

Report on an unannounced full follow-up
inspection of

HMP Brixton

1–10 December 2010

by HM Chief Inspector of Prisons

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Introduction

HMP Brixton is an overcrowded, Victorian, local prison on a small, inner London site. Its certified normal capacity is just over 500 prisoners but, at the time of this follow-up inspection, the average number of prisoners held was between 725 and 775. Many men doubled up in cells built for one.

The prison predominantly served the courts of south London, and dealt with about 90 new receptions each week. Half of the prisoners it held were unsentenced and most had been in the prison for less than three months. Two out of five of the prisoners we surveyed said they had a drug problem when they came into the prison – many more than in comparable prisons and more than when we last inspected Brixton.

Despite these challenges, Brixton had improved since our last inspection. Some of these improvements were significant. Most importantly, at the time of the inspection, there had been no self-inflicted deaths for three years, compared with seven in the two years before the last inspection. Illicit drug use, though still too high, had reduced; there was no longer a smell of cannabis on the wings. The use of a pest controller meant that the prison's vermin problem was now more under control.

However, the problems that did remain were substantial and it was clear that managers and staff would struggle to maintain what, in many respects, were the minimum of basic standards.

Fundamentally, the prison was overcrowded. Many prisoners shared small cells that were dirty and in a poor state of repair. Toilets in the cells were often unscreened. The minimum time anyone could spend in their cell was about 18 hours a day. Many prisoners were locked up for 21 hours a day, and those who had morning association were often locked up from lunchtime (mid-morning) until breakfast the following day. In a very poor environment it is worth noting that the quality of food was good – although served much too early.

The lack of time out of cell reflected the prison's limited space to offer purposeful activity. The education and workshops offered – such as textiles and the prison radio – were often very good, but the amount of activity offered was not nearly enough for the number of prisoners held.

Although we observed good, friendly staff-prisoner relationships, prisoner perceptions of their own safety were poor. The personal officer scheme was very limited. The sense from many prisoners was that staff were friendly enough, but they could not always be relied on to resolve problems and trouble. Governance and record keeping around discipline and security was poor. The gatehouse was alarmingly chaotic.

Resettlement, however, was an area where the prison made a difference in challenging circumstances. It made energetic use of local community resources, and the highly visible chaplaincy exemplified Brixton's positive work. Community resources strengthened the prison's diversity work but this did not extend sufficiently beyond issues of race. There was good work to address prisoner's offending behaviour and give them the practical assistance they needed to stay of trouble when they left the prison. Brixton was beginning to tie into some London-wide resettlement initiatives; these were promising but needed further development.

The most disturbing sight in the prison was the inpatient mental health care. Some young men, who had been sectioned, were waiting for up to six months for a place in a secure mental health hospital. Some cells were in a very poor state of repair with ripped linoleum floors,

graffiti on the walls and dirty toilets without seats. The staff we spoke to were concerned about their inability to move some very ill patients to more suitable care. They made a point of introducing us to a distressed prisoner who appeared unable to care for himself in even the most basic way and who was in an extremely disordered cell. It was a disgraceful way to hold someone who was little more than a boy and very sick.

Prison capacity is not simply a question of how many prisoners can be squeezed into the beds available. Brixton has simply too many prisoners and is not a suitable site for a busy local prison. As my predecessors have urged before, the purpose and function of Brixton prison should be reviewed and redefined, and the resources required to deliver that purpose and function must be provided.

Nick Hardwick
HM Chief Inspector of Prisons

February 2011

Fact page

Task of the establishment

HMP Brixton is a local prison holding adult males.

Prison status

Publicly owned

Region

London

Number held

Average: 725-775

Certified normal accommodation

503

Operational capacity

798

Date of last full inspection

28 April - 2 May 2008

Brief history

HMP Brixton was founded in 1819. The largely Victorian prison now occupies a very cramped site. The old kitchen has been converted into the Windmill Centre providing a range of training workshops.

Short description of residential units

- A wing - 263 prisoners in 143 cells (mostly doubled, one with disabled access).
- B wing - 160 prisoners in 86 cells, some doubled.
- C wing - 133 prisoners in 69 cells (all doubled, one with disabled access).
- D wing - 25-bed inpatient facility.
- G wing - 222 prisoners in 151 cells (61 doubled, one with disabled access). Specialist substance misuse wing.

Facilities management

Carillion plc

Escort contractor

Serco

Health service commissioner and providers

Lambeth Primary Care Trust commissions health services, which are currently operated by Care UK, who sub-contract to SLaM (South London and Maudsley NHS Foundation Trust) to provide mental health services.

Learning and skills provider

Kensington and Chelsea College

Healthy prison summary

Introduction

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:

| | |
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| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | 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.

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good 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. Procedures to safeguard outcomes are in place.

- outcomes for prisoners are not sufficiently good 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.

- outcomes for prisoners are poor 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.¹ This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2008 we found that Brixton was not performing sufficiently well against the healthy prison test of safety. We made 53 recommendations, of which 25 had been achieved, 10 had been partially achieved, 17 were not achieved and one was no longer relevant. We have made 33 further recommendations.
- HP5 In 2008 we found that Brixton was not performing sufficiently well against the healthy prison test of respect. We made 62 recommendations, of which 21 had been achieved, 12 had been partially achieved, 28 were not achieved and one was no longer relevant. We have made 47 further recommendations.
- HP6 In 2008 we found that Brixton was not performing sufficiently well against the healthy prison test of purposeful activity. We made 15 recommendations, of which nine had been achieved, two had been partially achieved and four were not achieved. We have made 10 further recommendations.
- HP7 In 2008 we found that Brixton was not performing sufficiently well against the healthy prison test of resettlement. We made 36 recommendations, of which 17 had been achieved, nine had been partially achieved, nine were not achieved and one was no longer relevant. We have made 24 further recommendations.

Safety

- HP8 Prisoners spent long periods in court cells or in transit before their arrival but procedures to manage the early experience of custody were generally adequate. Reception was process driven, although staff were reasonably respectful. All new arrivals were risk assessed but we were not assured all were properly inducted. The level of recorded violence was not excessive but violence reduction and anti-bullying procedures needed to develop further. Prisoner perceptions of their own safety were worse than at comparator prisons, although most vulnerable prisoners suggested that they felt safe. The prison had a focus on preventing self-harm and there had been no self-inflicted deaths in recent years. A significant amount of security intelligence was received but this was managed poorly. Use of force was not excessive but governance was weak. Use of segregation was low. Illicit drug use was significant but much improved since our last inspection. We concluded that safety outcomes, on balance, had improved marginally and were now reasonably good against this healthy prison test.

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners/detainees in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to *statistically significant* differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from the *Dictionary of Forensic Psychology*: HM Inspectorate of Prisons.)

- HP9 Brixton dealt with a significant throughput of prisoners each day from several central and south London courts. Escort vehicles were often dirty and had graffiti. Contractor escort staff searched prisoners sensitively and maintained a good rapport with those in their custody, but some prisoners spent too long held in court cells or in transit before arrival. Many prisoner escort records were either blank or incomplete and did not give adequate assurance that prisoners' needs concerning safety and respect had been met.
- HP10 Reception was process-driven, with an emphasis on getting prisoners to the wing quickly. The area was large and relatively clean but drab and unwelcoming to new arrivals. Holding rooms were similarly clean but drab and also devoid of information or facilities. Health checks for new arrivals took place in a private room but some prisoners were not searched until after they had seen the nurse, which was a risk. Searching took place in an office annex that was not adequately screened and many prisoners considered the process disrespectful. Reception staff were reasonable in their dealings with prisoners.
- HP11 Most new arrivals were initially located on C wing. We were assured that all prisoners received a first night interview and cell sharing risk assessment before they were locked in a cell. Those who required protection were placed on C4 landing and those requiring drug detoxification went to G wing, the specialist substance misuse wing. Systems for identifying vulnerable prisoners in reception or during the first night procedures were adequate. Cells for new arrivals were unkempt and dirty. Night patrols were unaware of who the new arrivals were or where they were located.
- HP12 Over one-quarter of eligible prisoners had not had an induction, the majority being those on G wing. Induction was limited to a rushed two-hour session, which was continually interrupted by the movement of staff and other prisoners. Vulnerable prisoners were inducted individually by a prisoner induction orderly. There was a comprehensive and recently updated induction booklet for the programme but this was in English only and the foreign language versions available were out of date.
- HP13 The violence reduction strategy was comprehensive but not informed by any consultation with prisoners. The collection of data on violent incidents had improved but the effectiveness of action planning and follow up was questionable. The recorded level of violence in the prison was not excessive but it was concerning that prisoners in our survey reported feeling less safe than in comparator prisons. Some prisoners indicated feeling isolated, victimised by staff and fearful of bullying from other prisoners. Information sharing between the safer custody team and security department was insufficient and required development. Only 19 incidents of bullying had been recorded in 2010 to date but we were not assured that the prison had a full picture of the problem. The quality of the management and support plans for both perpetrators and victims was variable.
- HP14 There were 35 vulnerable prisoners on the dedicated landing, C4. A few overspill prisoners were located on C2 landing, which also held mainstream prisoners. Vulnerable prisoners had improved access to work and leisure activities, with approximately 40% in work off the wing. In-cell education was available but very limited. Prisoners told us that they generally felt safe, although the few held on C2 raised concerns.
- HP15 It was to the establishment's credit that there had been no self-inflicted deaths since our last inspection. Action planning and local enquiry following self-harm incidents

were completed to a high standard. The suicide and self-harm management strategy was comprehensive and the level of staff training in assessment, care in custody and teamwork (ACCT) self-harm monitoring was high. The number of ACCT documents opened was also high, although this was slightly distorted because most prisoners in the inpatient unit, D wing, were subject to ACCT even though not all were actively at risk of self-harm or suicide. The quality of ACCT documents was mixed with some recurrent weaknesses, despite management checks. There was, however, evidence of positive, if inconsistent, staff engagement with prisoners in crisis. Those we spoke to felt that they were observed but did not necessarily feel engaged or cared for.

- HP16 The prison received a significant number of security information reports but processes were weak and the management of intelligence delayed. The monthly intelligence report failed to evidence analysis and the minutes of the security meeting provided no sense of current priorities or action required to address them. The population management meeting addressed the safe management of the population but needed to ensure that its decisions were justified and recorded. Recent changes to the management of closed visits had seen a big reduction in the prisoners affected, which was appropriate. Rules were explained during induction and were displayed on noticeboards but there was inconsistency in application.
- HP17 The number of adjudications was similar to those recorded at the last inspection. While punishments seemed fair, we were concerned about the number of hearings where records failed to demonstrate sufficient exploration of evidence before findings of guilt. We were particularly concerned that one inpatient with significant mental health issues was subject to a disciplinary adjudication and found guilty of an offence without either his presence or efforts to engage with him. We also found some evidence of unofficial punishments, notably loss of gym, without correct authority.
- HP18 The recorded deployment of force was similar to the last inspection. Systems for maintaining use of force documentation were chaotic and governance was inadequate. Video records of planned interventions were not available. Batons had been drawn on three occasions during 2010 but these incidents had not been subject to effective enquiry. Use of special accommodation was commendably low and we were assured that it was only used as a last resort. Authorising paperwork was, however, poor, again suggesting deficient governance.
- HP19 The use of segregation, in the care and separation unit (CSU), was reasonably low and the average length of stay was quite short. The unit was clean but tired and gloomy and cells were cold with invariably filthy toilets. The exercise yard was large but austere. Prisoners who had spent time in the CSU were complimentary about their treatment, and all could receive daily access to showers, telephones and exercise. Staff were reasonably respectful but care planning and record keeping were weak. Apart from some education outreach work in the unit, the regime was otherwise limited.
- HP20 In our survey, a significant proportion of prisoners (41%) identified that they had a drug problem when they arrived. There were satisfactory integrated drug treatment system (IDTS) procedures, although first night prescribing was relatively new and until recently just limited to symptomatic relief. Mandatory drug testing rates had fallen considerably since the previous inspection. In our safety interviews with prisoners, however, the most frequently identified safety issue at Brixton was the availability of drugs. Intelligence-led suspicion drug testing was inadequate.

Respect

HP21 The quality and cleanliness of the environment, in particular the wings and cells, were very poor. The external environment had improved marginally. We saw many examples of friendly and constructive engagement between staff and prisoners, although there was evidence that prisoners did not feel respected and some questioned staff effectiveness. The personal officer scheme was very limited. The quality of food was reasonable and appreciated by prisoners. The prison had a good strategy to address all diversity strands but outcomes varied. Support for foreign national prisoners was reasonable but could be developed further. The chaplaincy was highly visible and well integrated into the broader work of the prison. Prisoners expressed limited confidence in applications and complaints procedures. With the exception of the inpatient facility, which was poor, the quality of health care was generally good. However, some patients had long waits for transfer to secure NHS facilities. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment remained not sufficiently good against this healthy prison test.

HP22 The outside environment had improved and the introduction of a pest control officer had been useful. The cleanliness of wings was unsatisfactory. Cells designed for one person were routinely shared, and many were dirty and in a poor condition decoratively. Toilets were inadequately screened. Showers on wings were dirty and afforded no privacy. Prisoners were permitted to wear their own clothes but access to wing laundries was limited. Arrangements for the collection and delivery of mail were poor.

HP23 Senior managers consistently endeavoured to improve the effectiveness of the incentives and earned privileges (IEP) scheme, which was kept under regular review. Prisoners understood the scheme but there was little evidence that it was a meaningful motivational tool.

HP24 We saw many examples of positive and friendly engagement between staff and prisoners, and many prisoners told us that staff treated them well. Many, however, also questioned their effectiveness or reliability in dealing with the issues or problems they faced. In our survey, only two-thirds of respondents believed staff treated them with respect or that there was a member of staff they could turn to if they had a problem, which were worse findings than at other local prisons.

HP25 The personal officer scheme was ineffective. Staff had little or no understanding of the policy and prisoners told us that they did not know they had a personal officer or that the scheme ran at Brixton. Personal officers had few links with the offender management unit and only a small handful attended ACCT reviews. Case history notes were poor.

HP26 Prisoners were generally appreciative of the food and some made positive comments about quality. Menus were varied and the kitchen supported cultural diversity. The quality of service delivery and standard of cleanliness were good. Standards in the servery were reasonable. Food was often served too early and breakfast packs were issued the day before consumption, which was inappropriate. Consultation arrangements were reasonable.

- HP27 The prison provided a shop service through a standard DHL contract. Cultural diversity was addressed reasonably. Catalogue orders were not possible and potential delays in access to the shop for new arrivals were concerning.
- HP28 The prison had a user-friendly diversity and equality strategy. The accompanying comprehensive action plan was regularly reviewed. The bimonthly diversity action team was well supported by senior managers and attended by community and prisoner representatives. Meetings tended to focus on race equality issues and not all diversity strands were routinely discussed. Prisoner diversity orderlies appeared well supported but there were only two in post during the inspection. There was a well-established system for staff and prisoners to report all incidents of discrimination but monitoring to ensure equality of access to regime services did not extend beyond ethnic monitoring data.
- HP29 There was an experienced full-time race equality officer; although not all black and minority ethnic prisoners knew the REO's identity. There had been problems with ensuring prisoners' ethnicity was entered on the IT system, which undermined the integrity of ethnic monitoring data. This data was routinely discussed at monthly equality meetings and a detailed examination of the consistent over-representation of black prisoners in use of force incidents was under way. The number of racist incident report forms submitted was falling but black and minority ethnic prisoners were consistently under-represented in the number of complaints made. Investigations into reported incidents of racism were reasonably thorough. There had been some interesting events to promote and celebrate cultural diversity.
- HP30 Foreign national prisoners constituted about a third of the population. The needs of foreign prisoners were not routinely assessed on arrival. They were given a local information pack and a letter but both were only available in English. Immigration staff based at the prison facilitated weekly immigration surgeries. Foreign national prisoners could make a free international telephone call each month but take-up was low. Foreign national support groups had not been held for some time but prisoners had access to independent immigration advice through regular Detention Advice Service visits.
- HP31 Prisoners could disclose disabilities on reception but follow-up assessments and care planning were limited. Staff awareness of prisoners with personal emergency and evacuation plans was similarly limited. A monthly group for older prisoners was facilitated but not all prisoners were aware of this and it did not meet consistently. In our survey, Muslim prisoners expressed more negative perceptions about their treatment, although the prison had undertaken some steps to understand their views. A previous support group for gay prisoners was not currently running.
- HP32 Prisoners had little confidence in the application and complaints systems, despite the receipt of about 200 applications and 50 complaint forms a week. Prisoners complained that applications were not dealt with promptly. Complaints procedures were crudely managed and we were not assured that recording procedures were accurate. Some replies were limited and did not properly address the complaint. There was a full-time legal services officer and three bail support workers. Provision for both services was satisfactory.
- HP33 There was an active and creative chaplaincy team with a very visible presence throughout the prison. There had been investment in improving chaplaincy facilities

and improvements in prisoner access to the range of activities. Levels of attendance at services were good.

HP34 In our survey prisoners were generally positive about the access and quality of health care they received, although some weaknesses were highlighted. Health services were well managed by the various providers, and the environment in the health care centre for the care and treatment of patients was adequate. However, the inpatient unit and treatment rooms on the wings were not fit for purpose. Prisoners received a good level of GP care and waiting lists were short. Facilities for the administration of medicines were satisfactory. Access to dental care was very good. Secondary mental health services were well resourced and provided a good level of care but there were 14 inpatients waiting for secure NHS mental health beds, and one had waited over six months.

Purposeful activity

HP35 All prisoners were able to associate daily but time out of cell was very limited and there was no evening association. The quality of learning and skills provision was good for those prisoners able to access it. Basic skills were generally well supported and the quality of learning was good. The provision of vocational training had improved but most work activity was low skill and basic. There remained insufficient activity for the needs of the population and about a third of prisoners were recorded as unemployed. Allocation to activity and attendance also needed to improve. Access to PE was limited, but despite poor facilities the programme was reasonable. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment remained not sufficiently good against this healthy prison test.

HP36 The prison's core day indicated that for those prisoners fully engaged with the regime, a maximum of just 6.75 hours out of cell was achievable each day. For many, however, the reality was as low as three hours daily. Random roll checks suggested that between 20% and 30% of prisoners were locked up during the working part of the day. Evening association was still unavailable, although association was provided during the day. Prisoners could access about an hour's exercise in the open air every day.

HP37 There were about 455 full-time-equivalent activity places. There was a limited range of full-time work opportunities for about 139 prisoners and part-time work for about 121. There were 221 unemployed prisoners. The limited work available consisted mainly of wing-based activities, such as cleaning as well as work in the laundry, kitchen, and various orderly jobs. Pay rates varied across the prison with less popular jobs commanding better rates. The range of work for vulnerable prisoners had improved since the last inspection but, as with mainstream prisoners, much was menial.

HP38 The Windmill Centre provided up to 100 places for vocational courses that focused on employability. The centre offered improved accommodation for the graphic design course and good resources for radio production and textiles. However, 20 places allocated to an industrial cleaning course were unused due to difficulties in recruiting appropriate staff. Attendance was poor. Typically, the number of prisoners allocated to the workshops was also significantly less than the agreed capacity. For those prisoners who completed their training, achievement was very good. The quality of

the work was also generally very good. In our survey, about two-thirds of prisoners had been involved in vocational training, better than responses at comparator prisons.

- HP39 Prisoners received a thorough initial assessment if they expressed an interest in attending education. Induction included useful information as well as advice on onward progression to learning after release. There were 196 part-time places in the education department. Some in-cell education support was provided for vulnerable prisoners. A few prisoners received support for distance learning programmes. There was a good range of literacy, numeracy and information and communications technology (ICT) courses but insufficient English for speakers of other languages (ESOL) provision. Prisoners made good progress in lessons, and teaching and learning were good. Standards of work were also good and the standards achieved by some prisoners in ICT were outstanding. Data on prisoners' achievements of accredited awards were, however, unclear. Attendance was satisfactory overall. In our survey, nearly three-quarters of prisoners had been involved in education which was both an improvement and better than the comparator.
- HP40 A well-organised and welcoming library was provided by Lambeth Library Service in the education department. Books were available in 26 different languages. The library was open daily and there was a well-organised system for allocating access to prisoners each morning and afternoon, including time for vulnerable prisoners and inpatients. However, there were fewer than 100 prisoner visits a week to the library and in our survey less than a quarter of prisoners said they used it each week.
- HP41 Allocation to PE was equitable. Prisoners had access to between 1.5 and three hours of recreational PE a week but not at weekends or evenings. Prisoner perception concerning access was poor. Despite very poor facilities, including no sports hall, the department had developed a varied programme of sport and health-related activities.

Resettlement

- HP42 The resettlement policy was comprehensive and addressed each pathway but was not supported by an up-to-date action plan. Prisoners had a comprehensive initial assessment of their resettlement needs through the London initial screening and reducing reoffending tool (LISARRT) ensuring that all, including short-term and remand prisoners, received some custody planning. Most prisoners attended pre-release meetings to review resettlement plans before discharge but take-up was limited as many declined to attend. Work with prisoners in scope for offender management was good. Links with the London Diamond (integrated offender management) initiative required further development. Public protection arrangements were comprehensive and generally well managed. Accommodation support was good but some other pathways required more development. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.
- HP43 There was a satisfactory and up-to-date resettlement policy but it was not supported by a development action plan. A partnership and pathway meeting met quarterly, updating information under each pathway, but lacked a strategic focus. There were reasonable links with the wider London reducing reoffending forums and the prison was part of the London Diamond model of integrated offender management. This

work, however, operated in isolation of wider resettlement work and there was no link to the resettlement meetings or to pre-release boards.

- HP44 The London initial screening and reducing reoffending tool (LISARRT) had been developed further since our last inspection and now offered a good basic assessment tool and custody plan for remand and short sentence prisoners. All sentenced prisoners were invited to a pre-release meeting approximately two weeks before release but a significant number chose not to attend and a small number were missed. Prisoners in scope for offender management were well managed by the four probation officer offender supervisors. The quality of work was impressive, contact frequent, and work structured and focused around meaningful sentence planning targets. Links with offender managers were also generally good. The prison was up to date with its OASys (offender assessment system) assessment allocation target. There was a very effective level of support and contact between the offender management unit and the 13 indeterminate-sentenced prisoners.
- HP45 Arrangements for public protection were generally good with effective screening. Prisoners subject to monitoring received comprehensive reviews fortnightly. The monthly public protection meetings reviewed all multi-agency public protection arrangements (MAPPA) cases during the four months before their release.
- HP46 The St Giles Trust delivered a comprehensive accommodation service readily accessed by self-referral, referrals by peer advisers or through LISARRT. The peer adviser model was a good initiative and there was a good range of casework that addressed housing need. Only 7% of prisoners were recorded as discharged with no fixed accommodation and 83.5% achieved settled accommodation (the rest had temporary accommodation). Bail information support services were also effective.
- HP47 The limited vocational training offered was aimed at enabling prisoners to acquire basic employability skills. A weekly resettlement board involved Jobcentre Plus and other agencies as well as key workers in the prison. A labour market coordinator was employed to identify job vacancies in the community. The prison had some good links with several local organisations to promote employment.
- HP48 Pre-release planning for prisoners' health needs was satisfactory with weekly discharge planning meetings. Information was provided on access to health services in the community and patients were given letters for GPs outlining their care and treatment. The care programme approach was used for those with enduring mental health problems. Palliative care and end-of-life care policies had been developed.
- HP49 Although provision under the finance, benefit and debt pathway was limited, the chaplaincy had recently begun facilitating a course on debt management and advice, but there was no individual debt management support.
- HP50 The continuity of care aims of the End2End drug initiative were positive but it had been very slow to get established. Prisoners on G wing, the detoxification wing, were the main focus of its services, limiting input elsewhere. Our survey indicated poor prisoner understanding of service provision. A monthly continuity of care meeting monitored all prisoners within six weeks of release, ensuring that drug-related work was properly coordinated with community-based agencies. Disappointingly, mental health, psychology and sentence planning staff did not regularly contribute to this meeting. ADFAM contributed significantly to resettlement efforts for prisoners with drug and alcohol issues by arranging family support and interventions.

- HP51 The visitors' centre was small and crowded. Prison Advice and Care Trust (PACT) family support workers provided information for visitors and there was opportunity for families to give written feedback about their visits experience. Visitors had commented on difficulties accessing the visits booking line although they were also able to book visits in person or by email. A visits consultative committee was attended by prisoner representatives. Access to morning and afternoon visits sessions was good but the visits environment was tired and grubby. The play area was not open for all visits sessions but work to improve and expand the size of the facility was about to begin. Family visits were held eight times a year but there were few other initiatives to support the children and families pathway.
- HP52 The provision of accredited offending behaviour programmes was limited to the short duration drug programme, P-ASRO (prison addressing substance related offending) and the thinking skills programme (TSP). The TSP target was low at only 36 but this appeared to match demand. The psychology department undertook assessments for other programmes, although there was no provision at Brixton for either violent offenders or those with alcohol related problems (save for an IDTS module). The introduction of the non-accredited 'change starts now' motivational programme was a positive initiative.

Main recommendations

- HP53 The purpose and function of Brixton prison should be reviewed and redefined, and the resources required to deliver that purpose and function should be provided.
- HP54 Information sharing between the safer custody and security teams should be improved, and all violent incidents and indicators of violence should be monitored for trends and emerging patterns and should inform the violence reduction action plan and strategy.
- HP55 Vulnerable prisoners should not be held on the same landing as mainstream prisoners.
- HP56 The prison should strengthen measures to curb the supply of illicit drugs.
- HP57 Time out of cell should be increased for all prisoners and should include evening association.
- HP58 The personal officer scheme should be relaunched and all staff should be clear about their responsibilities under the programme.
- HP59 The range of learning and skills courses should be improved and full use should be made of existing capacity.

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)

Main recommendations

- MR1 **The purpose and function of Brixton prison should be reviewed and redefined, and the resources required to deliver that purpose and function should be provided. (HP45)**

Not achieved. Brixton's role as a local prison serving courts in central and south London remained unchanged. Managers had accepted that the function of the establishment needed to change if it were to make progress and improve standards. However, ideas about this were vague with no specific plan or strategy in place, although there was an aspiration that the prison's local prison function should be transferred to the new establishment near Belmarsh over the next few years with Brixton becoming a resettlement prison for London.

See main recommendation HP53.

- MR2 **The prison should introduce measures to curb the supply of illicit drugs. (HP46)**

Partially achieved. In our survey, a quarter of respondents said that it was easy to get illegal drugs in the prison, which was a fall from 42% in 2008. Mandatory drug testing positive rates had fallen from 31.1% at the previous inspection to 12.6% in the previous six months. While this average was below the target of 16%, the range was from 2.5% in June 2010 to a high of 22.2% in September 2010. Supply reduction policies included the use of a body orifice security scanner (BOSS) chair, an X-ray machine for prisoners' property and two dog handlers – each with one active and one passive drug dog. Despite the survey findings and lower drug test results, many prisoners had a different perspective. For example, in our safety interviews, the most frequently identified safety issue at Brixton was the availability of drugs. In our informal discussions with prisoners too, the overriding view was that drugs were more widely available on G wing.

