially achieved.** The death in custody action plan had been updated and findings from inquests, as well as recommendations from investigations, were now included. Target dates for completion of required actions were being met. The action plan was quality checked by the area safer custody adviser for the high security estate, who requested a six-monthly update, but the Prison and Probation Ombudsman (PPO) had not received a copy of the completed action plan.

#### Further recommendation

- 3.20** A copy of the completed death in custody action plan should be forwarded to the Prison and Probation Ombudsman

- 3.21 All staff should carry anti-ligature knives at all times. (3.23)**

**Achieved.** All officers had been issued with anti-ligature knives and wore these on their belts. Spot checks were carried out by the dedicated search team, and a notice to staff had been issued reminding staff of the requirement to wear these when on duty.

- 3.22 There should be a protocol to assist prisoners who express an imminent intention to self-harm. (3.24)**

**Achieved.** The protocol for responding to prisoners who expressed an intention to self-harm was included in revised local operating procedures (updated in January 2009). These required staff to take all acts or threats of self-harm seriously, irrespective of what they perceived to be



the reason for this. They outlined the dangers of making judgements on whether the self-harm was 'genuine' or 'manipulative' and described the immediate factors that should be considered. We found examples where staff had opened ACCT documents when prisoners had threatened to self-harm.

**3.23 All instances of self-harm should be reported in the appropriate self-harm documentation. (3.25)**

**Not achieved.** The local operating procedures outlined the reporting requirements. In addition to completing an F213SH (report of self-injury) form following a self-harm incident, it was a national requirement for staff to complete an incident report form. This latter form was not always completed, although we found no evidence that this was affecting outcomes for prisoners. The suicide prevention coordinator collated all instances of self-harm effectively, using several sources of information, such as daily briefing sheets and observation books. Completed F213SH forms were also copied to him.

**We repeat the recommendation.**

**3.24 Listeners' suites should be located in an area that offers reasonable privacy. The suites should be furnished to allow prisoners who are in distress for long periods to rest there. (3.26)**

**Partially achieved.** There were Listener suites on all house blocks. These were standard cells which offered privacy. They were furnished with three easy chairs but decoration of the cells was basic. Two Listeners responded to calls each time a Listener suite was used. Listeners said that they had sometimes been allowed to take a kettle into the cells, which was included in the local policy, but staff were not always consistent in permitting this.

**Further recommendation**

- 3.25** Listener suites should be adequately furnished, and Listeners and the prisoners they are supporting should have the facilities to make a hot drink.

**Additional information**

- 3.26** The suicide and self-harm prevention policy was a comprehensive document. It outlined the role of staff in ACCT procedures and incorporated relevant operating instructions. The full-time suicide prevention officer was not cross-deployed to other unrelated tasks. He was supported by a safer custody officer, whose time was shared with the violence reduction coordinator. Each house block had a nominated suicide prevention liaison officer, whose job description included the support of Listeners (see below).
- 3.27** The provision and use of management information about self-harm was improving. There was a focus on risks for foreign nationals, although appropriate translation services were not used for ACCT reviews.
- 3.28** There had been four self-inflicted deaths in 2007 and one in 2008. Reports had been received on all investigations, with the exception of the last one. The prison liaised with the PPO and had responded to some initial concerns identified. There were six inquests outstanding, including a number following deaths apparently from natural causes. The unacceptable delays between deaths in custody and inquests had been highlighted by the Independent Monitoring Board (IMB). Progress was being made on action plans for self-inflicted deaths.

Recommendations from investigations and findings from inquests were incorporated into a continuous improvement plan. This was reviewed regularly at the safer custody meeting.

- 3.29 There were low levels of self-harm. In 2008, there was an average of seven self-harm incidents each month, involving, on average, six prisoners. There was a comprehensive ACCT register. An average of 28 ACCT documents had been opened each month in 2008. The information collated on near-fatal incidents lacked detail and we were not confident that the information was correct. Self-harm data recorded two such incidents in 2008 (and three in 2007) but there were no records of any investigations. One prisoner had been found dead within 12 hours of release following a suspected drugs overdose and, again, there had been no internal investigation.
- 3.30 There were recognised emergency radio codes to alert health services staff to the nature of incidents to which they were responding, in order to ensure that appropriate equipment was brought to the scene.
- 3.31 The increased risks of suicide and self-harm during the early hours of custody were recognised, and several staff working on the first night centre were trained as ACCT assessors or as ACCT trainers, and provided a good level of care. A new 'summary risk assessment' had been introduced as part of the initial health screen (see section on health services). Although a description of the Listener scheme was included in the induction booklet, there was no other information outlining the help available for prisoners feeling depressed or suicidal. The suicide prevention officer was alert to any prisoner who was going to court or due for release and who was subject to ACCT procedures. There were systems to follow up these prisoners if they did not return from court or if they were subject to supervision following release.
- 3.32 The quality of care for those on ACCT documents was generally good. ACCT assessments identified relevant concerns but ACCT assessors were from a limited range of disciplines. Few reviews were multidisciplinary, even when specialist staff were needed, such as when there were drug or mental health concerns. The need for a multidisciplinary approach had been highlighted in death in custody investigations. Some reviews were held with only the senior officer and prisoner present. In many cases, however, the same case manager had chaired subsequent reviews, which provided continuity and consistency.
- 3.33 Not all care maps identified specific individuals to carry out tasks and were often ascribed to 'all staff'. Targets were not always updated following subsequent reviews. It was often difficult to identify where progress had been made in the plans. Most care maps involved referral to the healthcare department. There was a range of therapeutic interventions through the Cass unit (see section on health services), although this faced imminent closure. CARAT and chaplaincy staff also provided support for those at risk of self-harm.
- 3.34 The quality of ACCT records varied, but most were satisfactory. There were regular entries evidencing that staff interacted with prisoners and enquired about how they were feeling. There were also entries from education and activities staff. Post-closure reviews were completed. Following closure, an orange sheet was placed in the prisoner's history sheets, alerting staff to the fact that the prisoner had previously been on an ACCT document, and outlining important details. This practice had been introduced following an investigation into a self-inflicted death.
- 3.35 Those at risk of self-harm but with no clinical need were inappropriately located in the healthcare centre. There was insufficient multidisciplinary working, which would have enabled the responsibility for decision making to be shared and avoided self-harm being seen as a

solely medical issue. Of the 21 prisoners on open ACCT documents at the time of the inspection, nine were being held in the healthcare centre.

- 3.36 Although there were two safer cells on house block three, the only safer cells referred to in the policy document were the five safer cells in the healthcare centre. The procedures for the use of these cells and the regime for prisoners using them were described in the policy. Although the guidance stated that 'a safer cell is not a punishment', a person held in a safer cell was 'not entitled to any association periods as this would hinder supervision'. There were also two gated cells and strip gowns had sometimes been used. The safer custody meeting did not monitor the use of these cells.
- 3.37 Regular ACCT training took place but we were told that not all senior officers, who could be responsible for chairing ACCT reviews, had received case manager training. Training records were incomplete and the suicide prevention officer had decided to start a new record of all staff trained in ACCT procedures from October 2008.
- 3.38 There were 26 Listeners resident in all areas of the prison. If a prisoner on the high security unit requested a Listener, this was facilitated through the healthcare centre. There was only one Listener located on the healthcare centre. Listeners were not moved between house blocks. The recruitment of Listeners was hampered by security vetting and retention was a problem. Once trained, Listeners could be held at the prison for six months. Few Listeners could speak languages other than English. They were used at night, but this required several officers and a dog to escort both the Listener and the person in crisis. The protocol for using the Listener suites was included in the local policy. The orderly officer's briefing sheet recorded one use of the Listeners suite at night in the first 10 weeks of 2009.
- 3.39 Each house block had a digitally enhanced cordless telephone providing a direct line to the Samaritans. No record was kept of its use, although the Listeners we spoke to suggested that it was offered to prisoners at night in preference to unlocking a Listener.
- 3.40 One, and sometimes two, Listeners attended safer custody meetings but this attendance was not always recorded in the minutes of the meetings. They had good support through a monthly meeting with the Samaritans and the suicide prevention officer but felt less well supported by the suicide prevention liaison officers on each house block, who did not meet them regularly.
- 3.41 Listeners could advise staff when a prisoner who had no telephone credit would benefit from being allowed a free call using Listeners' PIN credit, held by the senior officer. The policy did not sufficiently describe the procedures for such telephone calls. On house block two, this had been used on 55 occasions between January and March 2009. Listeners said that not all wings used the same procedures.

#### Further recommendations

- 3.42 Near-fatal incidents of self-harm should be accurately recorded and investigated to establish if any lessons can be learnt.
- 3.43 Investigations into apparently self-inflicted deaths immediately post-custody should be carried out by the prison to establish learning.
- 3.44 ACCT assessors from a range of disciplines should be recruited.
- 3.45 In addition to information about the Listeners scheme, the induction booklet should specify other sources of help for those feeling depressed or suicidal.

- 3.46 ACCT reviews should be multidisciplinary and care maps specific and updated following reviews.
- 3.47 Those at risk of self-harm but with no clinical need should not be located in the healthcare centre.
- 3.48 The safer cell protocol should be reviewed and the use of safer cells and gated cells for those at risk of self-harm should be monitored at the safer custody meeting.
- 3.49 Listeners should meet fortnightly with the suicide prevention liaison officer on each house block.

#### Housekeeping points

- 3.50 Accurate records of staff that have been trained in ACCT procedures should be kept.
- 3.51 Guidance on the discretionary Listeners' PIN credit should be included in the suicide prevention policy.

## Diversity

**Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.**

- 3.52 A comprehensive diversity policy should be issued. (3.33)

**Partially achieved.** A diversity and equality strategy for 2008–2010 was in place and incorporated staff and prisoner objectives. Policy objectives were concerned with race equality, faith, disability and foreign nationals. The strategy did not adequately address the full range of diversity issues, such as gender and sexual orientation. This was acknowledged by the decency and diversity manager, who stated an intention to develop these strands further.

#### Further recommendation

- 3.53 The diversity strategy should be reviewed to include objectives in relation to all diversity strands.
- 3.54 **Facilities should be put in place to accommodate mobility-impaired prisoners on normal location. (3.34)**  
**Not achieved.** Funding for the adaptation of cells to meet the needs of prisoners with disabilities had not been obtained. Prisoners with reduced mobility were located on the ground floor of house blocks but were unable to access facilities located on higher levels (see paragraph 2.38)  
**We repeat the recommendation.**

## Additional information

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- 3.55 Diversity and race equality were managed by the same group and it was difficult to separate the strands of operation. A decency and diversity manager oversaw the group, which included a full-time principal officer, a full-time officer and an administrative officer. Prisoner consultation took place through a monthly meeting of prisoner representatives, who covered all areas of diversity, including race equality. Their views were fed into the staff-only diversity executive committee.
- 3.56 At the time of the inspection, there were only 29 prisoners with disabilities who were known to the prison, though 28% of prisoners in our survey said they had a disability. This indicated that procedures for identifying such prisoners were not sufficiently reliable. Prisoners were assessed on induction by health services staff if they declared a disability, and a plan was drawn up by house block staff to meet their needs, with the advice of an occupational therapist. These plans were not reviewed once in place.
- 3.57 In our survey, prisoners with a disability reported worse outcomes than other prisoners on a wide range of indicators, especially concerning feeling unsafe, being victimised and access to activities. A prisoner with a sight impairment and another who had lost a limb received help from fellow prisoners, who were paid for providing the service. A prisoner undergoing gender reassignment presented significant challenges to the prison, which they struggled to meet. Staff were uncertain how to address the prisoner and there was a delay in meeting her requests for female clothing. While staff were sympathetic to her needs, there was no prepared response to the situation.
- 3.58 At the time of the inspection, there were 20 prisoners over the age of 60, the oldest being 73. There was no clear policy to meet the needs of this group. There was no evidence of care planning for older prisoners and it was piecemeal for prisoners with disabilities. Further work was required by the prison to monitor and evaluate the impact of all schemes and regimes for older prisoners and those with disabilities.
- 3.59 Staff and prisoner equality and diversity representatives were advertised around the prison and had received training in their role. More general training in challenging discrimination had started. At the time of the inspection, 80 staff had been trained in the 'challenge it, change it' programme. It was planned to have 300 trained by mid-2010. A presentation to the senior management team of a staff training proposal by Gays And Lesbians In Prison (GALIP) was scheduled.
- 3.60 The diversity and equality group gathered ethnic monitoring data to identify trends and potential discrimination but it was not clear what impact this had on outcomes for prisoners.

### Further recommendations

- 3.61 There should be procedures for prisoners to notify staff of disabilities after the reception process.
- 3.62 The prison should carry out a survey to establish the nature and extent of disability within the population.
- 3.63 All prisoners with disabilities should have care plans and they should be reviewed every 12 months.

- 3.64 The prison should establish forums for older prisoners and those with a disability which plan for the needs of these groups and involve the healthcare department, informed by consultation with these prisoners.
- 3.65 The prison should publish a clear policy on sexual orientation and gender reassignment.

## Race equality

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### Expected outcomes:

**All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.**

*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 3.66 Race equality was promoted throughout the prison and there was embedded work and a high visibility of key race staff. There were designated prisoner representatives and staff acting as assistant race equality officers (REOs), many of whom had received local training in the new diversity package, 'challenge it, change it'. Most of the race equality duty fell to the deputy REO, who was full time. The newly incumbent REO was absent owing to long-term sickness and although another principal officer was caretaking this area, he had other responsibilities and the assistant REO was performing most daily duties.
- 3.67 The governor was named on publications as the chair of the race equality action team (REAT) but, in practice, meetings were chaired by the acting deputy governor, who was also responsible for signing off racist incident report forms (RIRFs). This senior manager was not always in the establishment owing to other duties, and there were several outstanding investigations waiting to be signed off. These temporary arrangements meant that there was insufficient senior management leadership in this area.
- 3.68 REAT meetings were held bi-monthly and were well attended by a range of multidisciplinary staff, and prisoner representatives from all areas. In addition, a diversity executive committee met monthly to discuss strategy (see section on diversity). The deputy REO and other staff also held regular meetings with prisoner representatives, in which prisoners were able to speak openly about the issues concerning them. These were well attended and involved in-depth discussions on a range of issues.
- 3.69 The prison received around 20–30 RIRFs a month and, although most were submitted by prisoners about staff, many of these related to staff submitting RIRFs in response to being accused of racism. In our groups, some prisoners said that they did not have confidence in the system. We also came across a number of RIRFs in which senior managers had recommended a warning under the incentives and earned privileges scheme for misusing the system. This was not helpful in terms of promoting prisoner confidence in the system.
- 3.70 Racist incident investigations were completed well and promptly, with evidence of personal feedback being given to the complainant. There were positive relationships with outside agencies, such as Greenwich University, Queen Elizabeth Hospital, Bexley Commission for Racial Equality, the Irish Traveller Movement and Lewisham Council, many of which had

frequent contact with the establishment and attended REAT meetings. The prison was also involved in community work external to the establishment.

- 3.71** In our survey, as at the time of the last inspection, prisoners from black and minority ethnic backgrounds responded more negatively across a range of areas, with the exception of some areas of purposeful activity, compared with white prisoners. This was particularly the case in response to questions about relationships with staff, and perceptions of having felt unsafe, where the differentials between black and minority ethnic and white prisoners remained wide. This was broadly similar to the results of the audit 'Measuring the Quality of Prison Life' report, which showed that perceptions and experiences were more negative among minority groups, although they were improving. However, there were no significant ongoing areas of under- or over-representation of minority groups in the race monitoring statistics.
- 3.72** There was some innovative work taking place with the Gypsy, Traveller and Roma population, including regular consultation meetings and a planned cultural event. A diversity month had been celebrated at the end of 2008, with a wide range of cultural events, and had been well attended.
- 3.73** Muslim prisoners accounted for 17% of the population. Survey results for Muslim prisoners in general had improved since the previous inspection, when there had been more negative responses than those of non-Muslims to 73% of key questions. At this inspection, the proportion of more negative responses had reduced to 43%, and there was no significant difference in response to questions about safety or respectful treatment from most staff. Muslim prisoners were also more positive about contact with a religious leader of their faith. There was, however, still a significantly higher proportion of Muslim prisoners who said that they had been victimised by staff. Some Muslim prisoners continued to feel disaffected and alienated, and in our groups said that staff treated them differently and with suspicion, with some citing media portrayals as a reason for this. Muslims, along with Roman Catholics, were over-represented in recent use of force statistics, although this appeared to be connected to a single incident involving those from both groups on the high security unit.
- 3.74** The prison had yet to identify the reasons behind the ongoing feelings of disaffection which were voiced by some Muslim prisoners. A survey into bullying carried out by the safer custody department had highlighted that 40% of Muslim prisoners said that they had been a victim of bullying, compared with 16% of Christians and 13% of those with no faith. The report had recommended wider consultation to examine the reasons for this. There had been a discussion between some Muslim prisoners and security staff at a meeting facilitated by the local chaplain. An impact assessment and consultation group had also been held shortly before the inspection, to discuss access to religion with prisoner groups (see recommendation MR8 and main recommendation HP51).

#### Further recommendations

- 3.75** The management of race equality should be the responsibility of either the governor or the deputy governor, who should chair the race equality action team.
- 3.76** Arrangements should be put into place to ensure that the role of race equality officer (REO) is covered effectively and that the deputy REO receives sufficient managerial support.
- 3.77** The perceived lack of confidence in the racist incident complaint system should be explored at race equality team meetings and action taken to improve matters.

- 3.78 Prisoners whose racist incident report form submissions are seen as inappropriate should be seen and the reasons why explained to them; they should not be given incentives and earned privileges warnings.

**Good practice**

- 3.79 *There were regular consultation events with Traveller groups and promotion of cultural events related to these groups.*

## Foreign national prisoners

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**Expected outcomes:**

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

*No recommendations were made under this heading at the previous inspection.*

### **Additional information**

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- 3.80 Since the previous inspection, the number of foreign national prisoners had decreased significantly, from around 300 to 170. Arrangements for identifying these prisoners were sound and all prisoners were provided with an information pack on arrival. There were two foreign national prisoner representatives, who were identifiable by the blue tops they wore. They regularly met the coordinator and were responsible for helping prisoners with practical advice and support. The foreign nationals coordinator was well known throughout the prison, and staff and prisoners were able to access advice quickly. There had been problems in recruiting enough prisoner representatives, and the absence of a representative on the first night centre meant that not all prisoners had easy access to peer support.
- 3.81 Foreign national prisoners were entitled to a free five-minute telephone call each month, in lieu of receiving visits, and were able to exchange letters for telephone credit. However, fewer than 50 prisoners a month took up this facility. Applications had to be made every month, which may have contributed to the low take-up. A total of 130 prisoners had foreign national telephone accounts, which allowed them access to their private cash for the purpose of making overseas calls.
- 3.82 There were links with the UK Border Agency (UKBA), which visited the establishment twice a week and provided an immigration surgery. Four detainees were being held at the prison and there were regular reviews of these cases. The reason given for these men being held in the prison system rather than the immigration estate was offence- or security-related issues.
- 3.83 There were also links with the Detention Advisory Service, a representative of which visited the establishment weekly and had a regular 'desk' in the legal visits area. UKBA officers regularly referred individuals to him and there was frequent contact with prison staff.
- 3.84 There was a general lack of information available in languages other than English. Although some information, such as induction and legal rights, was available in frequently used languages, there was a general underuse of professional translation services, which had been



used on only 33 occasions in 2009, mostly in the first night centre. Other areas, particularly healthcare, relied on prisoner translators, which was not sufficiently confidential. There had been some promotion of the Big Word but staff believed that the cost of the service was prohibitive and were reluctant to use it. Although the foreign nationals coordinator retained some information on staff who could speak other languages, this was not available on the wings or accessible to prisoner representatives. Information about individual prisoners who could speak other languages and were willing to translate was not collected on induction.

#### Further recommendations

- 3.85 There should be a continued effort to increase the number of foreign national prisoner representatives, particularly on the first night centre. Alternatively, existing prisoner representatives should be permitted to visit other wings to raise awareness among prisoners.
- 3.86 The regular, free telephone call for foreign national prisoners in lieu of visits should be facilitated by a single application which can then be monitored by managers.
- 3.87 A free five-minute telephone call should be available to prisoners with close family abroad, irrespective of whether or not they receive domestic visits.
- 3.88 Prisoner translators should not be used to translate confidential information such as healthcare matters and ACCT reviews.

#### Housekeeping point

- 3.89 Information about language skills among staff and prisoners should be held on an easily accessible database.

## Applications and complaints

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#### Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.90 Regular reviews of the applications system should take the views of staff and prisoners into account in order to correct any shortcomings and improve prisoner satisfaction with the process. (3.81)

**Partially achieved.** A recent review of the application system had been undertaken but had not included the views of prisoners, and recommendations had not been implemented.  
**We repeat the recommendation.**

- 3.91 A computerised database should be introduced to manage and analyse prisoner complaints. (3.82)

**Achieved.** There was a comprehensive database, which included sufficient detail to enable analysis of complaints.

- 3.92 Responses to prisoners' complaints should be legible, address the issues raised and respect the prisoner's right to use the complaints process. (3.83)

**Achieved.** The majority of responses to complaints met these criteria.

- 3.93 Complaints against staff should be monitored and fully investigated by a senior manager. (3.84)

**Not achieved.** There was no separate monitoring of complaints against staff and not all were investigated by senior managers. One complaint of assault by a member of staff had not been investigated one month after the complaint had been made (see paragraph 3.6).

**We repeat the recommendation.**

- 3.94 The complaints clerk should follow up interim and deferred replies to ensure that all investigations are concluded and that a record of the response is sent to the prisoner. (3.85)

**Achieved.** There was a system to ensure that all interim and deferred replies were completed and responses sent to the prisoner.

#### **Additional information**

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- 3.95 The wing application system was administered similarly across all the house blocks. Prisoners were able to submit applications in the morning. Applications were logged and sent to the relevant department to be dealt with, or were handled by house block staff. The log books did not record when a response was received or issued to prisoners, so we were unable to ascertain who had received a response within a reasonable time. In our survey, 42% of prisoners said that their applications were dealt with promptly, compared with 50% in comparator prisons. Prisoners in our groups said that they often did not receive responses to their applications and had to resort to the complaints system to get answers to basic requests.
- 3.96 In our survey, fewer prisoners than in comparator prisons had made a complaint, although those who had done so said that they were dealt with fairly and promptly. Prisoners had access to the full range of complaint and appeal forms, and information about complaints was available in languages other than English. Complaint forms were only available in English. The completed forms were collected by the night orderly officer from the complaints boxes and left for the complaints clerk to record and process the following working day.
- 3.97 There had been 2,203 complaints made in 2008 and 938 in the year to date. This showed a slight increase on previous years. A random sample of approximately 10% of complaints was reviewed for quality by a member of the performance management unit. Although findings were recorded, any action taken was not. Monitoring and analysis of complaints were undertaken by the secretariat manager and the head of the performance management unit. A written report was provided for the senior management board, detailing any trends or issues identified.
- 3.98 We read a random sample of 50 completed complaint forms and found that many could have been dealt with more appropriately using applications or informal requests. Many responses were typewritten, making them easy to read, and were generally good.

### Further recommendations

- 3.99 Application log books should include the date when responses are received and given to a prisoner.
- 3.100 The sampling of the quality of complaints should include following up any action needed as a consequence.

## Legal rights

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### Expected outcomes:

**Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.**

**3.101 Cover should be provided when the legal services officer is absent. (3.91)**

**Achieved.** There were arrangements for a designated officer in the induction team to provide cover when the legal rights officer was absent.

**3.102 All new receptions should be seen by the legal services officer. (3.92)**

**Achieved** The legal services officer interviewed all new receptions and provided input to the induction group meetings. The induction pack provided to newly arrived prisoners contained information about legal services.

**3.103 Posters advertising legal services should contain correct information, and a photograph of the legal services officer. (3.93)**

**Achieved** Posters with a picture of the legal services officer were displayed on the house blocks and were up to date. They provided information about the services available and contact details.

**3.104 Prisoners who need to contact their solicitor and have no finances should be given a legal phone call at the establishment's expense. (3.94)**

**Achieved** The legal services officer had a PIN which was available for prisoners who could not afford telephone calls. The officer undertook checks to ensure that the prisoner was entitled to the service, and telephoned the legal representative before handing the call over to the prisoner.

**3.105 Legal services for recalled prisoners should be improved. (3.95)**

**Achieved.** Services for recalled prisoners had been developed. A specific information leaflet for them, explaining the recall process, was given to each recalled prisoner. The legal services officer had compiled a list of solicitors specialising in prison law, and this was available for prisoners who wished to contest their recall. He also had templates of special letters which could be used.

## Additional information

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- 3.106 A full-time legal services officer was located with the induction team. Formal training had not been available since he had taken up the post but, on his own initiative, he had attended a workshop piloting the new course for legal services officers and undertaken a study visit to HMP Manchester, which he had identified as a high-performing establishment.
- 3.107 Prisoners were informed of the legal services available through posters around the prison and a leaflet provided on induction. The services provided covered recall, appeals, family law and civil proceedings. The main assistance offered was making contact with appropriate legal representatives, providing application forms for processes such as appeals and ensuring that the library was stocked with relevant legal information.
- 3.108 A bail information service was provided by seconded probation staff. Every new remand prisoner was interviewed, and probation staff would respond to requests from prisoners involved in trials in which a bail application was being made. The bail information officers made contact with legal representatives to verify the intention to apply for bail. They were able to provide accommodation assistance through a partnership with a community organisation for prisoners requiring a bail address. When it was requested, the bail information officers provided a report for courts, verifying information such as accommodation, employment and family and community links.
- 3.109 Released prisoners subject to licence conditions were interviewed by the principal officer in reception before discharge. Their licence conditions and reporting instructions were explained to them and they were given a copy of the licence.
- 3.110 Legal visits were available five days a week, in addition to two evening visits sessions on Tuesday and Wednesday evenings up to 6.45pm. They were conducted above the visits hall; there were 22 private booths, and the facilities provided were good. Booking arrangements had to be conducted by fax and we were told that there were ongoing issues with solicitors block-booking legal visits and then not turning up, or cancelling at short notice.

## Substance use

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### Expected outcomes:

**Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.**

- 3.111 The clinical support team and CARATs should develop a mechanism of joint care planning to provide an effective integrated service. (3.106).

**Not achieved.** While communication between the teams had improved, no joint care plans or care reviews took place, and the joint working policy needed to be rewritten to reflect new working arrangements under the integrated drug treatment system (IDTS).  
**We repeat the recommendation.**

- 3.112 A programme of psychosocial support should be developed for those subject to clinical support. (3.107).

**Not achieved.** The CARAT service had introduced IDTS short group work modules at the beginning of April 2009. These were co-facilitated by the drug strategy officers, but only five sessions were currently running each month. Due to staff shortages in the CARAT team, one-to-one support was also limited. All prisoners could, however, access auricular acupuncture and, if eligible, the short duration programme at the Wilson centre.

**We repeat the recommendation.**

- 3.113 Prisoners subject to clinical support, detoxification or maintenance should, as far as practicable, be accommodated on the same wing. (3.108).**

**Partially achieved.** All new prisoners were located on a dedicated spur on house block three for the initial five-day stabilisation period. Those prescribed buprenorphine were also housed on house block three. Prisoners requiring close monitoring (for example, in the case of alcohol detoxification) were admitted as inpatients to the healthcare department. Once stabilised, prisoners were moved onto a dedicated spur on house block four, but some still resided on house blocks one and two.

**We repeat the recommendation.**

- 3.114 Risk testing and MDT should not duplicate voluntary drug testing (3.109).**

**Achieved.** Mandatory drug testing (MDT) and voluntary drug testing (VDT) were clearly distinguished and the responsibility of separate departments. MDT risk assessments were occasionally undertaken on the basis of intelligence received by the security department. Compliance testing took place for trusted workers and a separate compact had been developed.

- 3.115 MDT should be provided on a regular basis, without long periods of non-testing (3.110).**

**Achieved.** MDT had become a detailed task, and was staffed daily. A security senior officer coordinated the scheme, and nine security officers were trained in the procedure.