See main recommendation HP56.

- MR3 **The safer custody committee should define the indicators of violence (such as injury forms, adjudication data, incident reporting system reports and security information reports) that are required to ensure that all relevant information about incidents, gang formation, violence, bullying and self-harm are gathered centrally, and that this information is monitored for trends and any emerging patterns. (HP47)**

Partially achieved. More than 470 incidents had been reported on the incident reporting system (IRS) between May and November 2010, of which 71 were assaults against staff or prisoners and 53 were fights. These figures were significantly higher than at the last inspection, although many incidents were low level and recorded incidents of violence were not excessive. The safer custody team had made improvements in gathering information on most indicators of violence listed in the current and comprehensive violence reduction strategy and maintained these in a comprehensive database. However, information sharing with the security department was underdeveloped, particularly on gang-related activity in violent incidents. A report of the data gathered was submitted to the well-attended safer custody committee each month. While we were told that the report was discussed, minutes of the meetings did not indicate identification of any trends or patterns or actions to reduce violence in the prison. A

safer custody strategy committee also met monthly and, similarly, minutes of the meeting provided limited assurance that the group focused appropriately on reducing all types of violence and antisocial behaviour in the prison. A violence reduction action plan was in place but neither this nor the strategy were always informed by the information that had been gathered or indicators of violence, including those highlighted in a survey of prisoners in January 2010.

See main recommendation HP54.

MR4 Vulnerable prisoners should not be held on the same landing as mainstream prisoners. (HP48)

Partially achieved. C4 landing was now the dedicated vulnerable prisoner landing and was blocked off from the rest of the wing. However, five cells on the mainstream C2 landing had been identified for overspill vulnerable prisoners. At the time of the inspection, there were four vulnerable prisoners on C2 landing.

See main recommendation HP55.

MR5 The personal officer scheme should be relaunched and all staff should be clear about their responsibilities under the programme. (HP49)

Not achieved. The scheme had been relaunched and there was a good succinct policy document accompanied by a handy guide for staff. However, staff we spoke to were unaware of its contents and their role as a personal officer. The personal officer scheme was still not working effectively.

See main recommendation HP58.

MR6 The prison should increase the amount of purposeful activity, vocational training and education. (HP50)

Partially achieved. The prison had made some improvement to the overall amount of purposeful activity. It now provided around 455 places, which occupied approximately 62% of the population. The range and amount of vocational and employability training for most prisoners had been increased (see paragraph 6.12), as had the work opportunities for vulnerable prisoners. However, the amount of in-cell education for vulnerable prisoners had decreased and the current range of education programmes was limited to literacy and numeracy.

See main recommendation HP59.

MR7 Prisoners should be able to spend 10 hours a day out of cell. (HP51)

Not achieved. The prison reported a daily time unlock figure of about 6.5 hours a day. The core day suggested that a fully employed prisoner or a part-time employed prisoner who was also engaging in association could achieve a maximum of about 6.75 hours a day out of cell during the working week. For many, however, the amount of time out of cell was mainly confined to a three-hour period of association, either during the morning or the afternoon (see paragraph 6.45).

See further recommendation 6.47.

MR8 Prisoners should have evening association. (HP52)

Not achieved. Evening association was not available, and association for each wing alternated between morning and afternoon sessions (see paragraph 6.45).

See main recommendation HP57.

MR9 Prisoners in scope of the offender management model should receive sentence planning. (HP53)

Achieved. All prisoners in scope for offender management under phase two (86 at the time of the inspection) and a further 13 under phase three were subject to sentence planning and initial reviews were completed within 16 weeks of sentence. Community-based offender managers attended approximately 90% of meetings.

MR10 Custody planning, based on an accurate assessment of needs, should be provided to all prisoners not in scope for offender management. (HP54)

Achieved. Most prisoners were subject to the London initial screening and referral and reducing reoffending tool (LISARRT) although approximately 8-10% refused to participate (see paragraphs 9.3 and 9.12). The assessment tool triggered referrals to pathway leads who arranged to provide necessary support to prisoners during their stay. Approximately 26% of prisoners – those in scope under phases two and three of offender management and those sentenced to over 12 months – had comprehensive sentence plans based on OASys (offender assessment system) assessments, but for 75% of prisoners, those serving under 12 month and those on remand, LISARRT constituted their only custody planning. Nevertheless, it offered a reasonably comprehensive alternative.

MR11 Brixton should pursue useful partnerships in the local community to develop provision across the resettlement pathways. (HP55)

Achieved. A wide variety of community services provided support for prisoners at Brixton. These included services offering accommodation support and drugs and alcohol provision, as well as a range of services through the chaplaincy. Many of these organisations also attended the quarterly partnership meeting.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

1.1 Prisoners should be held in court cells for the minimum possible period. (1.9).

Not achieved. Some prisoners told us that they were being dealt with in court in the morning and not returning to Brixton until late afternoon. We looked at a number of prisoner escort records (PERs) from the previous 12 months and found evidence that it took three to four hours between prisoners being dealt with in court and arriving at Brixton. In one case, a prisoner remanded into custody at the first court hearing in the morning only arrived at the prison at 6pm.

We repeat the recommendation.

1.2 On arrival at Brixton, prisoners should not be held on escort vehicles for unacceptably long periods. (1.10)

Achieved. Procedures for receptions were swift and most arriving prisoners were disembarked immediately or within a relatively short time.

1.3 Prisoners should arrive at Brixton before 7pm. (1.11)

Achieved. Reception staff said that most prisoners arrived in the afternoon but occasionally prisoners arrived after 7pm. However, all the receptions we observed arrived before this time and a sample of PERs provided assurance that prisoners arrived before 7pm. The catchment area for courts that sent prisoners to Brixton was in close proximity to the prison.

1.4 Unsentenced prisoners attending magistrates' courts should be accompanied by their property and private cash. (1.12)

Achieved. It was standard policy at Brixton that prisoners attending court should be accompanied by their property and private cash, and all those we observed had their property and cash with them.

1.5 Prisoners should be given written information at court about Brixton in a language they understand before their transfer. (1.13)

Not achieved. In our survey, only 15% of respondents said that they had been given information about the prison before they arrived. None of those we spoke to had been given prior information.

We repeat the recommendation.

Additional information

- 1.6 Serco was the main provider for escort services. In our survey, only 10% of respondents, against the comparator of 13%, said that the comfort of the van was good. All the new arrivals we spoke to said that the vans were uncomfortable. The vans we saw were dirty and had graffiti on the walls and etched into the windows. However, they all had an adequate supply of emergency equipment and food and water.
- 1.7 We observed escort staff searching prisoners sensitively and they had a good rapport with them. In our survey, only 56% of respondents, against the comparator of 60%, said that their personal safety during the journey was good. We saw some PERs that were incomplete and did not give assurance that the prisoner's needs had been met while in the charge of the contractor. One prisoner, who returned to the prison mid-afternoon, complained to us that he had not received a meal since leaving police custody at breakfast. His PER did not show that a meal had been offered and on further investigation it transpired that the court staff had forgotten to do so.
- 1.8 Reception was open over the lunch period to accept and process prisoners. Prisoners attending court were given breakfast packs the day before and were not offered food or hot drinks in reception on the day they were attending court. Restraints were not used on prisoners between reception and the escorting vehicle; this was proportionate to the risk as the distance was small and there were staff in the area.

Further recommendations

- 1.9 Contract escort vehicles should be clean and free from graffiti.
- 1.10 Prisoner escort records should be completed to show a chronological history that indicates that prisoners' needs (including meals) have been met.
- 1.11 Prisoners attending court should be offered a breakfast meal and a hot drink on the day they attend.

First days in custody

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.

Reception

- 1.12 The reception building should be replaced with a purpose-built facility that fully meets the needs of prisoners. (1.28)

Not achieved. The building remained the same as at the inspection in 2008. The prison's proposals to replace it had not been approved by the Prison Service. The building was clean

but not welcoming to new arrivals. There were five small holding rooms and two larger ones. Although clean, these rooms were bare, had graffiti on the walls and no reading information or televisions to occupy prisoners. There were three toilets on the main corridor that had stable doors and prisoners using them could be clearly seen by staff, prisoners and visitors. **We repeat the recommendation.**

Additional information

- 1.13 There was an average of 88 new receptions a week. Prisoners spent a minimal time in reception. After their identification was checked at the front desk, they were seen by health care staff in a private room before they were first searched, and this was a risk to staff. They were then searched in what appeared to be a corridor/annex office, which was inappropriate. There was no private screening for this search, which was attended by three staff – two searching and one recording property. Staff carried out the search respectfully but in our survey only 64% of respondents, against the comparator of 73%, said they were searched in reception in a respectful way. Prisoners told us that it was the environment rather than the staff that caused them to feel this way.
- 1.14 In our survey, only half of respondents said that they were treated well in reception. The staff we observed were courteous to prisoners and we saw one example of good interaction with a prisoner who was angry and upset at being in custody. There was limited written information in reception on noticeboards or in booklets.

Further recommendation

- 1.15 New arrivals should be searched in a private room and before they are seen by other staff in the reception process.

Housekeeping point

- 1.16 Information on the reception process should be clearly displayed in reception and the holding rooms.

First night

- 1.17 **Night patrols should be alerted to the cell location of new arrivals and make regular checks on them. (1.29)**
- Not achieved.** All new arrivals were located on to C wing landings 2 and 3 unless they were vulnerable prisoners, who were located on C4 landing, or prisoners detoxifying, who went to G wing. There was no system to identify new arrivals and the night patrols we spoke to were unaware who the new arrivals were. **We repeat the recommendation.**
- 1.18 **New arrivals should consistently receive the full range of reception services, including a shower, free telephone call, reception pack and written information. (1.30)**
- Partially achieved.** New arrivals were given £3 telephone credit, of which £1 was free, and a smoker's or non-smoker's pack. Prisoners transferring in were not given a pack or free telephone call. Prisoner access to the telephone on the day of arrival was sporadic with only a limited number of prisoners on C wing allowed to use the telephone during the evening. In our

survey, just over half of respondents, against the comparator of only just over a third, said they had problems contacting family when they first arrived. New arrivals were not routinely given a shower on the day they arrived and had to request one. We spoke to several prisoners who were unaware they had to ask and so did not shower on the day they arrived. In our survey, only 28% of respondents, against the comparator of 58%, said they were given a free telephone call and 27%, against 35%, said they could shower on the day they arrived. The induction prisoner orderly spoke with all new arrivals and gave them a written first night brief on Brixton.

Further recommendation

- 1.19 All new arrivals should be offered a reception pack, free telephone call and the opportunity for a shower on the day they arrive.

Additional information

- 1.20 All new arrivals were taken to C wing, which was the first night/induction wing. They had a one-to-one interview with a member of staff that included a first night risk assessment and a cell sharing risk assessment. A tracking system provided assurance that this was always carried out. Non-English speakers were interviewed through a telephone interpreting service but the prison could not provide a record of this.
- 1.21 After the first night interview, prisoners were located on the appropriate first night landing. They received an adequate supply of prison clothing and blankets but the first night cells had dirty walls, sinks and toilets.

Further recommendation

- 1.22 First night cells should be clean and maintained to an acceptable standard.

Housekeeping point

- 1.23 The use of the telephone interpreting service for non-English speaking new arrivals should be recorded.

Induction

- 1.24 Prisoners who need to attend induction should be encouraged to do so. (1.31)

Not achieved. In our survey, 72% of respondents, against the comparator of 77%, said that they had attended induction. In November 2010, 28% of new arrivals (who had not been in the prison in the last three months) had not attended induction, of whom 11% had refused and 89% were prisoners who were detoxifying and had moved to G wing. No attempt to encourage these prisoners to attend induction was evident.

We repeat the recommendation.

- 1.25 There should be better record keeping of attendance at induction. (1.32)

Achieved. The prison had introduced a good tracking system that recorded every new arrival and whether they had attended induction.

Additional information

- 1.26 Induction started on the first working day after reception. Prisoners who had been in Brixton during the previous three months were given the option not to attend, which was appropriate. New arrivals located on the C4 vulnerable prisoner landing were given a personal induction with the induction orderly.
- 1.27 Induction consisted of a two-hour presentation on the morning after arrival. It started at 8.30am, which meant that prisoners located on G wing arrived during labour movement at 9am, subsequently missing 25% of the induction. The session consisted of a video on Brixton, followed by a series of PowerPoint presentations by staff and prisoner induction orderlies. The pace of these presentations was too quick.
- 1.28 There was a comprehensive and recently updated induction booklet to accompany the programme. However, it had not been translated and the only translated versions were out of date. Non-English speaking prisoners were required to attend the two-hour session although they could not understand what was being said.
- 1.29 The induction room was of sufficient size but, due to the position of the door and the screen, the session was continually interrupted as staff and prisoners entered and left the building while it was in progress.
- 1.30 During the afternoon, prisoners received an association period and were then located on to their wings. Education induction took place during normal labour movement from their wings.

Further recommendations

- 1.31 Induction should be revised to ensure that prisoners have adequate time to process the information and the opportunity to see relevant departments on a one-to-one basis, and should take the needs of non-English speaking prisoners into account.
- 1.32 The updated induction booklet should be translated into a range of languages.

Housekeeping points

- 1.33 The induction class should start when all new arrivals from all wings are present.
- 1.34 The induction sessions should not be continually interrupted by staff and prisoners entering and leaving the room.

Section 2: Environment and relationships

Residential units

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.

Accommodation and facilities

- 2.1 The cleanliness of the residential units should be improved. Cleaning schedules should be agreed and management checks recorded to ensure a rise in standards of hygiene and cleanliness. (2.18)

Not achieved. The wings remained dirty and unkempt and we saw some filthy soft furniture on C wing. A duty governor management check book had been introduced but this did not show that there had been checks of cleanliness.

We repeat the recommendation.

- 2.2 Toilets in cells on A, B and G wings should be appropriately screened. (2.19)

Not achieved. Although there had been some attempt to screen toilets with the introduction of shower curtains, we saw many cells without screening or where prisoners had improvised using bed sheets.

We repeat the recommendation.

- 2.3 All cells should be adequately furnished. (2.20)

Not achieved. Many cells had broken or inadequate furniture, and many double cells had only one table and one cupboard for both prisoners to use.

We repeat the recommendation.

- 2.4 Cells designed for single occupancy should not be used for two prisoners. (2.21)

Not achieved. Single cells were still being used to occupy two prisoners and they were small and not suitable for two prisoners. The prison had 505 certified normal accommodation cell spaces but had an operational capacity of 773 on the main residential wings.

We repeat the recommendation.

- 2.5 Mail should be issued on the wing at a time that prisoners can receive it. (2.22)

Not achieved. Prisoners continually told us that mail arrived many days after it had been sent by their family and friends and that often the night patrol would issue it or none would be delivered for several days. On two occasions we observed prisoners' mail in the mail room still awaiting distribution as late as 5pm.

We repeat the recommendation.

- 2.6 Prisoners should be able to make telephone calls in the evening. (2.23)

Partially achieved. No evening association was available to prisoners and the prison had

introduced a rota for prisoners to use the telephone during the evening, although this benefited relatively few prisoners. Prisoners complained that the system was unfair and that some prisoners got better access than others based on staff discretion. Several times during the inspection evening telephone calls were cancelled due to staff shortages. The average prisoner only got access to an evening telephone call once a week.

We repeat the recommendation.

2.7 Telephones should be placed in booths. (2.24)

Partially achieved. Some telephones had been placed in booths but there was still a few with no booth and privacy was a problem, as they were on the landing where association took place.

We repeat the recommendation.

Additional information

- 2.8 There were four main residential wings with gallery-style landings that gave good sightlines. Many cells were inadequately painted with no display boards and toothpaste on most cell walls. We found graffiti in cells and offensive words and comments on the outside of cell doors. Cell floors were damaged and toilets required de-scaling and deep cleaning. The outside environment was much improved since our last inspection.
- 2.9 Noticeboards on wings were inadequate with out-of-date information for prisoners, which was in English only. There was no offensive display policy and the only information of relevance was a notice to prisoners from 2008. We found many displays of inappropriate material.
- 2.10 In our survey, 37% of respondents, an improvement from the 22% in our 2008 inspection, said cell call bells were answered within five minutes. This was confirmed by prisoners we spoke to, our own observations and the prison's records.
- 2.11 All wings had an adequate ratio of telephones to prisoners except B wing, which had only five telephones for a population of 160. Prisoners could use the telephone during their daily association. There were weekly PIN (personal identification number) telephone surgeries on each wing which allowed prisoners to raise any problems directly with a member of the finance team.
- 2.12 Prisoners consistently told us that their outgoing mail took a long time to be received by their family and friends. We saw a complaint form about this from September 2010 where the prison had replied that there was a backlog of outgoing mail.
- 2.13 Consultation meetings took place every two months with the head of residence chairing a well-attended meeting with prisoner representatives from each wing. Wings had attempted to hold their own consultation meetings but these were sporadic and did not address issues appropriately.

Further recommendations

- 2.14 Cells should be adequately maintained and kept clean.
- 2.15 There should be an offensive display policy that is reinforced by staff.
- 2.16 Outgoing mail should be sent to the sorting office the day the prisoner posts it.

2.17 Wing consultation meetings should be held monthly and address issues appropriately.

Housekeeping point

2.18 Noticeboards should be kept up to date and the information displayed in a range of languages.

Good practice

2.19 The PIN telephone surgeries allowed prisoners to raise problems about their telephone numbers and credit directly with the department that dealt with them.

Clothing and possessions

2.20 Prisoners who receive prison-issue clothing should have sufficient sets of underwear each week. (2.26)

Not achieved. Weekly kit changed only allowed for two sets of socks and underwear, which was insufficient.

We repeat the recommendation.

2.21 Laundry facilities should be made available to prisoners on D wing. (2.27)

Not achieved. There were no laundry facilities on D wing. D wing laundry was done on C wing, although C wing had no drying facilities which made the system inappropriate (see further recommendation 2.25).

2.22 There should be a policy to respond to outbreaks of infestation in cells, including immediate cleaning practice. (2.28)

Achieved. The prison had employed a full-time pest control officer and this had had a positive effect on infestations and in pest control throughout the prison, both internally and externally.

Additional information

2.23 Prisoners could wear their own clothes and/or a combination of prison clothing. Prison clothing was in good condition. In our survey, 46% of respondents, compared with only 32% in 2008, said that they were normally offered enough clean and suitable clothes weekly. There was a weekly kit change on each wing. Prisoners who wore their own clothing had access to wing laundries, although each laundry only cleaned a maximum of eight sets of clothes a day, which was insufficient.

2.24 Stored property was held securely in reception. In our survey, only 13% of respondents, against the comparator of 27%, said they could normally get their stored property if they wanted to. Access to stored property was by application and prisoners were called to reception at weekends to receive it. No access was available during the week.

Further recommendations

2.25 All prisoners, including those on D wing, should have greater access to laundry facilities.

2.26 Prisoner access to stored property should be increased.

Hygiene

No recommendations were made under this heading at the last inspection.

Additional information

- 2.27 In our survey, 88% of respondents, a rise from 77% in 2008, said they could shower daily. Showers on all the wings were unclean and although there was some screening, it did not provide adequate privacy. The showers on A, B and C wing were on the landing with an open front, which also allowed passing prisoners and staff to see prisoners while they showered. Some showers on C wing and all on G wing were not screened at all.
- 2.28 There had also been an improvement since 2008, from 57% to 79%, in the proportion of survey respondents who said they received clean sheets weekly. Weekly kit change took place and we observed clean sheets ready for distribution.
- 2.29 There had been a further improvement, from 46% to 78%, in the proportion of survey respondents who said that they received cell cleaning materials each week. Prisoners were allowed to clean their cells daily during the morning unlock or association and had good access to cleaning materials.

Further recommendation

- 2.30 All showers should be screened to allow full privacy.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by 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.

- 2.31 There should be effective management procedures and checks to ensure that staff adhere to wing rules, procedures and policies. (2.34)

Achieved. All duty governors maintained daily logbooks recording their observations of the regime and routines, as well as issues affecting individual prisoners. The logs were comprehensive in their coverage although the quality and detail of records varied. However, they gave assurance that managers took a specific and practical interest in day-to-day operations. Duty governors were required to report their findings to a daily morning meeting chaired by the governor. Prisoners, however, continued to question the reliability and effectiveness of individual staff in dealing with issues they raised. In our survey, for example, just 63% said there was a member of staff they could turn to if they had a problem, against the 71% comparator, although this was an improvement on our finding of 58% in 2008.

2.32 The quality of staff entries in wing history files should be routinely checked. (2.35)

Not achieved. The general quality of entries on the P-Nomis IT system, recording day-to-day engagement and case histories for prisoners, was weak. Management checks, if they appeared at all, were limited and superficial and did not constitute meaningful quality assurance or support for staff (see also paragraph 2.36).

We repeat the recommendation.

Additional information

2.33 In our survey, only 62% of respondents said that most staff treated them with respect, against the comparator of 69%. Responses from black and minority ethnic and foreign prisoners were similar to white and British respondents, but only 42% of Muslim against 69% of non-Muslim respondents felt respected. Our survey also found that nearly a third of respondents, again worse than the comparator and in 2008, felt victimised by staff.

2.34 In our safety interviews, prisoners cited staff aggression, isolation in the prison and a lack of confidence in staff to tackle bullying as important issues that affected their feelings of safety. Some also raised concerns about favouritism and that staff turned a blind eye to issues. Our own observations were more positive. We saw many encounters between staff and prisoners that were friendly and respectful. Many staff showed openness and good humour in their individual dealings with prisoners, and we spoke to many prisoners as individuals or in groups who had a more positive perception of prison staff.

Personal officers

Expected outcomes:

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

2.35 Personal officers should introduce themselves to prisoners, get to know their personal circumstances and show, through regular entries in wing files, that they are aware of any significant events affecting the prisoner. (2.42)

Not achieved. In our survey, only 24% of respondents, against the comparator of 46%, said that they had a personal officer and 53% of these, against 62%, said that their personal officer was helpful. Most prisoners said that they were unaware who their personal officer was as they had not had an initial introduction with them. The case history notes that we saw showed few, if any, personal officer entries and no awareness of significant events that affected their prisoners.

We repeat the recommendation.

2.36 Managers should make regular checks of wing files and record these on the file. (2.43)

Not achieved. Management checks were limited or absent from the electronic case history notes we saw. The management checks that were evident in case history notes were insignificant as they did not reflect the quality or quantity of personal officer entries.

We repeat the recommendation.

2.37 Personal officers should attend sentence planning boards. (2.44)

Not achieved. Personal officers told us that they never attended sentence planning boards for

the prisoners on their caseload and we found no evidence that personal officers attended these boards. Links with offender management were underdeveloped.
We repeat the recommendation.

2.38 Personal officers should attend ACCT self-harm monitoring case reviews. (2.45)

Partially achieved. We found some limited evidence that personal officers attended ACCT (assessment, care in custody and teamwork) case reviews but this was not the norm. The personal officers we spoke to said that they did not see this as a major role, but participated if the senior officer requested their attendance.
We repeat the recommendation.

Additional information

- 2.39** Personal officers were allocated by cell location which, given the transient population, seemed appropriate. There was no evidence that personal officers encouraged links between prisoners and their families, and the scheme seemed to have stopped working (see also paragraph MR5). We spoke with several prisoners who had been at Brixton for a number of months and they were unaware that there was a personal officer scheme in the prison.

Section 3: Duty of care

Bullying and violence reduction

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 work of the violence reduction coordinators should be expanded to include simple investigations into allegations of bullying and violence, and these staff should be trained accordingly and given sufficient time to fulfil their tasks. (3.14)

Partially achieved. Some members of the safer custody team had been trained in how to conduct simple investigations into allegations of bullying and violence. The senior officer with primary responsibility for self-harm and suicide prevention also deputised for the violence reduction coordinator but had not yet received the training. The safer custody team maintained a file with information on all violent incidents and allegations of bullying, but investigations were limited and outcomes often only consisted of adjudications, incentives and earned privileges (IEP) warnings or a change in location (see below).

- 3.2 Investigations of bullying incidents should be carried out as soon as possible after the event by a named manager who is not necessarily the safer custody coordinator. (3.15)

Achieved. The strategy for action with perpetrators or victims of violence, including bullying, had been overhauled and a single system for monitoring those identified had been introduced. The wing manager conducted an initial investigation into identified bullies or victims and decided on appropriate action. In 2010 to date, 96 support plans had been opened on victims and 108 management plans on perpetrators of bullying or other violent or antisocial incidents. These figures were higher than at the previous inspection and attributable to improved systems for recording and better staff awareness (two support plans and two management plans were open at the time of inspection). However, in the previous six months, there had been just 19 recorded incidents that related specifically to bullying. These figures were low for the type and complexity of the prison and we were not assured that they indicated the extent of the problem, which was cited in our safety interviews and which many staff believed was prevalent. However, prisoners who were repeated perpetrators of violence, antisocial or bullying behaviour were considered closely at a multidisciplinary case review, which was positive. Prisoners appeared reluctant to report any concerns to staff in the first instance but we were assured that staff were responsive when they became aware of bullying.

Further recommendation

- 3.3 The prison should investigate and take action to improve confidence in systems for prisoners to report allegations of bullying.

- 3.4 A protocol and terms of reference for investigations should be included in the violence reduction strategy. (3.16)

Partially achieved. The violence reduction strategy contained terms of reference but these were not explicit about how and when investigations should be conducted. There was a separate and more in-depth document to help staff complete investigations but many were unaware of it.

Further recommendation

3.5 The terms of reference for investigations in the violence reduction strategy should be explicit about how and when investigations should be conducted, and staff should be made aware of the document to assist completion of investigations.

3.6 **Management information systems should include the outcome of any incident of violence, bullying or unexplained injury. (3.17)**

Achieved. The safer custody team maintained a file and database which, among other things, included all recorded incidents of violence, bullying and unexplained injuries and also listed any resulting outcomes.

3.7 **There should be interventions for bullies, such as tackling anti-social behaviour, and support for victims. (3.18)**

Not achieved. There were no specific interventions to tackle perpetrators or victims of violence or antisocial behaviour including bullying, apart from support and management plans (see paragraph 3.2). The quality of these plans was variable. Despite a comprehensive directory of interventions, actions were generally limited to disciplinary procedures and IEP warnings or moving prisoners. Plans were subject to regular reviews and remained open as long as there were perceived issues. We were not assured that support was always given for those requiring it.

We repeat the recommendation.

Additional information

3.8 In our survey, 51% of respondents said they had felt unsafe at some time in Brixton and 26% currently felt unsafe, against the comparators of 40% and 18% respectively, although these findings were slightly better than at the last inspection. In safety interviews with individual prisoners, some said that isolation, staff aggression and bullying were the most serious factors affecting their perceptions of safety in the prison.