### **Additional information**

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- 3.116** Clinical management was provided by a specialist GP and a substance misuse lead nurse from the Seagrave Trust (a second substance misuse nurse post had been vacant for some time) on weekdays only, and by the local primary care trust (PCT)'s primary healthcare team. A primary care nurse had been seconded to this team, and eight additional nurses were being recruited under the IDTS. At a strategic level, there was no clear leadership with regard to implementing the IDTS. At an operational level, the service provided by the primary healthcare care team, the specialist provider and the CARAT team was not sufficiently well integrated.
- 3.117** Substance-dependent prisoners were screened at reception and a GP was available to prescribe first night medication. The specialist team undertook a comprehensive assessment the following weekday morning to determine an appropriate treatment regime.
- 3.118** Prescribing protocols had been developed in consultation with the Seagrave Trust's addiction lead, who was also available to provide specialist advice. Evening and weekend treatment was provided by the primary health care team. Under the IDTS, some changes to existing protocols were necessary.
- 3.119** The clinical team was based on house block three and received good support from a group of drug strategy officers. Despite staff shortages, a high level of care for prisoners was evident.

There was no formal care planning, but treatment reviews took place after five days and prisoners spoke highly of the help they received.

- 3.120 During the previous six months, 543 substance-dependent prisoners had required clinical treatment, and this included 175 alcohol detoxifications. Most opiate users were prescribed buprenorphine but under the IDTS, methadone prescribing would increase. Buprenorphine was crushed with appropriate protocols in place, and consumption was closely supervised. Methadone was administered by primary care nurses in the outpatients department; an officer was available to supervise prisoners. Treatment rooms were due to be adapted and methadone pumps installed in house blocks three and four.
- 3.121 The stabilisation spur on house block three did not yet have observation hatches or dedicated 24-hour nurse cover. There were concerns that the clinical team would be based on house block four, the second-stage unit; some CARAT staff were also to be located there.
- 3.122 The CARAT and the clinical service communicated daily, but client care was not yet fully integrated. Responsibilities for throughcare arrangements were unclear. It was current practice for CARAT workers to set up community appointments, fax prisoners' medical charts to prescribers and deal with clinical queries.
- 3.123 Prisoners with complex problems could be referred to a counselling service and to the mental health in-reach team, but there was no joint working and mental health nurses did not possess dual diagnosis expertise.
- 3.124 The MDT rate from April 2008 to 30 March 2009 stood at 9.8%, against a target of 7.5%. In addition, 2.1% of prisoners had tested positive for buprenorphine, and a high level of prisoners (68 in the previous six months) had refused tests. As of April 2009, the MDT target had been set at 10.5%, and this would include buprenorphine.
- 3.125 The number of suspicion tests was relatively low, with 33 tests conducted over the previous six months, resulting in a positive rate of 47%. MDT officers told us that lack of appropriate paperwork (authorisation and chain of custody forms) occasionally prevented them from conducting a target test.
- 3.126 Risk tests had been requested on 15 occasions and only one prisoner had been placed on a frequent testing programme between October 2008 and April 2009. Finds and test results pointed towards heroin and buprenorphine as the main drugs in use. Prisoners arriving from courts and visitors were identified as the main supply routes.
- 3.127 Prisoners did not report high levels of drug availability. In our survey, 14% thought it was easy to obtain illegal drugs in the establishment, compared with 26% in 2007 and the comparator of 34%.

#### **Further recommendations**

- 3.128 The integrated drug treatment system (IDTS) partnership board should decide on a clear leadership structure for implementing IDTS at the establishment.
- 3.129 Clinical management protocols should be adapted in line with IDTS guidance.
- 3.130 Individual care plans should be introduced and completed jointly with the counselling, assessment, referral, advice and throughcare (CARAT) service.

- 3.131 The stabilisation unit should be adapted and 24-hour nursing provided to ensure the appropriate monitoring of prisoners.
- 3.132 Clinical and CARAT services should be co-located and provide integrated care for prisoners.
- 3.133 The communication of medical information to community prescribers should be the responsibility of clinical services.
- 3.134 Mental health services' skill mix should include dual diagnosis expertise.
- 3.135 Suspicion testing should increase to meet the level of corroborated information.
- Housekeeping point**
- 3.136 The establishment should ensure that sufficient paperwork is made available to officers undertaking mandatory drug testing.

## Young adult prisoners

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- 3.137 There should be regularly updated maturity and needs assessments of all young adults. (3.114)

**Not achieved.** During the inspection, there were five young adults at the establishment. Each had a maturity assessment completed on arrival at the establishment but none had been reviewed, and some were nearly 12 months old.

**We repeat the recommendation.**

- 3.138 Young adults should have a structured and rigorous regime, with access to education, employment and the gym. (3.115)

**Not achieved.** Young adults had access to education, employment and the gym through the same arrangements as for the rest of the population. Four out of the five young adults were in education or employment.

**We repeat the recommendation.**

### **Additional information**

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- 3.139 The head of residence had overall responsibility for young adults, and little had changed since the previous inspection. The five young adults were all under 21 and all in security category A. They were located in various house blocks, including the high security unit. The maturity assessments did not indicate any issues that might prevent them from associating with adult prisoners.
- 3.140 All of the young adults engaged in education or employment, except for the one young adult who was located on the high security unit, where there was a limited regime (see section on the high security unit). The main frustration expressed by three of the young adults we spoke to was access to the regime. They were sometimes turned away from the workshops, and believed that it was because of the limited number of category A prisoners permitted in the workshops at any one time.





## Section 4: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

- 4.1 The joint working arrangements between the prison and the PCT should adhere to Department of Health quality and regulatory frameworks such as national service frameworks (NSFs) and quality and outcomes framework (QoF) data. (4.49)

**Not achieved.** National service frameworks had been acquired, but we did not find evidence of their use and they did not appear to be widely available in the healthcare department. There was no performance monitoring of contracts and QoF data were not collected or used. We repeat the recommendation.

- 4.2 All prisoners, including those in the HSU, should have equal access to health services. (4.50)

**Partially achieved.** A member of nursing staff attended the high security unit (HSU) at least daily and healthcare assistants attended to provide for prisoners' social care needs as required. GP clinics were offered on the HSU twice a week, and other healthcare providers, such as a podiatrist, visited the unit on request. If HSU prisoners required healthcare services that could not be provided on the HSU, they attended the healthcare centre or external hospital. However, HSU prisoners were not able to attend the Cass unit activities and groups. We repeat the recommendation.

- 4.3 An action plan to address the 2006 audit of infection control and decontamination standards should be devised and implemented immediately. (4.51)

**Partially achieved.** Further infection control audits had been conducted since the previous inspection, but infection control and decontamination standards were still not sufficiently good. The inpatient department had received its most recent audit in January 2008 and the outpatients unit in May 2008. There were action plans in place from both of these audits. However, we found evidence of poor infection control practices, such as black bags in yellow clinical waste bins and bins left open. There were also concerns that some clinical areas had carpet on the floor. The treatment room on the first night centre did not have hand washing facilities. The removal of yellow bags and sharps from the dental surgery was satisfactory, but chemical waste appeared to be collected infrequently.

### Further recommendation

- 4.4 There should be appropriate infection control policies in place which should be adhered to and audited regularly.

- 4.5 Prisoners should be able to easily recognise the different grades of clinical staff. Nurses should wear badges stating their name and grade. (4.52)

**Not achieved.** Nursing staff still wore the same colour uniform, irrespective of grade. While some of them had name badges, they did not always wear them in a place that could easily be

seen, making identification of nurses and their grades difficult.  
**We repeat the recommendation.**

- 4.6 The Partnership Board should review the PCT's decision that hospital officers without a registerable qualification cannot carry out clinical duties and should implement a competency-based approach instead. (4.53)**

**Not achieved.** Since the previous inspection, the hospital officers without a registerable qualification had been subsumed into the discipline officers' staff group. This had had a detrimental effect on patient care because tasks that they had previously performed, such as health promotion activities and, in particular, the smoking cessation course, were no longer in place, as the hospital officers were not allocated the time or shifts to run consistent courses.  
**We repeat the recommendation.**

**Further recommendation**

- 4.7 Health promotion activities such as smoking cessation services should be available to prisoners.**

- 4.8 All staff should receive annual resuscitation training and all those administering immunisations and vaccinations should be trained in anaphylaxis. (4.54)**

**Not achieved.** Training records were poorly maintained. A number of staff had not received resuscitation training in the previous year. Nineteen staff (including some healthcare assistants) had received anaphylaxis training.  
**We repeat the recommendation.**

**Further recommendation**

- 4.9 Up-to-date staff training records should be maintained.**

- 4.10 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist advice as required. (4.55)**

**Partially achieved.** There were no formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist advice. However, we were told that if occupational assessments were required, a local occupational therapist would visit the prison. We found evidence of this in a set of clinical notes, documenting that an occupational therapist and social worker had carried out an assessment of daily living skills with a partially sighted prisoner on his house block and provided necessary aids. The senior occupational therapist in the Cass unit had experience of working with physical as well as mental health patients and undertook assessments when requested, although this was not a formalised arrangement.

**We repeat the recommendation.**

- 4.11 All clinical records should conform to professional guidance from the regulatory bodies. (4.56)**

**Not achieved.** We found examples of clinical notes that contained no date or time, and in some cases no designation of the person making the entry was present. On the inpatient unit, entries were made at least daily in most cases, but we found an example of an inpatient who

had gaps of up to four days between entries. Some entries were difficult to read, and although entries were signed, names were not printed and designations not always included. Some records had loose pages, and patients' names and numbers were not entered on all pages. **We repeat the recommendation.**

**4.12 Clinical records should provide a contemporaneous record of care and should be filed promptly. (4.57)**

**Not achieved.** We sampled a selection of clinical records and found gaps and omissions in almost all of them. For example, one patient who had had a referral to a secondary care consultant and two hospital appointments cancelled had no handwritten clinical entries in his notes. Of equal concern was the fact that we found a letter about a patient filed in another patient's notes. In other cases, we found clinical consultations documented that requested that tests be performed, but no record that the instructions had been carried out and no system for monitoring such incidents. We found clinical records in unlocked offices and on top of filing cabinets in the clinical records room when it was unstaffed. On the inpatient unit, notes were well filed and easy to find, but when there was more than one volume they were not always filed together. The clinical record included mental health in-reach team (MHIRT) notes, care plans and summaries of the mental health ward rounds. However, paperwork relating to mental health transfers was not filed in the clinical record. We were told that this was probably with the psychiatrist, meaning that not all information relating to the patient was available to nursing staff. Clinical records were still paper based, as there had been delays with the introduction of an electronic clinical information system.

**We repeat the recommendation.**

**4.13 There should be information sharing protocols to ensure efficient sharing of relevant health and social care information. (4.58)**

**Not achieved.** There were no information sharing protocols, so it was unclear how staff decided what information, if any, to share with other parties.

**We repeat the recommendation.**

**4.14 The protocol for the use of the first night centre should be clearly explained to all clinical staff to ensure that prisoners' care is not compromised. (4.59)**

**Achieved.** Health services staff we spoke to were clear on the arrangements for healthcare provision in the first night centre. The first night healthcare screen was completed appropriately and a doctor was available for first night consultation and prescribing. However, if a prisoner arrived at the establishment earlier in the day, before a doctor was present in the first night centre, he sometimes had to wait for a long period for the doctor to attend, unless the need was considered urgent. Nurses told us that if a prisoner was not able to communicate effectively in English they would use another prisoner to translate, if one was available, rather than the telephone translation service. We observed the initial health screen of a young man who spoke minimal English. The prisoner who was acting as translator answered some questions without asking the new prisoner the question first, and it was necessary for the doctor or nurse to ask him to ask the question to the new prisoner. Part-way through the consultation, the translator started asking the doctor for advice relating to his own health, rather than addressing the needs of the new prisoner. There were also concerns about an additional mental health screening tool which had recently been added to the reception screening process and had been developed 'in house'. It was not evidence based and had not been developed in conjunction with the mental health team. We were told by the MHIRT nurses and lead psychiatrist that this screening tool was giving false negatives and false positives and so was unhelpful.

#### Further recommendations

- 4.15 If a prisoner is unable to communicate effectively in English, professional translation services (either via telephone or face to face) should be used for healthcare consultations.
- 4.16 All policies and protocols should be agreed by all relevant parties before being put into use.

#### 4.17 There should be regular review clinics for those with life-long conditions. (4.60)

**Not achieved.** Prisoners with life-long conditions were managed by one of the GPs, who undertook regular clinics on the house blocks and saw prisoners with a range of conditions. However, there was no central register of prisoners with such conditions, the arrangements for the clinics seemed ad hoc, and when we reviewed the records of patients known to the GP they had not been reviewed in line with evidence-based best practice.

**We repeat the recommendation.**

#### Further recommendation

- 4.18 Prisoners with life-long conditions should have treatment plans that reflect national clinical guidance and evidence-based best practice.

#### 4.19 Triage algorithms should be used to ensure consistency of care. (4.61)

**Not achieved.** When prisoners applied to see the GP, the nurse they spoke to completed a 'triage form'. However, the nursing staff did not use triage algorithms to assess the patient, and the form was in reality no more than a note to the GP about the patient's complaint.

**We repeat the recommendation.**

#### 4.20 It should be possible to book an appointment with the GP and this should be auditable. (4.62)

**Not achieved.** If prisoners wanted to see a GP, they had to attend the treatment room on their house block to see a nurse, and then their name was added to the GP waiting list if required. There were two GP clinics a week on each house block but prisoners could only have their name put down to see the GP on the day before the next clinic was due. There were only 10 appointments for each GP clinic, and as attendance was on a first come, first served basis, prisoners told us that it often took several days to make an appointment. In our survey, only 22% of prisoners said that it was easy or very easy to see a GP, which was significantly worse than the 30% comparator. As appointments were not made by written application, it was not possible to audit the appointments system. Prisoners in the HSU also had access to a GP twice a week, while those in the segregation unit were seen by a GP daily.

**We repeat the recommendation.**

#### 4.21 Barrier protection should be freely available to all prisoners. (4.63)

**Not achieved.** Prisoners could still only obtain barrier protection by attending the genitourinary medicine clinic, although it was unclear how they would know to do so.

**We repeat the recommendation.**

#### 4.22 Priority should be given to a refurbishment programme for the inpatient unit. (4.64)

**Partially achieved.** Improvements had been made to the association room, which was welcoming and had comfortable seating. There was no dining table in the association room. The outside exercise area had been transformed since the previous inspection. It was an attractive area, with water features and plenty of seating. Lights were used to add interest at night, when the area could be viewed from some cells. Ablutions areas remained poor, with old flooring and heavy limescale build-up around the edges and fronts of urinals. Toilets in communal bathroom areas and cells were heavily stained.

#### Further recommendations

**4.23** Ablutions areas should be improved.

**4.24** A dining table should be provided for inpatients.

**4.25** The number of safe cells should be increased to ensure patients are nursed in the main inpatient unit and not elsewhere in the prison. (4.65)

**Achieved.** There had been an increase in the number of safer cells, to a total of 14, which included one special cell.

**4.26** Privacy hoods should be provided at all medicine administration points. (4.66)

**No longer relevant.** There were no privacy hoods at administration points. However, on most of the house blocks the queues for medication were managed well by discipline staff, so that prisoners had a degree of confidentiality when speaking to health services staff.

**4.27** Prescription and administration charts should always be completed properly and should include records of when patients refuse medication or fail to attend. All failures to attend should be recorded and followed up without delay. (4.67)

**Not achieved.** Standard prison prescriptions were used (HR013 forms). In the sample we examined, we found a variety of omissions and errors. No review date was seen on any of the prescriptions, and some prescriptions had items crossed out when new items had been started. Sometimes this made it difficult to see what the original prescription had said, and potentially made it easier for someone to alter it. Several prescription charts contained gaps, so it was not clear if the medication had been administered or not.

**We repeat the recommendation.**

**4.28** The pharmacist should introduce pharmacy clinics and medication reviews. (4.68)

**Not achieved.** Prisoners were not able to see a pharmacist. The pharmacy technician assisted with the administration of methadone, but was believed to have minimal clinical input. The pharmacist had not set up any formal medication reviews where he could meet patients.

**We repeat the recommendation.**

**4.29** The in-possession policy should include a documented risk assessment of individual patients. (4.69)

**Not achieved.** Although there was an in-possession policy, it was out of date. It stated that the risk assessment was based on the medication that the patient was receiving, but there were few details about any risk assessment to be carried out on the patient. When asked about this, nursing staff believed that such risk assessments were carried out by the doctor, but no record

of any reasoning behind this decision was made.  
**We repeat the recommendation.**

**4.30 Pharmacy staff should monitor the use of special sick medication. (4.70)**

**Partially achieved.** The pharmacist monitored the special sick administration records, but only on an ad-hoc basis, and made recommendations on an interventions form where necessary. Special sick medications were recorded on the front of the patient's chart, but on several occasions the nursing staff had instead made a list on a separate piece of paper, for transcription onto the clinical records at a later time. There was a risk that this may not have been done, and it was doubtful whether this method was any quicker than writing the correct details on the patient's clinical record in the first place. We saw no written policy for special sick medications, but there were items, such as simple analgesics, that the nursing staff could issue to patients.

**We repeat the recommendation.**

**Further recommendations**

**4.31** Nursing staff should ensure that the records of special sick medication issued are recorded promptly and accurately onto the prescription charts.

**4.32** There should be a clear policy for the use of special sick medications.

**4.33 The pharmacist should control the medicine which is provided to prisoners from stock. (4.71)**

**Not achieved.** Stock medications were widely used, but the pharmacist believed that most medicines dispensed were as named patient medications. We came across some instances where stock medications were being used for only one patient, which meant that named patient medications should have been given. In some trolleys we found loose strips of tablets, and in one case we found medications that had had their labels crossed through and appeared to be for return to the pharmacy. In another instance, we found a bottle of tablets which had been labelled for a named patient, on which the nurse had crossed out this patient's name and substituted another. The nurse believed that this was because the pharmacy had labelled it for the wrong person, but had not attempted to return it to the pharmacy to query this. The pharmacist had started using lost drug report forms when nursing staff requested something that had already been supplied. These forms were signed by nursing staff and their manager before being returned to the pharmacy.

**Further recommendation**

**4.34** Medication should only be issued from stock when absolutely necessary; named patient medication should be used wherever practicable.

**4.35 A dual-labelling system should be introduced to ensure that stock supplied is audited. (4.72)**

**Achieved.** It was evident that this system had only recently been introduced, as most recent stock from the pharmacy had been dual labelled in line with recommendations, but the majority of the stock medication was not.

**4.36 Controlled drugs should be transported throughout the prison in locked boxes. (4.73)**

**Achieved.** Locked boxes were used to transport controlled drugs around the prison, and this was only done during lockdown. Pharmacy staff had a key to the box, and the other key was kept with the member of nursing staff from the treatment room.

**4.37 The PCT should be represented on the medicines and therapeutics committee. (4.74)**

**Not achieved.** The minutes from the last three meetings of the medicines and therapeutics committee did not indicate whether a member of the PCT had been present or not. The computer system used to record the medication dispensed from the pharmacy was not able to give useful detailed prescribing data. The head of healthcare stated that the PCT sent through information on an irregular basis about medicines prescribed, but we were unable to establish how detailed this information was or if it was relevant. No evidence was seen from the committee minutes that detailed analysis of prescribing data was undertaken.

**We repeat the recommendation.**

**Further recommendation**

**4.38 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.**

**4.39 Equipment in the dental surgery should be reviewed by the PCT dental adviser and faulty equipment should be replaced urgently. (4.75)**

**Partially achieved.** The existing equipment had been repaired and was functional at the time of the inspection. A service agreement had been arranged with regard to the dental unit and the X-ray unit, but did not include the autoclave or the compressor. There had been no review of the surgery by the PCT.

**We repeat the recommendation.**

**4.40 The purchase of additional hand-held equipment for the dental surgery should be expedited. (4.76)**

**Partially achieved.** While some new hand-held equipment had been purchased, the dentist was still waiting for new 'three-in-one' syringes.

**We repeat the recommendation.**

**Additional information**

**4.41 Health services were commissioned by NHS Greenwich (PCT) but there was a lack of engagement, no formal Service Level Agreements (SLAs) and no performance monitoring. We were unable to contact the lead commissioner during the inspection. Services were provided by Prison Service-employed staff. The most recent health needs assessment had been carried out by the PCT in February 2007. There was a prison health strategy and service improvement plan (2007–12), in which it was noted that five of the nine SLAs had expired, while two of the others had unclear information about their legality. The partnership board met quarterly and a clinical governance committee and clinical effectiveness committee met on alternate months. There appeared to be a lack of active engagement by the PCT; we requested information from them in the week before the inspection but had no formal contact with them for nearly two weeks. There was no monitoring of ethnicity of patients accessing healthcare services.**

- 4.42 There was little health promotion information displayed around the prison or available for prisoners to read, although health promotion information was shown on a wall-mounted television in the primary care waiting room; however, some of it was not suitable for prisoners, as it suggested unrealistic activities for them to do. There were 20 prisoners over the age of 60, and although there was a designated nurse for older prisoners, this was in name only and there was no specific service provision for this group.
- 4.43 Prisoners could make complaints using the prison complaints system or the PCT system, but the latter was not well advertised and only three prisoners had used it.
- 4.44 Resuscitation kits were kept in strategic locations around the prison. Some nursing staff seemed unable to locate the equipment for us, despite signing a log to say that it was correct and in working order.
- 4.45 At the time of the inspection, there was a recruitment campaign in place to recruit more band 5 nurses. There were 12 whole-time equivalent nursing vacancies. Staff were not allocated to teams, or even to the same house block on consecutive days of working. This led to prisoners feeling frustrated at the lack of continuity and consistency. The GP practice, which had been at the establishment for 10 years, was working its notice, and no replacement arrangements had yet been made. However, the PCT announced at a partnership board during the inspection that health services would be put out for tender in light of the need to provide services to the two new prisons being built on the site of Belmarsh. The GPs had set up successful training opportunities for medical students, specialist registrars and others, which provided opportunities to experience the delivery of healthcare in a custodial setting. Since the previous inspection, this had expanded to include students from around the world, with a waiting list of one year for placements.
- 4.46 Primary care services had remained static since the previous inspection. Allied health professionals, such as an optician, physiotherapists and genitourinary medicine services, attended the prison and provided sessions, and waiting lists were reasonable. Hepatitis B vaccinations were provided, the first dose being given to prisoners in the first night centre.
- 4.47 There was a full-time pharmacist and one full-time technician. At the time of the inspection, an additional locum pharmacy technician was also working in the pharmacy and there were plans to recruit a further full-time technician. The pharmacy was a large single room, and was clean and tidy.
- 4.48 Medicines were stored in an orderly manner, in lockable metal cabinets and wooden cupboards. There were refrigerators in the dispensary for heat-sensitive stock, and maximum and minimum temperatures were recorded daily and were within the acceptable ranges. There was a refrigerator in the primary care treatment room, and although the temperature had been recorded, it was frequently outside the acceptable range. The temperature of the refrigerator in the first night centre was sometimes too high, and was not recorded daily.
- 4.49 Controlled drugs were kept in all clinical areas. Storage facilities were suitable, and the registers used were in line with good practice. On one controlled drug prescription we saw, the dosage was not specified exactly (that is, MST 140 mg). It appeared that nursing staff decided for themselves how many tablets to give from a stock of 60 mg and 5 mg MST tablets, and there was evidence that these proportions changed throughout the prescription. This represented a significant risk to the patient, and made it difficult to keep control of the amount of controlled drugs in stock.



- 4.50 The treatment room in the outpatients section was large but cluttered and untidy. Medicines were stored in locked metal cabinets. Methadone was administered from this room. This was normally done by using the Methasoft system, but at the time of the inspection the system was broken and nursing staff were using graduated glass cylinders instead. The calibration records for the Methasoft system were not complete on the computer; the pharmacist believed that a separate written book was used to record these, but we did not see this.
- 4.51 Medicines were stored and administered from each house block, through hatches in the treatment room doors. We observed several treatment sessions and found the doors to be unlocked during these times. Medications were sometimes given for a 28-day treatment period, but we saw several examples where a 56-day treatment period was used. Pharmacy staff said that they would not issue more than 28 days' medication at a time, but the patient would usually not be reviewed by the doctor until 56 days had elapsed. Prisoners were not routinely given patient information leaflets about their medications.
- 4.52 Patients attending court or being discharged had their medications given in-possession, and the morning dose would be given as a supervised dose where possible and appropriate for the patient. No written policy for court or discharge was present.
- 4.53 The dental service was provided under private contract, commissioned by the PCT. Since the previous inspection, the waiting lists had been brought fully under control and the number of sessions reduced to four a week. Routine appointments were available within three weeks and emergency patients were seen at the next session. The dentist worked flexible hours in order to accommodate patients undergoing trial proceedings. The full range of NHS treatments was offered, although there was no oral hygiene programme and the dentist did not use an initial pro-forma medical history form. Dental records were securely kept and appropriately annotated.
- 4.54 There were no systems or processes to manage secondary care appointments. We undertook a 'spot check' of six patients with such appointments. One had been waiting over a year for his appointment (this included moves between establishments); another had had three such appointments cancelled by the prison, and the hospital had not sent a further date, so in effect he had been removed from the waiting list without ever being seen. In another case, the prisoner's waiting time had exceeded the NHS 18-week target from referral to consultation. Some of the appointments had been cancelled following covert security testing by the security department. Some of these cancellations were known about by staff, but not all, and there was no consistent approach to managing them.
- 4.55 The inpatient unit was generally clean and tidy. There were 33 bed spaces, which included two six-bedded wards and 21 single cells, all of which were included in the certified normal accommodation of the establishment. Both the wards had large glass windows looking out onto the main corridor of the unit, and there was little privacy for patients. The unit was managed by a registered mental health nurse, supported by two charge nurses. If the safer cells were used for purely safer custody reasons, the prison provided additional staff for this purpose. Relationships between staff and prisoners appeared appropriate and relaxed.
- 4.56 There was no agreed admission or discharge policy and it was not clear who could admit patients to healthcare beds. Prisoners were sometimes located in the healthcare department because they were on an open assessment, care in custody and teamwork (ACCT) document, rather than on the basis of an identifiable clinical need. Patients with either physical or mental health needs were admitted to the unit. Psychiatrists and GPs were available during the week as required, and there were two scheduled GP clinics and a weekly multidisciplinary ward round, which patients were invited to attend to discuss their care and treatment. Patients who

were well enough were able to attend activities outside of the inpatient unit, including the gym and the Cass centre. There was a room in the healthcare centre which included some gym equipment, but we were told that patients were no longer permitted to use this facility; the reason for this was unclear.

- 4.57 Inpatients had the opportunity to have daily baths or showers and access to fresh air and association. Although the published regime allowed for additional activities, we did not see any structured therapeutic activity on the unit. Inpatient access to fresh air sometimes clashed with inpatient sessions provided by the Cass unit. This meant that some patients decided not to attend the Cass unit and so missed out on structured activity. All meals were eaten either in the wards or in individual cells, as there was no opportunity for communal dining for those in single accommodation. Patients we met on the unit were generally positive about the care they had received there.
- 4.58 Mental health services were delivered by an MHIRT from the Oxleas NHS Foundation Trust. Following a financial review by the prison health services team in 2008, it had been decided that cost savings needed to be made and a decision was made to reduce mental health services. This had had a detrimental effect on the services that were delivered to prisoners. There had not been a SLA for mental health services at the prison for several years.
- 4.59 There was no designated primary mental health service for prisoners. This service had previously been provided by the MHIRT but following the reduction in funding, the team was no longer able to provide it. There were mental health nurses in the primary care team, although they worked as generic primary care nurses or in the inpatient unit, and did not carry caseloads of patients with primary mental health needs.
- 4.60 The size of the MHIRT had reduced since the previous inspection. There was now no administrator, and nursing staff reported having to spend time on administrative duties, which impacted on their delivery of patient care. There was an experienced, enthusiastic lead psychiatrist, a specialist registrar and staff grade psychiatrist, providing a total of 20 sessions of psychiatry each week. The MHIRT accepted referrals from any member of staff, and one team member carried a bleeper for urgent referrals on weekdays between Monday and Friday. The in-reach nursing team carried a caseload of around 14 patients each at any one time. There was no single point for coordination for mental health referrals. Some prisoners waited too long for transfer to mental health beds in the community, but the lack of a comprehensive log made it difficult to monitor how long people waited for beds. During the inspection, we came across one patient who had been waiting to move to a bed in the community for over five months, and there were no firm arrangements for this to happen in the near future.
- 4.61 A member of the MHIRT provided training in mental health awareness for staff. This was a rolling programme and 29% of the operational staff at the prison had received training in the previous 12 months. However, few staff working in the segregation unit had received this training. A mental health awareness session was also included in the induction programme for new staff joining the prison.
- 4.62 The Cass unit provided a valuable day care service for those less able to cope on the wings, as well as inpatients. However, this service had been negatively affected by the reduction in funding for mental health services at the prison. The service had been reduced from 10 to six sessions a week. However, we noted that nine out of a possible 30 sessions had been cancelled in March 2009. Before the reduction in funding, the Cass unit staffing had included a part-time art therapist, a part-time occupational therapy instructor and an additional two sessions of occupational therapy time. We were told that the unit was due to close, as the prison was unwilling to bear the cost.

- 4.63 Counselling services were available from a team including a clinical psychologist, an assistant clinical psychologist and two part-time counsellors. Any staff could refer prisoners to the team, and referrals were discussed at the weekly multidisciplinary meeting. The waiting time for a routine appointment was around six weeks, with more urgent cases being seen within two weeks. Prisoners were offered either six or 12 sessions, depending on their needs.

#### **Further recommendations**

- 4.64 There should be evidence of partnership working between the primary care trust and the prison, with formal Service Level Agreements and performance monitoring of all services.
- 4.65 An up-to-date health needs assessment should be in place.
- 4.66 Health promotion materials should be readily available and suitable for the prison population.
- 4.67 The role of the lead nurse for older people should be clearly defined and should include the introduction of appropriate services to meet the needs of older prisoners.
- 4.68 Prisoners should understand how to complain about clinical services.
- 4.69 There should be continuity of nursing care for all prisoners.
- 4.70 The arrangements for GP cover should be put in place expeditiously.
- 4.71 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy, to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 4.72 Prescriptions for controlled drugs should specify the number of dosage units intended, together with strengths.
- 4.73 The medicines and therapeutics committee should ensure that all pharmacy policies are up to date and followed by practitioners.
- 4.74 An oral hygiene programme for patients should be introduced.
- 4.75 There should be clear systems and processes for secondary care appointments to ensure that cancellations are kept to a minimum, appointments are not unnecessarily restricted by security procedures, and that prisoners' appointments meet NHS guidelines on waiting times.
- 4.76 Health services bed spaces should not be part of the certified normal accommodation and there should be clear admission and discharge policies based on clinical need.
- 4.77 All patients admitted to the inpatient unit for clinical care should have a care plan.
- 4.78 All inpatients should have access to day care that provides constructive and therapeutic activities.
- 4.79 Discipline staff working in the segregation unit should receive mental health awareness training.

- 4.80 There should be adequate mental health provision to ensure that there is sufficient primary mental healthcare, as well as care for those with severe and enduring conditions.
- 4.81 There should be systems and processes to monitor the referrals, assessments and transfers of patients requiring transfer to mental health beds in the community, to ensure that delays do not occur.
- 4.82 Sufficient discipline support should be provided to enable the Cass unit to provide scheduled sessions.

#### **Housekeeping points**

- 4.83 Treatment room doors should be locked at all times.
- 4.84 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.

#### **Good practice**

- 4.85 *Successful training opportunities had been extended to medical students, specialist registrars and others, which provided opportunities to experience the delivery of healthcare in a custodial setting.*

# Section 5: Activities

## Learning and skills and work activities

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**Expected outcomes:**

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 The range of learning and skills provision should increase to meet the needs of prisoners. (5.21)

**Not achieved.** The range of provision had slightly increased, offering around 15 more accredited vocational training places in construction crafts. More literacy and numeracy support was offered in workshops, for up to around 40 prisoners, as outreach provision had increased. More faith courses were offered and English for speakers of other languages (ESOL) provision had increased. However, several areas of the prison, notably the kitchens and the gardens, were not used for training, and use of available workshop areas was not maximised. The number of education places remained insufficient to meet the needs of the prison population.

**We repeat the recommendation.**

- 5.2 All prisoners, irrespective of their location, should receive a thorough initial assessment of their needs and induction to learning and skills. (5.22)

**Achieved.** All prisoners attending the prison induction were offered initial assessment of literacy and numeracy. Prisoners with ESOL needs and those with dyslexic tendencies were identified. Diagnostic assessments were carried out for those who attended courses, to identify specific support needs. Monthly visits by education staff to the high security unit, the vulnerable prisoner unit and healthcare department, offering induction, information, advice and guidance and initial assessments, had been introduced since the previous inspection.

- 5.3 Prisoners' allocation to education and work should be better integrated and linked to sentence planning. (5.23)

**Partially achieved.** Allocations to activities were still made mainly in response to prisoners' applications. Following completion of sentence plans, allocation to education and work for life-sentenced prisoners was related to sentence planning and discussed at boards, which the head of learning and skills attended. The head of learning and skills did not attend sentence boards for prisoners with other sentences. Education staff did not attend the weekly labour board.

**We repeat the recommendation.**

- 5.4 The proportion of prisoners able to earn more than the minimum weekly wage of £2.50 should be increased. (5.24)

**Not achieved.** Prisoners' pay policy had not changed since the previous inspection. Unemployed prisoners received only £2.50 a week. Overall, the pay system was equitable and

there were no disincentives to participate in education, training or interventions. However, the proportion of prisoners earning more than the minimum weekly wage had not increased. We repeat the recommendation.

**5.5 Prisoners and teachers should not be locked in classrooms or the library. (5.25)**

**No longer relevant.** Education staff and library staff were in agreement with the locking doors practice. Agreement had been reached following a full risk assessment and consultation with staff. Main location prisoners and vulnerable prisoners were in the education department at the same time and we were told that the locking of classroom doors contributed to the security of staff and prisoners and the overall order of the education department.

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**Additional information**

- 5.6** There were insufficient purposeful activity places, despite a small increase in vocational training places, introduction of learning support in workshops and more ESOL and faith courses. Only around 50% of prisoners were fully occupied. Allocations to activities through the prisoners activity management system (PAMS) were prioritised and this frequently resulted in prisoners being withdrawn from education. Management information systems did not allow the prison promptly to evaluate whether it was maximising the limited spaces available. Management of purposeful activity across the prison was fragmented, although there were examples of partnership working between education staff and residential officers and workshop staff.
- 5.7** Education was provided by Kensington and Chelsea College, which employed 22 teaching staff, including the education manager. Information, advice and guidance services were provided by the London Advice Partnership. Education provision was well managed and had a good focus on continuous quality improvement. However, there were only 99 education places per session; this included a maximum of 18 category A prisoners, although, typically, only six to 10 attended (see recommendation 6.2). Around 35% of prisoners attending education did so full time. In our survey, only 22% of prisoners, against the 33% comparator, said that they were currently involved in education, although 65% (in line with the comparator, and 12% more than at the previous inspection) said that they had been involved in education at some point while in prison. A total of 285 prisoners were registered to attend education sessions each week.
- 5.8** Responsibility for the strategic and operational management of learning and skills lay with the head of learning and skills. Quality assurance was encompassed within the prison's three-year strategic plan, and progress against set targets was adequately monitored through the quality improvement group, which met quarterly, with wide representation of staff from the prison and its offender learning and skills service (OLASS) partners. Improvements had been made in many areas, but in too many cases progress was slow and the prison had not fully achieved most of the recommendations made.
- 5.9** Some expansion of the education curriculum development had been completed, in line with the reducing reoffending pathways. Personal and social development programmes had been introduced and these included, for example, level one accredited courses in anger management, drug and alcohol awareness and resolving conflict. The anger management course had been made available to prisoners in the high security unit (HSU) in response to need. Courses in business enterprise and financial management were well received by prisoners attending.
- 5.10** The range of subjects offered was satisfactory. Provision for supporting literacy, numeracy and ESOL was adequate. Information technology classes were particularly popular and the

department was well resourced to support these. Prisoners engaged well in classes in art, music and cookery, and these provided a stimulus for other learning, such as improving literacy skills and higher level learning.

- 5.11 The prison had expanded its outreach provision for skills for life, and support sessions were provided in all areas of the prison, including the healthcare department, the segregation unit, the HSU and the Cass unit. In workshops, literacy and numeracy sessions supported occupational skills training. Since September 2008, around 70 support sessions in workshops had started and prisoners had gained 46 accreditations.
- 5.12 Relationships between staff and learners were good and based on mutual respect. Prisoners enjoyed learning and many were keen to talk about their improved skills, confidence and self-esteem. Standards of work were good and some were outstanding. Opportunities for prisoners to gain qualifications had increased and greater emphasis had been placed on courses providing unit accreditation. This had resulted in a 60% increase in the number of accreditations achieved, as prisoners were able to complete short modules during their time in prison.
- 5.13 Teaching and learning were good, although sessions were long, at two and a half hours, and had no refreshment breaks. Teachers managed this well by incorporating a range of activities and teaching styles. Learning resources were good, with frequent use of interactive whiteboards. There were many computers available, and installation of the recent IT refresh had been managed well, without disruption to sessions. The education department provided a stimulating learning environment, although some classrooms were small and limited the choice of learning activities.
- 5.14 Learners, including those with low literacy and numeracy skills and dyslexia, were well supported by staff. Basic initial assessments were completed at induction, and prisoners referred to education completed in-depth diagnostic tests. Generally, prisoners were placed on programmes which met their needs and preferences. Good use was made of voluntary classroom assistants to support those with pre-entry skills levels. Arrangements adequately identified and supported the language needs of foreign national prisoners.
- 5.15 Individual learning plans were used to plan and review learning, but only within each individual learning course. Arrangements did not support the production of a single learning plan incorporating all aspects of learning. Some course learning plans were not computer based and not routinely shared between tutors to provide cohesion between different programmes with common aims focused on prisoners' resettlement needs.
- 5.16 The number of prisoners taking distance learning awards at level three and above was low, typically at around 25 a year, mostly involving Open University courses funded by the Prisoners' Education Trust. The education department made some provision for prisoners to progress to level three courses, but there was no direct funding through OLASS.
- 5.17 There were insufficient vocational training places, despite the introduction of carpentry and cleaning training places for 20 prisoners since the previous inspection. Catering and horticulture accredited training had ceased since 2007. Only around 50 prisoners could attend bricklaying, construction multi-skills, carpentry and cleaning vocational training courses, which were full time, further restricting the availability of places for more prisoners.
- 5.18 Workshop space was not used effectively. For example, the offender management unit and induction courses occupied two large workshops, while bricklaying and cleaning courses took place in cramped areas. The space used for the cleaning training was inadequate and too

small fully to occupy all the prisoners allocated. The design workshop was underutilised and entry was restricted by pre-requirements for learners to possess specialised computer software skills. The multi-skills workshop, however, was a good size, well resourced and enabled prisoners to learn useful tiling, painting and decorating, and bathroom and kitchen fitting skills.

- 5.19 Achievement of vocational awards since September 2007 had been low; between 30% and 60%, mainly because many prisoners had been released or transferred before completing courses. Prison data indicated retention levels of 27–42% on vocational training courses during this period. Since September 2007, no essential food hygiene awards had been achieved by kitchen workers, and only three prisoners had achieved an award from the design and embroidery workshop. Training in the multi-skills workshop, however, was enabling prisoners to gain the construction site safety card award. Standards of work in workshops were generally good.
- 5.20 There were insufficient opportunities for work, and the prison did not make maximum use of jobs available. Approximately 300 work places were available but most areas had vacancies, despite there being around 300 unemployed prisoners. For example, 54 places for cleaning jobs were not being used and the recycling work party had many vacancies and operated with inadequate facilities. Prisoners employed on house blocks as cleaners and hot-plate workers were not fully occupied during the core day and not all cleaners had basic level one cleaning qualifications. Security considerations had led to the withdrawal of opportunities for prisoners to work in the grounds and gardens during the extensive period of the building of the new prison adjacent to Belmarsh. No work activities offered accreditation for skills learnt, and most jobs were low skilled, mundane and repetitive.

## Library

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- 5.21 Library services were provided by Greenwich Library and Information Service. The library was a well-managed facility, valued by many prisoners. It had extensive opening hours during weekdays: 9am to 5pm on Tuesday, Wednesday, Friday; and 9am to 7pm on Monday and Thursday. However, it was closed at weekends. The library had a manager and three part-time library assistants, supported by a library orderly. Visits sessions were well planned and gave good access to prisoners, including vulnerable prisoners. House block attendance records indicated that most prisoners applying to visit were able to do so. House block staff worked well with library staff to ensure that prisoners were able to attend.
- 5.22 Library services were well promoted, with opening times displayed on house blocks, and new arrivals were given library welcome packs containing essential information. However, introductory visits to the library as part of the second day of induction had been discontinued, and only new prisoners referred to education visited the library as part of induction arrangements.
- 5.23 Library staff were responsive to prisoners' recreational and learning needs. Computer connection to Greenwich Library Services enabled prompt location and supply of requested books. The extensive book stock included adequate provision of specialist subject publications, books in over 50 languages and easy-reader editions. All mandatory publications were available to prisoners, including Archbold, downloaded onto two accessible computers. Annual book losses were below 4%.
- 5.24 The library manager was proactive in working with other prison staff. Books to support learning had been purchased following consultation with tutors, and a partnership with education staff



had led to the introduction of a library research class as part of a key skills course. The library manager managed the Toe by Toe and Storybook Dads projects.

#### Further recommendations

- 5.25 Management information systems should be improved to allow prompt evaluation and maximisation of the use of activities places.
- 5.26 Prisoners should arrive at activity areas on time and attendance should be managed to ensure maximum use of all activity places.
- 5.27 The opportunities for prisoners to engage in education and learning should be improved.
- 5.28 A single and cohesive individual learning plan covering all programmes should be introduced for each prisoner attending education.
- 5.29 The workshop area for vocational training should be better utilised, effectively using the specialist equipment and facilities and increasing participation.
- 5.30 The use of the design and embroidery workshop should be reviewed to ensure that the specialist equipment and facilities are fully utilised.
- 5.31 The cleaning and bricklaying courses should be moved into larger workshops.
- 5.32 The recycling function should be reviewed, to provide more space to work, secure storage of waste and have full capacity of prisoners, increasing prison waste management and introducing accredited awards.
- 5.33 Catering vocational qualifications for kitchen workers should be reintroduced.
- 5.34 Horticulture vocational training should be reintroduced, initially in secure areas, in readiness for work in the grounds when the building work is complete.
- 5.35 Visits to the library as part of the second day of induction should be reintroduced.

## Physical education and health promotion

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#### Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.36 There should be better monitoring of the take-up of PE to ensure fair access. (5.35)

**Partially achieved.** The PE department had designated sessions for specific house blocks and cohorts of prisoners, giving greater equity of access. Diversity statistics were collected and analysed, but there was no routine monitoring of individual prisoner usage of the gym. Those in full-time work could attend for an hour on weekdays before starting work. Our survey showed that the number of prisoners claiming to use the gym at least twice a week had not

increased since the previous inspection, at 33%, which was significantly fewer than the 42% comparator.

**We repeat the recommendation.**

### **Additional information**

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- 5.37 The recreational PE programme was well managed to include a wide variety of activities. Dedicated sessions provided access for specific prisoner groups, including vulnerable prisoners and over-50s. Opening hours during the day and weekends were extensive, but there were no evening sessions. The PE department was achieving its average attendance target of 85%, delivering around 6,800 hours a month. In January 2009, the gym had been used for 88% of its maximum capacity; in February, this figure was 81%. Recreational PE targeted at specific groups of prisoners was available for 22 sessions a week. A senior PE instructor was supported by a staff of eight instructors, but two were on sick leave during the inspection.
- 5.38 Indoor PE facilities in the main prison were good, with a well equipped cardiovascular and weights area and ample gym area for team sports. A small multi-gym was provided in the high security unit. Accredited PE programmes were afforded adequate accommodation in the workshop area, with seven prisoners following a level two gym instructors' course at the time of the inspection. Literacy and numeracy support was not embedded into this course, but skills for life support by education staff was given in a two-day healthy living course. Outdoor facilities were not available and the completion of a new outdoor sports area was many months overdue.
- 5.39 Health and fitness were adequately promoted by the PE department. Particular sessions were dedicated to fitness and health and these supplemented sports sessions for soccer and volleyball and so on. Weight watchers clubs were held twice weekly.

#### **Further recommendations**

- 5.40 Routine monitoring of gym usage by individual prisoners should be introduced, to evaluate and ensure equity of use.
- 5.41 The provision for accredited learning should be expanded.

## **Faith and religious activity**

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**Expected outcomes:**

**All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.**

- 5.42 Muslim prisoners held in the vulnerable prisoner unit should have the opportunity to attend corporate worship. (5.44)

**Achieved.** The prison had introduced integrated services for all faiths for those prisoners located on the vulnerable prisoner unit.

**5.43 Better washing facilities should be provided outside the main area for Muslim worship. (5.45)**

**Partially achieved.** There were new washing facilities in the chaplaincy department for those attending Friday prayers. These were experiencing some functional problems at the time of the inspection but were due to be fixed. However, the facility was not large enough to accommodate all of those attending prayers, and prisoners were still expected to wash in cells before attending.

**Additional information**

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- 5.44** Faith matters were the responsibility of a large, integrated and vibrant chaplaincy department. In addition to the full-time Anglican coordinator, there were two full-time Muslim chaplains and a full-time chaplain from a Free Church. The chaplaincy team operated a full range of services, including prayer groups, bereavement support groups, creative writing and the full spectrum of religious services. It was estimated that up to half of all prisoners attended the chapel. Chaplaincy staff were involved in pastoral care and also carried out innovative work in resettlement. A part-time chaplain was responsible for a mentoring scheme, whereby prisoners released from the establishment were given support and help in the community through various community groups. This work was just beginning for Muslim prisoners, where links with external faith groups were less well embedded, and the Muslim chaplain was making contact with faith groups who were able to provide support and assistance for newly released prisoners.
- 5.45** The chaplaincy team worked well together. The chapel was used for both Christian and Muslim worship, and a small multi-faith room was used for smaller services and other activities. The prison had introduced integrated services for vulnerable prisoners. Prisoners in segregation and on the high security unit were not able to attend the chapel; the former were routinely prevented from participating any regime activities (see section on discipline) and the latter could attend a separate service in their activity area.
- 5.46** There continued to be clashes with the regime, particularly for the Roman Catholic and Anglican services on Sunday mornings, when prisoners sometimes had to choose between kit change and association, or attending mass.

**Further recommendation**

- 5.47** Prisoners should not have to choose between kit change and association, or attending religious services.

## Time out of cell

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**Expected outcomes:**

**All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.**

- 5.48 All prisoners should be allowed to spend at least 10 hours out of their cells on weekdays, except in exceptional circumstances. (5.53)**

**Not achieved.** The core weekday would have allowed prisoners to achieve a maximum of nine

hours 30 minutes out of cell. This figure was achieved by very few prisoners. The prison reported an average of 7.7 hours a day out of cell, against a target of 7.8 hours. Figures were collected daily from house blocks and collated on a spreadsheet by the regime monitoring clerk for presentation to the senior management team. They were generally accurate, reflecting the number of prisoners involved in activities, rather than assuming that all possible prisoners participated. There were significant variations in the experience of individual prisoners according to their employment status. In the case studies we undertook, the greatest time out of cell achieved was by wing orderlies, who stayed unlocked to complete their tasks after other prisoners had returned to their cells. They achieved up to nine hours 15 minutes on a weekday. At the opposite extreme, unemployed prisoners achieved just three hours 15 minutes and the small number on the basic regime achieved less than two hours. Our survey showed that at least 46% of prisoners were not in a job, education, training or programmes. During the inspection, only six out of 26 prisoners were cleared by security for on-wing domestic roles (see section on security and rules).

**We repeat the recommendation.**

#### 5.49 Prisoners should be able to have association every weekday evening. (5.54)

**Not achieved.** The prison followed the national core day, which did not include association on a Friday evening. Prisoners had the opportunity for showers and telephone calls in the morning 'domestics' period. Association was occasionally cancelled on individual spurs because of staff shortages, and this had happened on 37 occasions over the previous three months, a rate of around 6%. This was a significant improvement on the level of cancellations found at the previous inspection.

**We repeat the recommendation.**

#### **Additional information**

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5.50 The core day started at 7.45am and prisoners were finally locked up at 8.15pm. The prison recorded an average of between 7.6 and eight hours time out of cell over the previous three months. We observed that stated times were generally adhered to and movement off the wings was prompt, but on one spur the core day was not fully publicised.

5.51 The number of prisoners locked in their cells during the day was around half of the prison population. There were considerably fewer activity places than prisoners, but places stood empty. There were far too many for whom the day was spent locked in their cell and there was little point in encouraging prisoners to apply for work they were unlikely to gain. Spot checks conducted during the inspection found that the number of prisoners locked in their cells was 362 (44.7%) on Tuesday afternoon and 422 (52.1%) on Wednesday morning. After morning unlock, prisoners had time for domestic tasks, including taking a shower, until 8.55am. There was the opportunity for 30 minutes' exercise during this period.

5.52 Association was available four nights a week, subject to staff availability. The cancellation of association had reduced significantly since the previous inspection, which had reported 132 instances in two months. We found only 25 instances in two months, albeit at a different time of year, outside the holiday period. In our survey, the number of prisoners reporting that they went on association more than five times a week had increased from 15% in 2007 to 39% in 2009. The number reporting that they took exercise more than three times a week was higher than the comparator (43% versus 39%) but lower than at the previous inspection (51%). At weekends, association and exercise took place on a rota during the day, allowing up to two hours 30 minutes out of cell. This time was supplemented for some prisoners by other activities, such as visits, gym and chapel.

- 5.53 Exercise and association periods were appropriately supervised and prisoners reported that they felt safe during these activities. There was some interaction between staff and prisoners during association.
- 5.54 The exercise yards were clean but sparse, with no seating for prisoners. Prisoners could wear their own coats during exercise and were provided with sweaters in colder weather. The activities available during association were limited to pool and table football but some board games had been purchased and were due for distribution.

#### **Further recommendations**

- 5.55 Prisoners should be allowed the opportunity of one hour's exercise each day.
- 5.56 Exercise yards should be equipped with seating.
- 5.57 The range of activities available during association should be extended to include recreational education, hobbies and board games.

#### **Housekeeping points**

- 5.58 The core day should be displayed on every spur.
- 5.59 Prisoners who wish to exercise in cold weather should be provided with a coat if they do not have their own.



# Section 6: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 Once categorisation decisions are made there should be sufficient places in the system for prisoners to be quickly moved to a prison which meets their individual needs. (6.14)

**Partially achieved.** While prisoners categorised or recategorised to C or D were moved on within a reasonable time, there were difficulties in moving on those requiring category B conditions (see additional information).  
**We repeat the recommendation.**

- 6.2 The number of category A prisoners allowed in education should be based solely on individual risk assessment. (6.10)

**Not achieved.** The number of category A prisoners allowed in education was limited to 18, with no more than four in any one class.  
**We repeat the recommendation.**

- 6.3 Representatives of the security committee and violence reduction committee should attend each others' meetings. (6.11)

**Not achieved.** Although communication between the two departments had improved, there was no regular attendance at each other's departmental meetings.  
**We repeat the recommendation.**

- 6.4 Prisoners should be consulted when recategorisation review decisions are made. (6.12)

**Achieved.** Prisoners were able to give a verbal or written contribution for their recategorisation review.

- 6.5 Categorisation and allocation decisions should be communicated to prisoners, both verbally and in writing. (6.13)

**Achieved.** Categorisation decisions were sent in writing to the house blocks and given verbally by house block staff to prisoners.

### Additional information

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- 6.6 The physical security of the establishment was appropriate for category A prisoners but restrictive for what was predominantly a local prison. There were 66 category A or provisional category A prisoners in a population of just over 800, and they were held on the high security

unit and house blocks one, three and four. Prisoners were informed of the prison rules on induction, and copies were displayed on living units.

- 6.7 The security department was well managed, with senior management oversight. A well-attended security committee meeting took place monthly, with external agencies included in the membership. Comprehensive minutes came from these meetings, showing appropriate discussion of security matters and detailing actions and objectives relating to identified issues and trends.
- 6.8 There were four distinct units within security: procedural security, category A prisoner management, general intelligence (the Watson unit) and a recently formed counter-terrorism intelligence unit (CTU). The flow of information was plentiful and 7,684 security information reports (SIRs) had been received in 2008 and 3,000 so far in 2009. This would result in an increase to approximately 9,000 in 2009 if maintained. Managers thought that the increase was due to staff submitting multiple reports for different aspects of individual incidents, but no formal analysis had been carried out into the increase. The main issues were drugs activity, violence and safer custody matters. There was good liaison and information sharing with other departments, although the relationship between security and safer custody was underdeveloped. The CTU had identified some indicators of radicalisation within the establishment but staff did not assess it as a significant problem at the time of the inspection.
- 6.9 There were security restrictions on activities such as wing cleaning, server work and working parties in the grounds which delayed or prevented prisoners from gaining access to these jobs. For example, we observed a labour allocation exercise where 20 out of 26 cleaning jobs remained unfilled owing to security restrictions on prisoners applying for those jobs. Reasons given for exclusion included drug-related activity six months previously. A blanket ban on all outside work parties had been imposed since the start of building work on the new prison within the confines of Belmarsh, despite a secure perimeter having been established around the works. The operations manager informed us that a review of access to activities was under way.
- 6.10 Strip-searching of prisoners was routine in some areas, such as reception and the segregation unit. In our groups, several prisoners reported that they had been subject to routine squat-searching in reception and during cell searching by the dedicated search team.
- 6.11 Categorisation and allocation decisions were made within the prescribed time limits and information was sought from those who were involved with the prisoners being considered. Prisoners were advised of how to appeal the outcome of recategorisation boards and we saw examples of when this had happened and been successful. Categorisation and allocation staff had established links with the prisons to which they would send prisoners.

#### Further recommendations

- 6.12 The review of access to activities should be completed and unnecessary restrictions removed.
- 6.13 Strip-searching and squat-searching should only be carried out following a risk assessment that suggests a sound security reason for undertaking the search.



# Discipline

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## Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 6.14 The quality of the records of adjudication should be improved and show that sufficient investigation into charges has taken place. (6.20)

**Achieved.** Most adjudication records showed that sufficient investigation had taken place.

- 6.15 Use of force documentation should describe attempts at de-escalation to ensure that force is used as a last resort. (6.25)

**Not achieved.** Very few documents described attempts at de-escalation taking place before force was used.

**We repeat the recommendation.**

- 6.16 Conditions in the special cells should be improved and seating and a bed installed. (6.34)

**Not achieved.** The special cells remained in the same condition as at our previous inspection. They were dark, dirty and had no furniture installed.

**We repeat the recommendation.**

- 6.17 The regime for prisoners held in the segregation unit for longer periods should be improved to include some purposeful activity out of cell. (6.35)

**Not achieved.** The regime for prisoners held in segregation for long periods was restricted and rarely included purposeful activity out of cell.

**We repeat the recommendation.**

## **Additional information**

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- 6.18 There had been 994 adjudications in 2008 and 329 so far in 2009. The charges laid and use of the disciplinary process were appropriate. The independent adjudicator attended monthly and heard, on average, five of the more serious charges on each visit.

- 6.19 The adjudication room was located in the segregation unit and was large, bright and furnished sufficiently for hearings. Prisoners were not routinely provided with writing materials to make notes if they wished. The adjudications we observed were attended by the prisoner, two escorting officers and the adjudicating governor. Efforts were made to put the prisoner at ease and to ensure that he understood the proceedings. However, during one adjudication, involving a prisoner with poor use of English, no interpreting facilities were provided. The adjudication was dismissed without full consideration. We found a further adjudication record involving similar circumstances where, again, no interpreting facilities had been provided.

- 6.20 Standardisation meetings took place regularly and were well attended by adjudicating governors. Trends were discussed and analysed and actions noted. The punishment tariff had been regularly updated and was used consistently. In instances where punishments fell

outside the tariff, the adjudicators noted in the records why they had deviated from the expected punishments.