3.9 Despite considerable efforts, there were no prisoner violence reduction representatives in place.

Further recommendation

3.10 The prison should investigate and take action on prisoners' negative perceptions of their safety.

Vulnerable prisoners

3.11 **Managers should hold consultative meetings with vulnerable prisoners to gauge their perceptions on issues such as safety and access to the regime. (3.121)**

Not achieved. There were no separate consultation meetings with vulnerable prisoners, who were expected to attend the general C wing meeting with mainstream prisoners. These meetings were not scheduled and were sporadic, leaving the vulnerable prisoner representatives little time to gauge the feelings of the rest of the landing.
We repeat the recommendation.

3.12 Vulnerable prisoners should be able to access all elements of the regime, including meaningful work, education, PE and the library. (3.122)

Achieved. Forty per cent of vulnerable prisoners had access to work off the wing in the yards party, stores and laundry. In-cell education was available for the remainder of the population. Vulnerable prisoners had access to the gym and library at least once a week.

3.13 Vulnerable prisoners should be able to collect their meals in safety. (3.123)

Achieved. Vulnerable prisoners were served their meals separately from the rest of the C wing population and those we spoke to said they felt safe at meal times.

3.14 Vulnerable prisoners should have a separate waiting room in healthcare. (3.124)

Achieved. A separate room had been identified and was used for vulnerable prisoners attending the health care department.

Additional information

3.15 There were 39 vulnerable prisoners at the time of the inspection including four residing on the overspill landing. Procedures for identifying vulnerable prisoners at reception or during custody were adequate and the duty governor made the final decision.

3.16 The vulnerable prisoners held on the overspill landing told us that they felt unsafe due to mainstream prisoners continually coming to their doors. Prisoners we spoke to on the dedicated vulnerable prisoner landing, C4, said that they felt safe and did not get any antisocial behaviour from the mainstream prisoners. Staff on the landing engaged with prisoners, who told us that staff did not disadvantage them because they were vulnerable.

3.17 Association took place during the morning. In the afternoon, prisoners not working off the wing were locked up. Evening telephone calls were limited to seven prisoners only per evening with priority to those working off the wing. Vulnerable prisoners consistently told us that the regime was mundane after lunchtime, and that the only in-cell education available was basic maths and English.

Self-harm and suicide

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.

3.18 Care plans for prisoners at risk of self-harm should be focused on actions and updated regularly. (3.35)

Partially achieved. The quality of care plans in the sample of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents we reviewed was variable. Some focused appropriately on the issues presented while others were limited. Reviews often took place without referral to care plans, and many were not updated regularly.

We repeat the recommendation.

3.19 The use of doubled cells as a strategy for managing those at risk of self-harm should be addressed in the suicide and self-harm policy. (3.36)

Achieved. The comprehensive and current suicide and self-harm management strategy contained many references to using double cells where possible to support prisoners at risk of self-harm, after consideration of cell sharing risk assessments.

3.20 The area suicide and self-harm adviser should attend some safer custody meetings to advise and support the establishment. (3.37)

No longer applicable. The post of area suicide and self-harm adviser was no longer in place.

3.21 Administrative support for safer custody work should be procured as soon as possible. (3.38)

Achieved. There was an administrative officer to offer full-time support to the safer custody team.

3.22 There should be a deputy suicide prevention coordinator with designated facility time for this work. (3.39)

Achieved. The head of safer custody led a team with responsibility for both violence reduction and self-harm and suicide prevention. The team included a full-time officer as the designated violence reduction coordinator and a senior officer (who was subject to some cross-deployment) as the designated suicide prevention coordinator. Each deputised for the other in the case of absence, allowing for some consistency in each role.

3.23 Prisoners on open assessment, care in custody and teamwork (ACCT) forms should only be held in the care and separation unit in exceptional and extreme circumstances, and in these cases should be the subject of regular and rigorous management scrutiny. (3.40)

Achieved. Prisoners on ACCT forms were not routinely held in the CSU. There had been three instances between June and November 2010 but we were assured that these were as a last resort in exceptional circumstances, for the shortest period of time and were appropriately authorised.

3.24 The number of Listeners should be increased. (3.41)

Achieved. Since the last inspection there had been considerable efforts to recruit and retain Listeners. There were 15 trained Listeners at the time of the inspection, which was sufficient for the needs of the population, and further training courses were planned. Relationships with the Samaritans were positive and supportive.

3.25 Staff should adhere to Governor's instructions relating to the unlock time of Listeners. (3.42)

Achieved. Listeners told us that they worked on a rota at night and that all were available to provide a service to other prisoners between 8am and 8pm. Prisoners were allowed unhindered access to Listeners, including during the night. An updated notice to staff had recently been issued as a reminder about when prisoners could and should be unlocked in their capacity as Listeners, and staff were aware of and confident in delivering what was required.

3.26 The prison should provide refresher training for staff on self-harm monitoring. (3.43)

Achieved. The prison had made significant efforts to improve the provision of all training on suicide and self-harm. Over 90% of staff were trained in ACCT, which was a significant increase since the last inspection. Most managers were trained as case managers and there were 35 ACCT assessors from multidisciplinary backgrounds.

3.27 A member of staff trained in first aid should be on duty at night. (3.44)

Achieved. Many staff from different disciplines were trained in first aid and the prison ensured that all health care staff who provided an initial response during emergencies at night were first aid trained.

Additional information

3.28 There had been no apparent self-inflicted deaths since the last inspection. Tragically, there had been four deaths, three from natural causes and one, as yet, unclassified. All death in custody reports received from the Prisons and Probation Ombudsman (PPO) had resulted in an action plan that was completed and regularly reviewed. Local investigations into serious attempts at suicide or self-harm were completed to a very high standard.

3.29 Over 500 ACCTs had been opened to the end of November 2010 and, at the time of the inspection, 41 prisoners were being monitored on ACCT forms, 18 of whom were on D (inpatient) wing. These figures were high. Many of the prisoners on D wing were unwell with mental health problems, but did not present as an active risk of suicide or self-harm. They were, however, still subject to management under the ACCT process. While we appreciated the vulnerability and risk posed by the population of D wing, we were not convinced that this was an effective use of a procedure designed specifically to manage those in actual self-harm cases.

3.30 The quality of ACCT forms was variable and, despite regular management checks, there were some recurring shortfalls. Reviews were often conducted inappropriately with only one member of staff, and observations were too predictable and sometimes outside the required frequency. Although prisoners on ACCT forms knew that they were being observed, they generally did not feel engaged with or cared for. Despite this, there was evidence of some positive, if inconsistent, engagement in most ACCT documents.

3.31 There were Listener suites on each wing that were carpeted, had comfortable chairs and were decorated with pictures. These facilities were widely used and appreciated by prisoners.

Further recommendations

- 3.32 The prison should introduce a specific case management structure, other than assessment care in custody and teamwork (ACCT), for prisoners on D wing who do not present with suicidal or self-harming tendencies.
- 3.33 The quality of ACCT forms should be improved.

Applications and complaints

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.

- 3.34 Prisoners should be encouraged to raise routine queries informally with staff initially before using the formal applications and complaints systems. (3.89)

Not achieved. Prisoners continually used the complaints and applications procedure with approximately 50 and 200 forms respectively completed each week. We saw prisoners asking staff for simple requests only to be told to put in an application or complaint form. Prisoners told us that staff would not deal with issues on the wings and signposted them to the applications and complaints procedures.

We repeat the recommendation.

Additional information

- 3.35 In our survey, 83% of respondents said that it was easy to get an application or complaints form. The boxes for complaints always contained a supply of forms, and an abundant supply of application forms were available from each wing office.
- 3.36 An operational support grade staff member on each wing collated and kept a log of all applications before sending them to the relevant department for a reply. A carbon copy system provided the prisoner with a copy for his own records.
- 3.37 In our survey, only 34% of respondents, against the comparator of 47%, said that applications were dealt with in seven days. A snapshot of the tracking system for applications highlighted that between 80% and 95% of applications had either not been replied to or had not been logged by the collator. We saw applications that had never been replied to, including one that had taken three weeks to be sent from the wing following its submission. Prisoners consistently told us that replies took a long time to be received, if at all.
- 3.38 Only 48% of survey respondents, against the comparator of 55%, felt applications were dealt with fairly. Prisoners continually told us that replies were perfunctory or did not respond to the request.
- 3.39 In the previous six months there had been 1,131 complaints, which was less than at our last inspection. There was an even spread of issues and no one wing was over-represented in complaints submitted. The complaint clerk empties the boxes each day. As part of the inspection process, we submitted three complaint forms. We received no response. Upon

further investigation, these had been shredded by the complaint clerk as they did not have a prison number on, although the form had a clear explanation of our approach. When questioned, the complaint clerk said that all forms without a number were not processed. This practice could affect not only prisoners unaware of how to complete the forms but prisoners in crisis who chose this channel to request help.

- 3.40 In our survey, only a fifth of respondents, against the comparator of a third said that complaints were dealt with within seven days. The complaints clerk had a database tracking system that highlighted every stage of the complaint process. This database showed that only 3% of complaints had missed the deadline. Upon further investigation, we found that the clerk completed the response date as that submitted on the complaint form, not the day she received it and sent it back to the prisoner, which in many cases was some days after staff had completed a reply on the complaint form. In one case, we found a reply dated the day before the prisoner had completed the form. We could not be assured that the recording system was a true reflection of what was happening.
- 3.41 In our survey, only 17% of respondents, against the comparator of 31%, felt that complaints were dealt with fairly. Prisoners we spoke to had little confidence in the complaints system. Of the 1,131 complaints received in the previous six months, 70% had been rejected by the responding member of staff. Some replies we saw were curt and did not respond to the complaint. In one case, a vegan prisoner was told 'you are a vegetarian'. It was rare for a complaint form to show that the prisoner had been spoken to about the issue. We found replies that left the issue unresolved with no follow-up action identified. There was an appropriate appeals procedure.

Further recommendations

- 3.42 Applications should be answered within seven days and replies should be fair and address the issues raised. A manager should check the tracking system on each wing daily and a reply should be sought immediately for any outstanding applications.
- 3.43 Complaints should be answered on time, the recording systems should ensure a true reflection of the process and there should be a daily management check of the records.
- 3.44 Replies to complaints should be fair and consistent and be quality checked.

Housekeeping point

- 3.45 All complaint forms should be checked whether or not the prisoner has indicated his prison number.

Legal rights

Expected outcomes:

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

- 3.46 All prisoners should have the opportunity to receive legal services advice. (3.94)

Partially achieved. There was a full-time legal services officer in the wider resettlement team

and based in the same office. However, at the time of the inspection the officer was off sick. As a consequence, although there was cover within the department there was a backlog, including 15 referrals from the London initial screening and reducing reoffending tool (LISARRT) and a further 11 wing applications, some over two weeks old.

Further recommendation

3.47 There should be sufficient cover for the absence of the legal services officer.

3.48 **All eligible prisoners should have the opportunity to receive advice in relation to bail. (3.95)**

Achieved. The prison provided bail information to all prisoners in a range of languages. All new arrivals were screened to see if they met the criteria for bail. The induction programme included a presentation by one of the three bail information workers, who prisoners could also see on application. Professional interpreting services were also used, although rarely. In our survey, there had been an increase from 11% of respondents in 2008 to 26% who said that it was easy to obtain bail information.

3.49 **There should be a formal link between the work carried out by the legal services officer and the bail information officer. (3.96)**

Achieved. Both the legal services officer and the bail information staff were managed through the offender management department under the wider resettlement function. There were good links between both departments. For example, if prisoners applying for bail needed wider information or advice about changing their solicitors, referrals were made between departments.

Additional information

3.50 In the six months to September 2010, 80 bail support reports had been completed with 37 (46%) successfully obtaining bail. The bail support staff also worked to provide accommodation to prisoners released on bail (or home detention curfew, although this was rare). Of 45 bail accommodation and support services (BASS) referrals in this period, 37 (82%) were successful.

3.51 Access to legal visits was reasonable and in our survey 56% of respondents, a rise from 46% in 2008, said that access was easy. There were 13 individual legal visits booths available most days during morning and afternoon sessions, as well as in the evenings. However, some visiting solicitors told us that there could be significant delays in getting into the prison, even when necessary documentation was provided. We observed delays of in excess of half an hour. As visits were divided into hour-long slots, this shortened sessions. In our survey, only 29% of respondents said that communication with their solicitors was easy against the comparator of 41% and 34% at the last inspection. There was a good range of legal texts in the prison library.

Further recommendation

3.52 Legal representatives should be able to access the prison with minimal delays.

Faith and religious activity

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.

- 3.53 Prisoners should be able to access faith-based services without compromising other aspects of their regime. (5.39)

Partially achieved. Recent changes had enabled prisoners on association to attend chaplaincy and faith activities during the core day. However, church services on a Sunday continued to take place at the same time as association and exercise.

We repeat the recommendation.

- 3.54 Chaplaincy programmes orientated to family support and debt counselling should be linked more closely with resettlement services. (5.40)

Achieved. The chaplaincy had facilitated three debt counselling courses in 2010 to which prisoners could be referred through LISARRT (see offender management and planning) or through self-referral. The Time for Families course had not been delivered for some time but was due to re-commence in January 2011 with referrals taken in the same way.

- 3.55 Chaplains should be routinely included in ACCT self-harm monitoring reviews. (5.41)

Achieved. Chaplaincy staff routinely attended ACCT self-harm reviews where they had worked with and had knowledge of the prisoner. The coordinating chaplain was also endeavouring to ensure that a chaplain was allocated daily to see all prisoners on an open ACCT, and at the time of the inspection was able to provide this service on four days a week.

Additional information

- 3.56 The prison had a sizeable chaplaincy team who had a visible presence throughout the establishment. The full-time Anglican chaplain was the coordinating chaplain. There were two further full-time staff, various part-time and sessional staff and an extensive team of volunteers who supported all chaplaincy activities. The prison had no Hindu chaplain at the time of the inspection but security clearance to fill the post was under way.
- 3.57 A range of faith activities were available throughout the week, including the Alpha course, a Christian scriptures study group and a Muslim study group. The chaplain had adopted a creative approach to developing provision and meeting the needs of prisoners. For example, a Polish-speaking chaplain had recently been recruited.
- 3.58 There had been some improvements in the chaplaincy facilities and attendance at faith services was very good. Prisoners had access to a faith library.
- 3.59 The chaplaincy team was well integrated into all aspects of prison life. Two chaplains were family liaison officers and provided support in the tragic event of a death in custody. Working with PACT (Prison Advice and Care Trust), the chaplaincy was about to begin a project to provide support for identified prisoners on release through a team of community-based volunteers. The first candidate to receive this support had been identified.

Substance use

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.

Clinical management

- 3.60 Prisoners' care plans should be prepared jointly by clinical and counselling, assessment, referral, advice and throughcare (CARAT) staff to ensure a consistent and properly integrated approach to treatment. (3.114)

Achieved. Care plans were recorded separately but were shared between departments and were jointly reviewed where appropriate.

Additional information

- 3.61 The integrated drug treatment system (IDTS) at the prison was contracted by Care UK and subcontracted to the South London and Maudsley NHS Foundation Trust (SLaM). It was staffed by one lead nurse (band seven), eight nurses and two health care assistants.
- 3.62 In our survey, 41% of respondents said they had a drug problem when they arrived, against the comparator of 34% and only 25% in 2008. While, officially, first night prescribing was in place, in the previous month only seven prisoners had received it. We were told that some locum GPs were reluctant to initiate new arrivals on to opiate substitution programmes during the evenings, preferring to provide symptomatic relief until the following morning when the regular GP with special interest in substance misuse attended.
- 3.63 There were 174 prisoners on the IDTS. Both methadone and buprenorphine were available as opiate substitution treatments. The stabilisation unit was on the G wing 4 landing, with prisoners on further treatment on the G wing lower landings and also on B and C wings. Medication administration rooms were located on G, B and C wings. We observed excellent interactions between IDTS nursing staff and prisoners. The relationships between discipline officers and prisoners receiving treatment were also very positive.

Further recommendation

- 3.64 Appropriate first night opiate substitution prescribing should be delivered consistently.

Drug testing

- 3.65 Mandatory drug testing should be carried out consistently. (3.111)

Partially achieved. Although the random target for testing 5% of the population a month was being achieved, the weekend target of 14% was not. In the six months to November 2010, the average weekend testing rate was 12.5%.

3.66 Suspicion testing should be undertaken every month to reflect the level of security information reports. (3.112)

Not achieved. Suspicion testing was under-resourced with many tests missing the 72-hour window due to slowness in processing security information reports (SIRs) and a lack of testing officer availability. For example, no suspicion tests had been completed in November 2010 due to staff shortages. Although five officers were trained to conduct mandatory drug testing (MDT), one was suspended and two were on light duties with no prisoner contact.

Further recommendation

3.67 Mandatory drug testing should be adequately staffed to ensure all testing is carried out appropriately, within identified timescales and without gaps in provision.

3.68 Where appropriate, frequent drug testing programmes should be implemented and applied consistently. (3.113)

Achieved. There had been an average of 8.17 frequent drug testing programmes a month in the six months to November 2010. At the time of the inspection, two prisoners were on frequent testing programmes.

Additional information

3.69 The MDT suite, while small, was clean and tidy and appropriately equipped, although it did not have a searching mat. The single holding room was warm, light and airy with a good range of books and newspapers, as well as useful drug services information and drug awareness information on the walls.

Housekeeping point

3.70 The mandatory drug testing suite should have a mat for strip searches.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

Diversity

No recommendations were made under this heading at the last inspection.

Additional information

- 4.1 The prison had a user-friendly diversity and equality strategy published in January 2010 and reviewed annually. Some procedures outlined in the strategy were not happening in practice, such as delivery of the diversity awareness and prejudice pack (DAPP). The strategy covered all diversity strands other than foreign national prisoners, who were covered by a separate policy. There was also a separate policy outlining arrangements for prisoners with disabilities. The prison had an overarching diversity statement that was widely published around the establishment on the informative diversity noticeboards.
- 4.2 A diversity team led by a full-time diversity manager was responsible for delivery of the strategy. The team also included a race equality officer, a foreign national coordinator (currently vacant) and a full-time operational support grade (OSG) staff member who provided support across all strands.
- 4.3 The bimonthly diversity action team (DAT) was chaired by the governor, well supported by senior managers and attended by an external community representative from the British Support Network (an organisation providing support for Jamaican and Nigerian nationals) and prisoner representatives. Meetings tended to focus on race equality issues. Foreign national prisoners and prisoners with disabilities were standing agenda items but other diversity strands were not routinely discussed.
- 4.4 The comprehensive diversity and equality action plan was routinely reviewed and updated at DAT meetings and was available electronically for all staff, along with a range of other diversity information.
- 4.5 The prison had a well-established reporting incidents of discrimination (RID) system to allow staff and prisoners to report incidents of discrimination across all diversity strands. RID forms were available on all residential units along with envelopes to ensure confidentiality. The process mirrored the national system for reporting racist incidents (RIRFs) and RID investigations were usually completed by the race equality officer. There had been 34 RIDs received to date in 2010, a significant reduction on the 65 received in 2009.
- 4.6 The prison's current monitoring to ensure equality of access to regime services did not extend beyond ethnic monitoring data. The diversity manager had published an equality impact assessment policy to provide guidance for managers on the completion of impact assessments, and there was a timetable for completion with delivery monitored through the DAT.

- 4.7 Prisoner diversity orderlies appeared well supported by the diversity team. Orderlies met regularly with a member of the diversity team and were given a job description and a guidance pack. Diversity staff told us the prisoner turnover made recruitment and retention of orderlies difficult and affected their effectiveness. Some initiatives lapsed when orderlies were no longer available, such as the support group for gay prisoners (see sexual orientation). There were only two orderlies during the inspection, both on G wing, who were only able to provide a service to prisoners on this wing. They were clear about their role and wore T-shirts to enable other prisoners to identify them.
- 4.8 Just over half of staff had attended 'Challenge it change it' diversity training and 41% had received diversity training but had not yet attended this course.

Further recommendations

- 4.9 The diversity action team should routinely discuss all diversity strands.
- 4.10 The diversity action team should explore and take action to address the low number of reporting incidents of discrimination forms submitted.
- 4.11 Prison monitoring should include all elements of diversity, including disability, age and, particularly, religion.
- 4.12 There should be sufficient diversity orderlies to provide an effective support service across the establishment.

Race equality

No recommendations were made under this heading at the last inspection.

Additional information

- 4.13 At the time of the inspection, almost half of the population were from black and minority ethnic backgrounds. However, due to problems with ensuring ethnicity was correctly entered on the prison's electronic records, 86 prisoners, approximately 12% of the population, had no ethnicity data recorded. Approximately a third of staff in contact roles with prisoners were from black and minority ethnic backgrounds.
- 4.14 The prison had an experienced race equality officer (REO) supported by the diversity OSG who acted as assistant REO. The REO was full time but had some residential weekend responsibilities and could also be subject to redeployment. In our focus group, not all black and minority ethnic prisoners knew the identity of the REO.
- 4.15 The assistant REO collated ethnic monitoring data monthly. This was discussed at DAT meetings with the REO providing an overview of any causes for concern or trends. The problems with recording prisoners' ethnicity effectively had affected the integrity and reliability of ethnic monitoring data. The diversity manager had identified this issue. A detailed examination of the almost consistent over-representation of black prisoners in uses of force was under way but not yet completed at the time of the inspection.

Further recommendation

- 4.16 The prison should ensure that the ethnicity of all prisoners is accurately recorded on the P-Nomis IT system.

Managing racist incidents

- 4.17 Racist incident report forms (RIRFs) and envelopes were readily available on residential units and prisoners could post completed forms in separate boxes on the wings, which were emptied by diversity staff. There had been 102 RIRFs received to date in 2010, a reduction on the 138 received in 2009. Black and minority ethnic prisoners were also consistently under-represented in the number of complaints submitted, which had been discussed at a focus group with prisoners in 2010. RIRFs were discussed at the DAT, where the REO had commented on the low number received. A monthly diversity report outlined the type of RIRFs received each month and action taken as a result. This report showed that in the three months from August 2010 the majority of RIRFs were staff reporting prisoners for racist behaviour.
- 4.18 The RIRFs we sampled showed that investigations into reported incidents were reasonably thorough and timely. One RIRF recorded on the log of incidents for 2010 as proven could not be viewed as the prison could not locate it. The REO endeavoured to find witnesses and complainants received written feedback on the outcome. In the case of complaints submitted by staff when prisoners had accused them of racism, the REO provided guidance to the member of staff but we did not see evidence in our sample of a thorough investigation into the events that led up to the incident. Although there were no formal interventions for challenging racism, we saw examples of appropriate action taken to manage those found to have engaged in racist behaviour, including the use of the incentives and earned privileges scheme and formal disciplinary procedures. There were clear links between the complaint and RIRF processes.
- 4.19 Completed RIRFs were subject to external scrutiny by the London prisons caseworker from the Irish Commission for Prisoners Overseas and were also routinely checked by the Independent Monitoring Board and the regional custody manager.

Further recommendations

- 4.20 The diversity action team should explore and take appropriate remedial action to address the low number of racist incident report forms (RIRFs) received.
- 4.21 The race equality officer should ensure that all RIRF investigations submitted by staff defending themselves against an accusation of racism should explore the events that led up to the accusation.
- 4.22 There should be formal interventions to challenge those who engage in racist behaviour.

Race equality duty

- 4.23 In our survey, black and minority ethnic prisoners reported more positively than white prisoners across a range of indicators. However, almost two-fifths, against the comparator of only a quarter, said they had been victimised by a member of staff and a third, compared with only

just over a fifth, said they had felt threatened or intimidated by a member of staff. Despite these findings, in our focus group black and minority ethnic prisoners reported feeling safe.

- 4.24 The offender management unit identified new arrivals with current or previous racially motivated offences but this information was not passed to the diversity team and the central list of such prisoners maintained by the security department was considerably out of date.
- 4.25 The prison had undertaken some interesting and well-received events to promote and celebrate culturally diversity, including inviting visitors, such as an author and an entrepreneur, to discuss their work. There had been two events for prisoners to celebrate achievements by Muslims in the world of invention and exploration, which were the initiative of a diversity orderly.

Further recommendation

- 4.26 The prison should maintain an accurate list of all prisoners with current or previous racially motivated offences which should be readily available to all staff.

Religion

- 4.27 **The prison should establish the reasons for the more negative perceptions of Muslim prisoners. (3.66)**

Achieved. Three focus groups with a small number of Muslim prisoners had taken place in 2010 to inform impact assessments and to explore their perceptions of their treatment. Groups had been facilitated by the Muslim chaplain and diversity staff. Muslim prisoners had raised some concerns, such as the level of searching before their attendance at Friday prayers and the cross-contamination of halal food. Actions from the focus groups were incorporated into the diversity and equality action plan.

Additional information

- 4.28 There were 177 Muslim prisoners, 24% of the population, at the time of the inspection. As at the previous inspection Muslim prisoners in our survey expressed more negative perceptions of their treatment against a range of key indicators, including safety and their treatment by staff. For example, only 42% of respondents, against the comparator of 69%, said staff treated them with respect and one-third, compared with just over a fifth, said they felt unsafe at the moment. However, in our focus group with Muslim prisoners, although participants raised some concerns about their treatment and conditions in the prison, they felt that these were not related to their religion but were concerns for many prisoners at Brixton.
- 4.29 The only issue of differential treatment raised in our focus group was the level of search before and following attendance at Friday prayers. However, staff told us it was their practice to search all prisoners before attendance at all faith services to a level that was not as stipulated in the local searching strategy (see also paragraph 7.11 and recommendation 7.14).
- 4.30 The Muslim chaplain represented the chaplaincy at the DAT but issues relating to religion were not routinely discussed. As with all diversity strands other than race, there was no monitoring to identify the representation of prisoners by their religion in key areas of activity or sanctions, such as disciplinary procedures or the incentives and earned privileges scheme (see recommendation 4.11).

Further recommendation

- 4.31 There should be ongoing focus groups/structured engagement with Muslim prisoners to explore and address any concerns.

Foreign nationals

- 4.32 **Decisions to deport and to maintain detention after sentence expiry should be made and communicated to prisoners well before the end of sentence. (3.78)**

Not achieved. An administrative officer in the custody office was responsible for ensuring relevant departments were informed of the arrival of foreign national prisoners. However, there was no routine tracking of immigration decisions other than the standard custody office checks for all prisoners 14 days before release. The prison had recently instituted monitoring to record the number of cases where decisions to deport and to maintain detention had not been received up to 14 days before sentence expiry. Records showed that since February 2010, 16 prisoners had not received a decision within 14 days of release. Of these cases, two decisions were only received on the day of release.

Further recommendations

- 4.33 The prison should work with the UK Border Agency to ensure that decisions to deport and maintain detention after sentence expiry are made and communicated to prisoners well before the end of sentence.
- 4.34 The prison should regularly monitor and track the progress of deportation decisions.

- 4.35 **The foreign national consultative committee should meet regularly. (3.79)**

Achieved. The committee met monthly. Membership did not extend beyond diversity and immigration service staff so other staff with a key role in providing support for prisoners, such as residential staff, did not attend the meetings.