- 6.21 There had been 335 uses of force in 2008 and 113 in 2009 to date. This represented 19 per hundred prisoners, which was extremely high in comparison with other local prisons, where the average per hundred was between four and nine. There was no use of force committee, and limited analysis of the use of force was undertaken at the safer custody and violence reduction committee meeting.
- 6.22 We identified that there had been disproportionate use of force on Muslim and Roman Catholic prisoners. This appeared to relate to a single incident on the high security unit involving both groups. It had not been recognised at the safer custody meeting, even though the information was readily available. When we checked the written documentation, we found that over 40 documents, dating back up to eight months, were incomplete and the quality of officers' statements had not been checked.
- 6.23 Our analysis of use of force forms showed that force was often used to prevent injury to a third party. In 35% of cases, the prisoner was located back in his own cell, avoiding unnecessary use of the segregation unit. Handcuffs had been used for moving compliant prisoners to a new location in 70% of the cases we looked at. Eighty-five per cent of the records of use of force showed that it had been authorised and certified by the same person.
- 6.24 There were three recorded incidents of planned use of force in the sample of documentation we saw. These interventions were not video-recorded and there was no policy for routine recording of planned interventions. Prisoners involved in the use of force were seen by health services staff immediately after the incident. The documentation showed the examinations to be brief and lacking in detail. In one incident, a prisoner was noted as having several injuries but there was no indication that photographic evidence had been obtained or the incident investigated further to ascertain how the injuries had been sustained.
- 6.25 The special accommodation was located in the segregation unit and had been used once in the previous six months, and there had been one use of the body belt. Both had been justified.
- 6.26 The segregation unit was located on the central corridor, near the four main house blocks. The accommodation was over two floors and consisted of 14 segregation cells, two cells for prisoners on 'dirty protest', two close supervision cells and two special cells. There were two holding rooms for prisoners waiting for adjudication. The communal areas were reasonably clean, although some cells and the two holding rooms needed attention. There was graffiti in the cells, and showers, toilets and sinks were dirty. The unit overall was dark, with little natural light and low ceilings.
- 6.27 There were nine prisoners in the unit at the time of the inspection, four of whom had been located there from the high security unit. Two prisoners had been received from HMP Long Lartin, while the segregation unit there was being refurbished. In the previous three months, only five out of the 87 prisoners located in the unit remained there for over 30 days. The remainder had been returned to normal location quickly, many after serving a punishment of cellular confinement. New arrivals were all strip-searched. All prisoners were informed of the reasons for their segregation in writing. Prisoners had daily access to a governor and the chaplain in private, and a record of these visits was kept. We were told that the close supervision cells had been used several times recently, but their use was not recorded or monitored separately.

- 6.28 The segregation unit policy document was detailed and included a staff selection policy. All staff had been authorised by the governor. Most had undertaken specialised training, including pro-social modelling and motivational interviewing, but had little opportunity to use these skills. The information booklet given to prisoners included policy that was different from the published document. For instance, it stated that prisoners on cellular confinement would be checked hourly, but staff were unaware of this requirement.
- 6.29 The regime on the unit varied according to the reason why the prisoner was segregated. Those on the basic regime could use the telephone only once a week, as could the two prisoners from Long Lartin. This differed from the incentives and earned privileges (IEP) policy for basic regime prisoners on the house blocks (see section on incentives and earned privileges). Prisoners on the unit had daily access to showers. There was some use of reintegration activity for those returning to normal location after a prolonged stay on the unit.
- 6.30 Individual care management plans were not used to the same extent as at the previous inspection. Documentation relating to prisoners on the unit was poorly completed and it was difficult to ascertain what had happened with each prisoner on a day-to-day basis. Review paperwork was similarly sparsely detailed, and the same generic targets were set for all prisoners.
- 6.31 There was a separate two-cell facility in the healthcare department for holding prisoners in seclusion. There was one prisoner located in this area at the time of the inspection. He was being held there owing to the nature of his offence and the amount of media interest in his ongoing court case. The prisoner had access to health services staff, a governor and the chaplaincy team when required. There was a small gym facility associated with these cells. Association and exercise were offered daily but the prisoner chose not to attend either. This facility was both isolated and isolating.

#### Further recommendations

- 6.32 Adequate interpreting facilities should be provided for prisoners who have difficulty in understanding the adjudication process.
- 6.33 A use of force committee should be established with a remit that includes analysis of use of force and monitoring and identification of trends, quality check of use of force documentation and analysis of planned use of force.
- 6.34 The disproportionate use of force within certain religious groups should be analysed and monitored.
- 6.35 Handcuffs should only be used when there is evidence to support this.
- 6.36 Use of force should be certified by an appropriate manager who was not involved in the recorded incident.
- 6.37 Planned use of force should be video-recorded and reviewed.
- 6.38 The cells, holding rooms, showers, sinks and toilets in the segregation unit should be refurbished.
- 6.39 The use of close supervision cells should be recorded and monitored separately.

- 6.40 The segregation unit information document issued to prisoners should be consistent with the main policy document.
- 6.41 Prisoners in the segregation unit should all have access to the telephone daily.
- 6.42 Individual targets should be set for prisoners and progress monitored at review boards.
- 6.43 There should be specific protocols for the use of the seclusion unit in the healthcare department, and they should include measures to reduce the isolation of those held there.

#### Housekeeping points

- 6.44 Prisoners on adjudication should be provided with writing materials.
- 6.45 Documentation relating to prisoners in the segregation unit should be completed fully and include observational records and details of interaction with staff.

## Incentives and earned privileges

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#### Expected outcomes:

**Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.**

- 6.46 The incentives and earned privileges (IEP) scheme should not be linked to voluntary testing. (6.42)

**Achieved.** Access to enhanced and standard levels of the scheme was not linked to voluntary drug testing.

- 6.47 Prisoners who have clearly demonstrated an acceptable level of behaviour should be automatically reviewed for progression to enhanced status. (6.43)

**Not achieved.** There was no automatic review for prisoners to progress to enhanced status. Prisoners either had to apply or be put forward by their personal officers, and there was little evidence of personal officers recommending prisoners, even when they had clearly reached the standard.

**We repeat the recommendation.**

- 6.48 IEP boards should be managed by staff of a consistent grade throughout the prison. (6.44)

**Partially achieved.** Principal officers were responsible for review boards in which first consideration was given to changing an individual's IEP status. All the first review paperwork we saw had been completed by a principal officer. However, it was routine for senior officers to conduct the seven-day reviews for prisoners on the basic regime and make the decision to upgrade them to standard when there had been no negative entries.

## **Additional information**

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- 6.49 Staff were clear about the IEP scheme and understood how it worked. Prisoners were less clear and were better able to describe the mechanism for downgrading to basic than upgrading to enhanced, despite signing an IEP compact on arrival to the wings. The scheme was well advertised in residential areas. The foreign nationals group was particularly unaware of the IEP scheme and there was no material about it other than in English.
- 6.50 Prisoners were fairly negative about the IEP scheme, particularly with regard to attaining enhanced status. In our groups, prisoners said that they were fobbed off by staff when asking for consideration for enhanced status and felt that people only progressed to enhanced if they were in trusted roles, such as Listeners or Toe by Toe mentors. While this was not strictly accurate, there were only 100 prisoners on enhanced status.
- 6.51 A form (IEP first-stage warning) was given to prisoners showing a pattern of negative behaviour, after they had received three negative entries in two months. This explained why the warning had been given, what improvements were required and that two months' monitoring would follow. Further unacceptable behaviour resulted in a board to consider downgrading, to which the prisoner was invited. There was evidence that these formal warnings were given, but less that each instance of poor behaviour leading to the negative comment was discussed with the prisoner, and prisoners complained to us about IEP status being reduced without warning. We saw no instances where an IEP review board did not result in a prisoner being downgraded, but those we spoke to who had been downgraded were clear about why this had happened and what they needed to do to be upgraded.
- 6.52 The differentials between the regimes were extremely limited and access to family days was for enhanced prisoners only (see further recommendation 8.77). Many prisoners said that the privileges on enhanced were not worth the effort, other than for the family visits, except for life-sentenced prisoners, for whom it was important to demonstrate compliance with the regime. One life-sentenced prisoner had applied for enhanced status but had received no response. Prisoners felt that staff were better at entering negative than positive comments in their history files. Although there were red entries in many of the files sampled, these were often balanced by positive comments, and in some files all the comments were positive.
- 6.53 The opportunity for prisoners on the basic level to demonstrate improved behaviour was limited, unless they were employed. They had access to exercise, one hour of gym a week and 30 minutes' 'domestics', where they were required to make applications, empty their bin, clean their cell and take a shower. Reviews were held at seven, 14 and 28 days and there was evidence that prisoners were moved up to standard at the earliest opportunity. An absence of any negative comments over seven days would result in an upgrade to standard. We did not see evidence of structured intervention or support to engage with prisoners on basic in improving behaviour. The IEP scheme scheduled for this to start if a prisoner remained on basic after 28 days, and required a compact to be drawn up identifying areas for improvement and rewards if these were attained. There was evidence that demotion on the scheme was linked with behaviour over a period of time. There was less evidence that sustained good behaviour led to promotion from standard to enhanced.
- 6.54 While a guilty finding on adjudication for a serious charge could result in a prisoner being referred for an IEP board, we did not come across any cases of automatic downgrading. The files we saw of those downgraded showed evidence of repeated bad behaviour over a sustained period, reported by different members of staff, and also included positive entries.

- 6.55 Records on files showed, and prisoners in groups confirmed, that prisoners kept the IEP status they had attained at their previous prison on arrival at Belmarsh. Staff made efforts to establish an individual's previous IEP status on arrival and put them on their stated IEP level while trying to establish the facts. The single case we found where a prisoner had been downgraded on arrival at the establishment was appropriate. He had been transferred after a number of breaches of discipline but had been left as enhanced. He was downgraded to standard, although not through the formal process, which was an omission.
- 6.56 Prisoners providing a positive sample under the voluntary drug testing programme were not penalised under the IEP system. Compliance testing was in place for those on enhanced status for whom support to remain drug free was identified as an appropriate intervention. There were no restrictions to progress to enhanced status based on the availability of accommodation. Wages were unaffected by IEP status.
- 6.57 There was evidence that the IEP scheme could have been used more effectively across the prison. The number of prisoners on enhanced and on basic was low (11.7% and 1% of the population, respectively). The number of black and minority ethnic prisoners on the three levels was monitored through the race equality action team and was consistently within the set parameters. The IEP scheme was reviewed annually and due for review in May 2009. Monthly residential governor checks were required by the local policy to ensure that procedures were operated fairly, but we were unable to access the paperwork for these.

#### Further recommendations

- 6.58 The procedures for the review of prisoners on basic should match the policy.
- 6.59 The differentials between the levels of the incentives and earned privileges (IEP) scheme should be increased, in consultation with prisoners and staff.
- 6.60 Prisoners should be told verbally every time their behaviour results in a red entry in their wing file and given every opportunity to improve.
- 6.61 Information about the IEP scheme should be translated for foreign national prisoners.
- 6.62 The low use of the basic and enhanced levels should be investigated and action taken to ensure that those suitable for either promotion or demotion are progressed.

# Section 7: Services

## Catering

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**Expected outcomes:**

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 7.1 There should be continued efforts to improve prisoner satisfaction with the food and to meet religious, cultural and special dietary requirements. (7.9)

**Partially achieved.** Prison managers attended regular consultation meetings with prisoners and had carried out a survey following the Ramadan provision in 2008. This had been well received, but in other areas prisoner satisfaction with the food was low. A survey had received a poor response rate (see additional information).

- 7.2 Prisoners should have the opportunity to dine in association. Where they are required to eat their meals in their cells they should be able to sit at a table with the cell toilet fully screened off. (7.10)

**Not achieved.** The only communal dining area was located on the first night centre for new receptions; the remainder of prisoners ate their meals in their cells. Not all toilet areas were screened. Even in the high security unit, which had sufficient space for communal dining, prisoners were expected to eat in their cells.

**We repeat the recommendation.**

- 7.3 Food should not be stored in heated trolleys for more than 45 minutes. (7.11)

**Achieved.** Food was not stored in heated trolleys for more than 45 minutes in most cases, and temperature checks showed that food was mostly within the right range.

- 7.4 Prisoners and staff should complete basic food hygiene training before working with food. (7.12)

**Partially achieved.** The deputy catering manager had begun to roll out a programme of training in the area of food hygiene. There had been 56 staff trained in food hygiene since the previous inspection, which represented some, but not all, servery workers.

**We repeat the recommendation.**

- 7.5 Prisoners working in the kitchen should be able to gain relevant qualifications. (7.13)

**Not achieved.** There was no scope for prisoners to gain qualifications, as there was no member of staff trained to accredit training, owing to recruitment difficulties.

**We repeat the recommendation.**

### **Additional information**

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- 7.6 Prisoner satisfaction with the food was low, with just 10% in our survey stating that the food was good or very good, compared with 24% in other local prisons and 14% at the previous

inspection. Breakfast consisted of a hot choice of porridge, other cereal or toast, which was well received. However, many prisoners were unhappy with the midday meal, which was served cold on weekdays and was often a cold pasty or snack. Staff working in servery areas told us that the midday meal was a regular source of complaint. The evening meal was better received and, although criticised by some, was balanced and provided an adequate choice, including fresh fruit every day.

- 7.7 Religious and cultural festivals were catered for well, and the diversity and chaplaincy teams spoke positively about the cooperation they had from the catering department. This was particularly the case during Ramadan, for which the prison had purchased heat-retaining containers for prisoners participating in the fast and provided a range of food which had been well received.
- 7.8 In other areas of diversity, prisoners said that the food did not adequately reflect the different cultural backgrounds of the population. There was also a general lack of awareness and clarity from staff and prisoners about the use of halal cooking tools. During some meals, staff and prisoners used general implements to serve halal meals. Although clearly marked, halal tools were situated away from some of the main servery areas on the house blocks and in the high security unit and appeared unused. Other diets, such as kosher, vegan and vegetarian, were provided for and catering staff were aware of individuals' needs in some detail.
- 7.9 Few prisoners worked in the main kitchen; only six at the time of the inspection. We were told that this was largely due to problems in getting prisoners the necessary security clearance from the labour board, and the population turnover (see section on activities). While catering staff believed that all prisoners had been appropriately health screened before being employed in this area, health services staff said that this did not take place.

#### Further recommendations

- 7.10 Catering managers should host focus groups with prisoners to determine how the menu could be changed to improve prisoner satisfaction.
- 7.11 Food hygiene courses should include a training element about how halal utensils should be used.
- 7.12 All prisoners working in the kitchen should be subject to a health screening. This should be recorded on their activity record.

## Prison shop

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### Expected outcomes:

**Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.**

- 7.13 Prisoners should have ready access to their account details so they can make informed choices from the shop list. (7.21)

**Partially achieved.** Prisoners were given information about the amount they had to spend for the week on the canteen order sheets. Where they disagreed with this they were able to request a print-out of their account details at no cost, but this sometimes took several days to



receive, owing to the application process.  
**We repeat the recommendation.**

**7.14 The range of products for black and minority ethnic prisoners should be increased. (7.22)**

**Partially achieved.** Since the previous inspection, the shop contract had changed from Aramark to DHL. This had caused significant problems but there was evidence that the prison was addressing these concerns (see additional information).

**Additional information**

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- 7.15** There was no facility to order from catalogues at the time of the inspection. A brochure had been compiled with the items that prisoners were allowed to purchase, such as clothing and electrical items, but the change in contract had caused problems with this, and they were still being sorted out. As a consequence of the national contract, the number of items available had been reduced. There had also been some basic omissions from the list but these were being addressed, and the number of complaints about the system had fallen from a peak of 98 in February 2009, at the time of the contract change, to a total of 23 in April.
- 7.16** The new contract arrangements made it more difficult for new prisoners to access the prison shop. In our survey, only 8% of respondents, compared with 21% in other local prisons and 18% at the previous inspection, said that they were able to access the prison shop within the first 24 hours. The change in arrangements meant that some new receptions could wait up to 10 days to receive any shop orders. Although prisoners were routinely offered a smokers' pack on reception, this was small and intended to last only a couple of days. New arrivals with funds were able to make a special purchase but many prisoners were waiting for money to be sent in, leaving them vulnerable to debt. (See further recommendation 1.45.)
- 7.17** There was a separate facility for prisoners to obtain religious books and faith artefacts.



# Section 8: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 8.1 The resettlement strategy did not reflect up-to-date provision. Resettlement strategy committee meetings were infrequent (see recommendation MR5 and main recommendation HP49).

### Further recommendations

- 8.2 The resettlement strategy should be updated to reflect current provision and priorities, and be based on an up-to-date resettlement needs analysis of the population.
- 8.3 The resettlement strategy committee meeting should meet at least quarterly and be attended by all relevant departments and partner organisations.

## Offender management and planning

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### Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

### Sentence planning and offender management

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- 8.4 Information about offender management and planning should be available in a range of languages. (8.22)

**Not achieved.** Information leaflets about offender management and planning were not available in a range of languages.

**We repeat the recommendation.**

- 8.5 When offender managers are unable to attend sentence planning boards, video conferencing should be used. (8.23)

**Achieved.** Since the previous inspection, there had been a significant investment in developing good working relationships with offender managers. They attended over 90% of sentence planning boards for prisoners in scope of offender management, and when they were

unable to attend, video-conferencing was used or written representation was made. The establishment was participating in the National Offender Management Service video-conferencing pilot, and the equipment being installed would provide video-conferencing suites, as well as a dedicated video-conferencing suite for the sole use of the offender management unit (OMU).

**8.6 Sentence planning boards should include contributions from all departments to ensure all appropriate needs are considered in preparing sentence plan objectives. (8.24)**

**Not achieved.** As at the time of the previous inspection, there was regular attendance and contributions from the education department and counselling, assessment, referral, advice and throughcare (CARAT) team. There was little input from personal officers, and little was being done to engage other staff and disciplines in this process.

**We repeat the recommendation.**

**8.7 Short-term and remand prisoners should have individual resettlement plans based on the London Initial Screening Assessment and Referral (LISAR) assessment, with contributions from each of the seven resettlement pathways. (8.25)**

**Not achieved.** All prisoners, including those on remand, had their immediate resettlement needs assessed during induction. The London Initial Screening and Assessment Referral (LISAR) form dealt with some of the basic issues that needed to be addressed. This was then copied and disseminated to the appropriate departments and reintegration services, but once completed there was no monitoring of whether prisoners' identified needs had been addressed or what the outcomes were. Although the LISAR was a comprehensive document and was completed on all the wing files we reviewed, it was not used effectively to provide custody planning for short-term prisoners and those on remand.

**We repeat the recommendation.**

**8.8 Pre-release boards should take place to ensure resettlement needs have been addressed. (8.26)**

**Not achieved.** Pre-release boards were not held, except for multi-agency public protection arrangements (MAPPA) 3 cases, and consequently there was little way of knowing whether prisoners' resettlement needs had been appropriately dealt with or the types of resettlement issues that prisoners presented with. In our survey, prisoners responded significantly more negatively than at comparator prisons regarding their knowledge of whom to contact in the establishment to get help with a range of issues. In spite of this, significantly more prisoners than at comparator prisons said that they would not have problems with finding a job, accommodation, education, making benefit claims or accessing health services.

**We repeat the recommendation.**

**8.9 Exit questionnaires should be completed to inform ongoing resettlement developments. (8.27)**

**Not achieved.** Discussions had taken place at the resettlement meeting regarding completing an exit LISAR in order to inform the development of reintegration services at the establishment, but at the time of the inspection this had not started and there was little awareness of whether the current resources available matched the needs of the prisoner population.

**We repeat the recommendation.**

**8.10 Work to identify any restrictions for public protection reasons should be carried out promptly, and prisoners notified of the outcomes. (8.28)**

**Achieved.** Public protection was well managed, with improved access to information to support the identification of prisoners subject to public protection measures. Every morning, core files were interrogated to establish whether there were any risk management issues. Prisoners were interviewed and had the opportunity to apply for contact with specific individuals, including children. There were links with the local children's services department and in most cases the paperwork outlining the restrictions that were to be imposed was processed within a week. The more complex cases took longer. Whereas, previously, this had been the responsibility of the security department, this was now managed by the OMU, which speeded up the process and facilitated communication. Prisoners who had been transferred from other establishments, and had already had their contact numbers cleared and specific restrictions imposed, did not have to go through the process again, provided that the associated paperwork accompanied them.

**8.11 More staff in the public protection unit should be trained to access pre-conviction information from the police national computer. (8.29)**

**Achieved.** There were now 10 members of staff who were trained to use the Phoenix computer in order to access pre-conviction information. There was a daily rota outlining which staff were responsible for obtaining this information.

**8.12 All prisoners facing a potential indeterminate sentence should be identified and seen by a lifer trained officer. (8.30)**

**Not achieved.** We were told by the lifer manager that induction staff gave an information leaflet to prisoners facing a potential indeterminate sentence. However, this was not being done, and the senior officer responsible for the reception process was unaware of this arrangement.

**We repeat the recommendation.**

**8.13 Indeterminate-sentenced prisoners should be quickly moved to a stage 1 lifer centre. If this does not happen then a full risk assessment should be carried out and a sentence plan agreed and communicated to the prisoner within four months of sentencing. (8.31)**

**Partially achieved.** Prisoners sentenced to indeterminate sentences for public protection (IPP) were in scope of offender management and therefore received better sentence planning than life-sentenced prisoners. At the time of the inspection, risk assessments and sentence planning boards for IPP prisoners had either been completed or a date had been set for completion. IPP prisoners were generally moved on to other establishments. There were 24 IPP prisoners at the establishment at the time of the inspection. The observation, classification and allocation (OCA) department prioritised their transfer but, due to population pressures, some had remained at the establishment, waiting to be moved on. Belmarsh had in the past been able to move these prisoners to HMP Swaleside, but was no longer able to do so as Swaleside itself could no longer transfer out category C prisoners, as HMP Maidstone had re-rolled, and there was a shortage of other category C places. We were told by the OCA department that they were now making one-for-one swaps. Life-sentenced prisoners, of which there were 99 at the time of the inspection, expressed their frustration at not being able to move to other establishments to start their sentence planning targets, many of which could not be completed at Belmarsh. This was compounded by the backlog of sentence planning boards for this group of prisoners. However, all but 10 multi-agency risk assessment panels had been completed. Approximately nine months before the inspection, only two offender supervisors

had been managing the sentences of over 120 lifers. A further two offender supervisors had subsequently been appointed, and during the inspection they were prioritising sentence planning boards. A total of 38 lifers had more recently moved to HMP Whitemoor and there were a further 13 lifers from the vulnerable prisoner unit who were due to be transferred to the new lifer unit at HMP Long Lartin in June 2009.

**We repeat the recommendation.**

**8.14 An agreed sentence plan should be used to inform subsequent prison allocation decisions for indeterminate-sentenced prisoners. (8.32)**

**Partially achieved.** Sentence plans were used to inform the subsequent allocation of IPP prisoners, and OCA and OMU staff worked closely together, placing prisoners on hold while the sentence planning process was being completed and to establish the most suitable transfer. Life-sentenced prisoner allocations were not always informed by an agreed sentence plan. Some prisoners had establishments identified before plans were agreed, and some were transferred without one (see recommendation 8.13).

**Additional information**

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**8.15** Prisoners whose resettlement needs changed during their sentence had to make applications to see the respective agencies to address them. The resettlement department was located in house block two, where most of the short-term prisoners were located. This aided communication and access to appropriate services, although the onus was on prisoners to access the reintegration services for support and advice, with minimal support from personal officers (see further recommendation 2.65).

**8.16** Weekly multidisciplinary risk management panels were held to review monitoring arrangements, chaired by the head of the OMU and attended by appropriate staff. Release arrangements for high-risk prisoners were discussed at a separate public protection policy meeting. All prisoners subject to MAPPA 3 were allocated to probation officers six months before release to undertake risk assessments, and pre-release boards were convened to discuss the arrangements for their discharge.

**8.17** Prisoners who were identified as prolific and priority offenders (PPO) were managed by dedicated offender supervisors, who liaised with the Greenwich and Lewisham PPO steering group and borough command unit. All PPOs had contact with their offender supervisor fortnightly. However, there was no priority of access to services for this group of prisoners, although they could be accessed through referrals made by the offender supervisor. Pre-release boards were convened to set community objectives and the police attended where possible.

**8.18** The OMU was overseen by the head of reducing reoffending, and a governor grade managed the operational side, alongside two senior officers, one of whom was responsible for the management of lifers. At the time of the inspection, there were 133 prisoners being managed under phases two and three of the offender management model. The offender supervisors had regular contact with these prisoners. Although they aimed to see prisoners fortnightly, most were seen at least monthly. Most of the contact with prisoners centred on structuring their expectations. For many of these prisoners, the targets set could not be completed at the establishment and despite the good communication with the OCA department, 22% of the sentenced population at the time of the inspection had been at the establishment for over 12 months. In our survey, only 7% said that they could complete some or all of their targets at the establishment, compared with the 60% comparator, and prisoners' responses were

comparable to those at other local establishments regarding whether there were plans for them to achieve some or all of their targets at another prison.

- 8.19 Nearly a quarter of prisoners were serving sentences of over 12 months but were not in scope under the offender management model. We were told by the manager of the OMU that the population had changed significantly in the previous 12 months and that the number of indeterminate-sentenced prisoners had decreased. Consequently, at the time of the inspection they were focusing their resources on providing prisoners who were not subject to offender management with some kind of custody planning. Most of these prisoners did not have an offender assessment system (OASys) assessment, and those that did had a sentence planning board but were not subsequently allocated an offender supervisor to oversee the targets set.
- 8.20 In our survey, 25% of prisoners said that they had a sentence plan, which was significantly worse than the 38% comparator, and of those with a sentence plan, significantly fewer said that they had been involved in the development of the plan. The manager of the OMU attributed some of this lack of involvement to the fact that there were few offending behaviour courses at the establishment and that prisoners were expressing their frustration about wanting to move to other establishments.
- 8.21 An induction programme specifically for IPP prisoners had been developed and delivered in March 2009. The four-day course outlined what this group of prisoners could expect, as well as the sentence planning and parole process, and aimed to structure their expectations. There was no similar arrangement for lifers but plans were being developed to arrange an induction programme specifically for the latter group.
- 8.22 A weekly informal lifer surgery was convened on the house blocks during the exercise period. Prisoners complained about the timing of the surgeries and there was no clear rationale for this regime clash. The contact logs we reviewed indicated that most of the contact with lifers was conducted during this period, lacked structure and did not guarantee that all lifers would be seen. There were no specific lifer forums or lifer days.

#### Further recommendations

- 8.23 The lifer surgeries should be convened at a more appropriate time and not clash with other regime activities. They should be structured and ensure that all lifers are seen at least monthly.
- 8.24 Lifer forums should be held for indeterminate-sentenced prisoners.
- 8.25 All prisoners serving over 12 months should have an up-to-date offender assessment system (OASys) assessment, a sentence plan, and support in meeting the targets in it.

## Resettlement pathways

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### Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

## Reintegration planning

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- 8.26 Suitable, trained and supported prisoners should be recruited to act as resettlement peer workers or advisers to support and enhance the work of resettlement staff. (8.50)

**Not achieved.** No trained or supported prisoner peer workers were utilised in resettlement to support work by staff.

**We repeat the recommendation.**

- 8.27 Information, advice and guidance (IAG) should be sufficient to meet the needs of the population. (8.51)

**Achieved.** The IAG service had increased by 100% since the previous inspection and services were actively promoted by the new staff. Records were kept of advice given and internal and external referrals made. The IAG adviser was responsive to prisoners' applications for support. Employer engagement had been enhanced by weekly partnership working and a recent employer/training provider event.

- 8.28 Subject to risk assessment and identified need as part of a formal resettlement plan, category C prisoners should have the opportunity to apply for work or education in the community during at least their last three months of sentence. (8.52)

**Not achieved.** Release on temporary licence (ROTL) was rarely used, with the most recent ROTL taking place in January 2008 and only eight applications made in 2008. Leaflets advertising ROTL were distributed and prisoners were encouraged to apply. Prisoners had no faith that an application would receive approval. Only five home detention curfew (HDC) applications had been approved in the previous six months. Given the transient nature of the population, many were transferred or had applied for end of custody licences instead. During the inspection, we were unable to access any records pertaining to HDC decisions, so were unable to review the reasons for refusal of HDC.

**We repeat the recommendation.**

- 8.29 All prisoners should undertake a pre-release resettlement course tailored to their needs. (8.53)

**Partially achieved.** An accredited four-week pre-release course was offered in the education department, comprising three sessions a week, providing support for around 80 prisoners a year in aspects of preparation for work, interview skills and preparing a CV. This was not tailored to meet the needs of specific cohorts such as lifers or short-term prisoners.

**We repeat the recommendation.**

## Mental and physical health

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- 8.30 All prisoners being released from Belmarsh should be given information about how to access health and social care services on release and support in accessing the services if required.

**Not achieved.** While there was a policy for discharge clinics to be organised on each house block, in reality nurses we spoke to were unclear of their responsibilities regarding prisoners being discharged from the establishment. Most prisoners were given a letter to take to their GP, if they had one, and five days' supply of medication, if required. However, prisoners who were not registered with a GP were given no assistance in accessing health services in the



community.

We repeat the recommendation.

## **Finance, benefit and debt**

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- 8.31 Prisoners' financial situation should be assessed on induction and specialist assistance with debt management or reduction provided. (8.54)

**Not achieved.** Prisoners were asked on induction if they had financial problems, but no specialist worker was in post to provide assistance. The absence of specialist housing and Jobcentre Plus workers also meant that little assistance could be offered at induction to close down existing rental or housing agreements in order to prevent debt from rent arrears accruing (see additional information).

We repeat the recommendation.

### **Further recommendation**

- 8.32 Specialist assistance with debt management and benefit advice should be available.

- 8.33 All prisoners should be able to access courses on budgeting and finance if required and financial management should be a key element of the preparation for work and pre-release courses. (8.55)

**Not achieved.** Two money management courses a year, for 12 prisoners on each, were offered through the education department. These covered a range of issues relevant to finance, benefit and debt. Given that in the most recent needs analysis 32% of prisoners reported having debt problems, and that 30% said that this would be the case on release, it is unlikely that the need was being met.

### **Further recommendation**

- 8.34 Sufficient places on the money management course should be available to meet the needs of the population.

- 8.35 National arrangements should be made with suitable financial institutions to enable prisoners to open a bank account before their release. (8.56)

**Not achieved.** Prisoners were not able to open bank accounts while in custody at Belmarsh.

We repeat the recommendation.

## **Additional information**

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- 8.36 There were clear gaps in some resettlement pathway provision for unsentenced and short-term prisoners, particularly in accommodation and finance, benefit and debt, highlighted as key issues in the most recent needs analysis.
- 8.37 Significant difficulties in providing appropriate and specialist housing support had been experienced, and the established contracted housing advice provider no longer worked at the prison. A newly appointed Prison Service worker provided a basic pre-release housing service, aimed almost exclusively at those indicating that they would have no fixed abode on release,

but this did not include tenancy retention or other specialist housing work. In reality, the worker was extremely limited in how many prisoners he could see face to face and the range of specialist support he could offer. No housing work was carried out with prisoners on arrival at the establishment, although the initial LISAR assessment recorded any issues identified by prisoners. This was despite the most recent population needs analysis indicating that 54% of prisoners required assistance with accommodation.

- 8.38 Work was carried out with local employers to enhance post-release employment opportunities, but this had not been embedded in a strategic framework to ensure that available resources were best used to meet the resettlement needs of all prisoners.
- 8.39 Personal and social development courses were offered by the education department to support resettlement needs, including citizenship, business enterprise, anger management and cookery.
- 8.40 The mental health in-reach team informed community teams when one of their clients arrived at the prison, and encouraged them to maintain contact. Care programme approach reviews were carried out before discharge and community staff were invited to attend. If a prisoner had not been in contact with community mental health services before entering prison, his local team was identified and contact made. If a prisoner had not had a postal address before entering the prison, the address where his offence had occurred was used to identify a community team.
- 8.41 For prisoners with special needs, the head occupational therapist working in the Cass unit provided occupational therapy assessments on request for local housing providers, to help appropriate preparations to be made for these prisoners in advance of their release.
- 8.42 There was no prison-specific palliative care policy.

#### Further recommendations

- 8.43 Sufficient specialist housing services should be available to meet prisoners' needs at induction, during their time in custody and pre-release.
- 8.44 There should be a prison-specific palliative and end-of-life care policy developed in partnership with local care services.

## Drugs and alcohol

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- 8.45 The drug strategy document should include annual development targets and objectives. (8.71)

**Partially achieved.** The drug strategy policy contained an annual action plan for supply reduction initiatives but not for demand reduction services (that is, treatment provision).  
**We repeat the recommendation.**

- 8.46 Appropriate training should be implemented for CARAT staff undertaking post-programme support for the SDP (8.72).

**Achieved.** Comprehensive substance misuse assessments had been of poor quality and CARAT workers had not been clear about their role in providing post-programme support, but

this was being addressed. CARAT workers had undertaken training in care planning and mid- and post-course reviews and follow-up care, which had been organised by the CARAT service provider, the crime reduction initiative (CRI). The CARAT senior practitioner was responsible for coordinating with the short duration drug programme (SDP) team.

**8.47 An alcohol strategy should be developed and alcohol treatment provision extended. (8.73)**

**Partially achieved.** The establishment did not have an alcohol strategy. However, primary problem alcohol users had been included in the CARAT team's remit; during April 2009, they had actively engaged with 54 primary problem alcohol users, with another 31 files suspended. A short integrated drug treatment system (IDTS) alcohol module and weekly Alcoholics Anonymous (AA) groups were also available (these ran separately for vulnerable prisoners). Treatment provision had not yet been extended, but the establishment was funded to introduce the control of violence for angry impulsive drinkers (COVAID) programme in August 2009. **We repeat the recommendation.**

**8.48 Staff working on the voluntary testing unit should be given specific drugs awareness training to support other treatment options provided (8.74).**

**Achieved.** Some officers on the voluntary testing unit had undertaken general substance misuse awareness training, which was provided by the local drug and alcohol action team, and all were receiving training related to the IDTS; this was provided jointly by the substance misuse and CARAT services. Drug strategy officers were also due to start part 1 of the Royal College of General Practitioners training course.

**8.49 Prisoners subject to VDT should not be strip-searched unless security information indicates potential breaches of the process (8.75).**

**Achieved.** Prisoners were no longer strip-searched as part of voluntary drug testing (VDT), and the scheme was not administered in a punitive way. An adulterated sample resulted in an additional test.

### **Additional information**

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**8.50** The establishment's drug strategy fell under the remit of the head of reducing reoffending, who delegated its development and implementation to a dedicated drug strategy principal officer. While this was appropriate, there was no senior management input at the monthly drug strategy meetings and attendance was poor. The different strands of the strategy were well coordinated, and the drug strategy coordinator had developed links with local community planning bodies. An annual VDT analysis was conducted, but this did not constitute a comprehensive population needs analysis to inform drug and alcohol strategies.

**8.51** CARAT services were provided by a service manager (who was also responsible for another establishment), a CARAT manager and six workers; the team carried two vacancies and one worker was on long-term leave. The team had been short staffed for some time, and this was not helped by delays in security-clearing new staff. There were appropriate supervision arrangements and good access to training. Prisoners accessed written and verbal information about the CARAT service through induction officers, but the team did not offer direct input. The key performance target of 1,267 triage assessments had been met within the required timeframe. Under the IDTS, a healthcare officer seconded to the substance misuse team was due to complete the first part of the drug intervention record. In April 2009, the team held an open caseload of 224 prisoners, with another 90 files suspended; the caseload averaged 300

prisoners. One-to-one work was provided through care plans and supplemented with in-cell packs. While the level of contact was prioritised according to individual need, prisoners felt that it was difficult to access workers, and there was no confidential interview space on the wings.

- 8.52** Further interventions, such as IDTS group work modules, auricular acupuncture, and AA and Narcotics Anonymous groups, were provided at the Wilson centre, which also accommodated the SDP, which was well established and managed. The centre offered good group work facilities and a relaxed atmosphere; staff and prisoners addressed each other by their first names, and prisoners spoke highly of the support they received. All drug and alcohol services, except the SDP, were available to vulnerable prisoners.
- 8.53** The SDP was well established and managed. The team consisted of a treatment manager (a senior officer), two facilitators, who were also officers, and one facilitator from the CRI. During the previous 12 months, 120 prisoners had started and 82 had completed the programme, against a target of 120 starts and 78 completions. Morning groups were supplemented by two dedicated gym and two acupuncture sessions a week, and the course was also open to young adults. However, a peer support scheme had not been developed, and some prisoners were keen to train as peer supporters.
- 8.54** SDP participants were drug tested twice during the programme. The establishment met its key performance target of 220 prisoners signed up to VDT, but this mainly consisted of compliance testing trusted workers. VDT was only open to the 72 prisoners on the VDT unit, which was based on house block four. Testing was undertaken by the nine drug strategy officers, and the drug strategy senior officer coordinated the scheme. As in other prisons, the testing frequency had been reduced to once a month. Dedicated testing facilities were located on house blocks two and four.
- 8.55** There were good throughcare arrangements. The CARAT team contributed to sentence, classification and parole boards, as well as preparing transfer and release plans for clients of the service. Links had been established with the local drug intervention programmes (DIPs); the local DIP manager attended drug strategy and IDTS meetings, and prison link workers from Greenwich and Essex visited regularly.
- 8.56** In our survey, 52% of respondents knew who could help them to contact external drug or alcohol agencies, compared with 37% at the time of the previous inspection. Twenty-four per cent of prisoners thought that they would leave the establishment with a drug problem, compared with 22% at the time of the previous inspection and a local prison comparator of 31%. Twenty-one per cent thought that they would still have an alcohol problem, against the 26% comparator.

#### **Further recommendations**

- 8.57** Senior management input into drug strategy meetings should be increased and better attendance encouraged.
- 8.58** A comprehensive needs analysis should be conducted to inform the drug and alcohol strategy.
- 8.59** The establishment should ensure that confidential interview facilities are available to counselling, assessment, referral, advice and throughcare (CARAT) workers.
- 8.60** A peer support scheme should be developed to increase post-programme support for short duration drug programme participants.

- 8.61 Voluntary drug testing should be available to prisoners, independent of location.

## Children and families of offenders

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- 8.62 Vulnerable prisoners should have the same opportunities to receive visits as other prisoners. (3.71)

**Not achieved.** Vulnerable prisoners had the same opportunity for weekly visits as other prisoners, but this was limited to Wednesday afternoons or Saturday mornings. Consequently, the visits sessions for vulnerable prisoners were not fully utilised.

**We repeat the recommendation.**

- 8.63 Prisoner holding rooms should be redecorated and brightened by more use of displayed information or posters. Managers should inspect them on a weekly basis and ensure graffiti is noted and removed. (3.72)

**Not achieved.** The holding room walls had been redecorated but there was little information and few posters displayed. The doors of the holding room were ingrained with graffiti, with names of prisoners and offensive comments etched into them. We were told that this had been reported but no action had yet been taken to remove it.

**We repeat the recommendation.**

- 8.64 An adequate private search room should be provided. (3.73)

**Not achieved.** Staff and managers were aware that the private search room for visitors was not adequate. We were told that, due to limited space and funds, action had not been taken to improve this area for visitors to the establishment.

**We repeat the recommendation.**

- 8.65 Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence. (3.74)

**Not achieved.** A closed visit was imposed after a positive drug dog indication, without additional intelligence.

**We repeat the recommendation.**

## Additional information

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- 8.66 Social visits were available six days a week for prisoners on main location, and visitors could book by email, over the telephone or before the end of their current visit. During the inspection, there was availability for a social visit within the first week for new receptions.

- 8.67 The booking-in office was busy and well managed and we observed staff dealing with queries competently and respectfully. Visitors were able to bring in property for prisoners and they were received by two members of staff in the booking-in office. Visitors could book in from 12.30pm and, although there were fairly long queues when we attended the office, visitors did not have to wait too long to book in.

- 8.68 The visits centre was a bright and welcoming environment and open from 8am until 4.45pm. It was run by staff employed by Prison Advice and Care Trust (PACT) and provided hot and cold

refreshments and a children's play area, and there were ample lockers for visitors. There was a wide range of information about the establishment and community services, but it was available only in English.

- 8.69 Visitors could bring only a limited number of items into the visits hall and consequently progressed through the searching process reasonably quickly. Once in the visits hall area, they were required to line up in designated spots while the dog handler walked past them with the search dog. On one afternoon during the inspection, there appeared to be a large number of dog handlers and dedicated search team staff, although we observed them to be courteous. However, for a first-time visitor to the establishment this could have been overwhelming.
- 8.70 In our survey, prisoners were negative about access to visits during their first week at the establishment, being able to receive their visits entitlements, and about staff supporting them to maintain contact with family and friends. Fifty-one per cent, against the 64% comparator, said that they were given the opportunity to have the visits they were entitled to. These poor perceptions might have been linked to the changes that had taken place before the inspection. We were told that there had been a spate of inappropriate behaviour in the visits hall, and a notice to staff and prisoners had been issued regarding dress code and behaviour. In addition, the notice stated that touching would not be allowed; visitors were also informed of this. Visitors we spoke to were not happy about this notice, and prisoners in particular had interpreted it to mean that they were not permitted to hold their children or greet their partners and friends. The visits managers were aware that the notice was not clear and during the inspection confirmed that appropriate physical contact was permitted and sought to clarify expectations of the conduct of prisoners and visitors.
- 8.71 The visits we observed started on time and the environment was relaxed, but the chairs were worn and in a poor state of repair. A snack bar run by the Samaritans and a crèche run by PACT were available.
- 8.72 The closed visits facility was discrete and adequate for the seven prisoners who were subject to these arrangements. Closed visits were reviewed by senior officers monthly, but there were no minutes of these meetings and it was not clear how they came to their decisions to maintain a prisoner on closed visits or take him off.
- 8.73 Banned visitors were written to and given an opportunity to appeal the decision; there were five banned visitors at the time of the inspection. We reviewed some of the responses to visitors' appeals and found that they did not provide any reassurance that their representations had been thoroughly considered.
- 8.74 Family days were held during school holidays. These were available only to prisoners on the enhanced regime, but this did not include vulnerable prisoners and prisoners located on the high security unit. Nearly 200 prisoners had accessed family days in the previous 12 months. The establishment also delivered the Family Man course and Storybook Dads. The Family Man course was open to all prisoners, subject to any public protection and security issues. It was an intensive nine-week course, which engaged family members and culminated in a family visit, during which prisoners who had attended the course presented what they had learnt. There had been 65 course completions between September 2007 and August 2008 and a further 28 completions between September 2008 and February 2009.

#### Further recommendations

- 8.75 Prisoners placed on closed visits should be appropriately reviewed and notes taken recording the decision-making process.
- 8.76 The seating in the visits hall should be refurbished.
- 8.77 Family visits days should be open to all prisoners.

### Attitudes, thinking and behaviour

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- 8.78 Prisoners with identified offending behaviour treatment needs should either be transferred within a reasonable period to a prison able to meet those needs or should be able to access suitable interventions at Belmarsh. (8.88)

**Not achieved.** According to the information provided by the prison, approximately 50% of prisoners were serving sentences from one year to life, and there was little available to meet sentence planning targets for this group, although there were advanced plans to run the accredited COVAID and thinking skills programmes.

**We repeat the recommendation.**

- 8.79 All staff coming into regular contact with prisoners, and especially house block officers, should be aware of the selection criteria and objectives of key resettlement interventions so that they are able to properly advise prisoners and positively reinforce prisoners' learning and progress. (8.89)

**Not achieved.** Information about resettlement provision in each of the reducing reoffending pathways was available in house block offices. This information was not up to date, and some staff were not aware of its existence and would have found it difficult to advise prisoners if asked to do so.

**We repeat the recommendation.**





## Section 9: Summary of recommendations, housekeeping points and good practice

The following is a listing of recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations	To the governor
9.1	Cells designed for two should not be used to accommodate three prisoners. (HP47)
9.2	Security arrangements should be proportionate to the population and the need for a full regime, and any restrictions should be based on individual risk assessment and categorisation. (HP48)
9.3	The resettlement strategy document should include annual development targets, which should be regularly reviewed by the resettlement strategy committee. (HP49)
9.4	There should be sufficient purposeful activity, to increase skills and employability, for all prisoners. (HP50)
9.5	Senior managers should take a lead in ensuring that the needs of all minority groups of prisoners are met, and there should be monitoring of key areas by race, religion, nationality and disability in order to identify and deal with any differential experience. (HP51)
9.6	The management of reception arrangements should be reviewed, and improvements made, to ensure a consistent experience for prisoners in their early days at Belmarsh. (HP52)
9.7	Action should be taken in response to the trends identified in relation to bullying and violent incidents and this should be incorporated into the anti-bullying strategy. (HP53)
9.8	Senior managers should investigate and monitor the high use of force, with a view to encouraging de-escalation and eliminating any disproportionate use. (HP54)
9.9	There should be greater partnership working between the prison and NHS Greenwich to improve physical and mental health outcomes for prisoners. (HP55)
9.10	Time out of cell should be increased, particularly for the unemployed. (HP56)
9.11	Remand and short-term prisoners should have plans for their time in custody, based on the initial London Initial Screening Assessment Referral (LISAR) assessment. (HP57)

Recommendations	To the governor
<b>Courts, escorts and transfers</b>	

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|------|--|
| 9.12 | SERCO should return prisoners to Belmarsh once their court case has been heard. (1.1)        |
| 9.13 | Greater use should be made of the secure link corridor to return prisoners from court. (1.3) |

- 9.14 Escort vans should carry refreshments and snacks for prisoners who have not had a recent meal. (1.4)
- 9.15 Prisoners should be removed from the van to an appropriate holding room at the earliest opportunity. (1.5)
- 9.16 Prisoners' property should accompany them to court. (1.6)
- 9.17 Prisoners should be given at least 24 hours' notice of transfers to other prisons. (1.13)
- 9.18 Prison escort vans should be free of graffiti, clean and safe. (1.14)
- 9.19 Prisoners should be produced at court on time. (1.15)

### **First days in custody**

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- 9.20 Prisoners' poor perceptions of their safety and treatment in reception should be investigated and addressed. (1.16)
- 9.21 The initial holding room and other holding areas should contain up-to-date relevant information about the prison. (1.17)
- 9.22 Holding rooms should be free of graffiti and a regular programme of decoration instituted. (1.18)
- 9.23 Holding rooms should be cleaned daily. (1.19)
- 9.24 Reception staff should refer to prisoners by their preferred name. (1.21)
- 9.25 Reception staff should attend refresher pro-social modelling training and be encouraged by managers to use the skills gained. (1.23)
- 9.26 Prisoners should be placed in a secure holding room prior to the cell sharing risk assessment (CSRA) process beginning and the assessment should be completed in private. (1.24)
- 9.27 Vulnerable prisoners should not be put at risk by being located in an area in full view of new arrivals and reception staff should be made aware of the vulnerable prisoner strategy. (1.25)
- 9.28 The requirement for prisoners to squat during a strip-search should be authorised by a governor and should not include squatting over a mirror. (1.27)
- 9.29 The appearance of the two secondary holding rooms should be improved. (1.29)
- 9.30 The availability of Listeners in reception and the first night centre should be advertised to newly arrived prisoners. (1.31)
- 9.31 Cells prepared for first night prisoners should be adequately cleaned before they are occupied. (1.34)
- 9.32 Staff should wear name badges that clearly identify them. (1.35)
- 9.33 The second induction session should take place on the second day in the prison unless there are medical or other good reasons not to do so. (1.38)

- 9.34 Both days of induction should be managed by one manager, and unnecessary duplication removed. (1.39)
- 9.35 Prisoners arriving after 8.30pm should be offered a free telephone call and shower. (1.44)
- 9.36 Smokers' packs should contain enough tobacco to last until the first prison shop order is received. (1.45)

### **Residential units**

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- 9.37 Cells and recess areas should be redecorated and suitably refurbished. (2.1)
- 9.38 Staff on house blocks should be able to clearly and quickly identify any prisoner requiring assistance in the event of an emergency evacuation. (2.2)
- 9.39 Prisoners should be given twice-yearly opportunities to receive additional clothing from their families. (2.3)
- 9.40 Requests for access to stored property should be dealt with within a week of the application being made. (2.4)
- 9.41 Prisoners should be given sufficient notice of cancellations to evening association to allow them to shower during the morning unlock period. (2.5)
- 9.42 Problems in providing hot water for washing on some house blocks should be resolved. (2.6)
- 9.43 Prisoners' mail should only be opened to carry out legitimate or targeted censorship. (2.7)
- 9.44 Prisoners should be given sufficient notice of cancellations to evening association to allow them to make a telephone call during the morning unlock period. (2.8)
- 9.45 Adequate lockable storage for personal property should be provided in each cell. (2.18)
- 9.46 Showers, toilets, basins and baths should have staining removed and be cleaned regularly. (2.19)
- 9.47 Toilets in single cells should be screened. (2.20)
- 9.48 All prisoners entitled to in-cell electricity should be provided with a television and a kettle. (2.21)
- 9.49 Prisoners should be allowed time to shower before going to visits on a Saturday. (2.22)
- 9.50 Prisoners should be provided with adequate bedding. (2.23)
- 9.51 Prisoners on enhanced status should be able to purchase duvets and curtains. (2.24)
- 9.52 Notices advising prisoners that telephone calls are monitored should be provided in an appropriate range of languages. (2.25)
- 9.53 An analysis should be carried out to ascertain the educational and vocational needs of the prisoner population in the high security unit, and purposeful activity provided in the regime to meet those needs. (2.27)

- 9.54 The showers and toilets in the high security unit should be refurbished as a matter of urgency. (2.31)
- 9.55 A full regime including purposeful activity, exercise and daily association should be offered to all vulnerable prisoners. (2.32)
- 9.56 Vulnerable prisoners should not be accommodated on a mixed house block spur. (2.33)
- 9.57 Prisoners located on the ground floor of the vulnerable prisoners unit because of mobility difficulties should have daily access to a shower. (2.40)

### **Staff–prisoner relationships**

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- 9.58 Prisoners should be addressed by their first or preferred name. (2.41)
- 9.59 The focus on pro-social modelling training and management attention on staff relationships with prisoners should be continued, and those existing staff most in need prioritised. (2.43)
- 9.60 Staff should be trained and encouraged to challenge inappropriate behaviour and engage with and support prisoners in working to improve poor conduct. (2.49)
- 9.61 Managers should support staff in engaging positively and appropriately with prisoners from minority groups. (2.50)
- 9.62 The number of prisoner representatives should be should be increased or the roles enlarged to allow the services offered to be available across the prison. (2.51)
- 9.63 The number of areas in which peer supporters work should be increased, especially in resettlement. (2.52)
- 9.64 Prisoner consultation should be used more regularly and the outcomes communicated across the prison. (2.53)

### **Personal officers**

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- 9.65 Training should be provided to all staff in regular contact with prisoners to increase their understanding of prisoners' resettlement needs and associated interventions. (2.54)
- 9.66 The personal officer scheme should be clearly displayed in all house blocks. (2.56)
- 9.67 Staff entries in wing files on the high security unit should record good quality information about the individual's circumstances. (2.61)
- 9.68 Personal officers should be more readily identifiable. (2.62)
- 9.69 All personal officers should introduce themselves, and the content of this first conversation should be recorded in the personal file. (2.63)
- 9.70 Regular changes of personal officer should be avoided. (2.64)
- 9.71 The role of the personal officer with regard to resettlement should be developed. (2.65)

- 9.72 Good quality personal officer entries should be made in wing history sheets weekly. (2.66)
- 9.73 Management checks of personal officer contributions should be qualitative and the outcome recorded. (2.67)

### **Bullying and violence reduction**

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- 9.74 Interventions for both bullies and victims of bullying should be introduced. Bullies should be made aware of how to address their anti-social behaviour and victims should be individually supported. (3.2)
- 9.75 Security restrictions, specifically wing work allocation, should be reviewed to enable victims, perpetrators and vulnerable prisoners to be adequately managed on the wings. (3.3)
- 9.76 There should be a clear procedure for relocating perpetrators of bullying, with a plan for how they will be monitored and managed. (3.4)
- 9.77 The local bullying action plan should be implemented immediately and progress regularly reviewed at the safer custody and violence reduction meeting. (3.10)
- 9.78 All allegations of assault by staff should be investigated promptly. (3.11)
- 9.79 The findings of the local bullying survey should be used to update the violence reduction strategy. (3.12)

### **Self-harm and suicide**

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- 9.80 All areas of the prison should be represented at safer custody meetings. A deputy for each area should attend if the nominated individual is unable to do so. (3.14)
- 9.81 All closed assessment, care in custody and teamwork (ACCT) documents should be audited by the suicide prevention coordinator, and reports on the quality and learning points should be passed to the safer custody and violence reduction meeting. (3.17)
- 9.82 Management checks on ACCT documents should include comments on quality. (3.18)
- 9.83 A copy of the completed death in custody action plan should be forwarded to the Prison and Probation Ombudsman. (3.20)
- 9.84 All instances of self-harm should be reported in the appropriate self-harm documentation. (3.23)
- 9.85 Listener suites should be adequately furnished, and Listeners and the prisoners they are supporting should have the facilities to make a hot drink. (3.25)
- 9.86 Near-fatal incidents of self-harm should be accurately recorded and investigated to establish if any lessons can be learnt. (3.42)
- 9.87 Investigations into apparently self-inflicted deaths immediately post-custody should be carried out by the prison to establish learning. (3.43)
- 9.88 ACCT assessors from a range of disciplines should be recruited. (3.44)

- 9.89 In addition to information about the Listeners scheme, the induction booklet should specify other sources of help for those feeling depressed or suicidal. (3.45)
- 9.90 ACCT reviews should be multidisciplinary and care maps specific and updated following reviews. (3.46)
- 9.91 Those at risk of self-harm but with no clinical need should not be located in the healthcare centre. (3.47)
- 9.92 The safer cell protocol should be reviewed and the use of safer cells and gated cells for those at risk of self-harm should be monitored at the safer custody meeting. (3.48)
- 9.93 Listeners should meet fortnightly with the suicide prevention liaison officer on each house block. (3.49)

### **Diversity**

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- 9.94 The diversity strategy should be reviewed to include objectives in relation to all diversity strands. (3.53)
- 9.95 Facilities should be put in place to accommodate mobility-impaired prisoners on normal location. (3.54)
- 9.96 There should be procedures for prisoners to notify staff of disabilities after the reception process. (3.61)
- 9.97 The prison should carry out a survey to establish the nature and extent of disability within the population. (3.62)
- 9.98 All prisoners with disabilities should have care plans and they should be reviewed every 12 months. (3.63)
- 9.99 The prison should establish forums for older prisoners and those with a disability which plan for the needs of these groups and involve the healthcare department, informed by consultation with these prisoners. (3.64)
- 9.100 The prison should publish a clear policy on sexual orientation and gender reassignment. (3.65)

### **Race equality**

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- 9.101 The management of race equality should be the responsibility of either the governor or the deputy governor, who should chair the race equality action team. (3.75)
- 9.102 Arrangements should be put into place to ensure that the role of race equality officer (REO) is covered effectively and that the deputy REO receives sufficient managerial support. (3.76)
- 9.103 The perceived lack of confidence in the racist incident complaint system should be explored at race equality team meetings and action taken to improve matters. (3.77)
- 9.104 Prisoners whose racist incident report form submissions are seen as inappropriate should be seen and the reasons why explained to them; they should not be given incentives and earned privileges warnings. (3.78)

### **Foreign national prisoners**

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- 9.105 There should be a continued effort to increase the number of foreign national prisoner representatives, particularly on the first night centre. Alternatively, existing prisoner representatives should be permitted to visit other wings to raise awareness among prisoners. (3.85)
- 9.106 The regular, free telephone call for foreign national prisoners in lieu of visits should be facilitated by a single application which can then be monitored by managers. (3.86)
- 9.107 A free five-minute telephone call should be available to prisoners with close family abroad, irrespective of whether or not they receive domestic visits. (3.87)
- 9.108 Prisoner translators should not be used to translate confidential information such as healthcare matters and ACCT reviews. (3.88)