Further recommendation

- 4.36 The membership of the foreign national consultative committee should be extended to include other key staff and departments with responsibility for foreign national prisoners.

- 4.37 **There should be greater use of the professional interpretation service. (3.80)**

Achieved. Use of the professional telephone interpretation service was monitored monthly by the foreign national coordinator and reports showed that the number of uses had increased significantly since the previous inspection, with 119 calls in the four months since July 2010. Dual handsets and facilities to enable telephone conferencing were also available, and the previous foreign national coordinator had regularly re-issued staff information notices and had facilitated trainers from the interpreting service to attend the prison in 2009 to raise awareness of the facility.

4.38 **Material for translation should be sent to a professional service. (3.81)**

Achieved. The amount of professionally translated material had increased since the previous inspection. Although now out of date (see paragraph 1.28) the prison's induction booklet had been translated into a range of languages, and a range of phrase books were also available. Translated material was available to all staff electronically. The prison library stocked a range of fiction and non-fiction material for foreign national prisoners, including some newspapers and magazines.

Additional information

- 4.39 The prison had no foreign national coordinator at the time of the inspection but the position was due to be filled in early 2011. There was some cover from within the diversity team. A foreign national prisoner policy published in April 2010 identified key issues faced by foreign national prisoners, including contact with family overseas.
- 4.40 Foreign national prisoners accounted for just over 31% of the prison population with around 60 nationalities represented. The foreign national coordinator did not routinely see all foreign national new arrivals to assess their individual needs (see further recommendation 4.49). There was a local information pack for foreign national prisoners and they were given a letter outlining the sources of support in the prison, but both documents were only available in English. Foreign national focus groups had not been convened for some months. In our survey, foreign national prisoners had some negative perceptions of their treatment, including their experience of reception and the incentives and earned privileges scheme. Diversity orderlies were a source of support for foreign national prisoners but at the time of the inspection this support was only provided on one wing (see diversity).
- 4.41 Immigration staff from the criminal casework directorate and the local immigration office were based on site and facilitated weekly immigration surgeries. All foreign national new arrivals were invited to attend the surgery and immigration staff followed up those who did not attend. Immigration staff were based in the diversity office and worked closely with the diversity team.
- 4.42 There were 15 prisoners held solely on immigration matters during the inspection, some of whom had been held for significant periods beyond their release date. Three were subject to multi-agency public protection arrangements (MAPPA) and were therefore not able to move to an immigration removal centre.
- 4.43 All cases were reviewed at the monthly foreign national consultative meeting and the foreign national coordinator updated prisoners' case notes accordingly. The prisoners held solely on immigration matters expressed some frustration at their situation but generally appeared to understand their individual circumstances.
- 4.44 Prisoners who did not receive visits could make a free five-minute international telephone call each month through the 'call4five' secure card used for prisoners to make international calls. Prisoners only had to apply for the card once and then automatically received a new card each month, but only if they had not had a visit. The number of prisoners who used this facility seemed very low – the PIN clerk told us only 35 cards had been issued in the previous month – and we were not assured all prisoners were aware of the provision.
- 4.45 Prisoners had access to independent immigration advice through the Detention Advice Service, which visited the prison fortnightly and saw prisoners individually. Records showed that 90 prisoners had been seen in the four months since July 2010.

Further recommendations

- 4.46 The foreign national handbook and introductory letter should be available in a range of appropriate languages.
- 4.47 Regular foreign national prisoner focus groups should be convened and through this forum the foreign national coordinator should ensure all eligible prisoners are aware of the procedures to enable them to make a free monthly international telephone call.

Disability and older prisoners

4.48 There should be action to address the practical needs of disabled prisoners. (3.54)

Partially achieved. There were three adapted cells in the prison all of which could accommodate a wheelchair. Two of these cells, on A wing and G wing were equipped with showers and all had grab rails. The cell on G wing was in a poor decorative state with damaged flooring and missing tiles. The disability liaison officer (DLO) had also carried out a survey of the prison to ascertain where adjustments needed to be made. New arrivals could disclose disabilities, including learning disabilities and mental health issues, on reception and this information was entered on to P-Nomis by the assistant disability liaison officer. There were no follow-up assessments to assess and address identified needs, and multi disciplinary care plans were not used. Support for prisoners with learning difficulties was limited to some individual out-of-lesson support for 20 prisoners in education. Prisoners were generally positive about the assistance they had received from wing staff. In our survey, prisoners with disabilities were positive about some of their treatment. For example, just 15% of respondents with disabilities, against 26% of those without, said they felt unsafe at the moment.

Further recommendation

- 4.49 The specific needs of all new arrivals from minority groups, especially foreign national prisoners and those with disabilities, should be assessed promptly and met.

Additional information

- 4.50 The prison had a prisoner disability policy dated May 2010 and the diversity manager fulfilled the role of disability liaison officer (DLO).
- 4.51 In our survey, 13% of prisoners said they had a disability. Although there were monthly records of the number of new arrivals who disclosed disabilities, diversity staff were unable to provide up-to-date information about the total number of prisoners who considered they had a disability.
- 4.52 There had been some recent work on raising awareness of prisoners who needed assistance in an emergency. However, staff we spoke to were unaware of the identity of prisoners who needed assistance, and personal emergency and evacuation plans (PEEPs) were held in prisoners' individual wing files rather than in a central easily accessible file on each wing.
- 4.53 The prison had a link with the Disability Living Foundation which, at no cost to the prison, was working to pilot a screening tool for autism.

- 4.54 At the time of the inspection, there were 55 prisoners – just over 7% of the population – over the age of 50 and the oldest was 76. Diversity staff facilitated a monthly group for older prisoners but not all prisoners were aware of this and the group had not run consistently. The prison's disability policy stated that all prisoners over 50 were referred to the well man clinic but we saw no written evidence that this happened in practice. Prisoners over retirement age had not been receiving the rate of pay stipulated in the diversity policy and were also required to pay for their television.

Further recommendations

- 4.55 Prisoners with a disability should, where necessary, have a personal emergency and evacuation plan, which is easily accessible by staff on wings, and prisoners with such plans should be easily identifiable by staff in the case of an emergency.
- 4.56 Diversity staff should ensure that all older prisoners are aware of the support group for older prisoners and that this group is consistently facilitated.
- 4.57 Follow-up assessments for older prisoners should routinely be undertaken, as outlined in the diversity policy, records maintained and appropriate remedial action taken to meet identified need.

Housekeeping point

- 4.58 Prisoners of retirement age should receive the rates of pay stipulated in the diversity policy and should not have to pay for their televisions.

Sexual orientation

No recommendations were made under this heading at the last inspection.

Additional information

- 4.59 This prison was not aware of the number of prisoners who were gay, although in our survey 5% of prisoners regarded themselves as gay or bisexual. A previous diversity orderly had been active in the promotion of the support group for gay prisoners but the group was no longer running.

Further recommendation

- 4.60 The diversity team should re-establish and actively promote the focus group for gay prisoners.

Section 5: 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.

General

- 5.1 The wing treatment rooms should be in a good state of repair, easy to clean and fit for purpose. The rooms and any furnishings should meet infection control standards. (4.47)

Not achieved. The wing treatment rooms remained in a poor state of repair. They were cluttered with furniture and equipment. Despite staff efforts to keep the rooms clean they were not unsuitable and did not adhere to infection control standards.

We repeat the recommendation.

- 5.2 The beds in health services should not form part of the prison's certified normal accommodation (CNA) and admission should only be on assessment of clinical need. (4.59)

Not achieved. The CNA certificate clearly stated that the 25 health care beds were available as accommodation. However, there was an admissions policy for the unit and we were told that it was rare for prisoners without a clinical need to be admitted to it.

We repeat the recommendation.

Additional information

- 5.3 Since our last inspection, the arrangements for the delivery of health services had changed. NHS Lambeth commissioned Care UK to provide the health services which, in turn, subcontracted substance use services, inpatients and secondary mental health services to South London and Maudsley NHS Foundation Trust (SLaM) and pharmacy services to Lambeth Community Care Trust. The service ran as a consortium and from a prisoner's perspective there was little distinction between the service providers, which was to be commended.

- 5.4 Our survey results were generally positive about the access and quality of care but poorer than the comparators in specific areas, such as the proportions taking medication and receiving secondary mental health care. There had been a review of the health needs assessment in October 2009 which identified a number of gaps that were being addressed in the service improvement plan.

Clinical governance

- 5.5 Health staff vacancies should be filled as soon as possible. (4.45)

Achieved. At the previous inspection the health care contract was about to be transferred to Care UK and there were many staff vacancies. Although there were still a couple of vacancies

in the primary care team, including newly funded posts, and within SLaM staffing structure, in essence the recommendation had been achieved.

5.6 Primary mental health nurses should be recruited and given protected time for provision of primary mental health. (4.46)

Achieved. A primary mental health service had been developed in January 2009 and comprised a band six mental health nurse and a mental health practitioner. The service was dedicated to providing mental health care for prisoners in conjunction with the prison counsellors and a clinical psychologist.

5.7 All staff should have access to clinical supervision. (4.50)

Achieved. All staff were given the opportunity for clinical supervision on a group and one-to-one basis.

Additional information

5.8 While each organisation had its own clinical governance arrangements for the management and accountability of staff, there was a range of joint meetings, including the prison partnership board. The board met four times a year and included a prisoner representative.

5.9 The consortium provided NHS Lambeth with a monthly contract monitoring report on a range of information, such as clinic activity, complaints, serious and untoward incidents, and staff training. It was not clear from the latter which organisation employed the staff, and in the reports that we saw only four staff had completed basic life support (resuscitation) training in the previous eight months.

5.10 Nurse registration details were monitored by a Care UK administrative staff member but it was unclear who monitored the registration details of other health professionals.

5.11 SystmOne, a national electronic clinical information system, had been introduced in June 2010 but was poorly used. We found evidence of clinics that were not recorded on the system, or elsewhere, so it was impossible to identify who had attended the clinic. Electronic care plans were not used and neither were templates for the monitoring of lifelong conditions.

Further recommendation

5.12 All health care staff should have annual resuscitation and defibrillation training.

Housekeeping point

5.13 The health care department should use electronic care plans and templates to monitor lifelong conditions.

Primary care

5.14 A timed appointment system should be introduced to avoid prisoners spending long periods in the healthcare waiting area. (4.48)

Achieved. Discipline staff and health care assistants ensured that there was a controlled flow

of patients through the health care centre. This helped to avoid prisoners waiting lengthy times for their appointments.

5.15 Healthcare staff should be clearly identifiable by their uniforms. (4.49)

Achieved. Both Care UK staff and those employed by SLaM wore distinctive uniforms, and most staff also wore name badges.

5.16 An appropriate complaints procedure should be in place. (4.52)

Not achieved. The complaints system had not altered from our previous inspection. All health service complaints were dealt, in the first instance, by the prison complaints department so there was no confidentiality of medical matters.

We repeat the recommendation.

5.17 Hard copies of clinical information and the electronic medicine information system should both be available to anyone treating a patient. (4.53)

No longer relevant. The electronic recording of clinical records on SystemOne was available throughout all areas that health care was delivered. All hard copies of patient information received were scanned on to the system, negating the need for paper copies.

5.18 Healthcare staff should use professional interpretation services to assist prisoners with poor or no English. (4.54)

Achieved. We noted the increased use of the telephone interpreting service since our last inspection and were told that this was used in one of the health care rooms in reception and one of the GP surgeries. Professional interpreting services were mainly used for prisoners with mental health problems.

5.19 Written healthcare information should be available in a range of appropriate languages. (4.55)

Not achieved. We did not see any information for prisoners in any language other than English. This included reception leaflets, all health care noticeboards and all health promotion literature.

We repeat the recommendation.

5.20 Information from prisoners' community GPs should be obtained as soon as possible after reception. (4.56)

Partially achieved. Details of prisoners' community GPs were obtained, when known, during the initial screening at reception and a process was in place to enable contact. However, we found an example of an inpatient well known to mental health community services who was not picked up at reception because his GP was not contacted.

5.21 Triage algorithms should be developed to ensure consistency of advice and treatment. (4.57)

Achieved. Triage algorithms had been developed and were available in all areas where patients received treatment.

- 5.22 All healthcare staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times. (4.58)

Achieved. Administration of medications was well managed and nurses were aware of and adhered to the Nursing and Midwifery Council guidelines for the safety of administration. Medicines were administered predominantly in the wing treatment rooms through hatches that were well controlled and provided satisfactory privacy for patients.

- 5.23 The reason for prisoners not attending GP and dental appointments should be explored and appropriate action taken. (4.60)

Partially achieved. There had been some efforts to collect data about prisoners who did not attend appointments. The number remained high and staff concentrated on chasing up prisoners at the time to ascertain reasons for non-attendance. The data were added to the monthly reports but the reasons were analysed by wing rather than clinic, which would have been more helpful.

Further recommendation

- 5.24 There should be further analysis of the 'did not attend' rates to focus appropriate action on improving attendance at relevant clinics.

- 5.25 There should be a register of patients with lifelong conditions and this should be regularly validated. (4.66)

Partially achieved. Some work had begun on the register of patients with lifelong conditions but this was not at the point of regular validation. This shortcoming had also been noted in the health care performance plan

Additional information

- 5.26 New arrivals were screened in reception. The two health care rooms in reception were adequately equipped and had sufficient privacy. Prisoners were not searched before they were seen by health care staff, which was a significant risk (see further recommendation 1.15). Health care staff had access to SystemOne in each room but only one had telephone access. All prisoners received a full screening that included some elements of secondary screening. All new receptions are seen by a GP on the day of their arrival.
- 5.27 Prisoners could access primary care services on the wings and in the health care centre. Access on the wings could be made by direct consultation with the nurse during the morning clinics or through health care application forms. All applications were triaged by a suitably qualified nurse and prisoners were allocated to clinics as required. Routine GP clinics were available every weekday morning and specialist clinics in the afternoons. Routine cases were seen within five days and often earlier. Three GPs were contracted by Care UK to provide a weekday service until 10pm. GP cover was provided out of hours by the same service as the local community. Discipline staff and health care support workers managed the clinics effectively and escorted prisoners back to the wings on completion of their appointments, reducing waiting times in the health care centre.

- 5.28 Health promotion literature was available in the health care centre and on the prison wings but in English only. Each wing also had two prisoners who provided a useful role as health care representatives and were trained to national vocational qualification level 1 in health care. There were good links with the gymnasium, and smoking cessation courses were attended by approximately 20 prisoners a month. Sexual health advice was available and condoms were available on request from the healthcare centre. The range of clinics was equivalent to that found in the community and waiting lists were acceptable

Pharmacy

- 5.29 Care should be taken to make full and complete records of administration of medicines. This should include records of all occasions where the patient refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (4.62)

Not achieved. Although the majority of administration records appeared to be complete, we saw several medication charts that had gaps, and one that had both gaps and some missing dates.

We repeat the recommendation.

- 5.30 Secondary dispensing should cease. (4.63)

Not achieved. Although improved since the last visit, we again found evidence of secondary dispensing and we found an unlabelled pot that contained medication.

We repeat the recommendation.

- 5.31 Patient group directions should be introduced to enable supply of more potent medication by the pharmacist and/or nurse. A copy of the original signed patient group directions should be present in the pharmacy and read and signed by all relevant staff. (4.64)

Not achieved. The lead pharmacist said that three patient group directions for vaccinations were awaiting a final sign off, but had not yet been put into place. There had been some difficulty in getting them implemented, as the consortium was not a legal entity and it had taken time to get agreement.

We repeat the recommendation.

Additional information

- 5.32 Pharmacy services were provided from the in-house pharmacy, which employed two full-time pharmacists and two full-time technicians. The pharmacists were independent prescribers and held daily clinics for minor ailments as well as a weekly asthma clinic. Most patients were on in-possession medication and consequently received patient information leaflets. The patients could also ask the pharmacist for a leaflet during one of their daily clinics.

- 5.33 Heat-sensitive products were stored in appropriate conditions in the pharmacy and most of the treatment rooms. However, the refrigerator temperature monitor in the treatment room on D wing (inpatients) had not been reset for some time and was recorded as going up to 18°C by the nursing staff, with no corrective action taken. The records for the Methasoft computerised methadone dispensing system in the IDTS room showed it had been calibrated and cleaned each day.

- 5.34 Prescribing was appropriate to the population, and the pharmacist did not have any concerns about inappropriate prescribing. Patients could order repeat medications by using a repeat slip that was provided as part of the SystmOne prescription. Handwritten prescriptions were for supervised administration, and so the repeat supplies were ordered by the nursing staff. We saw one prescription for a schedule two controlled drug that did not comply with the regulations and did not state a specific quantity to be supplied.
- 5.35 There was appropriate provision of medication for prisoners being discharged or transferred. Prisoners on supervised medicines were given up to seven days as in-possession medicines, and those on in-possession medications were given these as normal. Methadone or Subutex were not given in possession and the prison liaised with community colleagues.
- 5.36 A medicines and therapeutics committee met around every five weeks and was chaired by the head of health care, with the lead pharmacist as vice-chair. The PCT also attended. There were written policies for in-possession medication and special sick, which had both recently been reviewed. There was a policy for out-of-hours provision but this was overdue for review. There was a formulary in use on SystmOne.
- 5.37 Records of date checks in the pharmacy were available, and the pharmacy technicians visited the treatment rooms on the wings each week to check stock levels and date checks. We found several loose strips of medicines in medicines cabinets and a trolley, and several loose capsules at the bottom of a medicines cabinet. These did not comply with labelling regulations and it was not known if they were patient returns or non-administered medication. The pharmacy maintained a record of named-patient medications. Some stock medicines were also supplied from the pharmacy, but most supplies were on a named-patient basis. Controlled drugs for the IDTS were requisitioned by the wings as stock and administered by the nursing staff against prescriptions. Special sick supplies were recorded on a sheet provided by the pharmacy and returned to it each day. Although this allowed the pharmacist to audit their use, these supplies were not recorded on the patient's computerised record.

Further recommendations

- 5.38 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock.
- 5.39 Special sick medicine administrations should also be recorded on the patient's record to enable a full audit trail and informed prescribing.
- 5.40 Controlled drug prescriptions for supply must be legally written, and include the quantity prescribed in words and figures.

Housekeeping point

- 5.41 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms 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 staff.

Dentistry

No recommendations were made under this heading at the last inspection.

Additional information

- 5.42 Dental care was contracted to Weymouth Dental Prison Services to provide a dentist and a dental surgery assistant for four sessions a week with an occasional additional session as required to keep the waiting list under control. Annual leave cover was arranged through the service and there were out-of-hours and emergency cover protocols. The contract was not registered on the NHS Dental Services systems and FP17 forms were therefore not submitted, which meant that detailed contract monitoring to the NHS standard was not possible.
- 5.43 The general décor of the dental surgery was old but clean and acceptable. The dental facilities comprised one large surgery with sterilising equipment in the same room, a small additional room currently used for storage and an adjacent satisfactory waiting area with seating. The cabinetry, chair and equipment were several years old and while the equipment was usable, there were reported intermittent problems with the chair and dental unit that required frequent attention. The dental unit was not fitted with amalgam separation as is now required. The intra-oral X-ray unit required running repairs and did not meet current best practice guidance. The flooring had a damaged seam that had been covered with adhesive tape, which presented a minimal tripping risk but also prevented effective disinfection and cleaning of the floor. There were sufficient instruments, which were accounted for daily.
- 5.44 Observed cross-infection control procedures were satisfactory. Clinical and hazardous waste was appropriately stored in the surgery – however the arrangements for collection and disposal were not clear or consistently implemented as there was an increasing volume of used X-ray processing chemicals awaiting collection.
- 5.45 Resuscitation equipment and drugs were held in the dental surgery and were satisfactory. The autoclave and its maintenance were satisfactory.
- 5.46 There had been no surgery inspection for three years. Dental appointments were now well managed by a dedicated prison officer working in close communication with the dentist. The current waiting list was only 10 with a maximum waiting time of 12 days. Triage was carried out by wing nursing staff who followed a clear algorithm.
- 5.47 The standard and range of treatment and treatment planning that we saw were good. Patients were treated with care and courtesy. Oral health education was provided at the chairside and communication with patients was good. Oral health promotion literature was available and further oral health promotion was provided by NVO trained health care representatives on each wing.

Further recommendations

- 5.48 The planned replacement of the dental chair/unit and X-ray set should be completed.
- 5.49 Compliance with dental waste decontamination procedures should be maintained.
- 5.50 There should be a dental surgery inspection as soon as possible.
- 5.51 More detailed information of patients seen and treatment provided should be available through a system that can be monitored to a standard required by the NHS.

Housekeeping point

- 5.52 Damaged flooring in the dental surgery should be repaired.

Inpatient care

- 5.53 All inpatients should have care plans which have been informed by nursing assessment and are regularly evaluated. (4.51)

Partially achieved. Most of the inpatients had care plans but they were paper based and we were unable to find evidence of regular reviews and updates. Their progress was in some cases recorded on SystmOne by nursing staff, although we found evidence of care plans not being followed. ACCT documents were also used in some cases to record patient progress rather than for the purpose of specifically monitoring those in self-harm crisis, which was inappropriate.

We repeat the recommendation.

Additional information

- 5.54 D wing was a 25-bed inpatient unit. It was unfit for purpose, but funding for a new unit had recently been withdrawn, which was regrettable given the poor state of the facilities. The treatment room, servery and association/occupational therapy room were on the ground floor and living accommodation on the two upper levels. The stairs meant the unit was not accessible to anyone with mobility difficulties. The top floor had a light and airy association area with pleasant decorations, but most of the cells were in a poor state of repair. For example, we found cells with ripped linoleum, no toilet seat and graffiti on the walls. There had been no infection control audit in the unit.
- 5.55 The inpatients had a structured regime, which included sessions with an occupational therapist who worked in the prison four days a week. She ran sessions such as an art group and discussion groups and nursing staff also played an active part in these. Inpatients could eat their meals in the group room rather than in their cells.
- 5.56 Inpatients were assessed for their level of risk and allocated a 'zone'. For example, new admissions and those deemed to require constant supervision, were actively suicidal or had other defined risks were classed as 'red zone' or high risk, while those who had, for example, been under constant supervision in the previous 48 hours, showed over-familiarity or were sporadic taking their medications were deemed to be 'amber zone' or medium risk. Low risk or 'green zone' indicators included inpatients who were fully concordant with their medications and actively engaged in groups. At the time of the inspection, 16 inpatients were deemed to be high risk and none were low risk. However, it was unclear when decisions were made to alter inpatients' risk status.
- 5.57 There was a weekly ward round by the consultant psychiatrist, which involved the inpatients. A specialist registrar psychiatrist attended the unit daily and the GP could be requested to see an inpatient if required but did not attend the unit regularly. There were at least four registered mental health nurses on duty during most days, as well as one or two discipline officers and health care assistants.

Further recommendation

- 5.58 The inpatient unit should be accessible to all and be fit for purpose, with appropriate décor and cleanliness to be consistent with the promotion of health and well-being.

Secondary care

No recommendations were made under this heading at the last inspection.

Additional information

- 5.59 Outside hospital appointments were effectively managed by one of the administrative staff. There did not appear to be any difficulties in the provision of discipline staff for escorts and there was no undue delay for appointments. Records were maintained effectively.

Mental health

- 5.60 **Prisoners who need specialist mental health services should be transferred expeditiously. (4.61)**

Not achieved. At the time of the inspection, 14 patients were awaiting transfer to NHS mental health beds following assessment that they needed specialist mental health services; one had been waiting over six months, which was unacceptable. A full-time mental health liaison administrator did his best to progress the cases, but nearly half the patients were from East London and were waiting for beds in East London NHS Foundation Trust, while the others required beds elsewhere in London. We were told that the PCT commissioners were only informed on an ad hoc basis of delays in transfer, rather than about every individual case, because delays were so common.

We repeat the recommendation.

Further recommendation

- 5.61 NHS Lambeth should be informed of all patients who are not transferred expeditiously to specialist mental health beds if clinically indicated.

- 5.62 **A day care service should be available to support prisoners less able to cope on the wings. (4.65)**

Not achieved. There were no day care services for prisoners.

We repeat the recommendation.

Additional information

- 5.63 Patients had access to a good level of secondary mental health care with a full-time outreach service covering all tiers of care from initial referral and a current caseload of 40. Three psychiatrists provided eight sessions a week. The outreach team included a lead nurse who also oversaw the care for inpatients, three mental health nurses and a new pathway and liaison nurse who provided the link with the community.

5.64 There was an open referral system with most patients referred from the primary care mental health team and initial screening at reception. Care was multidisciplinary with regular case conferences and health care staff involvement in strategic meetings. Prisoners also had access to a counselling service that provided up to 10 sessions a month seeing up to 100 clients with a very good attendance rate. Mental health awareness training was provided for all discipline staff on a rolling programme.

Section 6: Activities

Learning and skills and work activities

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.

Leadership and management

No recommendations were made under this heading at the last inspection.

Additional information

- 6.1 The leadership and management of learning and skills were satisfactory. Learning and skills were provided by Kensington and Chelsea College. Senior managers set a clear strategic direction and reviewed provision regularly. Since the last inspection, there had been improvements to the range of vocational training offered and to the work opportunities for vulnerable prisoners. However, with limited resources, this had resulted in reduced in-cell education for those unable to attend classes in the education department. Prisoners could attend education part time. Both part-time and full-time work were available but prisoners were not able to combine education and work.
- 6.2 The day-to-day management of education was effective. Well-qualified and experienced staff and managers were highly committed to offering a good service to learners. Recently appointed course directors carried out an effective coordinating role in the department. However, several recent changes in staffing had affected the department's capacity to monitor provision and use management information to make further improvements. Internal partners met regularly and worked collaboratively to review and improve provision. Self-assessment was inclusive and there was an effective action planning process. However, some quality improvement arrangements, such as the observation of teaching and learning, were not used effectively to make improvements. The learning and skills department collected much data about participation and achievement but information was poorly analysed and not used effectively to monitor and develop the provision.
- 6.3 Arrangements for the monitoring and promotion of equality and diversity were satisfactory. Relationships between prisoners and learning and skills' staff were respectful and professional. Behaviour in classes was good and teachers managed sessions well. Access to formal education was satisfactory. All prisoners could access work, education and vocational courses. The prison had an equitable approach to access to learning and skills and provided a timely and effective induction and initial assessment for all, but scheduling and recruitment to classes was not managed sufficiently well to ensure that all prisoners quickly accessed their choice of education or work in what was often a very short stay at the prison.

Further recommendations

- 6.4 The analysis and use of learning and skills data should be improved to ensure that they are used effectively to manage and develop the provision.
- 6.5 Access to appropriate information should be improved to enable more effective scheduling of prisoners to classes.

Induction

No recommendations were made under this heading at the last inspection

Additional information

- 6.6 Arrangements for induction and initial advice and guidance were satisfactory. Induction to education was carried out soon after prisoners arrived. Induction consisted of a well-managed and thorough initial assessment of prisoners' levels of literacy and numeracy followed by a more detailed diagnostic assessment, where necessary. The outcomes of the initial assessment were used effectively to place prisoners on courses at appropriate levels. Initial advice and guidance offered to prisoners included information about education, training and employment opportunities available in the prison and upon release. Prisoners could begin courses very soon after induction and individual learning plans were opened at this stage.