### **Applications and complaints**

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- 9.109 Regular reviews of the applications system should take the views of staff and prisoners into account in order to correct any shortcomings and improve prisoner satisfaction with the process. (3.90)
- 9.110 Complaints against staff should be monitored and fully investigated by a senior manager. (3.93)
- 9.111 Application log books should include the date when responses are received and given to a prisoner. (3.99)
- 9.112 The sampling of the quality of complaints should include following up any action needed as a consequence. (3.100)

### **Substance use**

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- 9.113 The clinical support team and CARATs should develop a mechanism of joint care planning to provide an effective integrated service. (3.111)
- 9.114 A programme of psychosocial support should be developed for those subject to clinical support. (3.112)
- 9.115 Prisoners subject to clinical support, detoxification or maintenance should, as far as practicable, be accommodated on the same wing. (3.113)
- 9.116 The integrated drug treatment system (IDTS) partnership board should decide on a clear leadership structure for implementing IDTS at the establishment. (3.128)
- 9.117 Clinical management protocols should be adapted in line with IDTS guidance. (3.129)
- 9.118 Individual care plans should be introduced and completed jointly with the counselling, assessment, referral, advice and throughcare (CARAT) service. (3.130)

- 9.119 The stabilisation unit should be adapted and 24-hour nursing provided to ensure the appropriate monitoring of prisoners. (3.131)
- 9.120 Clinical and CARAT services should be co-located and provide integrated care for prisoners. (3.132)
- 9.121 The communication of medical information to community prescribers should be the responsibility of clinical services. (3.133)
- 9.122 Mental health services' skill mix should include dual diagnosis expertise. (3.134)
- 9.123 Suspicion testing should increase to meet the level of corroborated information. (3.135)

### **Young adult prisoners**

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- 9.124 There should be regularly updated maturity and needs assessments of all young adults. (3.137)
- 9.125 Young adults should have a structured and rigorous regime, with access to education, employment and the gym. (3.138)

### **Health services**

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- 9.126 The joint working arrangements between the prison and the PCT should adhere to Department of Health quality and regulatory frameworks such as national service frameworks (NSFs) and quality and outcomes framework (QoF) data. (4.1)
- 9.127 All prisoners, including those in the HSU, should have equal access to health services. (4.2)
- 9.128 There should be appropriate infection control policies in place which should be adhered to and audited regularly. (4.4)
- 9.129 Prisoners should be able to easily recognise the different grades of clinical staff. Nurses should wear badges stating their name and grade. (4.5)
- 9.130 The Partnership Board should review the PCT's decision that hospital officers without a registerable qualification cannot carry out clinical duties and should implement a competency-based approach instead. (4.6)
- 9.131 Health promotion activities such as smoking cessation services should be available to prisoners. (4.7)
- 9.132 All staff should receive annual resuscitation training and all those administering immunisations and vaccinations should be trained in anaphylaxis. (4.8)
- 9.133 Up-to-date staff training records should be maintained. (4.9)
- 9.134 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist advice as required. (4.10)
- 9.135 All clinical records should conform to professional guidance from the regulatory bodies. (4.11)



- 9.136 Clinical records should provide a contemporaneous record of care and should be filed promptly. (4.12)
- 9.137 There should be information sharing protocols to ensure efficient sharing of relevant health and social care information. (4.13)
- 9.138 If a prisoner is unable to communicate effectively in English, professional translation services (either via telephone or face to face) should be used for healthcare consultations. (4.15)
- 9.139 All policies and protocols should be agreed by all relevant parties before being put into use. (4.16)
- 9.140 There should be regular review clinics for those with life-long conditions. (4.17)
- 9.141 Prisoners with life-long conditions should have treatment plans that reflect national clinical guidance and evidence-based best practice. (4.18)
- 9.142 Triage algorithms should be used to ensure consistency of care. (4.19)
- 9.143 It should be possible to book an appointment with the GP and this should be auditable. (4.20)
- 9.144 Barrier protection should be freely available to all prisoners. (4.21)
- 9.145 Ablutions areas should be improved. (4.23)
- 9.146 A dining table should be provided for inpatients. (4.24)
- 9.147 Prescription and administration charts should always be completed properly and should include records of when patients refuse medication or fail to attend. All failures to attend should be recorded and followed up without delay. (4.27)
- 9.148 The pharmacist should introduce pharmacy clinics and medication reviews. (4.28)
- 9.149 The in-possession policy should include a documented risk assessment of individual patients. (4.29)
- 9.150 Pharmacy staff should monitor the use of special sick medication. (4.30)
- 9.151 Nursing staff should ensure that the records of special sick medication issued are recorded promptly and accurately onto the prescription charts. (4.31)
- 9.152 There should be a clear policy for the use of special sick medications. (4.32)
- 9.153 Medication should only be issued from stock when absolutely necessary; named patient medication should be used wherever practicable. (4.34)
- 9.154 The PCT should be represented on the medicines and therapeutics committee. (4.37)
- 9.155 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.38)
- 9.156 Equipment in the dental surgery should be reviewed by the PCT dental adviser and faulty equipment should be replaced urgently. (4.39)

- 9.157 The purchase of additional hand-held equipment for the dental surgery should be expedited. (4.40)
- 9.158 There should be evidence of partnership working between the primary care trust and the prison, with formal Service Level Agreements and performance monitoring of all services. (4.64)
- 9.159 An up-to-date health needs assessment should be in place. (4.65)
- 9.160 Health promotion materials should be readily available and suitable for the prison population. (4.66)
- 9.161 The role of the lead nurse for older people should be clearly defined and should include the introduction of appropriate services to meet the needs of older prisoners. (4.67)
- 9.162 Prisoners should understand how to complain about clinical services. (4.68)
- 9.163 There should be continuity of nursing care for all prisoners. (4.69)
- 9.164 The arrangements for GP cover should be put in place expeditiously. (4.70)
- 9.165 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy, to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (4.71)
- 9.166 Prescriptions for controlled drugs should specify the number of dosage units intended, together with strengths. (4.72)
- 9.167 The medicines and therapeutics committee should ensure that all pharmacy policies are up to date and followed by practitioners. (4.73)
- 9.168 An oral hygiene programme for patients should be introduced. (4.74)
- 9.169 There should be clear systems and processes for secondary care appointments to ensure that cancellations are kept to a minimum, appointments are not unnecessarily restricted by security procedures, and that prisoners' appointments meet NHS guidelines on waiting times. (4.75)
- 9.170 Health services bed spaces should not be part of the certified normal accommodation and there should be clear admission and discharge policies based on clinical need. (4.76)
- 9.171 All patients admitted to the inpatient unit for clinical care should have a care plan. (4.77)
- 9.172 All inpatients should have access to day care that provides constructive and therapeutic activities. (4.78)
- 9.173 Discipline staff working in the segregation unit should receive mental health awareness training. (4.79)
- 9.174 There should be adequate mental health provision to ensure that there is sufficient primary mental healthcare, as well as care for those with severe and enduring conditions. (4.80)

- 9.175 There should be systems and processes to monitor the referrals, assessments and transfers of patients requiring transfer to mental health beds in the community, to ensure that delays do not occur. (4.81)
- 9.176 Sufficient discipline support should be provided to enable the Cass unit to provide scheduled sessions. (4.82)

### **Learning and skills and work activities**

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- 9.177 The range of learning and skills provision should increase to meet the needs of prisoners. (5.1)
- 9.178 Prisoners' allocation to education and work should be better integrated and linked to sentence planning. (5.3)
- 9.179 The proportion of prisoners able to earn more than the minimum weekly wage of £2.50 should be increased. (5.4)
- 9.180 Management information systems should be improved to allow prompt evaluation and maximisation of the use of activities places. (5.25)
- 9.181 Prisoners should arrive at activity areas on time and attendance should be managed to ensure maximum use of all activity places. (5.26)
- 9.182 The opportunities for prisoners to engage in education and learning should be improved. (5.27)
- 9.183 A single and cohesive individual learning plan covering all programmes should be introduced for each prisoner attending education. (5.28)
- 9.184 The workshop area for vocational training should be better utilised, effectively using the specialist equipment and facilities and increasing participation. (5.29)
- 9.185 The use of the design and embroidery workshop should be reviewed to ensure that the specialist equipment and facilities are fully utilised. (5.30)
- 9.186 The cleaning and bricklaying courses should be moved into larger workshops. (5.31)
- 9.187 The recycling function should be reviewed, to provide more space to work, secure storage of waste and have full capacity of prisoners, increasing prison waste management and introducing accredited awards. (5.32)
- 9.188 Catering vocational qualifications for kitchen workers should be reintroduced. (5.33)
- 9.189 Horticulture vocational training should be reintroduced, initially in secure areas, in readiness for work in the grounds when the building work is complete. (5.34)
- 9.190 Visits to the library as part of the second day of induction should be reintroduced. (5.35)

### **Physical education and health promotion**

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- 9.191 There should be better monitoring of the take-up of PE to ensure fair access. (5.36)

- 9.192 Routine monitoring of gym usage by individual prisoners should be introduced, to evaluate and ensure equity of use. (5.40)
- 9.193 The provision for accredited learning should be expanded. (5.41)

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### **Faith and religious activity**

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- 9.194 Prisoners should not have to choose between kit change and association, or attending religious services. (5.47)

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### **Time out of cell**

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- 9.195 All prisoners should be allowed to spend at least 10 hours out of their cells on weekdays, except in exceptional circumstances. (5.48)
- 9.196 Prisoners should be able to have association every weekday evening. (5.49)
- 9.197 Prisoners should be allowed the opportunity of one hour's exercise each day. (5.55)
- 9.198 Exercise yards should be equipped with seating. (5.56)
- 9.199 The range of activities available during association should be extended to include recreational education, hobbies and board games. (5.57)

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### **Security and rules**

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- 9.200 Once categorisation decisions are made there should be sufficient places in the system for prisoners to be quickly moved to a prison which meets their individual needs. (6.1)
- 9.201 The number of category A prisoners allowed in education should be based solely on individual risk assessment. (6.2)
- 9.202 Representatives of the security committee and violence reduction committee should attend each others' meetings. (6.3)
- 9.203 The review of access to activities should be completed and unnecessary restrictions removed. (6.12)
- 9.204 Strip-searching and squat-searching should only be carried out following a risk assessment that suggests a sound security reason for undertaking the search. (6.13)

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### **Discipline**

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- 9.205 Use of force documentation should describe attempts at de-escalation to ensure that force is used as a last resort. (6.15)
- 9.206 Conditions in the special cells should be improved and seating and a bed installed. (6.16)
- 9.207 The regime for prisoners held in the segregation unit for longer periods should be improved to include some purposeful activity out of cell. (6.17)

- 9.208 Adequate interpreting facilities should be provided for prisoners who have difficulty in understanding the adjudication process. (6.32)
- 9.209 A use of force committee should be established with a remit that includes analysis of use of force and monitoring and identification of trends, quality check of use of force documentation and analysis of planned use of force. (6.33)
- 9.210 The disproportionate use of force within certain religious groups should be analysed and monitored. (6.34)
- 9.211 Handcuffs should only be used when there is evidence to support this. (6.35)
- 9.212 Use of force should be certified by an appropriate manager who was not involved in the recorded incident. (6.36)
- 9.213 Planned use of force should be video-recorded and reviewed. (6.37)
- 9.214 The cells, holding rooms, showers, sinks and toilets in the segregation unit should be refurbished. (6.38)
- 9.215 The use of close supervision cells should be recorded and monitored separately. (6.39)
- 9.216 The segregation unit information document issued to prisoners should be consistent with the main policy document. (6.40)
- 9.217 Prisoners in the segregation unit should all have access to the telephone daily. (6.41)
- 9.218 Individual targets should be set for prisoners and progress monitored at review boards. (6.42)
- 9.219 There should be specific protocols for the use of the seclusion unit in the healthcare department, and they should include measures to reduce the isolation of those held there. (6.43)

### **Incentives and earned privileges**

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- 9.220 Prisoners who have clearly demonstrated an acceptable level of behaviour should be automatically reviewed for progression to enhanced status. (6.47)
- 9.221 The procedures for the review of prisoners on basic should match the policy. (6.58)
- 9.222 The differentials between the levels of the incentives and earned privileges (IEP) scheme should be increased, in consultation with prisoners and staff. (6.59)
- 9.223 Prisoners should be told verbally every time their behaviour results in a red entry in their wing file and given every opportunity to improve. (6.60)
- 9.224 Information about the IEP scheme should be translated for foreign national prisoners. (6.61)
- 9.225 The low use of the basic and enhanced levels should be investigated and action taken to ensure that those suitable for either promotion or demotion are progressed. (6.62)

## **Catering**

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- 9.226 Prisoners should have the opportunity to dine in association. Where they are required to eat their meals in their cells they should be able to sit at a table with the cell toilet fully screened off. (7.2)
- 9.227 Prisoners and staff should complete basic food hygiene training before working with food. (7.4)
- 9.228 Prisoners working in the kitchen should be able to gain relevant qualifications. (7.5)
- 9.229 Catering managers should host focus groups with prisoners to determine how the menu could be changed to improve prisoner satisfaction. (7.10)
- 9.230 Food hygiene courses should include a training element about how halal utensils should be used. (7.11)
- 9.231 All prisoners working in the kitchen should be subject to a health screening. This should be recorded on their activity record. (7.12)

## **Prison shop**

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- 9.232 Prisoners should have ready access to their account details so they can make informed choices from the shop list. (7.13)

## **Strategic management of resettlement**

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- 9.233 The resettlement strategy should be updated to reflect current provision and priorities, and be based on an up-to-date resettlement needs analysis of the population. (8.2)
- 9.234 The resettlement strategy committee meeting should meet at least quarterly and be attended by all relevant departments and partner organisations. (8.3)

## **Offender management and planning**

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- 9.235 Information about offender management and planning should be available in a range of languages. (8.4)
- 9.236 Sentence planning boards should include contributions from all departments to ensure all appropriate needs are considered in preparing sentence plan objectives. (8.6)
- 9.237 Short-term and remand prisoners should have individual resettlement plans based on the London Initial Screening Assessment and Referral (LISAR) assessment, with contributions from each of the seven resettlement pathways. (8.7)
- 9.238 Pre-release boards should take place to ensure resettlement needs have been addressed. (8.8)
- 9.239 Exit questionnaires should be completed to inform ongoing resettlement developments. (8.9)

- 9.240 All prisoners facing a potential indeterminate sentence should be identified and seen by a lifer trained officer. (8.12)
- 9.241 Indeterminate-sentenced prisoners should be quickly moved to a stage 1 lifer centre. If this does not happen then a full risk assessment should be carried out and a sentence plan agreed and communicated to the prisoner within four months of sentencing. (8.13)
- 9.242 The lifer surgeries should be convened at a more appropriate time and not clash with other regime activities. They should be structured and ensure that all lifers are seen at least monthly. (8.23)
- 9.243 Lifer forums should be held for indeterminate-sentenced prisoners. (8.24)
- 9.244 All prisoners serving over 12 months should have an up-to-date offender assessment system (OASys) assessment, a sentence plan, and support in meeting the targets in it. (8.25)

### **Resettlement pathways**

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- 9.245 Suitable, trained and supported prisoners should be recruited to act as resettlement peer workers or advisers to support and enhance the work of resettlement staff. (8.26)
- 9.246 Subject to risk assessment and identified need as part of a formal resettlement plan, category C prisoners should have the opportunity to apply for work or education in the community during at least their last three months of sentence. (8.28)
- 9.247 All prisoners should undertake a pre-release resettlement course tailored to their needs. (8.29)
- 9.248 All prisoners being released from Belmarsh should be given information about how to access health and social care services on release and support in accessing the services if required. (8.30)
- 9.249 Prisoners' financial situation should be assessed on induction and specialist assistance with debt management or reduction provided. (8.31)
- 9.250 Specialist assistance with debt management and benefit advice should be available. (8.32)
- 9.251 Sufficient places on the money management course should be available to meet the needs of the population. (8.34)
- 9.252 National arrangements should be made with suitable financial institutions to enable prisoners to open a bank account before their release. (8.35)
- 9.253 Sufficient specialist housing services should be available to meet prisoners' needs at induction, during their time in custody and pre-release. (8.43)
- 9.254 There should be a prison-specific palliative and end-of-life care policy developed in partnership with local care services. (8.44)
- 9.255 The drug strategy document should include annual development targets and objectives. (8.45)
- 9.256 An alcohol strategy should be developed and alcohol treatment provision extended. (8.47)

- 9.257 Senior management input into drug strategy meetings should be increased and better attendance encouraged. (8.57)
- 9.258 A comprehensive needs analysis should be conducted to inform the drug and alcohol strategy. (8.58)
- 9.259 The establishment should ensure that confidential interview facilities are available to counselling, assessment, referral, advice and throughcare (CARAT) workers. (8.59)
- 9.260 A peer support scheme should be developed to increase post-programme support for short duration drug programme participants. (8.60)
- 9.261 Voluntary drug testing should be available to prisoners, independent of location. (8.61)
- 9.262 Vulnerable prisoners should have the same opportunities to receive visits as other prisoners. (8.62)
- 9.263 Prisoner holding rooms should be redecorated and brightened by more use of displayed information or posters. Managers should inspect them on a weekly basis and ensure graffiti is noted and removed. (8.63)
- 9.264 An adequate private search room should be provided. (8.64)
- 9.265 Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence. (8.65)
- 9.266 Prisoners placed on closed visits should be appropriately reviewed and notes taken recording the decision-making process. (8.75)
- 9.267 The seating in the visits hall should be refurbished. (8.76)
- 9.268 Family visits days should be open to all prisoners. (8.77)
- 9.269 Prisoners with identified offending behaviour treatment needs should either be transferred within a reasonable period to a prison able to meet those needs or should be able to access suitable interventions at Belmarsh. (8.78)
- 9.270 All staff coming into regular contact with prisoners, and especially house block officers, should be aware of the selection criteria and objectives of key resettlement interventions so that they are able to properly advise prisoners and positively reinforce prisoners' learning and progress. (8.79)

## Housekeeping points

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### **Self-harm and suicide**

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- 9.271 Accurate records of staff that have been trained in ACCT procedures should be kept. (3.50)
- 9.272 Guidance on the discretionary Listeners' PIN credit should be included in the suicide prevention policy. (3.51)



### **Foreign national prisoners**

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- 9.273 Information about language skills among staff and prisoners should be held on an easily accessible database. (3.89)

### **Substance use**

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- 9.274 The establishment should ensure that sufficient paperwork is made available to officers undertaking mandatory drug testing. (3.136)

### **Health services**

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- 9.275 Treatment room doors should be locked at all times. (4.83)
- 9.276 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (4.84)

### **Time out of cell**

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- 9.277 The core day should be displayed on every spur. (5.58)
- 9.278 Prisoners who wish to exercise in cold weather should be provided with a coat if they do not have their own. (5.59)

### **Discipline**

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- 9.279 Prisoners on adjudication should be provided with writing materials. (6.45)
- 9.280 Documentation relating to prisoners in the segregation unit should be completed fully and include observational records and details of interaction with staff. (6.46)

## **Examples of good practice**

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### **Race equality**

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- 9.281 There were regular consultation events with Traveller groups and promotion of cultural events related to these groups. (3.79)

### **Health services**

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- 9.282 Successful training opportunities had been extended to medical students, specialist registrars and others, which provided opportunities to experience the delivery of healthcare in a custodial setting. (4.85)



## Appendix I: Inspection team

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Anne Owers	Chief Inspector
Sara Snell	Team leader
Karen Dillon	Inspector
Vinnett Percy	Inspector
Sean Sullivan	Inspector
Andrew Rooke	Inspector
Hayley Folland	Inspector
Paul Fenning	Inspector
Anita Saigal	Inspector
Elizabeth Tysoe	Healthcare inspector
Mandy Whittingham	Healthcare inspector
Sigrid Engelen	Substance use inspector
Simon Denton	Pharmacy inspector
Eilean Robson	Pharmacy inspector
John Reynolds	Dental inspector
Andrew Boughton	Ofsted inspector
Julia Horsman	Ofsted inspector
Rachel Murray	Researcher
Michael Skidmore	Researcher
Sherelle Parke	Researcher

## Appendix II: 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	2	430	53
Recall	1	41	5
Convicted unsentenced	1	145	18
Remand	1	177	22
Civil prisoners			
Detainees		21	2
<b>Total</b>	<b>5</b>	<b>814</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	2	322	39
Less than 6 months		80	10
6 months to less than 12 months		22	3
12 months to less than 2 years		64	8
2 years to less than 4 years		86	11
4 years to less than 10 years	2	95	12
10 years and over (not life)		22	2
ISPP		24	3
Life	1	99	12
<b>Total</b>	<b>5</b>	<b>814</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age	<b>18</b>	
Under 21 years	5	1
21 years to 29 years	345	42
30 years to 39 years	230	28
40 years to 49 years	163	20
50 years to 59 years	56	6.8
60 years to 69 years	18	2
70 plus years	2	0.2
Please state maximum age	<b>73</b>	
<b>Total</b>	<b>819</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	5	645	79.4
Foreign nationals		169	20.6
<b>Total</b>	<b>5</b>	<b>814</b>	<b>100</b>

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced		330	40
Uncategorised sentenced		83	10
Cat A	5	47	6
Cat B		130	16
Cat C		211	26
Cat D		13	2
Other			
<b>Total</b>	<b>5</b>	<b>814</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
White			
British	3	417	51
Irish		13	2
Other White		42	5
Mixed			
White and Black Caribbean		13	2
White and Black African		4	1
White and Asian		0	
Other mixed	1	16	2
Asian or Asian British			
Indian		5	1
Pakistani		11	1
Bangladeshi		10	1
Other Asian		37	5
Black or Black British			
Caribbean	1	81	10
African		59	7
Other Black		78	9
Chinese or other ethnic group			
Chinese		7	1
Other ethnic group		15	2
Not stated		0	
<b>Total</b>	<b>5</b>	<b>808</b>	<b>100</b>

<b>Religion</b>	<b>18–20-year olds</b>	<b>21 and over</b>	<b>%</b>
Baptist		1	
Church of England		177	22
Roman Catholic	2	114	14
Other Christian denominations		77	9
Muslim	3	139	17
Sikh		6	1
Hindu		12	2
Buddhist		17	2
Jewish		1	
Other		1	
No religion		269	33
<b>Total</b>	<b>5</b>	<b>814</b>	<b>100</b>

#### **Sentenced prisoners only**

<b>Length of stay</b>	<b>18–20-year olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month			108	22
1 month to 3 months			131	27
3 months to 6 months			79	16
6 months to 1 year			54	11
1 year to 2 years			62	13
2 years to 4 years			37	8
4 years or more			8	2
<b>Total</b>	<b>0</b>		<b>479</b>	<b>99</b>

**Unsentenced prisoners only**

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			110	32
1 month to 3 months			103	30
3 months to 6 months	2		65	20
6 months to 1 year	3		35	11
1 year to 2 years			12	4
2 years to 4 years			10	3
4 years or more			0	
<b>Total</b>	<b>5</b>		<b>335</b>	<b>100</b>

Main offence	18–20-year-olds	21 and over	%
Violence against the person	2	293	36
Sexual offences		83	10
Burglary	1	81	10
Robbery	1	81	10
Theft and handling		43	5
Fraud and forgery		16	2
Drugs offences		68	8
Other offences	1	149	19
Civil offences		0	
Offence not recorded / holding warrant		0	
<b>Total</b>	<b>5</b>	<b>814</b>	<b>100</b>

## Appendix III: Safety and staff–prisoner relationship interviews

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Twenty prisoners were approached by the research team to undertake structured interviews regarding issues of safety and staff–prisoner relationships at HMP Belmarsh. Five individuals were randomly selected from house blocks one, two and three, and four individuals from house block four in the establishment, and one person was approached in healthcare.

### Location of interviews

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	Number of interviews
HB1	5
HB2	5
HB3	5
HB4	4
Healthcare	1
<b>Total</b>	<b>20</b>

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency; therefore all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff–prisoner relationships.

The demographic information of interviewees is detailed below, followed by the results from each section.

### Demographic information

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- Length of time in prison on this sentence ranged from one week to two years.
- Length of time at HMP Belmarsh ranged from one week to two years.
- 11 prisoners were sentenced, eight were on remand and one was a detainee.
- Sentence length ranged from two months to 12 years.
- Average age was 32 (ranging from 22 to 58).
- Ten interviews were conducted with black and minority ethnic prisoners and 10 with white prisoners.
- All interviewees had English as a first language.
- Nine interviewees stated their religion as Christian, three as Muslim, four as Catholic and four stated that they had no religion.
- Six interviewees stated that they had a disability.
- One interviewee stated that he was a foreign national.

### Safety

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All interviewees were asked to identify areas of concern with regard to safety within HMP Belmarsh, as well as rating the problem on a scale of 1-4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

The ranking column shows the order of the 22 potential safety concerns covered in the interview schedule based on the seriousness score. A ranking of '1' shows the issue with the highest seriousness score.

Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score	Ranking
Overcrowding	16	2.93	47	1 <sup>st</sup>
Staff behaviour with prisoners	13	2.53	33	2 <sup>nd</sup>
Lack of trust in staff	8	3.12	25	3 <sup>rd</sup>
Healthcare facilities	8	3.37	25	3 <sup>rd</sup>
Isolation (within the prison)	8	2.87	23	4 <sup>th</sup>
Aggressive body language of staff	7	3.28	23	4 <sup>th</sup>
Layout/structure of the prison	8	2.62	21	5 <sup>th</sup>
Lack of confidence in staff	6	3.16	19	6 <sup>th</sup>
Surveillance cameras	3	3.66	11	7 <sup>th</sup>
Gang culture	4	4	16	8 <sup>th</sup>
The way meals are served	5	3	15	9 <sup>th</sup>
Aggressive body language of prisoners	5	2.4	12	10 <sup>th</sup>
Response of staff with regards to fights/bullying/ self-harm in the prison	3	3.66	11	11 <sup>th</sup>
Movement to work/education/gym	4	2.5	10	12 <sup>th</sup>
Lack of information about prison regime	3	2.33	7	13 <sup>th</sup>
Number of staff on duty during association	4	1.75	7	13 <sup>th</sup>
Availability of drugs	4	1.75	7	13 <sup>th</sup>
Staff members giving favours in return for something	2	3	6	14 <sup>th</sup>
Number of staff on duty during the day	2	2	4	15 <sup>th</sup>
Existence of an illegal market	2	2	4	15 <sup>th</sup>
Procedures for discipline (adjudications)	1	3	3	16 <sup>th</sup>

### The top five issues were:

1. Overcrowding
2. Staff behaviour with prisoners
3. Lack of trust in staff and healthcare facilities
4. Isolation (within the prison) and aggressive body language of staff
5. Layout / structure of the prison



## Overall rating

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Interviewees were asked to give an overall rating for safety at HMP Belmarsh, with 1 being very bad and 4 being very good. **The average rating was 2.5.**

A breakdown of the scores given is shown in the table below:

1	2	3	4
2 (10%)	7 (35%)	9 (45%)	2 (10%)

## Differences in responses from black and minority ethnic prisoners

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The most significant issues for the 10 black and minority ethnic interviewees were:

- Overcrowding
- Staff behaviour to prisoners
- Healthcare facilities
- Isolation

## Staff–prisoner relationships

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All interviewees were asked to rate their relationships with wing staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
6 (30%)	7 (35%)	4 (20%)	3 (15%)

**The average rating was 2.2**

How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
5 (25%)	7 (35%)	6 (30%)	2 (10%)

**The average rating was 2.25**

How often do wing staff address you by your first name or by Mr?

1 Always	2	3	4 Never
0	4 (20%)	0	16 (80%)

**The average rating was 3.6**

How often do wing staff knock before entering your cell?

1 Always	2	3	4 Never
0	1 (5%)	0	19 (95%)

The average rating was 3.9

How helpful are staff generally with questions and day-to-day issues?

1 Very helpful	2	3	4 Not at all helpful
6 (30%)	7 (35%)	5 (25%)	2 (10%)

The average rating was 2.15

How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
10 (53%)	3 (16%)	5 (26%)	1 (5%)

The average rating was 1.84

Do staff treat prisoners fairly?

1 Completely	2	3	4 Not at all
6 (30%)	6 (30%)	4 (20%)	4 (20%)

The average rating was 2.3

Do staff members treat you fairly when applying the rules of the prison?

1 Completely	2	3	4 Not at all
10 (53%)	5 (26%)	2 (11%)	2 (11%)

The average rating was 1.78

Are staff fair and consistent in their approach to the IEP scheme?