Work

No recommendations were made under this heading at the last inspection.

Additional information

- 6.7 The prison provided a limited range of full-time work opportunities for about 138 prisoners and about 121 part-time places. Most prisoners could access work or part-time education, although a significant proportion chose not to participate. The regime was designed to enable an equitable spread of work and education opportunity but resulted in prisoners not being able to engage in more than one activity. Attendance was poor because prisoners were on court appearances, legal visits and other commitments. Punctuality was generally good.
- 6.8 The range of work available was menial and low level. It included cleaning, kitchen and orderly work. Specific new employment opportunities for vulnerable prisoners, including yard parties, laundry and stores work, had been created since the last inspection. At the time of inspection, accredited qualifications in food safety and health and safety were offered.
- 6.9 The national prison radio studio offered employment to prisoners who had successfully completed the radio production certificate and enabled them to acquire good transferable work skills. A few learners had been able to secure employment in the media.
- 6.10 Work was allocated on a demand-led basis. Prisoners applied for work and were allocated according to security clearance and availability, but the significant turnover of prisoners resulted in frequent job changes. There were no waiting lists for work and prisoners often had

to be actively recruited to fill the positions. The allocation of work was monitored by ethnicity and age. Pay rates varied across the prison with less popular jobs commanding better rates.

Vocational training

6.11 There should be more formal nationally recognised accredited skills training programmes. (5.18)

Achieved. The prison had increased the range and amount of formal nationally recognised accredited skills training to include textiles, graphic design, screen printing and radio production.

Additional information

6.12 The newly established Windmill Centre provided up to 100 places on courses that focused on employability. Prisoners could follow courses in textiles, graphic design and screen printing, radio production and starting up a business, for which there were 80 places available each day. These courses offered training in employability in specific skills. The graphic design workshop offered training in silkscreen printing and T-shirt production. The textile workshop produced bags for sale in charity shops and enabled prisoners to acquire a variety of machining skills. The radio production workshop offered courses leading to a certificate recognised as sufficient to be considered for employment in the national prison radio that operated from the prison. All these courses, including business start-up, enabled prisoners to develop various other employability skills, such as team working, punctuality and communication skills. The courses offered accredited qualifications in line with the recommendation from our previous inspection. Some tutors were very skilled in supporting some literacy and numeracy needs in the workshops. However additional learning support was not available as a matter of course from the education department.

6.13 There were a further 20 daily places on an industrial cleaning programme, although this had not yet started due to problems in recruiting suitable staff.

6.14 There were good resources for radio production, textiles and graphic design. Attendance was poor and in many sessions only about half or fewer of the allocated prisoners attended. Typically, the number of prisoners allocated to the workshops was significantly less than the agreed capacity. For prisoners who completed their training, achievement was very good. The quality of the work was generally very good with some exceptional artwork and award-winning radio productions. Teaching was very good with well-qualified and experienced tutors showing a real commitment to enabling prisoners to achieve their learning goals.

6.15 In our survey, 62% of respondents had been involved in vocational training at the prison against a comparator of 52% and the response of 53% in 2008.

Education

6.16 The curriculum for segregated and vulnerable prisoners should be improved. (5.16)

Not achieved. Although opportunities for employment for vulnerable prisoners had improved since the last inspection, available education programmes have not. The number of segregated and vulnerable prisoners who received in-cell education had fallen from around 100 at the last inspection to only 29. The weekly tutorial support was helpful to the prisoners

who received it but was insufficient to meet their needs and allow them to make progress.
We repeat the recommendation.

6.17 There should be better accommodation for artwork classes. (5.17)

Achieved. Artwork classes had been moved to the new Windmill Centre which provided newly refurbished, good quality accommodation. Classroom areas were no longer shared and the art curriculum had been extended to include screen printing and graphic design, both of which complemented the new adjacent textiles workshop.

Additional information

6.18 There was a range of courses in literacy, numeracy and Information and communication technology (ICT) from pre-entry level to level 2. There were also courses in English for speakers of other languages (ESOL), although they were insufficient and not running at the time of the inspection. This provision was effective in meeting the language, literacy and numeracy needs of prisoners. There was little other education provision, for example at higher levels. Three prisoners were enrolled on distance learning courses.

6.19 Punctuality in lessons was generally good and although attendance varied, it was satisfactory overall. Teachers were not always aware of the reasons for prisoners' absences. Prisoners made good progress in most lessons and very good progress in ICT lessons where they developed and applied high level skills. Progress was also good in numeracy where prisoners moved through a range of increasingly complex tasks. Prisoners used language confidently in literacy lessons and worked hard to improve their spelling. Standards of work were good and those achieved by some prisoners in ICT were outstanding. However, the poor data on prisoners' achievements meant it was not possible to tell if their good progress was translated successfully into meaningful accreditation.

6.20 Teaching and learning were good. Relationships between prisoners and teachers were relaxed and professional. Teachers had developed interesting and innovative activities that provided good challenge to individual prisoners who worked hard in lessons and achieved well. In an ICT lesson, prisoners made very good progress on their individual projects and then participated very enthusiastically in a discussion in which they made some very perceptive observations. In a literacy lesson, prisoners worked on spelling projects and used ICT well to support their work. Teachers supported prisoners very effectively and used praise and encouragement well. In most lessons prisoners were able to solve problems for themselves. On a few occasions teachers were overly directive in solving problems for prisoners. Staff used interactive whiteboards well to support learning, along with a good range of other resources, including ICT. However, there was insufficient formal additional learning support for prisoners identified as requiring help with literacy and/or numeracy

6.21 There were scheduled breaks in both the morning and afternoon sessions but the time these took place varied considerably; in one instance, the break took place with only a short period of the lesson remaining. During these breaks, prisoners just stood outside the classroom and it was difficult to understand the purpose of the break, which disrupted learning.

Further recommendations

6.22 The availability of formal additional learning support and English for speakers of other languages (ESOL) should be improved.

- 6.23 The range of learning and skills courses should be improved and effective use made of capacity.
- 6.24 The policy on breaks in lessons should be revised to make better use of session time and prevent unnecessary disruption to learning.

Library

- 6.25 The library should be open in the evenings and at weekends, and there should be better access for prisoners not on formal education courses. (5.19)

Partially achieved. Access to the library for all prisoners had improved since the last inspection and a well-structured system allocated specific time for almost all prisoners to attend the library, including allocated time for vulnerable prisoners. The library opening hours had been extended but did not include evenings or weekends. Despite better access, the number of prisoner visits had declined to less than 100 a week since the last inspection. The library did not make effective use of its data on prisoner visits to identify this decline. In our survey, only 23% of respondents said they visited the library each week against the comparator of 37%.

Further recommendation

- 6.26 The analysis of data on library use should be improved and used effectively to manage and develop the provision.
- 6.27 Prisoners unable to attend the library should be able to choose books from a library catalogue. (5.20)

Achieved. Prisoners not able to use the library were offered a mobile service and books were delivered to them. The library was due to introduce a catalogue with the installation of a computerised system.

Additional information

- 6.28 Lambeth Library Service provided a well-organised and welcoming library located in the education department. The library was open from 8.30am until 4.30pm on most days and was staffed by two librarians and two prisoner orderlies. Staff took a flexible approach to applications from prisoners for additional library time for research and extra reading.
- 6.29 The library was well stocked with a good range of fiction and non-fiction, including easy readers, large print and audio books. Books were available in 26 languages and there was a good stock of dictionaries in English and a wide range of languages. Information leaflets, many of which were in foreign languages, posters and new books were attractively displayed. Prisoner wing representatives coordinated DVD and CD loans. Up-to-date Prison Service Orders were also available in a range of languages. Some donated foreign language magazines and newspapers were well displayed for prisoners. A central area with tables and seating was used well for quiet study. Library staff liaised effectively with the learning and skills department to identify and purchase books to support education courses. The prison radio service was used well to promote the library, and a visiting author had run a popular series of creative writing workshops.

Physical education and health promotion

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.

- 6.30 There should be improved access to gym facilities for prisoners in work or education. (5.29)

Achieved. Access to the gym for prisoners in work or education had improved. Given the very serious constraints caused by the lack of facilities and the quality of accommodation, the department had developed a good programme of activities that provided opportunities for many of those in work to attend PE if they chose.

- 6.31 PE should be available at weekends. (5.30)

Not achieved. There was no PE provision available in the evenings or at weekends. We repeat the recommendation.

- 6.32 All prisoners should have appropriate access to outside recreation. (5.31)

Achieved. All prisoners had appropriate access to outside exercise areas, two small artificial sports pitches and basketball and volleyball facilities

- 6.33 There should be better PE provision for older prisoners. (5.32)

Achieved. PE provision for older prisoners had improved since the last inspection with specialist sessions aimed at older prisoners.

Additional information

- 6.34 Allocation to PE was equitable and access for prisoners was satisfactory. The PE department was open during the core day. Prisoners could go to PE for at least 1.5 hours a week and many used the facilities for three or more hours a week. However, in our survey only 33% of prisoners said they visited the gym at least twice a week against the comparator of 43%.

- 6.35 The department provided specialist PE for groups such as older prisoners, vulnerable prisoners and those with mental health problems. Weight loss and general health PE was also provided. A physiotherapist visited weekly and worked with PE staff to assist prisoners with specific injuries.

- 6.36 Facilities for PE were very poor. The weights and cardiovascular rooms were in converted accommodation not designed for that purpose. The two small outside artificial pitches were often not usable in bad weather, restricting what the department could offer. They were also used for exercise, which further reduced the available facilities. There was no sports hall, which severely limited the opportunity for indoor activities other than weights and cardiovascular work. The poor facilities and lack of accommodation also restricted the provision of a broad and balanced PE curriculum. However, the facilities were maintained well

and kept very clean by a group of very enthusiastic orderlies. They had been trained appropriately and assisted in the gym induction programme, supervised by a PE officer.

- 6.37 Despite the serious constraints in the facilities, the department had developed a good programme of activities. These included weight training, cardiovascular work, football, volleyball, basketball and minor games, although some of these were not available in bad weather.
- 6.38 A good start had been made on enabling prisoners to gain formal accreditation for their achievements. The generic PE course was successful and almost all prisoners who completed it achieved the qualification. Formal accreditation was also available to recognise prisoners' achievements in individual sports, such as football and basketball, and pass rates on these courses were also high. The department also awarded its own internal certificates for specific achievements, which prisoners found motivating.
- 6.39 Relationships between staff and prisoners were excellent and were respectful and professional. Prisoners valued the department's considerable efforts to ensure there was as much PE available as possible. Use by different groups was monitored and the department carried out surveys of prisoners' views.
- 6.40 The number and quality of showers in the changing room next to the cardiovascular room were poor and most prisoners in PE returned to the wings for a shower. Prisoners who chose not to use their own kit were given appropriate prison PE kit and towels. Accidents were recorded appropriately.

Time out of cell

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.

- 6.41 **There should be management checks to ensure the core day is delivered on time. (5.49)**

Achieved. Duty governors and the orderly officer monitored the ordering of the daily routine and this was further verified at the prisons daily morning meeting. While there was some slippage in routines it was not excessive.

- 6.42 **The quality of the exercise yards should be improved. (5.50)**

Achieved. The three main exercise yards were cleaner than when we last visited. There was some greenery in the A wing yard as well as a small amount of exercise equipment and two benches. The B wing and C wing yards were small but had some sports markings and were also used by the PE department.

- 6.43 **Prisoners should have access to exercise every day, regardless of the weather. (5.51)**

Achieved. Prisoners could normally exercise for about an hour during their association period. There was little evidence that exercise was cancelled, although free flow on and off the yard was prevented needlessly.

Further recommendation

- 6.44 Prisoner free flow on and off the exercise yard should be permitted during exercise periods.

Additional information

- 6.45 Daily association for each wing was allocated to fixed morning or afternoon sessions. For example, A wing and vulnerable prisoners had association every morning, other wings every afternoon. Some prisoners complained that this meant some were not first unlocked until lunchtime, while others were effectively locked in cell from late morning onward until the following day. Prisoners said that this caused days to drag, and was a particular concern to vulnerable prisoners and those on A wing.
- 6.46 Association was of reasonable duration and rarely cancelled. Lists were maintained to allow some prisoners to make telephone calls during the evening. Our checks during the inspection found between 19% and 34% of prisoners locked in cell during the working part of the day.

Further recommendations

- 6.47 Prisoners should be able to spend more time out of cell.
- 6.48 Allocated association sessions on each wing should be varied between mornings and afternoons.

Section 7: Good order

Security and rules

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.

Security

- 7.1 All incidents should be logged on the incident reporting system (IRS) in accordance with reporting guidelines. (6.13)

Achieved. Systems for reporting incidents on IRS had much improved and, with the exception of some acts of self-harm logged in ACCT forms, there was no evidence of incidents not being recorded as required.

- 7.2 There should be better monitoring of IRS to ensure the safety committee is able to identify trends and patterns in reported incidents and take appropriate action. (6.14)

Not achieved. While we were assured that incidents were recorded more accurately on IRS, we were not assured that the safer custody or security committees identified patterns and trends or took action to address them.

We repeat the recommendation.

- 7.3 The police liaison officer's role should be full time. (6.15)

Achieved. The prison was supported by a full-time police intelligence officer and by regular attendance of a Special Branch officer. Links had also been established with local police from Lambeth borough.

- 7.4 Residential staff should consistently attend safety committee meetings. (6.16)

Achieved. Minutes of the security committee showed that residential staff consistently attended and contributed to the meetings.

- 7.5 The safety department should make regular use of its security liaison officers to ensure fully effective intelligence gathering. (6.17)

Not achieved. We were told that security liaison officers were no longer used due to staff shortages and cross-deployment. Some residential staff were called upon to liaise with the security department on an ad hoc basis but they had no job description.

We repeat the recommendation.

- 7.6 The drug supply reduction action plan should be widely publicised throughout the establishment, and kept under constant review in response to intelligence received. (6.18)

Partially achieved. The drug supply reduction action plan was reviewed regularly and

contained some innovative actions in response to intelligence received. However, it was unclear whether all actions were completed before they were removed from the action plan.

7.7 Intelligence management should be developed and strengthened to ensure the security department is fully equipped to address the problems presented by illegal drugs and gang-related activity. (6.19)

Not achieved. Shortages and cross-deployment of staff had affected the effective and timely processing of security intelligence. At the time of the inspection, there was an eight-day backlog of unprocessed security intelligence reports (SIRs). To date in 2010, more than 3,300 SIRs had been received, including many about drugs and about gang-related activity. There was only one trained analyst, who was not deployed consistently in the security department, and security managers acknowledged that there was insufficient analysis of intelligence. Despite this, there had been many actions to disrupt the supply of drugs and mobile telephones into the prison, and positive drug tests had reduced. Intelligence-led searching took place frequently and had resulted in a significant number of finds but suspicion drug testing yielded a poor positive rate of around 20%. The security department was aware of some gang affiliations and managed them proportionately but further analysis was required to assess the scale of the problem.

We repeat the recommendation.

Additional information

- 7.8** A well-appointed and well-attended security committee met monthly. An intelligence report was submitted for consideration but lacked depth and analysis, and minutes of the meeting did not provide a sense of priorities for the prison or required actions. Resulting security objectives were not focused on intelligence received and had remained the same for a considerable period.
- 7.9** Recent changes to the management of the security department had seen some positive changes. Although no log had been maintained of the number of prisoners subject to closed visits, we were told that there had been a considerable number in 2010. A few weeks before the inspection the number had been 20, with many placed on closed visits as a result of tenuous associations and insufficient intelligence. These had been reviewed and at the time of the inspection had been reduced to five, all for appropriate reasons. Appropriate records of reviews and a log were not maintained.
- 7.10** Security procedures were not overly restrictive for the majority of prisoners at Brixton. A fortnightly population management meeting was well embedded and attended by key stakeholders, including learning and skills and residential managers. This meeting reviewed individual prisoners in light of security intelligence, behaviour and incidents and was active in disrupting actual and potential problems. In an attempt to provide a safe environment, some prisoners had their movements around the prison restricted, were relocated within the prison or were ultimately transferred out. The justification for and recording of these decisions was, however, inconsistent.
- 7.11** Searching arrangements for faith services and visits did not operate in line with the local searching strategy. All prisoners attending services in the chapel were subject to a rub-down search, and 5% of prisoners were strip-searched following their visit regardless of whether there was intelligence to support this.

- 7.12 Our experience of the gate was that it was invariably chaotic. This included observing a visitor using a mobile telephone being allowed to enter the gate lock along with staff. We were very concerned that poor management of the gate could result in a breach of security.

Further recommendations

- 7.13 Record keeping for the authorisation of and reviews of closed visits should be improved.
- 7.14 The local searching strategy should reflect practice, and strip searching after visits should only take place where supported by intelligence.
- 7.15 Management of and procedures at the gate should be improved.

Housekeeping points

- 7.16 The minutes of the security committee should accurately record discussions and required actions, including appropriately focused security objectives.
- 7.17 There should be accurate records of the population management meeting.

Rules

- 7.18 Prison managers should ensure the consistent application of wing rules. (2.25)

Not achieved. The application of rules on the wings was still inconsistent with varied staff interpretation of them. For example, we saw evidence that some staff gave IEP warnings for wearing flip flops in the shower although this was allowed.

We repeat the recommendation.

Additional information

- 7.19 Rules were explained during the rushed induction. Although there was some information on noticeboards, many prisoners said they were not fully aware of what was required of them and that there was inconsistent application of rules by staff.

Further recommendation

- 7.20 Rules should be thoroughly explained to prisoners.

Discipline

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.

Disciplinary procedures

No recommendations were made under this heading at the last inspection.

Additional information

- 7.21 Adjudications were held in the care and separation (CSU) office which, although not ideal, was relaxed and fit for purpose. There had been almost 1,200 adjudications to the end of November 2010, which was similar to the last inspection and not excessive, and the records that we examined suggested that charges were appropriate. The majority of charges were laid for refusing orders, being threatening and abusive and for positive drug tests. Prisoners were given sufficient notice of the hearing as paperwork was generally issued the day before the adjudication.
- 7.22 Records, and our observations, showed evidence of adjournments for prisoners to seek legal advice but we were concerned that many records showed poor and insufficient exploration of circumstances before findings of guilt. One record that we reviewed was for a prisoner with significant mental health issues who had refused to attend the hearing, which was subsequently heard in his absence. There were no attempts to engage him further or question the reporting officer and, without any exploration of the circumstances leading to the incident, the charge was proved. Mitigation was rarely taken into account, although awards were broadly fair.
- 7.23 Adjudication standardisation meetings were held quarterly, were reasonably well attended and included some useful discussions. However, there was no quality assurance of adjudication paperwork to ensure a consistent standard across all adjudicators.
- 7.24 We found some evidence in observation books of unofficial punishments where prisoners were subject to loss of gymnasium without proper authorisation.

Further recommendations

- 7.25 Adjudication hearings should be properly recorded and show that there has been a fair and thorough investigation of the evidence.
- 7.26 There should be quality assurance of adjudication records.
- 7.27 Prisoners should not be subject to unofficial punishments.

The use of force

- 7.28 **The prison should meet its target for staff refresher training in basic control and restraint (C&R). (6.42)**

Achieved. There had been a great emphasis on increasing the number of staff trained in basic control and restraint. The local target was 80% and at the time of the inspection exceeded 95%.

7.29 The safety committee should monitor all use of force incidents, and also those that are planned or spontaneous. (6.43)

Not achieved. The security committee discussed use of force only cursorily and there was no specific use of force committee. There were no records of any analysis of any incidents where force was deployed. Force had been used on 175 occasions to the end of November 2010, which was similar to the last inspection and which included many incidents of low-level physical coercion. We were, however, concerned that systems for maintaining completed use of force documentation were chaotic and that governance was inadequate.

We repeat the recommendation.

Further recommendation

7.30 Governance arrangements for the use of force, including special accommodation, should be improved.

7.31 The correct use of force documentation should be used at all times, and all sections of the documentation should be filled in and subject to thorough quality assurance checks. (6.44)

Not achieved. There was no quality assurance of any use of force paperwork and we found incomplete records and documentation of variable standards. Batons had been drawn on three separate occasions in 2010, one of which had no use of force paperwork completed, and these incidents were not subject to effective enquiry to offer assurance that they were warranted.

We repeat the recommendation.

Further recommendation

7.32 Any use of a baton should be independently investigated to give assurance that its use was appropriate and proportionate.

7.33 Planned C&R interventions should be routinely recorded by video. (6.45)

Not achieved. Managers were under the impression that all planned C&R interventions were recorded. However, it was only when we requested the videos that they became aware that the recordings had not been maintained. There was clearly no review of or quality assurance of recordings. A few prisoners raised concerns with us about heavy handedness or inappropriate use of force, which we could not rule out as accompanying documentation was poor and recordings were unavailable.

We repeat the recommendation.

Additional information

7.34 Force was used proportionally more against black prisoners and the prison was aware of and investigating the reasons for this (see paragraph 4.15).

7.35 Use of special accommodation was commendably low with only two recorded uses in 2009 and only one to date in 2010. However, documentation authorising use of special accommodation was often incomplete and of a poor standard (see further recommendation 7.30).

Segregation unit

- 7.36 The standards of cleanliness in the segregation unit should be maintained at an acceptable level. (6.46)

Partially achieved. The physical environment in the segregation unit (CSU) was clean but decoratively tired with damaged flooring and was gloomy as there was no natural light. The exercise yard was large and clean but austere. The communal shower was reasonably clean but the water was, at best, tepid. Cells were reasonably clean but were cold and toilets were invariably filthy.

Further recommendation

- 7.37 All areas, including toilets, in the care and separation unit should be clean and well maintained.

- 7.38 Cell alarms activated in the care and separation unit (CSU) should indicate both visually and audibly in B wing whenever the CSU is unstaffed. (6.47)

Achieved. Staffing arrangements for the CSU were now consistent and it was never left unstaffed when prisoners were located there. The cell alarms still did not register in B wing but there was no need as the unit was consistently staffed.

- 7.39 Staff from the education department should routinely attend the CSU and actively encourage occupants to participate in in-cell education. (6.48)

Achieved. An educational activity pack was readily available for staff to give to prisoners. An outreach tutor from education visited residents in the CSU to give them additional educational support.

Additional information

- 7.40 We were assured that the CSU was used to locate prisoners, generally, as a last resort. In our survey, only 8% of respondents said that they had spent a night in the CSU in the previous six months, against the comparator of 11%. The throughput of the unit was reasonably low for the type of prison and nature of the population. In the previous six months, the unit had housed 47 prisoners pending adjudication, 26 on punishments of cellular confinement, 21 for reasons of good order and one for his own protection. Residency in the CSU was not excessive with an average stay of between four and five days and the longest resident had remained in the unit for 34 days.
- 7.41 Paperwork authorising segregation was generally completed to a reasonable standard and the safety screens we sampled were completed within required timescales.
- 7.42 Strip-searching was not routine for new arrivals to the unit. New residents were given an easy-to-read booklet about the regime and what to expect from their time in the CSU.
- 7.43 Prisoners who had spent time in the CSU were complimentary about their treatment. All received daily access to showers, telephones and exercise through a verbal request to staff. Prisoners were not normally permitted access to the gym, work or religious services while resident in the CSU. A library service was provided and some prisoners were permitted to have a television but, apart from this, the regime was limited.

- 7.44 Relationships between staff and prisoners were generally respectful but records maintained on P-Nomis were poor and demonstrated neither evidence of daily contact nor engagement. Staff spoke enthusiastically about reintegrating prisoners back to normal location but, while there were many examples where this had happened, there were no formal reintegration plans. Although not frequently required, care planning for longer term residents was non-existent.
- 7.45 We were provided with some data on segregation and use of force, but there was no segregation monitoring and review group (SMARG) meeting. Segregation was, therefore, not formally monitored as required.

Further recommendations

- 7.46 The regime for prisoners in the care and separation unit should be improved.
- 7.47 A segregation monitoring and review group should meet regularly to discuss all issues relating to segregation.

Incentives and earned privileges

Expected outcomes:

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

- 7.48 **Wing history sheet entries should consistently demonstrate the use of the incentives and earned privileges (IEP) scheme as a motivational tool to encourage prisoners to engage with regime interventions and sentence plan targets. (6.56)**

Not achieved. In the P-Nomis case notes we viewed, we saw no evidence of staff using the incentives and earned privileges (IEP) scheme as a motivational tool. Written entries from wing staff did not refer to prisoner engagement with sentence plan targets. Most entries were negative and related to the prisoner's failure to adhere to wing rules, such as misuse of the cell call bell or their behaviour towards staff.

We repeat the recommendation.

- 7.49 **Prisoners on all levels of the IEP scheme should be informed when a negative entry is made in their history sheet, and should have a regular opportunity to read their wing file. (6.57)**

Not achieved. The IEP scheme had been revised since the previous inspection and movement between levels was now based on a pattern of behaviour. Staff issued prisoners with green credit slips to recognise positive behaviour and red negative slips for behaviour that fell below the required standard. All staff had been issued with a pocket-sized book containing these slips. Once completed, a copy of the slip was meant to be given to the prisoner and a copy placed in his wing file to show that a credit or warning had been issued. However, since the introduction of P-Nomis, staff tended to record red or green entries directly in prisoners' case notes rather than issuing the required slip. As a result, many prisoners told us they had not been informed when they received negative entries. Although staff said prisoners could apply to read their wing file, this did not appear to be widely known.

We repeat the recommendation.

7.50 Prisoners on the basic level of the scheme should have access to the full range of privileges stated in the IEP policy. (6.58)

Achieved. There were five prisoners on the basic level of the IEP scheme at the time of the inspection. Those we spoke to had an understanding of the basic regime entitlements and had access to them.

7.51 Daily entries should be made in wing history sheets when a prisoner is on the basic level. These entries should detail progress towards identified behaviour improvement targets. (6.59)

Partially achieved. Prisoners on the basic level were set behaviour improvement targets. The published policy required staff to make daily entries to record progress against these targets but we found that entries were not consistently made each day and not all referred to behaviour improvement targets. There was some staff confusion about where entries should be recorded. Some staff incorrectly recorded daily entries in P-Nomis case notes rather than on the basic regime action and monitoring plan. This plan was opened for all prisoners on the basic level and available electronically to all staff on the local shared computer drive, along with all other IEP paperwork. As a result, some of the monitoring logs we viewed were incomplete. Prisoners were placed on basic for a minimum of seven days and reviewed at seven-day intervals. Although prisoners did not appear to spend long periods on basic, we saw some cases where review dates were incorrectly set at 14 days after being downgraded.