1 Completely	2	3	4 Not at all
4 (29%)	4 (29%)	2 (14%)	4 (29%)

The average rating was 2.42

Would staff take it seriously if you were being victimised or bullied on the wing?

Yes	No	Depends who you approach
14 (70%)	4 (20%)	2 (10%)

How often do staff interact with you?

1 Always	2	3	4 Never
5 (25%)	6 (30%)	7 (35%)	2 (10%)

The average rating was 2.3

Do you have a member of staff to turn to if you have a problem?

Four (20%) stated that they did not. Of the 16 (80%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
7 (44%)	2 (13%)	5 (31%)	2 (13%)

The average rating was 2.12

Can you approach your personal officer?

Yes	No	Don't have one
8 (40%)	2 (10%)	10 (50%)

Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
11 (65%)	6 (35%)	0	0

The average rating was 1.35

Do staff promote responsible behaviour?

1 Always	2	3	4 Never
5 (25%)	6 (30%)	5 (25%)	4 (20%)

The average rating was 2.4

Do staff provide assistance if you need it in applying for jobs/education/ROTL etc.?

1 Always	2	3	4 Never
4 (22%)	7 (39%)	4 (22%)	3 (17%)

The average rating was 2.33

Do staff actively encourage you to take part in activities outside your cell?

1 Always	2	3	4 Never
3 (15%)	5 (25%)	3 (15%)	9 (55%)

The average rating was 2.9

Have you ever been discriminated against by staff because of:

Your ethnicity

Yes	No
4 (20%)	16 (80%)

Your nationality

Yes	No
1 (5%)	19 (95%)

Your religion

Yes	No
1 (5%)	19 (95%)

Your age

Yes	No
2 (10%)	18 (90%)

Your disability

Yes	No
3 (15%)	17 (85%)

Your sexual orientation

Yes	No
0	20

Your sentence status (i.e. VP/remand/sentenced/recalled/IPP/lifer)

Yes	No
2 (10%)	18 (90%)

### Overall rating

Interviewees were asked to give an overall rating for staff–prisoner relationships at HMP Belmarsh, with 1 being excellent and 4 being poor. **The average rating was 2.45.**

A breakdown of the scores given is shown in the table below:

1	2	3	4
2 (11%)	9 (50%)	4 (22%)	3 (17%)

## Appendix IV: Use of force analysis

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The HMIP inspection team was provided with use of force records dated from 1 October 2008 to 23 April 2009. We decided to take our sample from the beginning of January 2009. In total, there were 113 completed use of force documents for this period. A sample of 20 records was analysed, which constituted 18% of the total forms over this period.

	Total number in files	Number of black and minority ethnic prisoners*
January 2009	5	3
February 2009	5	2
March 2009	5	3
April 2009	5	3
<b>Total</b>	<b>20</b>	<b>11 (55%)</b>

\*In two cases the ethnic code of the prisoner was missing.

### Location of use of force

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From January to April 2009, house blocks two and three had the highest rate of use of force overall; of the seven incidents sampled from these units, five incidents indicated that control and restraint was used to prevent a prisoner causing injury to a third party or to an officer. The remaining two incidents involved prisoners having been observed to receive or handling contraband.

	Number of cases
House block one	0
House block two	4
House block three	3
House block four	5
DST	0
Segregation	2
High security unit	0
Healthcare centre	2
Reception	0
Visits hall	0
Location missing	4

### Relocation following incident

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- Nine incidents in our sample resulted in prisoners being relocated to the segregation unit (n=9, 45%). In seven cases (35%) the prisoner was relocated back to their own cell. In two cases, the prisoner was escorted to an escort van/waiting area to be escorted, and in two cases the final location of the prisoner was not stated.
- Only five of the records indicated that the prisoner was either actively or passively non-compliant. In six cases, the prisoner was recorded as compliant; however, in nine instances, the demeanour of the prisoner during this period was not stated.

## Reasons for use of force

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- Officers' statements in the majority of the sampled incidents showed that use of force often occurred in order to 'prevent injury to a third party.' In every incident, officers provided a brief written summary of the reasons for use, as well as summarising in the tick boxes.
- Three of the sampled incidents were planned – and were for escorting prisoners in and around the prison. The remaining 17 were spontaneous, usually to resolve a fight between prisoners or to enforce compliance.
- There was one example of good use of de-escalation by officers when a prisoner refused to return to his cell after collecting medication, although for the remainder of the spontaneous incidents this was not evidenced prior to force being used.

Force used to prevent:	Number of cases (%)
Injury to self (the officer involved)	1 (5)
Self-harm	0 (0)
Injury to third party	14 (70)
Damage to property	2 (10)
Abscond/escape attempt	0
Other	7 (35)

- Control and restraint was indicated as being used in 16 cases (80%).
- Ratchet handcuffs were used in 14 cases (70%).
- There were no incidents where medication was administered.
- There were no incidents where a baton was used.
- There were no incidents where a body belt was used

## Authorisation

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- Eighteen of the 20 forms were clearly authorised, but on two forms this information was missing.
- Eight forms were authorised by a senior officer (40%).
- Six forms were authorised by an officer (30%).
- Two forms were authorised by a principal officer (10%).
- One form was authorised by a governor (5%).
- One form had the name for authorisation, but the grade was missing (5%).

From the sample, 17 (85%) of the use of force reports were authorised and certified by the same officer, and eight (40%) were authorised and certified by an officer who was also involved in the incident. One report was authorised by an individual who was involved in the incident and was not certified.

## F213

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All forms had an F213 form attached to the record. The F213s were of mixed quality. Medical examinations were usually brief and lacked detail, mostly stating 'no injuries observed', although incident reports from officers involved indicated that injuries were potentially sustained. In one such case, involving a violent prisoner who had attacked officers, many of whom sustained injuries, the incident report suggested that the prisoner was still non-complaint and aggressive on being placed back in his cell on the segregation unit. Medical reports

conducted 10 minutes after the incident began, stated that the prisoner had no observable injuries. Due to a lack of detail in this medical report, it is unclear how comprehensive the medical assessment was.

Five cases (25%) indicated that prisoners had sustained injuries following on from the incident. None of these were incidents of self-harm. Most reported minor injuries to the prisoner; however, one incident indicated several injuries to the face of the prisoner, and bleeding was noted in the incident report. In this incident, no photographic evidence was provided.

There were no suicide and self-harm forms found with any of these documents or indication that any of the prisoners involved were on an open ACCT document.

## Overall

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Overall, the use of force forms seemed to be completed sufficiently, often with detailed officer statements and authorisations. Data were rarely missing, but in two cases the ethnicity of the prisoner was not noted, and in several cases the first name of the prisoner was not included. All forms had a case number and the date and time clearly marked on the front.

## Appendix V: Summary of prisoner questionnaires

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### Prisoner survey methodology

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A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

#### *Choosing the sample size*

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 21 April 2009, the prisoner population at HMP Belmarsh was 836. The sample size was 141. Overall, this represented 17% of the prisoner population.

#### *Selecting the sample*

Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. One respondent refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

#### *Methodology*

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.



### *Response rates*

In total, 131 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 93%. In addition to the one respondent who refused to complete a questionnaire, six questionnaires were not returned and three were returned blank.

### *Comparisons*

The following details the results from the survey. Data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since April 2003.
- The current survey responses in 2009 against the responses of prisoners surveyed at HMP Belmarsh in 2007.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2009 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2009 survey between Muslim and non-Muslim prisoners.
- A comparison within the 2009 survey between those who have reported having a disability and those who have not.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

## **Summary**

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In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary – for

example, 'Not sentenced' options across questions – may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from those shown in the comparison data, as the comparator data have been weighted for comparison purposes.

## Section 1: About You

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

### Q1.2 How old are you?

<i>Under 21</i> .....	3%
<i>21 - 29</i> .....	43%
<i>30 - 39</i> .....	25%
<i>40 - 49</i> .....	20%
<i>50 - 59</i> .....	8%
<i>60 - 69</i> .....	1%
<i>70 and over</i> .....	0%

### Q1.3 Are you sentenced?

<i>Yes</i> .....	49%
<i>Yes - on recall</i> .....	11%
<i>No - awaiting trial</i> .....	29%
<i>No - awaiting sentence</i> .....	9%
<i>No - awaiting deportation</i> .....	2%

### Q1.4 How long is your sentence?

<b><i>Not sentenced</i></b> .....	41%
<i>Less than 6 months</i> .....	11%
<i>6 months to less than 1 year</i> .....	6%
<i>1 year to less than 2 years</i> .....	8%
<i>2 years to less than 4 years</i> .....	9%
<i>4 years to less than 10 years</i> .....	10%
<i>10 years or more</i> .....	3%
<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	2%
<i>Life</i> .....	10%

### Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?

<b><i>Not sentenced</i></b> .....	46%
<i>6 months or less</i> .....	25%
<i>More than 6 months</i> .....	29%

### Q1.6 How long have you been in this prison?

<i>Less than 1 month</i> .....	26%
<i>1 to less than 3 months</i> .....	24%
<i>3 to less than 6 months</i> .....	15%
<i>6 to less than 12 months</i> .....	17%
<i>12 months to less than 2 years</i> .....	12%
<i>2 to less than 4 years</i> .....	4%

	4 years or more .....	2%		
<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>			
	Yes.....	16%		
	No.....	84%		
<b>Q1.8</b>	<b>Is English your first language?</b>			
	Yes.....	84%		
	No.....	16%		
<b>Q1.9</b>	<b>What is your ethnic origin?</b>			
	White - British .....	48%		
	White - Irish .....	2%		
	White - Other .....	4%		
	Black or Black British - Caribbean.....	15%		
	Black or Black British - African.....	8%		
	Black or Black British - Other..	2%		
	Asian or Asian British - Indian	1%		
	Asian or Asian British - Pakistani .....	4%		
	Asian or Asian British - Bangladeshi.....	2%		
	Asian or Asian British - Other..	2%		
	Mixed Race - White and Black Caribbean.....	5%		
	Mixed Race - White and Black African .....	1%		
	Mixed Race - White and Asian .....	2%		
	Mixed Race - Other.....	2%		
	Chinese.....	2%		
	Other ethnic group.....	2%		
<b>Q1.10</b>	<b>What is your religion?</b>			
	None .....	26%		
	Church of England.....	22%		
	Catholic.....	20%		
	Protestant.....	0%		
	Other Christian denomination.	6%		
	Buddhist.....	3%		
	Hindu.....	2%		
	Jewish.....	1%		
	Muslim.....	20%		
	Sikh.....	1%		
	Other .....	1%		
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>			
	Heterosexual/ Straight.....	97%		
	Homosexual/Gay .....	2%		
	Bisexual.....	2%		
	Other.....	0%		
<b>Q1.12</b>	<b>Do you consider yourself to have a disability?</b>			
	Yes.....	28%		
	No.....	72%		
<b>Q1.13</b>	<b>How many times have you been in prison before?</b>			
	0	1	2 to 5	More than 5
	36%	18%	27%	18%

**Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?**

1	2 to 5	More than 5
43%	51%	6%

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

Yes.....	52%
No.....	48%

## Section 2: Courts, transfers and escorts

**Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was ...**

	Very good	Good	Neither	Bad	Very Bad	Don't remember	N/A
The cleanliness of the van	13%	43%	15%	16%	6%	5%	2%
Your personal safety during the journey	14%	49%	15%	9%	10%	3%	2%
The comfort of the van	4%	12%	16%	29%	37%	2%	0%
The attention paid to your health needs	8%	24%	30%	19%	11%	2%	7%
The frequency of toilet breaks	3%	16%	22%	15%	20%	5%	20%

**Q2.2 How long did you spend in the van?**

Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember
32%	48%	15%	2%	2%

**Q2.3 How did you feel you were treated by the escort staff?**

Very well	Well	Neither	Badly	Very badly	Don't remember
21%	46%	20%	8%	2%	2%

**Q2.4 Please answer the following questions about when you first arrived here:**

	Yes	No	Don't remember
Did you know where you were going when you left court or when transferred from another prison?	66%	31%	3%
Before you arrived here did you receive any written information about what would happen to you?	11%	82%	7%
When you first arrived here did your property arrive at the same time as you?	77%	18%	4%

### Section 3: Reception, first night and induction

**Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)**

<b>Didn't ask about any of these</b> .....	16%	Money worries.....	19%
Loss of property.....	12%	Feeling depressed or suicidal.....	56%
Housing problems.....	28%	Health problems.....	60%
Contacting employers.....	11%	Needing protection from other prisoners.....	26%
Contacting family.....	52%	Accessing phone numbers.....	33%
Ensuring dependants were being looked after.....	11%	Other.....	4%

**Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply)**

<b>Didn't have any problems</b> .....	21%	Money worries.....	19%
Loss of property.....	21%	Feeling depressed or suicidal.....	22%
Housing problems.....	21%	Health problems.....	41%
Contacting employers.....	7%	Needing protection from other prisoners.....	11%
Contacting family.....	46%	Accessing phone numbers.....	35%
Ensuring dependants were looked after.....	7%	Other.....	6%

**Q3.3 Please answer the following questions about reception:**

	Yes	No	Don't remember
Were you seen by a member of health services?	78%	17%	5%
When you were searched, was this carried out in a respectful way?	60%	34%	5%

**Q3.4 Overall, how well did you feel you were treated in reception?**

Very well	Well	Neither	Badly	Very badly	Don't remember
12%	33%	20%	20%	14%	1%

**Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply)**

Information about what was going to happen to you.....	40%
Information about what support was available for people feeling depressed or suicidal.....	44%
Information about how to make routine requests.....	37%
Information about your entitlement to visits.....	40%
Information about health services.....	45%
Information about the chaplaincy.....	37%
<b>Not offered anything</b> .....	35%

- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)**
- |  |     |
|--|-----|
| <i>A smokers/non-smokers pack</i> .....                    | 88% |
| <i>The opportunity to have a shower</i> .....              | 6%  |
| <i>The opportunity to make a free telephone call</i> ..... | 53% |
| <i>Something to eat</i> .....                              | 81% |
| <b><i>Did not receive anything</i></b> .....               | 3%  |
- Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)**
- |  |     |
|--|-----|
| <i>Chaplain or religious leader</i> .....            | 27% |
| <i>Someone from health services</i> .....            | 72% |
| <i>A listener/Samaritans</i> .....                   | 10% |
| <b><i>Did not meet any of these people</i></b> ..... | 20% |
- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
- |                  |     |
|------------------|-----|
| <i>Yes</i> ..... | 8%  |
| <i>No</i> .....  | 92% |
- Q3.9 Did you feel safe on your first night here?**
- |                             |     |
|-----------------------------|-----|
| <i>Yes</i> .....            | 55% |
| <i>No</i> .....             | 40% |
| <i>Don't remember</i> ..... | 5%  |
- Q3.10 How soon after your arrival did you go on an induction course?**
- |  |     |
|--|-----|
| <b><i>Have not been on an induction course</i></b> ..... | 15% |
| <i>Within the first week</i> .....                       | 56% |
| <i>More than a week</i> .....                            | 22% |
| <i>Don't remember</i> .....                              | 7%  |
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- |  |     |
|--|-----|
| <b><i>Have not been on an induction course</i></b> ..... | 15% |
| <i>Yes</i> .....   | 49% |
| <i>No</i> .....  | 29% |
| <i>Don't remember</i> .....                              | 8%  |

## Section 4: Legal rights and respectful custody

### Q4.1 How easy is to?

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	12%	26%	20%	21%	13%	8%
Attend legal visits?	17%	39%	21%	7%	2%	14%
Obtain bail information?	8%	8%	23%	18%	10%	33%

- Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**  
*Not had any letters*..... 18%  
Yes..... 28%  
No..... 55%
- Q4.3 Please answer the following questions about the wing/unit you are currently living on:**
- |  | Yes | No  | Don't know | N/A |
|--|-----|-----|------------|-----|
| Are you normally offered enough clean, suitable clothes for the week?                        | 40% | 43% | 11%        | 6%  |
| Are you normally able to have a shower every day?  | 67% | 31% | 2%         | 0%  |
| Do you normally receive clean sheets every week?   | 69% | 24% | 7%         | 0%  |
| Do you normally get cell cleaning materials every week?                                      | 63% | 30% | 4%         | 3%  |
| Is your cell call bell normally answered within five minutes?                                | 38% | 31% | 26%        | 5%  |
| Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? | 76% | 22% | 2%         | 1%  |
| Can you normally get your stored property, if you need to?                                   | 19% | 51% | 26%        | 4%  |
- Q4.4 What is the food like here?**
- |  | Very good | Good | Neither | Bad | Very bad |
|--|-----------|------|---------|-----|----------|
|  | 1%        | 10%  | 21%     | 31% | 38%      |
- Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?**  
*Have not bought anything yet*..... 7%  
Yes..... 27%  
No..... 66%
- Q4.6 Is it easy or difficult to get either**
- |                     | Very easy | Easy | Neither | Difficult | Very difficult | Don't know |
|---------------------|-----------|------|---------|-----------|----------------|------------|
| A complaint form    | 37%       | 37%  | 10%     | 6%        | 4%             | 7%         |
| An application form | 38%       | 44%  | 8%      | 6%        | 2%             | 3%         |
- Q4.7 Have you made an application?**  
Yes..... 83%  
No..... 17%
- Q4.8 Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)**
- |  | Not made one | Yes | No  |
|--|--------------|-----|-----|
| Do you feel <i>applications</i> are dealt with fairly? | 17%          | 47% | 37% |



Do you feel <i>applications</i> are dealt with promptly? (within seven days)	17%	35%	48%
---	-----	-----	-----

**Q4.9 Have you made a complaint?**

Yes.....	43%
No.....	57%

**Q4.10 Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)**

	<b>Not made one</b>	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	57%	13%	30%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	57%	15%	28%
Were you given information about how to make an appeal?	32%	22%	46%

**Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**

<b>Not made a complaint</b> .....	58%
Yes.....	8%
No.....	34%

**Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
41%	4%	15%	17%	14%	9%

**Q4.13 Please answer the following questions about your religious beliefs?**

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	54%	20%	26%
Are you able to speak to a religious leader of your faith in private if you want to?	48%	13%	39%

**Q4.14 Can you speak to a listener at any time, if you want to?**

Yes	No	<i>Don't know</i>
46%	10%	44%

**Q4.15 Please answer the following questions about staff in this prison?**

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	71%	29%
Do <b>most</b> staff treat you with respect?	63%	37%

## Section 5: Safety

**Q5.1 Have you ever felt unsafe in this prison?**

Yes..... 52%  
No..... 48%

**Q5.2 Do you feel unsafe in this prison at the moment?**

Yes..... 23%  
No..... 77%

**Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)**

<b>Never felt unsafe</b> .....	52%	<i>At meal times</i> .....	6%
<i>Everywhere</i> .....	8%	<i>At health services</i> .....	9%
<i>Segregation unit</i> .....	5%	<i>Visit's area</i> .....	8%
<i>Association areas</i> .....	11%	<i>In wing showers</i> .....	10%
<i>Reception area</i> .....	13%	<i>In gym showers</i> .....	8%
<i>At the gym</i> .....	4%	<i>In corridors/stairwells</i> .....	12%
<i>In an exercise yard</i> .....	9%	<i>On your landing/wing</i> .....	8%
<i>At work</i> .....	4%	<i>In your cell</i> .....	15%
<i>During Movement</i> .....	14%	<i>At religious services</i> .....	5%
<i>At education</i> .....	1%		

**Q5.4 Have you been victimised by another prisoner or group of prisoners here?**

Yes..... 21%  
No..... 79%

**Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**

<i>Insulting remarks (about you or your family or friends) .....</i>	10%	<i>Because you were new here...</i>	5%
<i>Physical abuse (being hit, kicked or assaulted) .....</i>	6%	<i>Because of your sexuality.....</i>	2%
<i>Sexual abuse</i> .....	2%	<i>Because you have a disability</i>	2%
<i>Because of your race or ethnic origin</i> .....	2%	<i>Because of your religion/religious beliefs.....</i>	2%
<i>Because of drugs</i> .....	1%	<i>Being from a different part of the country than others</i> .....	1%
<i>Having your canteen/property taken</i> .....	5%	<i>Because of your offence/ crime</i> .....	3%

**Q5.6 Have you been victimised by a member of staff or group of staff here?**

Yes..... 27%  
No..... 73%

- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- |  |     |   |    |
|--|-----|---|----|
| <i>Insulting remarks (about you or your family or friends) .....</i> | 11% | <i>Because of your sexuality.....</i>                               | 1% |
| <i>Physical abuse (being hit, kicked or assaulted) .....</i>         | 5%  | <i>Because you have a disability</i>                                | 3% |
| <i>Sexual abuse.....</i>   | 4%  | <i>Because of your religion/religious beliefs.....</i>              | 6% |
| <i>Because of your race or ethnic origin.....</i>                    | 6%  | <i>Being from a different part of the country than others .....</i> | 3% |
| <i>Because of drugs.....</i>   | 2%  | <i>Because of your offence/ crime.....</i>                          | 5% |
| <i>Because you were new here...</i>                                  | 10% |   |    |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
- |                                 |     |
|---------------------------------|-----|
| <i>Not been victimised.....</i> | 62% |
| <i>Yes.....</i>                 | 12% |
| <i>No.....</i>                  | 26% |
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
- |                 |     |
|-----------------|-----|
| <i>Yes.....</i> | 24% |
| <i>No.....</i>  | 76% |
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
- |                 |     |
|-----------------|-----|
| <i>Yes.....</i> | 31% |
| <i>No.....</i>  | 69% |
- Q5.11 Is it easy or difficult to get illegal drugs in this prison?**
- |                  |             |                |                  |                       |                   |
|------------------|-------------|----------------|------------------|-----------------------|-------------------|
| <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> | <i>Don't know</i> |
| 8%               | 6%          | 6%             | 6%               | 14%                   | 60%               |

## Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people:**
- |              | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor   | 19%               | 6%               | 16%         | 10%            | 31%              | 18%                   |
| The nurse    | 9%                | 20%              | 43%         | 11%            | 15%              | 2%                    |
| The dentist  | 17%               | 1%               | 15%         | 10%            | 31%              | 26%                   |
| The optician | 34%               | 0%               | 11%         | 9%             | 22%              | 24%                   |
- Q6.2 Are you able to see a pharmacist?**
- |                 |     |
|-----------------|-----|
| <i>Yes.....</i> | 36% |
| <i>No.....</i>  | 64% |

**Q6.3 What do you think of the quality of the health service from the following people:**

	<b>Not been</b>	<b>Very good</b>	<b>Good</b>	<b>Neither</b>	<b>Bad</b>	<b>Very bad</b>
The doctor	34%	5%	25%	10%	17%	9%
The nurse	15%	14%	31%	12%	19%	8%
The dentist	39%	10%	18%	12%	10%	10%
The optician	55%	3%	14%	8%	9%	10%

**Q6.4 What do you think of the overall quality of the health services here?**

<b>Not been</b>	<b>Very good</b>	<b>Good</b>	<b>Neither</b>	<b>Bad</b>	<b>Very bad</b>
8%	6%	31%	22%	23%	10%

**Q6.5 Are you currently taking medication?**

Yes.....	48%
No.....	52%

**Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**

<b>Not taking medication</b> .....	52%
Yes.....	30%
No.....	17%

**Q6.7 Do you feel you have any emotional well being/ mental health issues?**

Yes.....	35%
No.....	65%

**Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)**

<b>Do not have any issues / Not receiving any help</b> .....	86%
Doctor.....	8%
Nurse.....	4%
Psychiatrist.....	5%
Mental Health In Reach team.....	5%
Counsellor.....	3%
Other.....	2%

**Q6.9 Did you have a problem with either of the following when you came into this prison?**

	<b>Yes</b>	<b>No</b>
Drugs	31%	69%
Alcohol	30%	70%

**Q6.10 Have you developed a problem with either of the following since you have been in this prison?**

	<b>Yes</b>	<b>No</b>
Drugs	4%	96%
Alcohol	3%	97%

- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**  
Yes..... 35%  
No..... 8%  
*Did not / do not have a drug or alcohol problem*..... 57%
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?**  
Yes..... 28%  
No..... 15%  
*Did not / do not have a drug or alcohol problem*..... 58%
- Q6.13 Was the intervention or help you received, whilst in this prison, helpful?**  
Yes..... 20%  
No..... 7%  
*Did not have a problem/Have not received help*..... 74%
- Q6.14 Do you think you will have a problem with either of the following when you leave this prison?**
- |         | Yes | No  | Don't know |
|---------|-----|-----|------------|
| Drugs   | 9%  | 76% | 15%        |
| Alcohol | 7%  | 79% | 14%        |
- Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**  
Yes..... 14%  
No..... 14%  
N/A..... 72%

## Section 7: Purposeful Activity

- Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)**
- |   |     |
|---|-----|
| Prison job.....                           | 34% |
| Vocational or skills training .....       | 7%  |
| Education (including basic skills) .....  | 22% |
| Offending behaviour programmes.....       | 3%  |
| <i>Not involved in any of these</i> ..... | 48% |
- Q7.2 If you have been involved in any of the following, whilst in prison, do you think it will help you on release?**
- |                                    | <i>Not been involved</i> | Yes | No  | Don't know |
|------------------------------------|--------------------------|-----|-----|------------|
| Prison job                         | 33%                      | 24% | 28% | 15%        |
| Vocational or skills training      | 46%                      | 28% | 12% | 14%        |
| Education (including basic skills) | 35%                      | 40% | 15% | 10%        |
| Offending behaviour programmes     | 46%                      | 30% | 10% | 15%        |

- Q7.3 How often do you go to the library?**
- |                                    |     |
|------------------------------------|-----|
| <i>Don't want to go</i> .....      | 9%  |
| <i>Never</i> .....                 | 35% |
| <i>Less than once a week</i> ..... | 19% |
| <i>About once a week</i> .....     | 21% |
| <i>More than once a week</i> ..... | 10% |
| <i>Don't know</i> .....            | 6%  |
- Q7.4 On average how many times do you go to the gym each week?**
- |                         |     |     |     |        |             |            |
|-------------------------|-----|-----|-----|--------|-------------|------------|
| <i>Don't want to go</i> | 0   | 1   | 2   | 3 to 5 | More than 5 | Don't know |
|                         |     |     |     |        | 5           |            |
| 16%                     | 23% | 17% | 17% | 16%    | 1%          | 12%        |
- Q7.5 On average how many times do you go outside for exercise each week?**
- |                         |    |        |        |             |            |
|-------------------------|----|--------|--------|-------------|------------|
| <i>Don't want to go</i> | 0  | 1 to 2 | 3 to 5 | More than 5 | Don't know |
| 12%                     | 8% | 30%    | 26%    | 17%         | 7%         |
- Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)**
- |                                      |     |
|--------------------------------------|-----|
| <i>Less than 2 hours</i> .....       | 29% |
| <i>2 to less than 4 hours</i> .....  | 27% |
| <i>4 to less than 6 hours</i> .....  | 15% |
| <i>6 to less than 8 hours</i> .....  | 14% |
| <i>8 to less than 10 hours</i> ..... | 3%  |
| <i>10 hours or more</i> .....        | 6%  |
| <i>Don't know</i> .....              | 6%  |
- Q7.7 On average, how many times do you have association each week?**
- |                         |    |        |        |             |            |
|-------------------------|----|--------|--------|-------------|------------|
| <i>Don't want to go</i> | 0  | 1 to 2 | 3 to 5 | More than 5 | Don't know |
| 1%                      | 2% | 7%     | 46%    | 39%         | 6%         |
- Q7.8 How often do staff normally speak to you during association time?**
- |                                       |     |
|---------------------------------------|-----|
| <i>Do not go on association</i> ..... | 4%  |
| <i>Never</i> .....                    | 20% |
| <i>Rarely</i> .....                   | 30% |
| <i>Some of the time</i> .....         | 29% |
| <i>Most of the time</i> .....         | 12% |
| <i>All of the time</i> .....          | 5%  |

## Section 8: Resettlement

- Q8.1 When did you first meet your personal officer?**
- |   |     |
|---|-----|
| <i>Still have not met him/her</i> ..... | 55% |
| <i>In the first week</i> .....          | 15% |
| <i>More than a week</i> .....           | 20% |
| <i>Don't remember</i> .....             | 10% |

Q8.2	<b>How helpful do you think your personal officer is?</b>					
	<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	55%	13%	12%	8%	7%	5%
Q8.3	<b>Do you have a sentence plan/OASys?</b>					
	<i>Not sentenced</i> .....					41%
	<i>Yes</i> .....					15%
	<i>No</i> .....					44%
Q8.4	<b>How involved were you in the development of your sentence plan?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					85%
	<i>Very involved</i> .....					2%
	<i>Involved</i> .....					4%
	<i>Neither</i> .....					2%
	<i>Not very involved</i> .....					3%
	<i>Not at all involved</i> .....					4%
Q8.5	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					89%
	<i>Yes</i> .....					1%
	<i>No</i> .....					11%
Q8.6	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					89%
	<i>Yes</i> .....					6%
	<i>No</i> .....					5%
Q8.7	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>					
	<i>Not sentenced</i> .....					43%
	<i>Yes</i> .....					11%
	<i>No</i> .....					47%
Q8.8	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>					
	<i>Yes</i> .....					8%
	<i>No</i> .....					92%
Q8.9	<b>Have you had any problems with sending or receiving mail?</b>					
	<i>Yes</i> .....					44%
	<i>No</i> .....					46%
	<i>Don't know</i> .....					10%
Q8.10	<b>Have you had any problems getting access to the telephones?</b>					
	<i>Yes</i> .....					35%
	<i>No</i> .....					60%
	<i>Don't know</i> .....					4%

- Q8.11 Did you have a visit in the first week that you were here?**  
**Not been here a week yet**..... 2%  
 Yes..... 31%  
 No..... 59%  
 Don't remember..... 8%
- Q8.12 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)**  
**Don't know what my entitlement is**..... 29%  
 Yes..... 51%  
 No..... 20%
- Q8.13 How many visits did you receive in the last week?**
- |                           |          |               |               |                  |
|---------------------------|----------|---------------|---------------|------------------|
| <b>Not been in a week</b> | <b>0</b> | <b>1 to 2</b> | <b>3 to 4</b> | <b>5 or more</b> |
| 3%                        | 49%      | 48%           | 0%            | 0%               |
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**  
 Yes..... 33%  
 No..... 67%
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- |   |   |
|---|---|
| <b>Don't know who to contact</b> .. 64%   | Help with your finances in preparation for release..... 9%            |
| Maintaining good relationships..... 12%   | Claiming benefits on release... 22%                                   |
| Avoiding bad relationships..... 8%        | Arranging a place at college/continuing education on release..... 10% |
| Finding a job on release..... 21%         | Continuity of health services on release..... 7%                      |
| Finding accommodation on release..... 19% | Opening a bank account..... 6%  |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)**
- |   |   |
|---|---|
| <b>No problems</b> ..... 32%              | Help with your finances in preparation for release..... 30%           |
| Maintaining good relationships..... 19%   | Claiming benefits on release... 31%                                   |
| Avoiding bad relationships..... 17%       | Arranging a place at college/continuing education on release..... 19% |
| Finding a job on release..... 46%         | Continuity of health services on release..... 19%                     |
| Finding accommodation on release..... 46% | Opening a bank account..... 35%                                       |



**Q8.17** Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<b><i>Not sentenced</i></b> .....	43%
Yes.....	27%
No.....	30%



## Prisoner Survey Responses HMP Belmarsh 2009

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

### Key to tables

	Any percent highlighted in green is significantly better				
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	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		HMP Belmarsh 2009	Local prisons comparator	HMP Belmarsh 2009	HMP Belmarsh 2007
<b>Number of completed questionnaires returned</b>		131	3991	131	116
<b>SECTION 1: General Information</b>					
2	Are you under 21 years of age?	3%	4%	3%	1%
3a	Are you sentenced?	60%	66%	60%	63%
3b	Are you on recall?	12%	9%	12%	6%
4a	Is your sentence less than 12 months?	17%	18%	17%	15%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	6%
5	Do you have six months or less to serve?	25%	32%	25%	24%
6	Have you been in this prison less than a month?	26%	16%	26%	
7	Are you a foreign national?	16%	12%	16%	21%
8	Is English your first language?	84%	90%	84%	85%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	47%	26%	47%	41%
10	Are you Muslim?	20%	11%	20%	19%
11	Are you homosexual/gay or bisexual?	3%	3%	3%	3%
12	Do you consider yourself to have a disability?	28%	16%	28%	17%
13	Is this your first time in prison?	36%	27%	36%	37%
14	Have you been in more than 5 prisons this time?	6%	9%	6%	
15	Do you have any children under the age of 18?	52%	56%	52%	57%
<b>SECTION 2: Transfers and Escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	56%	49%	56%	50%
1b	Was your personal safety during the journey good/very good?	63%	58%	63%	55%
1c	Was the comfort of the van good/very good?	17%	11%	17%	15%
1d	Was the attention paid to your health needs good/very good?	32%	28%	32%	32%
1e	Was the frequency of toilet breaks good/very good?	19%	12%	19%	20%
2	Did you spend more than four hours in the van?	2%	5%	2%	6%
3	Were you treated well/very well by the escort staff?	67%	67%	67%	65%
4a	Did you know where you were going when you left court or when transferred from another prison?	66%	73%	66%	62%
4b	Before you arrived here did you receive any written information about what would happen to you?	11%	14%	11%	18%
4c	When you first arrived here did your property arrive at the same time as you?	77%	82%	77%	76%

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		HMP Belmarsh 2009	Local prisons comparator
<b>SECTION 3: Reception, first night and induction</b>			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	12%	16%
1c	Housing problems?	29%	38%
1d	Problems contacting employers?	11%	19%
1e	Problems contacting family?	52%	55%
1f	Problems ensuring dependants were looked after?	11%	18%
1g	Money problems?	19%	24%
1h	Problems of feeling depressed/suicidal?	56%	60%
1i	Health problems?	60%	63%
1j	Problems in needing protection from other prisoners?	26%	28%
1k	Problems accessing phone numbers?	33%	44%
2	When you first arrived:		
2a	Did you have any problems?	79%	77%
2b	Did you have any problems with loss of property?	21%	11%
2c	Did you have any housing problems?	21%	23%
2d	Did you have any problems contacting employers?	7%	7%
2e	Did you have any problems contacting family?	46%	31%
2f	Did you have any problems ensuring dependants were being looked after?	7%	8%
2g	Did you have any money worries?	19%	26%
2h	Did you have any problems with feeling depressed or suicidal?	22%	24%
2i	Did you have any health problems?	41%	25%
2j	Did you have any problems with needing protection from other prisoners?	11%	9%
2k	Did you have problems accessing phone numbers?	35%	27%
3a	Were you seen by a member of health services in reception?	78%	86%
3b	When you were searched in reception, was this carried out in a respectful way?	60%	68%
4	Were you treated well/very well in reception?	45%	58%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	40%	43%
5b	Information about what support was available for people feeling depressed or suicidal?	44%	42%
5c	Information about how to make routine requests?	37%	32%
5d	Information about your entitlement to visits?	40%	42%
5e	Information about health services?	45%	56%
5f	Information about the chaplaincy?	37%	52%

HMP Belmarsh 2009	HMP Belmarsh 2007
12%	
29%	
11%	
52%	
11%	
19%	
56%	
60%	
26%	
33%	
79%	83%
21%	13%
21%	26%
7%	8%
46%	53%
7%	10%
19%	26%
22%	23%
41%	26%
11%	5%
35%	
78%	68%
60%	41%
45%	40%
40%	34%
44%	32%
37%	26%
40%	26%
45%	
37%	

## Key to tables

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	Percentages which are not highlighted show there is no significant difference				
		HMP Barmsh 2009	Local prisons comparator	HMP Barmsh 2009	HMP Barmsh 2007
<b>SECTION 3: Reception, first night and induction continued</b>					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	88%	76%	88%	57%
6b	The opportunity to have a shower?	6%	34%	6%	14%
6c	The opportunity to make a free telephone call?	53%	56%	53%	19%
6d	Something to eat?	81%	82%	81%	76%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	27%	49%	27%	30%
7b	Someone from health services?	72%	68%	72%	53%
7c	A listener/Samaritans?	10%	31%	10%	30%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	21%	8%	18%
9	Did you feel safe on your first night here?	55%	74%	55%	60%
10	Have you been on an induction course?	86%	74%	86%	92%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	58%	56%	58%	57%
<b>SECTION 4: Legal Rights and Respectful Custody</b>					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	39%	43%	39%	32%
1b	Attend legal visits?	56%	63%	56%	54%
1c	Obtain bail information?	16%	25%	16%	23%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	28%	44%	28%	43%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	40%	51%	40%	44%
3b	Are you normally able to have a shower every day?	67%	80%	67%	45%
3c	Do you normally receive clean sheets every week?	69%	82%	69%	81%
3d	Do you normally get cell cleaning materials every week?	63%	64%	63%	77%
3e	Is your cell call bell normally answered within five minutes?	38%	36%	38%	32%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	76%	63%	76%	69%
3g	Can you normally get your stored property, if you need to?	19%	30%	19%	18%
4	Is the food in this prison good/very good?	10%	24%	10%	14%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	27%	44%	27%	52%
6a	Is it easy/very easy to get a complaints form?	73%	79%	73%	79%
6b	Is it easy/very easy to get an application form?	82%	85%	82%	89%
7	Have you made an application?	83%	81%	83%	85%

## Key to tables

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	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 4: Legal Rights and Respectful Custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	56%	53%	56%	58%
8b	Do you feel applications are dealt with promptly? (within 7 days)	42%	50%	42%	39%
9	Have you made a complaint?	43%	49%	43%	55%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	30%	32%	30%	31%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	35%	35%	35%	24%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	19%	27%	19%	26%
10c	Were you given information about how to make an appeal?	22%	28%	22%	28%
12	Is it easy/very easy to see the Independent Monitoring Board?	19%	30%	19%	22%
13a	Do you feel your religious beliefs are respected?	54%	53%	54%	52%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	48%	57%	48%	56%
14	Are you able to speak to a Listener at any time, if you want to?	46%	62%	46%	64%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	64%	71%	64%
15b	Do most staff, in this prison, treat you with respect?	63%	67%	63%	60%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	52%	40%	52%	49%
2	Do you feel unsafe in this prison at the moment?	23%	19%	23%	27%
4	Have you been victimised by another prisoner?	21%	23%	21%	22%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks made about you, your family or friends?	10%	12%	10%	8%
5b	Hit, kicked or assaulted you?	6%	8%	6%	8%
5c	Sexually abused you?	2%	1%	2%	1%
5d	Victimised you because of your race or ethnic origin?	2%	4%	2%	6%
5e	Victimised you because of drugs?	1%	3%	1%	2%
5f	Taken your canteen/property?	5%	5%	5%	5%
5g	Victimised you because you were new here?	5%	5%	5%	2%
5h	Victimised you because of your sexuality?	2%	1%	2%	1%
5i	Victimised you because you have a disability?	2%	2%	2%	1%
5j	Victimised you because of your religion/religious beliefs?	2%	3%	2%	5%
5k	Victimised you because you were from a different part of the country?	1%	5%	1%	2%
5l	Victimised you because of your offence/crime?	3%	9%	3%	

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		HMP Barmsh 2009	Local prisons comparator	HMP Barmsh 2009	HMP Barmsh 2007
<b>SECTION 5: Safety continued</b>					
6	Have you been victimised by a member of staff?	27%	27%	27%	33%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks made about you, your family or friends?	11%	14%	11%	18%
7b	Hit, kicked or assaulted you?	5%	5%	5%	8%
7c	Sexually abused you?	4%	1%	4%	0%
7d	Victimised you because of your race or ethnic origin?	6%	5%	6%	8%
7e	Victimised you because of drugs?	2%	5%	2%	1%
7f	Victimised you because you were new here?	10%	6%	10%	8%
7g	Victimised you because of your sexuality?	1%	1%	1%	0%
7h	Victimised you because you have a disability?	3%	3%	3%	1%
7i	Victimised you because of your religion/religious beliefs?	6%	3%	6%	9%
7j	Victimised you because you were from a different part of the country?	3%	4%	3%	5%
7k	Victimised you because of your offence/crime?	5%	9%	5%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	32%	31%	32%	48%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	24%	25%	24%	28%
10	Have you ever felt threatened or intimidated by a member of staff in here?	31%	25%	31%	36%
11	Is it easy/very easy to get illegal drugs in this prison?	14%	34%	14%	26%
<b>SECTION 6: Healthcare</b>					
1a	Is it easy/very easy to see the doctor?	22%	30%	22%	
1b	Is it easy/very easy to see the nurse?	63%	51%	63%	
1c	Is it easy/very easy to see the dentist?	16%	11%	16%	
1d	Is it easy/very easy to see the optician?	11%	13%	11%	
2	Are you able to see a pharmacist?	36%	50%	36%	
For those who have been to the following services, do you think the quality of the health service from following is good/very good:					
3a	The doctor?	46%	46%	46%	49%
3b	The nurse?	53%	59%	53%	61%
3c	The dentist?	47%	33%	47%	43%
3d	The optician?	38%	37%	38%	35%
4	The overall quality of health services?	40%	41%	40%	48%

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		HMP Bemaresh 2009	Local prisons comparator	HMP Bemaresh 2009	HMP Bemaresh 2007
<b>Healthcare continued</b>					
5	Are you currently taking medication?	48%	45%	48%	41%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	64%	63%	64%	73%
7	Do you feel you have any emotional well being/mental health issues?	35%	32%	35%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	58%	32%	58%	
8b	A doctor?	24%	30%	24%	
8c	A nurse?	13%	12%	13%	
8d	A psychiatrist?	16%	15%	16%	
8e	The Mental Health In-Reach Team?	16%	38%	16%	
8f	A counsellor?	11%	7%	11%	
9a	Did you have a drug problem when you came into this prison?	31%	25%	31%	19%
9b	Did you have an alcohol problem when you came into this prison?	30%	21%	30%	17%
10a	Have you developed a drug problem since you have been in this prison?	4%	11%	4%	
10b	Have you developed an alcohol problem since you have been in this prison?	4%	5%	4%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	81%	80%	81%	
12	Have you received any help or intervention whilst in this prison?	65%	69%	65%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	75%	78%	75%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	24%	31%	24%	22%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	21%	26%	21%	19%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	52%	55%	52%	37%
<b>SECTION 7: Purposeful Activity</b>					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	34%	46%	34%	
1b	Vocational or skills training?	7%	10%	7%	
1c	Education (including basic skills)?	22%	33%	22%	
1d	Offending Behaviour Programmes?	3%	11%	3%	

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		HMP Barmsh 2009	Local prisons comparator	HMP Barmsh 2009	HMP Barmsh 2007
<b>Purposeful Activity continued</b>					
2ai	Have you had a job whilst in prison?	67%	65%	67%	62%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	35%	38%	35%	35%
2bi	Have you been involved in vocational or skills training whilst in prison?	54%	54%	54%	51%
For those who have had vocational or skills training whilst in prison:					
2bii	Do you feel the vocational or skills training will help you on release?	52%	47%	52%	45%
2ci	Have you been involved in education whilst in prison?	65%	64%	65%	53%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	61%	57%	61%	51%
2di	Have you been involved in offending behaviour programmes whilst in prison?	54%	51%	54%	41%
For those who have been involved in offending behaviour programmes whilst in prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	54%	46%	54%	40%
3	Do you go to the library at least once a week?	31%	36%	31%	19%
4	On average, do you go to the gym at least twice a week?	33%	42%	33%	32%
5	On average, do you go outside for exercise three or more times a week?	43%	39%	43%	51%
6	On average, do you spend ten or more hours out of your cell on a weekday?	6%	10%	6%	7%
7	On average, do you go on association more than five times each week?	39%	50%	39%	15%
8	Do staff normally speak to you most of the time/all of the time during association?	17%	17%	17%	18%
<b>SECTION 8: Resettlement</b>					
1	Do you have a personal officer?	45%	38%	45%	57%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	56%	64%	56%	66%
For those who are sentenced:					
3	Do you have a sentence plan?	25%	38%	25%	19%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	42%	59%	42%	69%
5	Can you achieve some/all of you sentence plan targets in this prison?	7%	60%	7%	46%
6	Are there plans for you to achieve some/all your targets in another prison?	54%	46%	54%	62%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	19%	25%	19%	15%
8	Do you feel that any member of staff has helped you to prepare for release?	8%	16%	8%	8%
9	Have you had any problems with sending or receiving mail?	44%	44%	44%	49%
10	Have you had any problems getting access to the telephones?	36%	32%	36%	41%
11	Did you have a visit in the first week that you were here?	31%	36%	31%	29%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	51%	64%	51%	64%



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		HMP Bemarksh 2009	Local prisons comparator
<b>Resettlement continued</b>			
13	Did you receive one or more visits in the last week?	48%	39%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	33%	42%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	12%	20%
15c	Avoiding bad relationships?	8%	16%
15d	Finding a job on release?	22%	39%
15e	Finding accommodation on release?	19%	43%
15f	With money/finances on release?	9%	29%
15g	Claiming benefits on release?	22%	45%
15h	Arranging a place at college/continuing education on release?	10%	29%
15i	Accessing health services on release?	8%	36%
15j	Opening a bank account on release?	6%	31%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	19%	16%
16c	Avoiding bad relationships?	17%	15%
16d	Finding a job?	47%	56%
16e	Finding accommodation?	46%	50%
16f	Money/finances?	30%	57%
16g	Claiming benefits?	31%	39%
16h	Arranging a place at college/continuing education?	19%	37%
16i	Accessing health services?	19%	25%
16j	Opening a bank account?	35%	44%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	48%	49%

HMP Bemarksh 2009	HMP Bemarksh 2007
48%	40%
33%	
12%	
8%	
22%	21%
19%	27%
9%	14%
22%	25%
10%	16%
8%	28%
6%	22%
19%	
17%	
47%	55%
46%	53%
30%	57%
31%	38%
19%	42%
19%	23%
35%	39%
48%	52%



# Key Question Responses (Ethnicity, Nationality and Religion) HMP Belmarsh 2009

Diversity Analysis

**Prisoner Survey Responses**(Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

## Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>60</b>	<b>69</b>	<b>20</b>	<b>107</b>	<b>25</b>	<b>103</b>
1.3	Are you sentenced?	53%	67%	50%	62%	56%	60%
1.7	Are you a foreign national?	20%	11%			21%	15%
1.8	Is English your first language?	73%	93%	40%	92%	68%	87%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			63%	44%	84%	36%
1.10	Are you Muslim?	36%	6%	25%	18%		
1.12	Do you consider yourself to have a disability?	26%	31%	37%	25%	28%	27%
1.13	Is this your first time in prison?	48%	25%	40%	37%	48%	33%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	30%	32%	40%	30%	27%	34%
2.3	Were you treated well/very well by the escort staff?	56%	76%	53%	70%	48%	72%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	64%	69%	53%	69%	50%	71%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	48%	56%	65%	50%	47%	53%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	48%	63%	59%	56%	58%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	56%	65%	53%	63%	74%	58%
3.2a	Did you have any problems when you first arrived?	82%	76%	69%	80%	89%	76%
3.3a	Were you seen by a member of healthcare staff in reception?	78%	78%	74%	79%	88%	75%
3.3b	When you were searched in reception, was this carried out in a respectful way?	46%	72%	55%	61%	46%	63%
3.4	Were you treated well/very well in reception?	37%	52%	42%	46%	28%	49%

## Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
3.7b	Did you have access to someone from healthcare within the first 24 hours?	71%	73%	72%	72%	77%	71%
3.9	Did you feel safe on your first night here?	44%	64%	58%	54%	48%	58%
3.10	Have you been on an induction course?	86%	87%	89%	85%	79%	88%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	36%	35%	40%	44%	37%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	39%	40%	37%	42%	48%	39%
4.3b	Are you normally able to have a shower every day?	68%	66%	58%	70%	67%	69%
4.3e	Is your cell call bell normally answered within five minutes?	41%	34%	35%	38%	25%	41%
4.4	Is the food in this prison good/very good?	9%	12%	15%	10%	12%	10%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	17%	35%	33%	26%	18%	28%
4.6a	Is it easy/very easy to get a complaints form?	67%	79%	45%	80%	75%	72%
4.6b	Is it easy/very easy to get an application form?	80%	83%	56%	88%	81%	82%
4.9	Have you made a complaint?	47%	41%	35%	46%	48%	42%
4.13a	Do you feel your religious beliefs are respected?	54%	55%	50%	54%	60%	52%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	48%	50%	33%	51%	60%	46%
4.14	Are you able to speak to a Listener at any time, if you want to?	41%	52%	37%	48%	40%	48%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	66%	75%	71%	72%	68%	71%
4.15b	Do <b>most</b> staff, in this prison, treat you with respect?	52%	72%	63%	64%	58%	65%
5.1	Have you ever felt unsafe in this prison?	62%	43%	45%	52%	56%	50%
5.2	Do you feel unsafe in this prison at the moment?	24%	22%	26%	21%	20%	22%
5.4	Have you been victimised by another prisoner?	20%	21%	25%	19%	25%	19%

## Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	1%	10%	1%	9%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	1%	5%	2%	9%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	1%	5%	2%	9%	0%
5.6	Have you been victimised by a member of staff?	34%	20%	35%	26%	42%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	3%	10%	6%	21%	3%
5.7h	Have you been victimised because you have a disability? (By staff)	3%	3%	10%	2%	9%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	1%	15%	5%	29%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	23%	24%	21%	25%	24%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	36%	25%	24%	32%	35%	27%
5.11	Is it easy/very easy to get illegal drugs in this prison?	4%	24%	5%	15%	4%	17%
6.1a	Is it easy/very easy to see the doctor?	19%	26%	17%	23%	4%	26%
6.1b	Is it easy/ very easy to see the nurse?	64%	65%	61%	64%	62%	64%
6.2	Are you able to see a pharmacist?	40%	34%	54%	34%	34%	38%
6.5	Are you currently taking medication?	37%	58%	53%	47%	45%	47%
6.7	Do you feel you have any emotional well being/mental health issues?	33%	37%	39%	33%	32%	35%
7.1a	Are you currently working in the prison?	37%	33%	11%	37%	29%	36%
7.1b	Are you currently undertaking vocational or skills training?	9%	7%	0%	8%	4%	8%
7.1c	Are you currently in education (including basic skills)?	30%	16%	21%	22%	21%	23%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	4%	3%	0%	4%	0%	4%
7.3	Do you go to the library at least once a week?	36%	28%	37%	30%	29%	33%

## Key to tables

	Any percent highlighted in green is significantly better	<b>BME prisoners</b>	<b>White prisoners</b>	<b>Foreign National prisoners</b>	<b>British National Prisoners</b>	<b>Muslim Prisoners</b>	<b>Non-Muslim Prisoners</b>
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
7.4	On average, do you go to the gym at least twice a week?	48%	21%	25%	35%	39%	32%
7.5	On average, do you go outside for exercise three or more times a week?	47%	38%	31%	46%	54%	38%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	8%	11%	6%	0%	8%
7.7	On average, do you go on association more than five times each week?	35%	42%	44%	40%	29%	41%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	12%	19%	17%	18%	13%	18%
8.1	Do you have a personal officer?	42%	49%	28%	49%	37%	49%
8.9	Have you had any problems sending or receiving mail?	49%	42%	29%	47%	54%	42%
8.10	Have you had any problems getting access to the telephones?	35%	35%	42%	34%	37%	35%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	47%	54%	29%	56%	57%	51%



## Key questions (Disability Analysis) HMP Belmarsh 2009

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

### Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>36</b>	<b>92</b>
<b>1.3</b>	Are you sentenced?	<b>64%</b>	<b>60%</b>
<b>1.7</b>	Are you a foreign national?	<b>21%</b>	<b>13%</b>
<b>1.8</b>	Is English your first language?	<b>88%</b>	<b>82%</b>
<b>1.9</b>	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	<b>42%</b>	<b>48%</b>
<b>1.10</b>	Are you Muslim?	<b>21%</b>	<b>20%</b>
<b>1.12</b>	Do you consider yourself to have a disability?		
<b>1.13</b>	Is this your first time in prison?	<b>28%</b>	<b>39%</b>
<b>2.1d</b>	Was the attention paid to your health needs good/very good?	<b>33%</b>	<b>29%</b>
<b>2.3</b>	Were you treated well/very well by the escort staff?	<b>64%</b>	<b>67%</b>
<b>2.4a</b>	Did you know where you were going when you left court or when transferred from another prison?	<b>50%</b>	<b>71%</b>
<b>3.1e</b>	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	<b>61%</b>	<b>48%</b>
<b>3.1h</b>	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	<b>61%</b>	<b>56%</b>
<b>3.1i</b>	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	<b>70%</b>	<b>58%</b>
<b>3.2a</b>	Did you have any problems when you first arrived?	<b>90%</b>	<b>74%</b>
<b>3.3a</b>	Were you seen by a member of healthcare staff in reception?	<b>80%</b>	<b>77%</b>
<b>3.3b</b>	When you were searched in reception, was this carried out in a respectful way?	<b>57%</b>	<b>60%</b>
<b>3.4</b>	Were you treated well/very well in reception?	<b>44%</b>	<b>44%</b>

## Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>3.7b</b>	Did you have access to someone from healthcare within the first 24 hours?	73%	71%
<b>3.9</b>	Did you feel safe on your first night here?	44%	58%
<b>3.10</b>	Have you been on an induction course?	88%	84%
<b>4.1a</b>	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	39%
<b>4.3a</b>	Are you normally offered enough clean, suitable clothes for the week?	28%	46%
<b>4.3b</b>	Are you normally able to have a shower every day?	53%	73%
<b>4.3e</b>	Is your cell call bell normally answered within five minutes?	34%	39%
<b>4.4</b>	Is the food in this prison good/very good?	15%	8%
<b>4.5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	31%	25%
<b>4.6a</b>	Is it easy/very easy to get a complaints form?	62%	77%
<b>4.6b</b>	Is it easy/very easy to get an application form?	71%	86%
<b>4.9</b>	Have you made a complaint?	39%	46%
<b>4.13a</b>	Do you feel your religious beliefs are respected?	56%	52%
<b>4.13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	52%	45%
<b>4.14</b>	Are you able to speak to a Listener at any time, if you want to?	53%	43%
<b>4.15a</b>	Is there a member of staff you can turn to for help if you have a problem in this prison?	66%	72%
<b>4.15b</b>	Do <b>most</b> staff, in this prison, treat you with respect?	56%	65%
<b>5.1</b>	Have you ever felt unsafe in this prison?	66%	45%
<b>5.2</b>	Do you feel unsafe in this prison at the moment?	26%	21%
<b>5.4</b>	Have you been victimised by another prisoner?	34%	16%
<b>5.5d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	1%

## Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.5i	Victimised you because you have a disability?	9%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%
5.6	Have you been victimised by a member of staff?	47%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	6%
5.7h	Victimised you because you have a disability?	12%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	7%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	39%	18%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	46%	25%
5.11	Is it easy/very easy to get illegal drugs in this prison?	21%	11%
6.1a	Is it easy/very easy to see the doctor?	30%	19%
6.1b	Is it easy/ very easy to see the nurse?	67%	62%
6.2	Are you able to see a pharmacist?	38%	36%
6.5	Are you currently taking medication?	84%	35%
6.7	Do you feel you have any emotional well being/mental health issues?	70%	21%
7.1a	Are you currently working in the prison?	30%	36%
7.1b	Are you currently undertaking vocational or skills training?	6%	7%
7.1c	Are you currently in education (including basic skills)?	9%	27%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	6%	2%
7.3	Do you go to the library at least once a week?	15%	38%
7.4	On average, do you go to the gym at least twice a week?	22%	39%
7.5	On average, do you go outside for exercise three or more times a week?	34%	48%



**Key to tables**

	Any percent highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	<b>3%</b>	<b>8%</b>
<b>7.7</b>	On average, do you go on association more than five times each week?	<b>33%</b>	<b>43%</b>
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	<b>6%</b>	<b>22%</b>
<b>8.1</b>	Do you have a personal officer?	<b>40%</b>	<b>48%</b>
<b>8.9</b>	Have you had any problems sending or receiving mail?	<b>49%</b>	<b>44%</b>
<b>8.10</b>	Have you had any problems getting access to the telephones?	<b>47%</b>	<b>32%</b>
<b>8.12</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	<b>44%</b>	<b>55%</b>