Further recommendations

7.52 Staff should make daily entries in basic regime and monitoring plans consistently.

7.53 Prisoners downgraded to the basic level should be reviewed after seven days and at seven-day intervals thereafter.

7.54 There should be robust quality assurance and monitoring of the IEP scheme. (6.60)

Partially achieved. There was clear evidence that senior managers had consistently endeavoured to improve the effectiveness of the IEP scheme, which was kept under regular review. The scheme was discussed at monthly senior management team meetings and each wing manager was responsible for monthly reviews of IEP paperwork and discussing the findings with the head of residence. Prisoners on basic were discussed at daily residential meetings. However, despite these processes we were not assured that all staff were consistently engaged with and operating all aspects of the published scheme.

We repeat the recommendation.

Additional information

7.55 Prisoners had a clear understanding of the IEP policy, which had been recently reviewed. There were user-friendly flowcharts in key areas across the prison outlining progression between the three levels – basic, standard and enhanced. Differentials between the levels were limited to rates of pay, access to some additional facilities list items and additional visits. In our survey, only 39% of respondents, against the comparator of 45%, felt the differentials between levels encouraged behaviour change.

- 7.56 Prisoners were eligible to be considered for enhanced status after two months in the prison, and 23% of prisoners were on the enhanced level at the time of the inspection. Foreign national prisoners expressed negative perceptions about the IEP policy and in our survey just 19% of foreign national respondents said they were enhanced compared with 32% of British prisoners. We saw some examples of delays in the processing of applications from prisoners requesting to be considered for enhanced.
- 7.57 Prisoners were given a written warning and had the opportunity to address their behaviour before they were downgraded. Warnings remained active for two months.
- 7.58 Although movement between the levels was generally based on a pattern of behaviour, we saw some examples where prisoners appeared to have been downgraded to basic and placed on report for a single incident – refusal to relocate to another wing. We also found one case where a prisoner on the enhanced level had been downgraded to basic, which appeared inappropriate and unnecessarily punitive. The published policy lacked specific details on the circumstances in which it was appropriate to consider a downgrade from enhanced to basic based on a single incident or pattern of behaviour, which gave wing managers too much discretion to do so.
- 7.59 Although prisoners told us that IEP review boards were appropriately conducted, managers tended to record the outcome of reviews directly into prisoners' case notes and did not complete the full review paperwork in line with the published policy.

Further recommendations

- 7.60 Managers should consult with prisoners to ensure the differentials between IEP levels are sufficient to encourage engagement with the scheme.
- 7.61 The published IEP policy should contain clear guidelines for staff and prisoners on the appropriate circumstances to consider downgrading a prisoner from the enhanced to basic level.

Housekeeping point

- 7.62 IEP review paperwork should be fully completed when review boards are convened.

Section 8: Services

Catering

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.

8.1 Breakfast packs should not be given out as an alternative to a served breakfast. (7.12)

Not achieved. Breakfast packs were given out at lunchtime the day before. Prisoners could sometimes select from a choice of three breakfast cereals, and rolls and margarine were added to the breakfast packs on the day of distribution.

We repeat the recommendation.

8.2 Prisoners on the main wings should be able to eat out of their cells. (7.13)

Not achieved. Only prisoners on D wing could eat in association. On the other wings, two prisoners usually had to eat their meals in the equivalent of a single cell in which there was a toilet that was often unscreened.

We repeat the recommendation.

8.3 Prisoners should be able to choose any meal from the options available on a one-off basis. (7.14)

Not achieved. The prison had rejected this recommendation on the basis that more prisoners would choose the more expensive halal options. However, a healthy and varied range of meals was available that met diverse cultural and religious needs and, with the help of hotplate orderlies, kitchen staff made efforts to accommodate prisoners' occasional changes in menu choices. Prisoners made relatively few complaints about the food and we received some positive comments about it.

Additional information

8.4 Since our last inspection, a replacement kitchen had been built and newly equipped, and it was clean. It had recently received a four star rating from the local authority.

8.5 In our survey, 29% of respondents were satisfied with the food, compared with only 18% in 2008. Meals were served piping hot and were tasty. There was regular consultation about the food and evidence that prisoners' feedback was taken into account. Catering staff made commendable efforts to provide for the diverse range of cultural and dietary requirements at Brixton. Attractive special menus were devised for religious festivals. During Ramadan, a freshly prepared meal was served to Muslim prisoners at dusk.

8.6 Lunch was served at about 11.40am and the evening meal at about 4.40pm, which were far too early and meant that prisoners had a long wait from the evening meal until breakfast.

8.7 Prisoners working in the kitchen and at the hot plates held relevant food hygiene qualifications. Health screening procedures were in place and they all wore suitable protective clothing.

There were no opportunities for prisoners to undertake catering national vocational qualifications (NVQs) due, we were told, to the high population turnover.

- 8.8 Wing hot plates looked somewhat tired but were nevertheless reasonably clean. Food temperatures were recorded each day at the kitchen and at the hot plates, and record keeping was meticulous.

Further recommendations

- 8.9 Lunch should not be served before 12 noon and the evening meal not before 5pm.
- 8.10 Prisoners working in the kitchen who are likely to stay at Brixton long enough to undertake catering national vocational qualifications should be enabled to do so.

Prison shop

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.

- 8.11 There should be a twice-yearly survey of prisoners' needs for shop items. (7.22)

Achieved. Surveys had taken place and there had been systematic consultation with prisoners, resulting in regular changes to the items available.

- 8.12 All orders that are lost between delivery and receipt should be properly investigated to reduce the potential for abuse. (7.23)

Achieved. Complaints had been investigated and their number had halved from approximately 30 to 15 per weekly delivery.

- 8.13 More catalogues should be available for prisoner orders. (7.24)

Not achieved. The shop order list was supplemented by an additional 10 popular items from the Argos catalogue products but there was no facility to order from other catalogues.
We repeat the recommendation.

Additional information

- 8.14 The shop was run as part of the national Prison Service DHL contract. The choice for prisoners was limited to about 370 items which was inadequate overall. Within its limitations, the shop list included a reasonable number of items to meet prisoners' diverse cultural, religious and dietary needs. In our survey, 48% of respondents said the shop sold a wide enough range of items that met their needs, which was a significant improvement on the 23% response in 2008.

- 8.15 Orders were delivered to cells and prisoners checked them in the presence of staff. However, because wing orders were taken on a fixed day each week, it could be up to seven days before new arrivals could place an order and a further six days before they received it. This unacceptable delay would be extended by a further week over the forthcoming Christmas time.

- 8.16 Prisoners could order newspapers and magazines, including some black and minority ethnic publications, but there was a lack of gay newspapers. Although prisoners could apply to order publications not on the list, staff were vague about the procedure.

Further recommendation

- 8.17 Prisoners should be able to buy items from the prison shop within 24 hours of arrival.

Housekeeping point

- 8.18 The magazines list should be reviewed in consultation with the diversity team, and the process for considering applications for publications not listed should be clarified.

Section 9: Resettlement

Strategic management of resettlement

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.

9.1 The resettlement strategy should be updated annually. (8.6)

Partially achieved. The resettlement policy had been updated in April 2010 and was due to be reviewed in December 2010. There had been an annual needs analysis in October 2010, based on information from the London initial screening and referral and reducing reoffending too (see below) over the previous three months, but this had yet to be used to inform development of the prison strategy. The policy document was comprehensive and covered each of the seven resettlement pathways, as well as the role of the offender management unit (OMU). However, the published resettlement strategy merely outlined what the prison delivered under each pathway, and indeed was posted on wing noticeboards for prisoners, and while the quarterly resettlement partnership group had agreed a broad outline of objectives for 2009-10, neither of these documents structured the strategic resettlement objectives of the prison. There was no action plan or development objectives for each pathway.

Further recommendation

9.2 The prison should agree development objectives for each resettlement pathway, including offender management, and these should be monitored through the resettlement partnership group.

9.3 London initial screening and referral (LISAR) forms should be completed in full, and should be subject to quality assurance. (8.7)

Partially achieved. Since the last inspection, the LISAR model had changed to LISARRT (London initial screening and referral and reducing reoffending tool) to recognise its wider application. The system was fundamentally unchanged but was now facilitated by the resettlement team (three officers and two psychology assistants). Forms were handed out daily to new arrivals and collected the following day. Where requested, or required, prisoners could be interviewed by one of the resettlement staff. Forms were also available in languages other than English. We reviewed a random selection of around 80 forms. Although approximately 8-10% of prisoners declined to complete these, those that were completed were done comprehensively. It was not clear why some prisoners refused to participate in the assessments and there was no subsequent opportunity to complete them. Once completed, all LISARRT documents were entered on a central database that was accessible to all prisons across London, enabling information to be available at other establishments if prisoners were moved. The system also triggered referrals to different pathway providers for their services. A monthly reconciliation exercise ensured information, or refusal to participate, was held for every prisoner. There was no mechanism to ensure that referrals made from LISARRT were picked up by receiving services.

Further recommendations

- 9.4 Prisoners not completing London initial screening and referral and reducing reoffending tool (LISARRT) assessments on their arrival should be given a further opportunity to complete the document.
- 9.5 There should be monthly checks of a random sample of LISARRT assessments to ensure referrals have been picked up.

- 9.6 **The resettlement committee should meet regularly, and include representatives of external agencies working with the prison. (8.8)**

Achieved. The separate resettlement and pathway committees had been combined to form a single resettlement partnership group that met quarterly. Its primary focus was on information sharing between pathways. Community-based service providers also attended this meeting. Although a valuable forum it lacked strategic direction, compounded by the absence of a development action plan.

Additional information

- 9.7 The prison had a good range of community partners to support resettlement. The head of offender management was also an active member of several regional reducing reoffending forums. Brixton was included as part of the London Diamond initiative, an integrated offender management initiative across a number of London boroughs, although it had only been part of the initiative for a few months. While we were told that some prisoners, primarily from Southwark and Lambeth, had been approached and were receiving support from the project, this happened largely in isolation of other resettlement provision. There was no central point of contact within Brixton, and representatives from the Diamond initiative did not attend the partnership meeting or pre-release meetings. The prison was unable to identify the prisoners accessing the scheme or how many had received support.

Further recommendation

- 9.8 The prison should ensure that regional initiatives, especially the London Diamond, are appropriately integrated into the work of the establishment to ensure sufficient community-based post-release support for prisoners.

Offender management and planning

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

- 9.9 **Staff responsibility for quality assurance of the offender assessment system (OASys) should be clarified. (8.25)**

Achieved. OASys assessments were undertaken by staff across the broad offender management department, including the lifer offender supervisors, probation offender supervisors and bail support workers. All OASys assessments were screened by one of the four offender supervisors seconded from the probation service before submission. The head of offender management, who was a senior probation officer, also reviewed a 10% sample.

9.10 Offender supervisors should have monthly contact with prisoners who are in scope for offender management. (8.26)

Achieved. Although there was no formal arrangement for the frequency of contact between prisoners in scope for offender management and their offender supervisor, most were seen at least monthly, and in many cases more frequently. Newly sentenced prisoners were often seen fortnightly or even weekly in the initial weeks before their first sentence plan. There had been some problems in finding suitable facilities to interview prisoners, compounded by the number of agencies working in the prison. As a consequence, offender supervisors often booked meetings with prisoners in the legal visits room. This afforded privacy and facilitated a structured approach to contact.

9.11 Sentence planning boards and reviews should be established as a priority. (8.27)

Achieved. All prisoners subject to sentence planning boards – those in scope for offender management (86 under phase two and 13 under phase three) – had structured sentence planning boards, either every six months or annually, depending on the length of their sentence. Prisoners serving over 12 months but not in scope for offender management were seen by offender supervisors to facilitate the completion of OASys and sentence plans. In our survey, 79% of respondents who had a sentence plan, against the comparator of 58% and the finding of 54% in 2008, said that they had been involved in its development.

9.12 Discharge boards should be formalised and take place sufficiently far ahead to address problems that could impact on the effective resettlement of prisoners. (8.29)

Partially achieved. Discharge boards were held approximately two weeks before release. Meetings were arranged for prisoners to see key resettlement pathway representatives, including Jobcentre Plus, St Giles Trust (accommodation) and End2End (substance misuse), along with a review of progress against areas identified in the LISARRT. Although this was a positive initiative, between 35% and 40% of prisoners refused to attend. The meetings were always held on Thursday afternoons, which clashed with association time on some wings. A few prisoners were also missed due to the constantly changing release schedule and many prisoners, having been on remand, received sentences requiring very short periods still to serve.

Further recommendations

9.13 Resettlement boards should alternate weekly between afternoons and mornings.

9.14 Prisoners missed by the resettlement board should be seen on an individual basis.

9.15 Release on temporary licence should be used as part of sentence planning to allow suitably risk-assessed prisoners to maintain family ties. (8.90)

Not achieved. Although the prison had compiled a release on temporary licence policy in January 2009, we were told that no prisoner had been released on temporary licence in the

last two years to facilitate either resettlement needs or to maintain family ties.
We repeat the recommendation.

Additional information

- 9.16 The offender management unit was managed by a senior probation officer who was also on the senior management team. Prisoners in scope for phase two of offender management were allocated to one of the four probation offender supervisors. The case files we reviewed indicated that the quality of work undertaken was impressive. There were indications of structured one-to-one work focused on an analysis of offending as well as specific pieces of work, for example, that oriented to domestic violence. We also saw examples of such work as targets in sentence planning reviews.
- 9.17 All offender supervisors, both officers and probation staff, were offered supervision monthly, which included case reviews. Officer offender supervisors also had some of their supervision sessions observed to facilitate live supervision. Probation officers acted as mentors to officer offender supervisors.

Categorisation

- 9.18 **Prisoners should be invited to contribute to recategorisation processes. (6.20)**

Achieved. Prisoners' categorisation was reviewed either six-monthly or annually, depending on their length of sentence. Two officers in the OMU managed these reviews and contacted prisoners who were due to be considered. Prisoners were invited to make contributions as part of this process. The board sat weekly to consider recategorisation and home detention curfew cases weekly.

Additional information

- 9.19 At the time of the inspection, 307 prisoners had been categorised to C and a further 16 were category D. Although the process of recategorisation was reasonable, there remained problems in moving prisoners to appropriate establishments. Most prisoners at Brixton were relatively local and did not want to be transferred away from London. Equally, we were told that due to the prison having approximately 50 spaces at the time of the inspection, it was becoming progressively difficult to move prisoners out, although six category D prisoners were moved during our inspection.
- 9.20 Home detention curfew releases were rare. In the previous six months, 355 prisoners had been considered but only 16 had been released. The basis on which decisions had been made, however, appeared fair.

Public protection

- 9.21 **Community-based offender managers should be informed of the discussions that take place at monthly public protection meetings and be invited to contribute. (8.28)**

Achieved. The prison had two separate meetings that managed public protection. The interdepartmental risk management meeting met fortnightly and reviewed prisoners subject to monitoring under child protection and/or harassment legislation. All prisoners were reviewed at least every three months. At the time of the inspection, this covered 66 prisoners. The monthly

multidisciplinary public protection meeting reviewed all prisoners within the last four months of their sentence who were subject to multi agency public protection arrangements (MAPPA). Both meetings were well attended. One of the probation offender supervisors compiled risk assessment reports for all MAPPA reviews, which were also forwarded to community-based offender managers. The quality of these reports was generally good. At the time of the inspection, there were eight prisoners identified as MAPPA level two and one as MAPPA level one; a further 143 prisoners were identified as potential MAPPA cases.

Indeterminate-sentenced prisoners

9.22 Life-sentenced prisoners should be located on the same wing and be able to offer each other peer support. (8.30)

Partially achieved. At the time of the inspection there were only 13 indeterminate-sentenced prisoners – seven on indeterminate sentences for public protection (IPPs) and six lifers. It was not practical to allocate all indeterminate-sentenced prisoners on one wing as some had reasons to preclude co-location. Nonetheless, there were good arrangements to ensure appropriate peer support.

9.23 There should be regular lifer meetings. (8.31)

Achieved. Lifer support meetings took place monthly. Monthly peer support meetings, facilitated by offender supervisors, also included guest speakers and discussions on specific relevant topics.

Additional information

9.24 All indeterminate-sentenced prisoners were seen within 24 hours of arrival at Brixton and were allocated to one of two officer offender supervisors. Subsequent contact was maintained on a regular, often weekly, basis. Both lifer offender supervisors had completed managing indeterminate sentences and risk (MISaR)/lifer training. A lifer prisoner representative had been identified who was able to move around wings, see all such prisoners and ensure any concerns were picked up. Indeterminate-sentenced prisoners told us that they felt well supported and that information about their sentence was readily available.

9.25 At the time of the inspection, Brixton also had five remand prisoners identified as potential lifers. They were also known to the OMU and seen regularly by offender supervisors.

Resettlement pathways

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

Accommodation

- 9.26 The prison should report accurately on the number of prisoners released with no fixed accommodation. (8.44)

Achieved. Figures from St Giles Trust, the accommodation providers, were submitted monthly and included the proportion of prisoners released with no fixed accommodation. In the previous six months, the rate was approximately 7%.

Additional information

- 9.27 The contract for the housing information and advice service was held by the St Giles Trust which, as part of the contract, also covered HMP Wandsworth. All prisoners were seen during induction, the information was collated through LISARRT and access to the service was good. Prisoners could also self refer or see one of the five peer advisers who worked on the wings.
- 9.28 As part of the contract, St Giles also delivered the peer adviser training. Prisoners could complete this, at NVQ level 3, in four to six months, during which time they were supported and mentored by one of the advisers already trained. This model ensured continuity of provision. Peer advisers were responsible for undertaking all initial reviews of prisoners, which freed up the two full-time case workers and team leader to focus on specific work.
- 9.29 Support work focused primarily on tenancy management, support around housing benefit and access to accommodation before release. Sentenced prisoners were dealt with three months before release and St Giles staff also attended the resettlement pre-release boards. Information about the accommodation service was widely available across the prison. In our survey, 42% of respondents, against the comparator of 30% and the response of 36% in 2008, said that they knew who to contact in the prison for help finding accommodation on release. The proportion of respondents who thought they would have problems with accommodation on release had fallen from 55% in 2008 to 43%. At the time of the inspection the prison had achieved a settled accommodation rate of 83.5% (with 9.5% in temporary accommodation).
- 9.30 Housing provision was also available through the bail information team with access to Stonham Housing.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

No recommendations were made under this heading at the last inspection.

Additional information

- 9.31 The vocational training offered was aimed at enabling prisoners to acquire basic employability skills. The courses were limited in number but offered good opportunities for learners. Prisoners typically remained in Brixton for too short a time to receive more comprehensive training. Preparation for work courses assisted prisoners to deal with sentence disclosure and other barriers to employment.

- 9.32 There was a weekly resettlement board involving Jobcentre Plus and other agencies as well as key workers in the prison. A labour market coordinator was employed to identify job vacancies or providers within the community. The prison had some good links with Eco-Actif Services (supporting ex-prisoners) and the Foundation Training Company as well as local colleges. Several local organisations were involved in providing support for prisoners with mental health issues and the First Step Trust was able to offer work placements to ex-prisoners.

Mental and physical health

No recommendations were made under this heading at the last inspection.

Additional information

- 9.33 Pre-release planning was satisfactory and weekly discharge planning meetings ensured that sufficient time was given in preparation. Prisoners being discharged were given information on access to health services in the community and patients were given letters for GPs outlining their care and treatment given. The care programme approach was used for all patients with enduring mental health problems. Palliative care and end-of-life care policies had been developed.

Finance, benefit and debt

- 9.34 There should be more services to support prisoners to develop money management skills and address debt problems. (8.45)

Partially achieved. Development under this pathway had been slow. Jobcentre Plus support was still in place but the 'time for families' course, which included two modules on money management, had been suspended, although it was hoped to be relaunched in January 2011. In September 2010, the chaplaincy had begun running a four-week debt management and advice course. The programme, developed and partly delivered, by the Christians Against Poverty (CAP) group, had been run three times so far. It had not yet been formally reviewed although prisoner feedback so far had been positive. The CAP group could also offer some individual debt counselling/management support to prisoners' partners in the community, but there was no individual service for prisoners. Although prisoners could not open bank accounts before release, this issue was being pursued by the wider area strategy across all the London prisons.

Further recommendations

- 9.35 There should be individual debt management advice for prisoners.
- 9.36 Prisoners should be able to open bank accounts before release.

Drugs and alcohol

- 9.37 An alcohol-specific strategy should be developed based on an up-to-date prisoners' needs analysis. (3.110)

Partially achieved. The alcohol strategy had been due for review in November 2010 and was based on a needs analysis completed in January 2009. Both were, therefore, out of date.

Further recommendation

9.38 The alcohol strategy should be reviewed and based on an up-to-date prisoners' needs analysis.

9.39 The revised drug strategy action plan should include SMART (specific, measurable, achievable, realistic and time-bound) targets. (8.58)

Achieved. The action plan, using a red, amber, green progress monitoring system, was discussed at each monthly drug strategy group meeting, with action points recorded in the minutes.

9.40 Prisoners should have more opportunities to discuss issues raised by the in-cell work packs in one-to-one sessions with counselling, assessment, referral, advice and throughcare (CARAT) key workers. (8.59)

Not achieved. With the introduction of the new End2End project, which replaced the counselling, assessment, referral, advice and throughcare (CARAT) service, staff shortages and other developmental delays had meant that there had been no time or staff to address this issue.

9.41 Psychometric test results taken pre- and post-PASRO and short duration programme courses should be copied to individual prisoners as a measure of progress. (8.60)

Not achieved. The Prison Service resettlement services group continued not to return any psychometric test results to prisons.
We repeat the recommendation.

9.42 A clear distinction should be made between voluntary and compliance drug testing. (8.61)

No longer applicable. Voluntary and compact-based drug testing (CBDT) had been discontinued at the end of August 2010.

9.43 Links with the Southwark drug intervention programme (DIP) should be strengthened. (8.62)

Achieved. Links with the Southwark DIP were reported as very good, with DIP workers attending the prison weekly and taking part in monthly case conference and continuity of care meetings.

9.44 Data on the take-up of post-release DIP contact should be maintained and analysed to establish the impact of dedicated in-house DIP provision. (8.63)

Achieved. Data were collected and analysed. Lambeth DIP workers were part of the End2End team attending the prison daily. Southwark and Tower Hamlets DIP workers attended the prison weekly and Haringey and Hackney DIP workers attended monthly.

Additional information

- 9.45 The traditional CARATs role had been replaced by a pilot project called End2End, which started in August 2009. It aimed to provide continuity of care with the same team of workers following offenders from a first point of contact in police cells and the courts, throughout a prison sentence and then back into the community. Although its aims were welcome, the End2End project had been very slow to get established. The project was still not fully operational after more than a year, mainly due to delays in staff recruitment and obtaining their security clearance. At the time of the inspection, there were still two staff vacancies to be filled. Consequently there was a backlog of referrals, assessments and care plans. Although the backlog was being reduced rapidly, it was around 30 during the inspection.
- 9.46 The full package of End2End services was only available to prisoners from the London Borough of Lambeth, roughly 20% of the prison population. Other London boroughs, however, provided a comparable resettlement service through active DIP involvement with the prison.
- 9.47 Prisoners on the G wing drug stabilisation and treatment unit were the main focus of End2End services, so prisoners with drug problems located on other wings were missed out. As End2End workers did not deliver any induction input, the explanation of available drug services was left to induction orderlies and the few leaflets around the prison. The lack of prisoner awareness of services was borne out in our survey. Only 75% of respondents knew who in the prison to contact for help with drug issues, against the comparator of 81%, only 54% against 68% said they had received any help, and only 53% against 60% knew who to contact for help on release.
- 9.48 A monthly continuity of care meeting monitored all prisoners within six weeks of release, ensuring that drug-related work was properly coordinated with community agencies. However, mental health, psychology and OMU staff did not regularly contribute to this meeting.
- 9.49 Following the cessation of compact-based drug testing (CBDT), compacts were no longer available for prisoners on the prison addressing substance related offending (P-ASRO) abstinence-based programme and the short duration programme (SDP). This diminished the support that was otherwise available and was therefore a potential loss to the effectiveness of these programmes. Both P-ASRO and SDP exceeded their targets and were reported by prisoners to be effective, though several raised concerns over the loss of CBDT.
- 9.50 Alcoholics Anonymous (AA), Narcotics Anonymous and Cocaine Anonymous 12-step fellowships were available, but only to prisoners on G wing, which meant that many prisoners on other locations potentially missed out. In addition, AA and the IDTS alcohol awareness module were the only available interventions for prisoners with primary or secondary alcohol problems, and then only when they were located on G wing.
- 9.51 A family worker was provided by the support group ADFAM to arrange support and interventions for relatives of prisoners with drug and alcohol problems. Prisoners and staff who we spoke to were full of praise for this invaluable service.

Further recommendations

- 9.52 The End2End project should be fully staffed in the prison, at the earliest opportunity, to ensure a fully operational service, with minimal waiting times for prisoners, and its services should be available to prisoners on all locations.
- 9.53 The monthly continuity of care meetings should be attended by representatives from all relevant departments, especially mental health, psychology and the offender management unit.
- 9.54 There should be an induction package to ensure that all prisoners are fully aware of the services available from the End2End project.
- 9.55 Compact-based drug testing should be reinstated for prisoners on the P-ASRO (prison addressing substance related offending) programme and the short duration programme.
- 9.56 All 12-step fellowships and other interventions for prisoners with alcohol problems should be available whatever their location.

Good practice

- 9.57 *The ADFAM service contributed significantly to the resettlement opportunities for prisoners with drug and alcohol problems and their families.*

Children and families of offenders

9.58 Evening visits should be introduced. (8.80)

Not achieved. There were four one-hour visits sessions on Monday to Saturday, two in the morning and two in the afternoon. There was a two-hour session on Sunday afternoons for enhanced prisoners. There were no evening visits. Staff from the Prison Advice and Care Trust (PACT) who ran the visitors' centre had conducted a consultation with 100 visitors after the 2008 inspection in which many said they would use evening visits if available.

We repeat the recommendation.

9.59 Prisoners should not have domestic and legal visits booked in the same session. (8.81)

Achieved. Booking staff now used P-Nomis to book all visits. Social and legal visits bookings were clearly recorded and visits were not booked for the same session.

9.60 Visitors should be able to book their next visit before they leave the prison. (8.82)

Achieved. Visits could be booked in three ways: by telephone, by email and in person, provided the visitor had a valid visiting order for their next visit. Telephone booking lines were open from 9.30am to 4pm, Monday to Friday. However, the most recent quarterly report on formal visitor complaints to PACT showed that most complaints in October 2010 were about the visits booking line.

Further recommendation

9.61 There should be improved systems for booking visits by telephone to ensure the lines are accessible and can deal with the number of visitors.

9.62 **The visitors' centre should be expanded to meet the needs of the population. (8.83)**

Not achieved. The visitors' centre was unchanged from the last inspection. It was small and could become very busy, particularly between visits sessions.

We repeat the recommendation.

9.63 **Disabled toilets should be provided in the visits hall and the visitors' centre. (8.84)**

Partially achieved. There was a disabled-access toilet in the visits searching area but none in the visitors' centre. A handrail had been fitted in this toilet but it was not accessible to a wheelchair user.

Further recommendation

9.64 A disabled-access toilet should be provided in the visitors' centre.

9.65 **Prisoners should be able to play with their children in the play area, subject to child protection measures. (8.85)**

Not achieved. Prisoners were only allowed to play with their children in the play area during family visits sessions. PACT had recently provided a range of age-appropriate boxed activities for children designed to enable prisoners to play with their children at the visits table. This was a good initiative, although PACT staff told us there had been problems with visits staff promoting the boxes to families and issuing them in accordance with agreed procedures to minimise the loss of materials. The play area was a small tired environment and was not staffed during all visits sessions. The PACT manager said there had been problems with obtaining timely security clearances for volunteers which had affected the service provided. There were nine outstanding PACT security clearances at the time of the inspection. Work was due to begin the week after the inspection to relocate and refurbish the play area with funding obtained by PACT.

We repeat the recommendation.

Further recommendation

9.66 Security clearances for PACT volunteers should be completed in a timely manner.

9.67 **There should be regular children and family days. (8.86)**

Achieved. There were eight children and family days a year, although there was some confusion about the eligibility criteria for them. PACT staff told us family visits were only available to prisoners on enhanced level, which was confirmed by posters advertising the visits. However, the published facilities list said the visits were available to both standard and enhanced prisoners. A maximum of 15 prisoners could participate in each visits session with themed activities facilitated by the PACT play coordinator. Sessions were supervised by visits

staff. Some, but not all, staff wore civilian clothing during family visits to make them less formal.

Housekeeping point

9.68 The eligibility for family visits should be clarified and clearly understood by prisoners and all staff involved.

9.69 Prisoners who do not receive visits should be able to exchange unused visiting orders for extra letters or telephone credit, and this should be publicised to prisoners. (8.87)

Not achieved. There were no procedures to enable prisoners to exchange unused visiting orders for additional telephone credit.

We repeat the recommendation.

9.70 Prisoners identified as carers should received additional free letters and telephone credit. (8.88)

Partially achieved. There were no restrictions on the number of letters prisoners could send. Although we saw examples in prisoners' case notes of staff facilitating access to telephones at public expense to enable prisoners to contact their families in an emergency, we did not routinely see staff identifying in case notes that prisoners were carers.

9.71 A qualified family worker should be employed to help prisoners maintain contact with their families. (8.89)

Not achieved. The ADFAM family support worker continued to provide a good support service to families of prisoners with drug and alcohol problems (see paragraph 9.51) and two part-time family support workers from PACT provided advice and support in the visitors' centre but the prison did not have a qualified family worker.

We repeat the recommendation.

Additional information

9.72 Remand prisoners were entitled to three visits a week. Convicted prisoners on the standard level could have three visits a month and those on the enhanced level received an additional monthly visiting order. Although there were a considerable number of visitors, managers told us that some visits session, particularly the first morning one, were often not fully booked. Since the introduction of P-Nomis, all visitors to convicted prisoners needed a valid visiting order to be able to book a visit. This meant that reception visits to convicted prisoners might not take place within a week of their arrival. There was a monthly visits consultative committee attended by prisoners and PACT.

9.73 Prisoners for the first visits session arrived on free flow and those for the second session were collected by visits staff. Prisoners wore bibs. There were 23 open visits tables and four closed visits booths. Tables were fixed but chairs were not. Some of the chairs were grubby and we saw some graffiti on the tables. Refreshments were limited to vending machines. Closed visits booths were not screened from the main room and had little privacy. Prisoners on closed visits were not allowed refreshments.

- 9.74 The prisoners' search area had no mat for prisoners to stand on while searched. Their waiting room was small and one of the window panes was broken. We were not assured that the area was adequately supervised and we saw prisoners smoking there more than once.
- 9.75 The chaplaincy had developed plans to reintroduce the 'time for families' course but there were few other initiatives to support this pathway. In our survey, only 28% of respondents, against the comparator of 36%, said they were helped to maintain contact with family and friends.

Further recommendations

- 9.76 Prisoners should be able to receive their first visit within one week of admission.
- 9.77 The visits area and furniture should be clean and well maintained.
- 9.78 There should be better privacy for those on closed visits.
- 9.79 Prisoners and visitors on closed visits should have access to refreshments.
- 9.80 The prisoners' waiting room in visits should be adequately supervised.
- 9.81 The prison should develop and improve the range of initiatives and support to encourage and enable prisoners to maintain contact with family and friends.

Housekeeping point

- 9.82 A searching mat should be provided in the visits prisoners' search area.

Attitudes, thinking and behaviour

- 9.83 **Victim awareness work should be developed and expanded, based on links between the chaplaincy and resettlement services. (8.95)**

Not achieved. The Sycamore Tree victim awareness/restorative justice programme had not run for over two years. There was no alternative programme.
We repeat the recommendation.

- 9.84 **Prisoners should have access to offending behaviour programmes, particularly in relation to alcohol issues and violence. (8.96)**

Partially achieved. The range of nationally accredited programmes delivered by the prison was unchanged from 2008. The prison delivered the P-ASRO and SDP drug programmes (see paragraph 9.49) along with the thinking skills programme (TSP) that had replaced enhanced thinking skills. TSP had been delivered twice so far and had a target of 36 completions (four programmes). Although a low figure this appeared to reflect the level of demand. In our survey, 62% of respondents, compared with the comparator of 49% and 53% in 2008, said they had been involved in offending behaviour programmes at Brixton, although only 5% of respondents said they were currently on an offending behaviour programme, against the comparator of 8%. There were no programmes specifically for alcohol misuse (see also paragraph 9.50) or violent offenders. A short programme aimed at violent offenders had ceased approximately 12 months previously as it was not positively evaluated. Despite this, the prison could undertake assessments for several nationally accredited programmes, including controlling anger and

learning to manage it (CALM) and the cognitive self-change programme CSCP). In 2010 to date, 14 CALM and six CSCP assessments had been completed. The prison also had a half-day 'change starts now' motivational programme that was included in the LISARRT. The weekly programme had run between February and May 2010 for 75 prisoner and, following a gap in provision to facilitate an evaluation, a further 24 prisoners had attended.

Additional information

- 9.85 There were some problems with the transfer of prisoners to other prisons to complete identified programmes, especially for those serving sentences of less than 12 months. Although prisoners serving sentences over 12 months were prioritised for the courses provided by Brixton, we were told that usually one place was allocated for those serving shorter sentences. We were also told that it was likely the prison would no longer deliver the thinking skills programme after March 2011 and that prisoners requiring the course would be transferred temporarily to HMP Wandsworth to complete it. We were not assured that prisoners would easily be able to transfer under this arrangement.

Further recommendation

- 9.86 Prisoners identified as needing to complete offending behaviour programmes should be able to access them without significant delays.

Section 10: Summary of recommendations, housekeeping points and good practice

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

Main recommendation

To NOMS

- 10.1 The purpose and function of Brixton prison should be reviewed and redefined, and the resources required to deliver that purpose and function should be provided. (HP53)

Main recommendations

To the governor

- 10.2 Information sharing between the safer custody and security teams should be improved, and all violent incidents and indicators of violence should be monitored for trends and emerging patterns and should inform the violence reduction action plan and strategy. (HP54)
- 10.3 Vulnerable prisoners should not be held on the same landing as mainstream prisoners. (HP55)
- 10.4 The prison should strengthen measures to curb the supply of illicit drugs. (HP56)
- 10.5 Time out of cell should be increased for all prisoners and should include evening association. (HP57)
- 10.6 The personal officer scheme should be relaunched and all staff should be clear about their responsibilities under the programme. (HP58)
- 10.7 The range of learning and skills courses should be improved and full use should be made of existing capacity. (HP59)

Recommendation

To NOMS

- 10.8 Prisoners should be held in court cells for the minimum possible period. (1.1).

Recommendations

To Director of Offender Management

- 10.9 The reception building should be replaced with a purpose-built facility that fully meets the needs of prisoners. (1.12)
- 10.10 Cells designed for single occupancy should not be used for two prisoners. (2.4)

Recommendations

To Prison Escort and Custody Services

- 10.11 Prisoners should be given written information at court about Brixton in a language they understand before their transfer. (1.5)

- 10.12 Contract escort vehicles should be clean and free from graffiti. (1.9)
- 10.13 Prisoner escort records should be completed to show a chronological history that indicates that prisoners' needs (including meals) have been met. (1.10)

Recommendation

Rehabilitation services group

- 10.14 Psychometric test results taken pre- and post-PASRO and short duration programme courses should be copied to individual prisoners as a measure of progress. (9.41)

Recommendations

To the governor

Courts, escorts and transfers

- 10.15 Prisoners attending court should be offered a breakfast meal and a hot drink on the day they attend. (1.11)

First days in custody: reception

- 10.16 New arrivals should be searched in a private room and before they are seen by other staff in the reception process. (1.15)

First days in custody: first night

- 10.17 Night patrols should be alerted to the cell location of new arrivals and make regular checks on them. (1.17)
- 10.18 All new arrivals should be offered a reception pack, free telephone call and the opportunity for a shower on the day they arrive. (1.19)
- 10.19 First night cells should be clean and maintained to an acceptable standard. (1.22)

First days in custody: induction

- 10.20 Prisoners who need to attend induction should be encouraged to do so. (1.24)
- 10.21 Induction should be revised to ensure that prisoners have adequate time to process the information and the opportunity to see relevant departments on a one-to-one basis, and should take the needs of non-English speaking prisoners into account. (1.31)
- 10.22 The updated induction booklet should be translated into a range of languages. (1.32)

Residential units: accommodation and facilities

- 10.23 The cleanliness of the residential units should be improved. Cleaning schedules should be agreed and management checks recorded to ensure a rise in standards of hygiene and cleanliness. (2.1)
- 10.24 Toilets in cells on A, B and G wings should be appropriately screened. (2.2)

- 10.25 All cells should be adequately furnished. (2.3)
- 10.26 Mail should be issued on the wing at a time that prisoners can receive it. (2.5)
- 10.27 Prisoners should be able to make telephone calls in the evening. (2.6)
- 10.28 Telephones should be placed in booths. (2.7)
- 10.29 Cells should be adequately maintained and kept clean. (2.14)
- 10.30 There should be an offensive display policy that is reinforced by staff. (2.15)
- 10.31 Outgoing mail should be sent to the sorting office the day the prisoner posts it. (2.16)
- 10.32 Wing consultation meetings should be held monthly and address issues appropriately. (2.17)

Residential units: clothing and possessions

- 10.33 Prisoners who receive prison-issue clothing should have sufficient sets of underwear each week. (2.20)
- 10.34 All prisoners, including those on D wing, should have greater access to laundry facilities. (2.25)
- 10.35 Prisoner access to stored property should be increased. (2.26)

Residential units: hygiene

- 10.36 All showers should be screened to allow full privacy. (2.30)

Staff-prisoner relationships

- 10.37 The quality of staff entries in wing history files should be routinely checked. (2.32)

Personal officers

- 10.38 Personal officers should introduce themselves to prisoners, get to know their personal circumstances and show, through regular entries in wing files, that they are aware of any significant events affecting the prisoner. (2.35)
- 10.39 Managers should make regular checks of wing files and record these on the file. (2.36)
- 10.40 Personal officers should attend sentence planning boards. (2.37)
- 10.41 Personal officers should attend ACCT self-harm monitoring case reviews. (2.38)

Bullying and violence reduction

- 10.42 The prison should investigate and take action to improve confidence in systems for prisoners to report allegations of bullying. (3.3)

- 10.43 The terms of reference for investigations in the violence reduction strategy should be explicit about how and when investigations should be conducted, and staff should be made aware of the document to assist completion of investigations. (3.5)
- 10.44 There should be interventions for bullies, such as tackling anti-social behaviour, and support for victims. (3.7)
- 10.45 The prison should investigate and take action on prisoners' negative perceptions of their safety. (3.10)

Vulnerable prisoners

- 10.46 Managers should hold consultative meetings with vulnerable prisoners to gauge their perceptions on issues such as safety and access to the regime. (3.11)

Self-harm and suicide

- 10.47 Care plans for prisoners at risk of self-harm should be focused on actions and updated regularly. (3.18)
- 10.48 The prison should introduce a specific case management structure, other than assessment care in custody and teamwork (ACCT), for prisoners on D wing who do not present with suicidal or self-harming tendencies. (3.32)
- 10.49 The quality of ACCT forms should be improved. (3.33)

Applications and complaints

- 10.50 Prisoners should be encouraged to raise routine queries informally with staff initially before using the formal applications and complaints systems. (3.34)
- 10.51 Applications should be answered within seven days and replies should be fair and address the issues raised. A manager should check the tracking system on each wing daily and a reply should be sought immediately for any outstanding applications. (3.42)
- 10.52 Complaints should be answered on time, the recording systems should ensure a true reflection of the process and there should be a daily management check of the records. (3.43)
- 10.53 Replies to complaints should be fair and consistent and be quality checked. (3.44)

Legal rights

- 10.54 There should be sufficient cover for the absence of the legal services officer. (3.47)
- 10.55 Legal representatives should be able to access the prison with minimal delays. (3.52)

Faith and religious activity

- 10.56 Prisoners should be able to access faith-based services without compromising other aspects of their regime. (3.53)

Substance use: clinical management

- 10.57 Appropriate first night opiate substitution prescribing should be delivered consistently. (3.64)

Substance use: drug testing

- 10.58 Mandatory drug testing should be adequately staffed to ensure all testing is carried out appropriately, within identified timescales and without gaps in provision. (3.67)

Diversity

- 10.59 The diversity action team should routinely discuss all diversity strands. (4.9)
- 10.60 The diversity action team should explore and take action to address the low number of reporting incidents of discrimination forms submitted. (4.10)
- 10.61 Prison monitoring should include all elements of diversity, including disability, age and, particularly, religion. (4.11)
- 10.62 There should be sufficient diversity orderlies to provide an effective support service across the establishment. (4.12)

Diversity: race equality

- 10.63 The prison should ensure that the ethnicity of all prisoners is accurately recorded on the P-Nomis IT system. (4.16)
- 10.64 The diversity action team should explore and take appropriate remedial action to address the low number of racist incident report forms (RIRFs) received. (4.20)
- 10.65 The race equality officer should ensure that all RIRF investigations submitted by staff defending themselves against an accusation of racism should explore the events that led up to the accusation. (4.21)
- 10.66 There should be formal interventions to challenge those who engage in racist behaviour. (4.22)
- 10.67 The prison should maintain an accurate list of all prisoners with current or previous racially motivated offences which should be readily available to all staff. (4.26)

Diversity: religion

- 10.68 There should be ongoing focus groups/structured engagement with Muslim prisoners to explore and address any concerns. (4.31)

Diversity: foreign nationals

- 10.69 The prison should work with the UK Border Agency to ensure that decisions to deport and maintain detention after sentence expiry are made and communicated to prisoners well before the end of sentence. (4.33)

- 10.70 The prison should regularly monitor and track the progress of deportation decisions. (4.34)
- 10.71 The membership of the foreign national consultative committee should be extended to include other key staff and departments with responsibility for foreign national prisoners. (4.36)
- 10.72 The foreign national handbook and introductory letter should be available in a range of appropriate languages. (4.46)
- 10.73 Regular foreign national prisoner focus groups should be convened and through this forum the foreign national coordinator should ensure all eligible prisoners are aware of the procedures to enable them to make a free monthly international telephone call. (4.47)

Diversity: disability and older prisoners

- 10.74 The specific needs of all new arrivals from minority groups, especially foreign national prisoners and those with disabilities, should be assessed promptly and met. (4.49)
- 10.75 Prisoners with a disability should, where necessary, have a personal emergency and evacuation plan, which is easily accessible by staff on wings, and prisoners with such plans should be easily identifiable by staff in the case of an emergency. (4.55)
- 10.76 Diversity staff should ensure that all older prisoners are aware of the support group for older prisoners and that this group is consistently facilitated. (4.56)
- 10.77 Follow-up assessments for older prisoners should routinely be undertaken, as outlined in the diversity policy, records maintained and appropriate remedial action taken to meet identified need. (4.57)

Diversity: sexual orientation

- 10.78 The diversity team should re-establish and actively promote the focus group for gay prisoners. (4.60)

Health services: general

- 10.79 The wing treatment rooms should be in a good state of repair, easy to clean and fit for purpose. The rooms and any furnishings should meet infection control standards. (5.1)
- 10.80 The beds in health services should not form part of the prison's certified normal accommodation (CNA) and admission should only be on assessment of clinical need. (5.2)

Health services: clinical governance

- 10.81 All health care staff should have annual resuscitation and defibrillation training. (5.12)

Health services: primary care

- 10.82 An appropriate complaints procedure should be in place. (5.16)
- 10.83 Written health care information should be available in a range of appropriate languages. (5.19)

- 10.84 There should be further analysis of the 'did not attend' rates to focus appropriate action on improving attendance at relevant clinics. (5.24)

Health services: pharmacy

- 10.85 Care should be taken to make full and complete records of administration of medicines. This should include records of all occasions where the patient refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (5.29)
- 10.86 Secondary dispensing should cease. (5.30)
- 10.87 Patient group directions should be introduced to enable supply of more potent medication by the pharmacist and/or nurse. A copy of the original signed patient group directions should be present in the pharmacy and read and signed by all relevant staff. (5.31)
- 10.88 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock. (5.38)
- 10.89 Special sick medicine administrations should also be recorded on the patient's record to enable a full audit trail and informed prescribing. (5.39)
- 10.90 Controlled drug prescriptions for supply must be legally written, and include the quantity prescribed in words and figures. (5.40)

Health services: dentistry

- 10.91 The planned replacement of the dental chair/unit and X-ray set should be completed. (5.48)
- 10.92 Compliance with dental waste decontamination procedures should be maintained. (5.49)
- 10.93 There should be a dental surgery inspection as soon as possible. (5.50)
- 10.94 More detailed information of patients seen and treatment provided should be available through a system that can be monitored to a standard required by the NHS. (5.51)

Health services: inpatient care

- 10.95 All inpatients should have care plans which have been informed by nursing assessment and are regularly evaluated. (5.53)
- 10.96 The inpatient unit should be accessible to all and be fit for purpose, with appropriate décor and cleanliness to be consistent with the promotion of health and well-being. (5.58)

Health services: mental health

- 10.97 Prisoners who need specialist mental health services should be transferred expeditiously. (5.60)
- 10.98 NHS Lambeth should be informed of all patients who are not transferred expeditiously to specialist mental health beds if clinically indicated. (5.61)

- 10.99 A daycare service should be available to support prisoners less able to cope on the wings. (5.62)

Learning and skills and work activities: leadership and management

- 10.100 The analysis and use of learning and skills data should be improved to ensure that they are used effectively to manage and develop the provision. (6.4)
- 10.101 Access to appropriate information should be improved to enable more effective scheduling of prisoners to classes. (6.5)

Learning and skills and work activities: education

- 10.102 The curriculum for segregated and vulnerable prisoners should be improved. (6.16)
- 10.103 The availability of formal additional learning support and English for speakers of other languages (ESOL) should be improved. (6.22)
- 10.104 The range of learning and skills courses should be improved and effective use made of capacity. (6.23)
- 10.105 The policy on breaks in lessons should be revised to make better use of session time and prevent unnecessary disruption to learning. (6.24)

Learning and skills and work activities: library

- 10.106 The analysis of data on library use should be improved and used effectively to manage and develop the provision. (6.26)

Physical education and health promotion

- 10.107 PE should be available at weekends. (6.31)

Time out of cell

- 10.108 Prisoner free flow on and off the exercise yard should be permitted during exercise periods. (6.44)
- 10.109 Prisoners should be able to spend more time out of cell. (6.47)
- 10.110 Allocated association sessions on each wing should be varied between mornings and afternoons. (6.48)

Security and rules

- 10.111 There should be better monitoring of IRS [incident reporting system] to ensure the safety committee is able to identify trends and patterns in reported incidents and take appropriate action. (7.2)

- 10.112 The safety department should make regular use of its security liaison officers to ensure fully effective intelligence gathering. (7.5)
- 10.113 Intelligence management should be developed and strengthened to ensure the security department is fully equipped to address the problems presented by illegal drugs and gang-related activity. (7.7)
- 10.114 Record keeping for the authorisation of and reviews of closed visits should be improved. (7.13)
- 10.115 The local searching strategy should reflect practice, and strip searching after visits should only take place where supported by intelligence. (7.14)
- 10.116 Management of and procedures at the gate should be improved. (7.15)
- 10.117 Prison managers should ensure the consistent application of wing rules. (7.18)
- 10.118 Rules should be thoroughly explained to prisoners. (7.20)

Discipline: disciplinary procedures

- 10.119 Adjudication hearings should be properly recorded and show that there has been a fair and thorough investigation of the evidence. (7.25)
- 10.120 There should be quality assurance of adjudication records. (7.26)
- 10.121 Prisoners should not be subject to unofficial punishments. (7.27)

Discipline: the use of force

- 10.122 The safety committee should monitor all use of force incidents, and also those that are planned or spontaneous. (7.29)
- 10.123 Governance arrangements for the use of force, including special accommodation, should be improved. (7.30)
- 10.124 The correct use of force documentation should be used at all times, and all sections of the documentation should be filled in and subject to thorough quality assurance checks. (7.31)
- 10.125 Any use of a baton should be independently investigated to give assurance that its use was appropriate and proportionate. (7.32)
- 10.126 Planned C&R interventions should be routinely recorded by video. (7.33)

Discipline: segregation unit

- 10.127 All areas, including toilets, in the care and separation unit should be clean and well maintained. (7.37)
- 10.128 The regime for prisoners in the care and separation unit should be improved. (7.46)
- 10.129 A segregation monitoring and review group should meet regularly to discuss all issues relating to segregation. (7.47)

Incentives and earned privileges

- 10.130 Wing history sheet entries should consistently demonstrate the use of the incentives and earned privileges (IEP) scheme as a motivational tool to encourage prisoners to engage with regime interventions and sentence plan targets. (7.48)
- 10.131 Prisoners on all levels of the IEP scheme should be informed when a negative entry is made in their history sheet, and should have a regular opportunity to read their wing file. (7.49)
- 10.132 Staff should make daily entries in basic regime and monitoring plans consistently. (7.52)
- 10.133 Prisoners downgraded to the basic level should be reviewed after seven days and at seven-day intervals thereafter. (7.53)
- 10.134 There should be robust quality assurance and monitoring of the IEP scheme. (7.54)
- 10.135 Managers should consult with prisoners to ensure the differentials between IEP levels are sufficient to encourage engagement with the scheme. (7.60)
- 10.136 The published IEP policy should contain clear guidelines for staff and prisoners on the appropriate circumstances to consider downgrading a prisoner from the enhanced to basic level. (7.61)

Catering

- 10.137 Breakfast packs should not be given out as an alternative to a served breakfast. (8.1)
- 10.138 Prisoners on the main wings should be able to eat out of their cells. (8.2)
- 10.139 Lunch should not be served before 12 noon and the evening meal not before 5pm. (8.9)
- 10.140 Prisoners working in the kitchen who are likely to stay at Brixton long enough to undertake catering national vocational qualifications should be enabled to do so. (8.10)

Prison shop

- 10.141 More catalogues should be available for prisoner orders. (8.13)
- 10.142 Prisoners should be able to buy items from the prison shop within 24 hours of arrival. (8.17)

Strategic management of resettlement

- 10.143 The prison should agree development objectives for each resettlement pathway, including offender management, and these should be monitored through the resettlement partnership group. (9.2)
- 10.144 Prisoners not completing London initial screening and referral and reducing reoffending tool (LISARRT) assessments on their arrival should be given a further opportunity to complete the document. (9.4)

10.145 There should be monthly checks of a random sample of LISARRT assessments to ensure referrals have been picked up. (9.5)

10.146 The prison should ensure that regional initiatives, especially the London Diamond, are appropriately integrated into the work of the establishment to ensure sufficient community-based post-release support for prisoners. (9.8)

Offender management and planning: sentence planning and offender management

10.147 Resettlement boards should alternate weekly between afternoons and mornings. (9.13)

10.148 Prisoners missed by the resettlement board should be seen on an individual basis. (9.14)

10.149 Release on temporary licence should be used as part of sentence planning to allow suitably risk-assessed prisoners to maintain family ties. (9.15)

Resettlement pathways: finance, benefit and debt

10.150 There should be individual debt management advice for prisoners. (9.35)

10.151 Prisoners should be able to open bank accounts before release. (9.36)

Resettlement pathways: drugs and alcohol

10.152 The alcohol strategy should be reviewed and based on an up-to-date prisoners' needs analysis. (9.38)

10.153 The End2End project should be fully staffed in the prison, at the earliest opportunity, to ensure a fully operational service, with minimal waiting times for prisoners, and its services should be available to prisoners on all locations. (9.52)

10.154 The monthly continuity of care meetings should be attended by representatives from all relevant departments, especially mental health, psychology and the offender management unit. (9.53)

10.155 There should be an induction package to ensure that all prisoners are fully aware of the services available from the End2End project. (9.54)

10.156 Compact-based drug testing should be reinstated for prisoners on the P-ASRO (prison addressing substance related offending) programme and the short duration programme. (9.55)

10.157 All 12-step fellowships and other interventions for prisoners with alcohol problems should be available wherever their location. (9.56)

Resettlement pathways: children and families of offenders

10.158 Evening visits should be introduced. (9.58)

- 10.159 There should be improved systems for booking visits by telephone to ensure the lines are accessible and can deal with the number of visitors. (9.61)
- 10.160 The visitors' centre should be expanded to meet the needs of the population. (9.62)
- 10.161 A disabled-access toilet should be provided in the visitors' centre. (9.64)
- 10.162 Prisoners should be able to play with their children in the play area, subject to child protection measures. (9.65)
- 10.163 Security clearances for PACT volunteers should be completed in a timely manner. (9.66)
- 10.164 Prisoners who do not receive visits should be able to exchange unused visiting orders for extra letters or telephone credit, and this should be publicised to prisoners. (9.69)
- 10.165 A qualified family worker should be employed to help prisoners maintain contact with their families. (9.71)
- 10.166 Prisoners should be able to receive their first visit within one week of admission. (9.76)
- 10.167 The visits area and furniture should be clean and well maintained. (9.77)
- 10.168 There should be better privacy for those on closed visits. (9.78)
- 10.169 Prisoners and visitors on closed visits should have access to refreshments. (9.79)
- 10.170 The prisoners' waiting room in visits should be adequately supervised. (9.80)
- 10.171 The prison should develop and improve the range of initiatives and support to encourage and enable prisoners to maintain contact with family and friends. (9.81)

Resettlement pathways: attitudes, thinking and behaviour

- 10.172 Victim awareness work should be developed and expanded, based on links between the chaplaincy and resettlement services. (9.83)
- 10.173 Prisoners identified as needing to complete offending behaviour programmes should be able to access them without significant delays. (9.86)

Housekeeping points

First days in custody: reception

- 10.174 Information on the reception process should be clearly displayed in reception and the holding rooms. (1.16)

First days in custody: first night

- 10.175 The use of the telephone interpreting service for non-English speaking new arrivals should be recorded. (1.23)

First days in custody: induction

- 10.176 The induction class should start when all new arrivals from all wings are present. (1.33)
- 10.177 The induction sessions should not be continually interrupted by staff and prisoners entering and leaving the room. (1.34)

Residential units: accommodation and facilities

- 10.178 Noticeboards should be kept up to date and the information displayed in a range of languages. (2.18)

Applications and complaints

- 10.179 All complaint forms should be checked whether or not the prisoner has indicated his prison number. (3.45)

Substance use: drug testing

- 10.180 The mandatory drug testing suite should have a mat for strip searches. (3.70)

Diversity: disability and older prisoners

- 10.181 Prisoners of retirement age should receive the rates of pay stipulated in the diversity policy and should not have to pay for their televisions. (4.58)

Health services: clinical governance

- 10.182 The health care department should use electronic care plans and templates to monitor lifelong conditions. (5.13)

Health services: pharmacy

- 10.183 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms 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 staff. (5.41)

Health services: dentistry

- 10.184 Damaged flooring in the dental surgery should be repaired. (5.52)

Security and rules

- 10.185 The minutes of the security committee should accurately record discussions and required actions, including appropriately focused security objectives. (7.16)
- 10.186 There should be accurate records of the population management meeting. (7.17)

Incentives and earned privileges

10.187 IEP review paperwork should be fully completed when review boards are convened. (7.62)

Prison shop

10.188 The magazines list should be reviewed in consultation with the diversity team, and the process for considering applications for publications not listed should be clarified. (8.18)

Resettlement pathways: children and families of offenders

10.189 The eligibility for family visits should be clarified and clearly understood by prisoners and all staff involved. (9.68)

10.190 A searching mat should be provided in the visits prisoners' search area. (9.82)

Examples of good practice

10.191 The PIN telephone surgeries allowed prisoners to raise problems about their telephone numbers and credit directly with the department that dealt with them. (2.19)

10.192 The ADFAM service contributed significantly to the resettlement opportunities for prisoners with drug and alcohol problems and their families. (9.57)

Appendix I: Inspection team

| | |
|------------------|-----------------|
| Nick Hardwick | Chief Inspector |
| Martin Lomas | Team leader |
| Keith McInnis | Inspector |
| Kevin Parkinson | Inspector |
| Kellie Reeve | Inspector |
| Andrea Walker | Inspector |
| Peter Dunn | Inspector |
| Michael Skidmore | Researcher |
| Joe Simmonds | Researcher |
| Amy Summerfield | Researcher |

Specialist inspectors

| | |
|-------------------|---------------------------|
| Elizabeth Tysoe | Health services inspector |
| Michael Bowen | Health services inspector |
| Paul Roberts | Substance use inspector |
| Simon Denton | Pharmacy inspector |
| Martin Wedgwood | Dental inspector |
| Linda Truscott | Ofsted inspector |
| Charles Clark | Ofsted inspector |
| Martyn Rhowbotham | Ofsted inspector |

Appendix II: Prison population profile

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

Population breakdown by:

| Status | 18–20 yr olds | 21 and over | % |
|-----------------------|---------------|-------------|------------|
| Sentenced | | 370 | 50.7 |
| Recall | | 7 | 1.0 |
| Convicted unsentenced | | 115 | 15.8 |
| Remand | | 224 | 30.7 |
| Civil prisoners | | | |
| Detainees | | 14 | 1.9 |
| Total | | 730 | 100 |

| Sentence | 18–20 yr olds | 21 and over | % |
|---------------------------------|---------------|-------------|------------|
| Unsentenced | | 353 | 48 |
| Less than 6 months | | 66 | 9 |
| 6 months to less than 12 months | | 40 | 5.48 |
| 12 months to less than 2 years | | 57 | 8 |
| 2 years to less than 4 years | | 83 | 11.37 |
| 4 years to less than 10 years | | 102 | 12 |
| 10 years and over (not life) | | 16 | 2.19 |
| ISPP | | 8 | 1.10 |
| Life | | 5 | 0.68 |
| Total | | 730 | 100 |

| Age | Number of prisoners | % |
|--------------------------|---------------------|------------|
| Please state minimum age | 21 | |
| Under 21 years | - | - |
| 21 years to 29 years | 268 | 36.7 |
| 30 years to 39 years | 251 | 34.4 |
| 40 years to 49 years | 156 | 21.4 |
| 50 years to 59 years | 41 | 5.6 |
| 60 years to 69 years | 10 | 1.37 |
| 70 plus years | 4 | 0.05 |
| Please state maximum age | 76 | |
| Total | 730 | 100 |

| Nationality | 18–20 yr olds | 21 and over | % |
|-------------------|---------------|-------------|------------|
| British | | 515 | 70.55 |
| Foreign nationals | | 215 | 29.45 |
| Total | | 730 | 100 |

| Security category | 18–20 yr olds | 21 and over | % |
|---------------------------|---------------|-------------|-------|
| Uncategorised unsentenced | | 388 | 53.15 |
| Uncategorised sentenced | | 2 | 0.27 |
| Cat A | | | |
| Cat B | | 16 | 2.19 |
| Cat C | | 307 | 42.05 |

| | | | |
|--------------|--|------------|------------|
| Cat D | | 16 | 2.19 |
| Other | | 1 | 0.14 |
| Total | | 730 | 100 |

| Ethnicity | 18–20 yr olds | 21 and over | % |
|--------------------------------------|---------------|-------------|------------|
| <i>White</i> | | | |
| British | | 186 | 25.48 |
| Irish | | 13 | 1.78 |
| Other white | | 85 | 11.64 |
| <i>Mixed</i> | | | |
| White and black Caribbean | | 10 | 1.37 |
| White and black African | | 2 | 0.27 |
| White and Asian | | 1 | 0.14 |
| Other mixed | | 14 | 1.92 |
| <i>Asian or Asian British</i> | | | |
| Indian | | 6 | 0.82 |
| Pakistani | | 13 | 1.78 |
| Bangladeshi | | 23 | 3.15 |
| Other Asian | | 21 | 2.88 |
| <i>Black or black British</i> | | | |
| Caribbean | | 126 | 17.26 |
| African | | 70 | 9.59 |
| Other black | | 65 | 8.90 |
| <i>Chinese or other ethnic group</i> | | | |
| Chinese | | 5 | 0.68 |
| Other ethnic group | | 4 | 0.55 |
| <i>Not stated</i> | | 86 | 11.78 |
| Total | | 730 | 100 |

| Religion | 18–20 yr olds | 21 and over | % |
|-------------------------------|---------------|-------------|--------------|
| Baptist | | 0 | 0 |
| Church of England | | 142 | 19.5 |
| Roman Catholic | | 136 | 18.6 |
| Other Christian denominations | | 88 | 12.1 |
| Muslim | | 177 | 24.2 |
| Sikh | | 2 | 0.27 |
| Hindu | | 8 | 1.1 |
| Buddhist | | 6 | Less than 1% |
| Jewish | | 4 | Less than 1% |
| Other | | 5 | Less than 1% |
| No religion | | 115 | 15.8 |
| Total | | 730 | 100 |

Sentenced prisoners only

| Length of stay | 18–20 yr olds | | 21 and over | |
|----------------------|---------------|---|-------------|-------|
| | Number | % | Number | % |
| Less than 1 month | | | 101 | 26.79 |
| 1 month to 3 months | | | 109 | 28.91 |
| 3 months to 6 months | | | 73 | 19.26 |
| 6 months to 1 year | | | 80 | 21.22 |
| 1 year to 2 years | | | 14 | 3.71 |

| | | | | |
|--------------------|--|--|------------|------------|
| 2 years to 4 years | | | 0 | 0 |
| 4 years or more | | | 0 | 0 |
| Total | | | 377 | 100 |

Unsentenced prisoners only

| Length of stay | 18–20 yr olds | | 21 and over | |
|----------------------|---------------|---|-------------|------------|
| | Number | % | Number | % |
| Less than 1 month | | | 136 | 38.53 |
| 1 month to 3 months | | | 151 | 42.78 |
| 3 months to 6 months | | | 52 | 14.73 |
| 6 months to 1 year | | | 14 | 3.97 |
| 1 year to 2 years | | | 0 | 0 |
| 2 years to 4 years | | | 0 | 0 |
| 4 years or more | | | 0 | 0 |
| Total | | | 353 | 100 |

| Main offence | 18–20 yr olds | 21 and over | % |
|--------------------------------------|---------------|-------------|------------|
| Violence against the person | | 98 | 13.42 |
| Sexual offences | | 44 | 6.03 |
| Burglary | | 77 | 10.55 |
| Robbery | | 77 | 10.55 |
| Theft and handling | | 60 | 8.22 |
| Fraud and forgery | | 21 | 2.88 |
| Drugs offences | | 90 | 12.33 |
| Other offences | | 243 | 33.29 |
| Civil offences | | 0 | 0 |
| Offence not recorded/holding warrant | | 20 | 2.74 |
| Total | | 730 | 100 |

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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 1 December 2010, the prisoner population at HMP Brixton was 727. The sample size was 208. Overall, this represented 29% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-NOMIS 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. Eight respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, five 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 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, 179 respondents completed and returned their questionnaires. This represented 25% of the prison population. The response rate was 86%. In addition to the eight respondents who refused to complete a questionnaire, 14 questionnaires were not returned and seven were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have been 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 2010 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local training prisons since 2006.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Brixton in 2008.
- A comparison within the 2010 survey between the responses of white prisoners and those from black and minority ethnic groups.
- A comparison within the 2010 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2010 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. 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 that 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

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 that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Survey results

Section 1: About You

| | | |
|-------------|--|-----------|
| Q1.2 | How old are you? | |
| | <i>Under 21</i> | 0 (0%) |
| | <i>21 - 29</i> | 71 (41%) |
| | <i>30 - 39</i> | 48 (28%) |
| | <i>40 - 49</i> | 42 (24%) |
| | <i>50 - 59</i> | 9 (5%) |
| | <i>60 - 69</i> | 3 (2%) |
| | <i>70 and over</i> | 0 (0%) |
| Q1.3 | Are you sentenced? | |
| | <i>Yes</i> | 77 (44%) |
| | <i>Yes - on recall</i> | 23 (13%) |
| | <i>No - awaiting trial</i> | 48 (28%) |
| | <i>No - awaiting sentence</i> | 25 (14%) |
| | <i>No - awaiting deportation</i> | 1 (1%) |
| Q1.4 | How long is your sentence? | |
| | Not sentenced | 74 (45%) |
| | <i>Less than 6 months</i> | 19 (11%) |
| | <i>6 months to less than 1 year</i> | 15 (9%) |
| | <i>1 year to less than 2 years</i> | 11 (7%) |
| | <i>2 years to less than 4 years</i> | 16 (10%) |
| | <i>4 years to less than 10 years</i> | 25 (15%) |
| | <i>10 years or more</i> | 3 (2%) |
| | <i>IPP (indeterminate sentence for public protection)</i> | 3 (2%) |
| | <i>Life</i> | 0 (0%) |
| 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)? | |
| | Not sentenced | 74 (49%) |
| | <i>6 months or less</i> | 52 (34%) |
| | <i>More than 6 months</i> | 26 (17%) |
| Q1.6 | How long have you been in this prison? | |
| | <i>Less than 1 month</i> | 40 (24%) |
| | <i>1 to less than 3 months</i> | 49 (29%) |
| | <i>3 to less than 6 months</i> | 30 (18%) |
| | <i>6 to less than 12 months</i> | 17 (10%) |
| | <i>12 months to less than 2 years</i> | 19 (11%) |
| | <i>2 to less than 4 years</i> | 10 (6%) |
| | <i>4 years or more</i> | 3 (2%) |
| Q1.7 | Are you a foreign national? (i.e. do not hold UK citizenship) | |
| | <i>Yes</i> | 28 (16%) |
| | <i>No</i> | 143 (84%) |
| Q1.8 | Is English your first language? | |
| | <i>Yes</i> | 136 (84%) |

No 26 (16%)

Q1.9 What is your ethnic origin?

| | | | |
|---|----------|---|--------|
| <i>White - British</i> | 47 (27%) | <i>Asian or Asian British - Bangladeshi</i> | 6 (3%) |
| <i>White - Irish</i> | 10 (6%) | <i>Asian or Asian British - other</i> | 2 (1%) |
| <i>White - other</i> | 18 (10%) | <i>Mixed race - white and black Caribbean</i> | 8 (5%) |
| <i>Black or black British - Caribbean</i> | 44 (25%) | <i>Mixed race - white and black African</i> | 1 (1%) |
| <i>Black or black British - African</i> | 22 (13%) | <i>Mixed race - white and Asian</i> | 2 (1%) |
| <i>Black or black British - other</i> | 4 (2%) | <i>Mixed race - other</i> | 5 (3%) |
| <i>Asian or Asian British - Indian</i> | 1 (1%) | <i>Chinese</i> | 0 (0%) |
| <i>Asian or Asian British - Pakistani</i> | 3 (2%) | <i>Other ethnic group</i> | 2 (1%) |

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes..... 9 (6%)
 No 153 (94%)

Q1.11 What is your religion?

| | | | |
|--|----------|---------------------|----------|
| <i>None</i> | 30 (17%) | <i>Hindu</i> | 1 (1%) |
| <i>Church of England</i> | 46 (27%) | <i>Jewish</i> | 0 (0%) |
| <i>Catholic</i> | 33 (19%) | <i>Muslim</i> | 40 (23%) |
| <i>Protestant</i> | 1 (1%) | <i>Sikh</i> | 0 (0%) |
| <i>Other Christian denomination</i> | 12 (7%) | <i>Other</i> | 7 (4%) |
| <i>Buddhist</i> | 2 (1%) | | |

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight..... 161 (95%)
Homosexual/gay..... 3 (2%)
Bisexual..... 3 (2%)
Other..... 2 (1%)

Q1.13 Do you consider yourself to have a disability?

Yes..... 22 (13%)
 No 150 (87%)

Q1.14 How many times have you been in prison before?

| | | | |
|----------|----------|---------------|--------------------|
| <i>0</i> | <i>1</i> | <i>2 to 5</i> | <i>More than 5</i> |
| 55 (32%) | 28 (16%) | 51 (30%) | 38 (22%) |

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

| | | |
|-----------|---------------|--------------------|
| <i>1</i> | <i>2 to 5</i> | <i>More than 5</i> |
| 103 (62%) | 56 (34%) | 8 (5%) |

Q1.16 Do you have any children under the age of 18?

Yes..... 97 (55%)
 No 78 (45%)

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:

| | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> | <i>Don't remember</i> | <i>N/A</i> |
|---|------------------|-------------|----------------|------------|-----------------|-----------------------|------------|
| The cleanliness of the van | 13 (8%) | 70 (41%) | 36 (21%) | 30 (18%) | 14 (8%) | 3 (2%) | 5 (3%) |
| Your personal safety during the journey | 19 (12%) | 72 (44%) | 24 (15%) | 24 (15%) | 17 (10%) | 3 (2%) | 3 (2%) |
| The comfort of the van | 3 (2%) | 14 (9%) | 17 (10%) | 65 (40%) | 57 (35%) | 3 (2%) | 5 (3%) |
| The attention paid to your health needs | 8 (5%) | 40 (25%) | 41 (26%) | 29 (18%) | 29 (18%) | 1 (1%) | 9 (6%) |
| The frequency of toilet breaks | 7 (4%) | 20 (13%) | 21 (13%) | 29 (19%) | 50 (32%) | 3 (2%) | 26 (17%) |

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

| <i>Less than 1 hour</i> | <i>Over 1 hour to 2 hours</i> | <i>Over 2 hours to 4 hours</i> | <i>More than 4 hours</i> | <i>Don't remember</i> |
|-------------------------|-------------------------------|--------------------------------|--------------------------|-----------------------|
| 74 (44%) | 72 (42%) | 16 (9%) | 4 (2%) | 4 (2%) |

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

| <i>Very well</i> | <i>Well</i> | <i>Neither</i> | <i>Badly</i> | <i>Very badly</i> | <i>Don't remember</i> |
|------------------|-------------|----------------|--------------|-------------------|-----------------------|
| 18 (11%) | 89 (52%) | 37 (22%) | 17 (10%) | 7 (4%) | 2 (1%) |

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

| | <i>Yes</i> | <i>No</i> | <i>Don't remember</i> |
|---|------------|-----------|-----------------------|
| Did you know where you were going when you left court or when transferred from another prison? | 118 (68%) | 53 (31%) | 2 (1%) |
| Before you arrived here did you receive any written information about what would happen to you? | 25 (15%) | 139 (84%) | 1 (1%) |
| When you first arrived here did your property arrive at the same time as you? | 114 (70%) | 41 (25%) | 7 (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.)

| | | | |
|---|----------|---|----------|
| <i>Didn't ask about any of these</i> | 34 (21%) | <i>Money worries.....</i> | 36 (22%) |
| <i>Loss of property.....</i> | 30 (18%) | <i>Feeling depressed or suicidal.....</i> | 73 (44%) |
| <i>Housing problems.....</i> | 59 (36%) | <i>Health problems.....</i> | 91 (55%) |
| <i>Contacting employers.....</i> | 33 (20%) | <i>Needing protection from other prisoners.....</i> | 29 (18%) |
| <i>Contacting family.....</i> | 64 (39%) | <i>Accessing phone numbers.....</i> | 51 (31%) |
| <i>Ensuring dependants were being looked after.....</i> | 33 (20%) | <i>Other.....</i> | 8 (5%) |

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

| | | | |
|--------------------------------------|----------|---------------------------|----------|
| <i>Didn't have any problems.....</i> | 22 (14%) | <i>Money worries.....</i> | 54 (33%) |
|--------------------------------------|----------|---------------------------|----------|

| | | | |
|--|----------|--|----------|
| <i>Loss of property</i> | 49 (30%) | <i>Feeling depressed or suicidal</i> | 54 (33%) |
| <i>Housing problems</i> | 66 (41%) | <i>Health problems</i> | 62 (38%) |
| <i>Contacting employers</i> | 25 (15%) | <i>Needing protection from other prisoners</i> | 23 (14%) |
| <i>Contacting family</i> | 83 (51%) | <i>Accessing phone numbers</i> | 60 (37%) |
| <i>Ensuring dependants were looked after</i> | 26 (16%) | <i>Other</i> | 11 (7%) |

Q3.3 Please answer the following questions about reception:

| | Yes | No | Don't remember |
|---|-----------|----------|----------------|
| Were you seen by a member of health services? | 155 (89%) | 14 (8%) | 5 (3%) |
| When you were searched, was this carried out in a respectful way? | 104 (64%) | 54 (33%) | 5 (3%) |

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

| <i>Very well</i> | <i>Well</i> | <i>Neither</i> | <i>Badly</i> | <i>Very badly</i> | <i>Don't remember</i> |
|------------------|-------------|----------------|--------------|-------------------|-----------------------|
| 14 (8%) | 76 (43%) | 39 (22%) | 32 (18%) | 12 (7%) | 2 (1%) |

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

| | |
|--|----------|
| <i>Information about what was going to happen to you</i> | 64 (41%) |
| <i>Information about what support was available for people feeling depressed or suicidal</i> | 68 (44%) |
| <i>Information about how to make routine requests</i> | 50 (32%) |
| <i>Information about your entitlement to visits</i> | 63 (40%) |
| <i>Information about health services</i> | 60 (38%) |
| <i>Information about the chaplaincy</i> | 66 (42%) |
| Not offered anything | 52 (33%) |

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)

| | |
|--|-----------|
| <i>A smokers/non-smokers pack</i> | 138 (82%) |
| <i>The opportunity to have a shower</i> | 46 (27%) |
| <i>The opportunity to make a free telephone call</i> | 48 (28%) |
| <i>Something to eat</i> | 135 (80%) |
| Did not receive anything | 6 (4%) |

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 to you.)

| | |
|---|-----------|
| <i>Chaplain or religious leader</i> | 62 (39%) |
| <i>Someone from health services</i> | 104 (66%) |
| <i>A Listener/Samaritans</i> | 45 (28%) |
| Did not meet any of these people | 33 (21%) |

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> | 13 (8%) |
| <i>No</i> | 154 (92%) |

Q3.9 Did you feel safe on your first night here?

| | |
|-----------------------------|----------|
| <i>Yes</i> | 99 (58%) |
| <i>No</i> | 58 (34%) |
| <i>Don't remember</i> | 13 (8%) |

Q3.10 How soon after your arrival did you go on an induction course?
Have not been on an induction course 47 (28%)
Within the first week..... 92 (54%)
More than a week..... 21 (12%)
Don't remember 10 (6%)

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course 47 (29%)
Yes..... 73 (45%)
No 31 (19%)
Don't remember 12 (7%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?

| | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> | <i>N/A</i> |
|--|------------------|-------------|----------------|------------------|-----------------------|------------|
| Communicate with your solicitor or legal representative? | 9 (5%) | 38 (23%) | 27 (16%) | 40 (24%) | 34 (21%) | 16 (10%) |
| Attend legal visits? | 19 (13%) | 65 (43%) | 20 (13%) | 16 (11%) | 10 (7%) | 21 (14%) |
| Obtain bail information? | 8 (6%) | 28 (20%) | 20 (14%) | 26 (19%) | 23 (16%) | 35 (25%) |

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..... 24 (15%)
Yes..... 53 (33%)
No 84 (52%)

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

| | <i>Yes</i> | <i>No</i> | <i>Don't know</i> | <i>N/A</i> |
|--|------------|-----------|-------------------|------------|
| Are you normally offered enough clean, suitable clothes for the week? | 79 (46%) | 79 (46%) | 7 (4%) | 6 (4%) |
| Are you normally able to have a shower every day? | 149 (88%) | 20 (12%) | 0 (0%) | 0 (0%) |
| Do you normally receive clean sheets every week? | 131 (79%) | 24 (14%) | 7 (4%) | 4 (2%) |
| Do you normally get cell cleaning materials every week? | 126 (78%) | 32 (20%) | 4 (2%) | 0 (0%) |
| Is your cell call bell normally answered within five minutes? | 61 (37%) | 89 (54%) | 14 (8%) | 1 (1%) |
| Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? | 98 (61%) | 59 (37%) | 2 (1%) | 1 (1%) |
| Can you normally get your stored property, if you need to? | 21 (13%) | 91 (58%) | 36 (23%) | 9 (6%) |

Q4.4 What is the food like here?

| <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|------------------|-------------|----------------|------------|-----------------|
| 2 (1%) | 46 (27%) | 34 (20%) | 50 (30%) | 36 (21%) |

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?
Have not bought anything yet..... 8 (5%)

Yes..... 77 (48%)
 No 76 (47%)

Q4.6 Is it easy or difficult to get either

| | Very easy | Easy | Neither | Difficult | Very difficult | Don't know |
|---------------------|-----------|----------|---------|-----------|----------------|------------|
| A complaint form | 53 (32%) | 83 (51%) | 8 (5%) | 8 (5%) | 6 (4%) | 6 (4%) |
| An application form | 53 (35%) | 71 (47%) | 12 (8%) | 9 (6%) | 2 (1%) | 3 (2%) |

Q4.7 Have you made an application?
 Yes..... 138 (83%)
 No 28 (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? | 28 (18%) | 62 (39%) | 67 (43%) |
| Do you feel <i>applications</i> are dealt with promptly (within seven days)? | 28 (19%) | 41 (28%) | 78 (53%) |

Q4.9 Have you made a complaint?
 Yes..... 77 (46%)
 No 91 (54%)

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

| | Not made one | Yes | No |
|--|--------------|----------|----------|
| Do you feel <i>complaints</i> are dealt with fairly? | 91 (55%) | 13 (8%) | 62 (37%) |
| Do you feel <i>complaints</i> are dealt with promptly (within seven days)? | 91 (55%) | 15 (9%) | 59 (36%) |
| Were you given information about how to make an appeal? | 47 (32%) | 33 (22%) | 69 (46%) |

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?
Not made a complaint 91 (56%)
 Yes..... 11 (7%)
 No 61 (37%)

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

| | Very easy | Easy | Neither | Difficult | Very difficult |
|--|-----------|---------|----------|-----------|----------------|
| | 6 (4%) | 13 (8%) | 40 (25%) | 26 (16%) | 14 (9%) |

Q4.13 What level of the IEP scheme are you on now?
Don't know what the IEP scheme is 20 (12%)
 Enhanced..... 49 (29%)
 Standard 87 (51%)
 Basic..... 3 (2%)
 Don't know..... 11 (6%)

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?
Don't know what the IEP scheme is 20 (12%)
 Yes 69 (43%)

No 47 (29%)
 Don't know..... 25 (16%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?
Don't know what the IEP scheme is 20 (13%)
 Yes..... 60 (38%)
 No 54 (35%)
 Don't know..... 22 (14%)

Q4.16 Please answer the following questions about this prison

| | Yes | No |
|---|----------|-----------|
| In the last six months have any members of staff physically restrained you (C&R)? | 16 (10%) | 150 (90%) |
| In the last six months have you spent a night in the segregation /care and separation unit? | 13 (8%) | 146 (92%) |

Q4.17 Please answer the following questions about your religious beliefs

| | Yes | No | Don't know/ N/A |
|--|----------|----------|-----------------|
| Do you feel your religious beliefs are respected? | 99 (59%) | 29 (17%) | 39 (23%) |
| Are you able to speak to a religious leader of your faith in private if you want to? | 92 (62%) | 17 (11%) | 40 (27%) |

Q4.18 Can you speak to a Listener at any time, if you want to?

| | Yes | No | Don't know |
|--|-----------|----------|------------|
| | 103 (61%) | 16 (10%) | 49 (29%) |

Q4.19 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? | 104 (63%) | 61 (37%) |
| Do most staff treat you with respect? | 101 (62%) | 61 (38%) |

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?
 Yes..... 88 (51%)
 No 84 (49%)

Q5.2 Do you feel unsafe in this prison at the moment?
 Yes..... 44 (26%)
 No 125 (74%)

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

| | | | |
|----------------------------------|----------|--------------------------------------|----------|
| Never felt unsafe | 84 (52%) | <i>At mealtimes</i> | 19 (12%) |
| <i>Everywhere</i> | 22 (14%) | <i>At health services</i> | 12 (7%) |
| <i>Segregation unit</i> | 6 (4%) | <i>Visits area</i> | 13 (8%) |
| <i>Association areas</i> | 37 (23%) | <i>In wing showers</i> | 32 (20%) |
| <i>Reception area</i> | 13 (8%) | <i>In gym showers</i> | 12 (7%) |
| <i>At the gym</i> | 16 (10%) | <i>In corridors/stairwells</i> | 15 (9%) |
| <i>In an exercise yard</i> | 18 (11%) | <i>On your landing/wing</i> | 26 (16%) |
| <i>At work</i> | 9 (6%) | <i>In your cell</i> | 20 (12%) |
| <i>During movement</i> | 20 (12%) | <i>At religious services</i> | 4 (2%) |

At education 12 (7%)

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

Yes..... 45 (27%)
No 123 (73%) **If No, go to question 5.6**

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> | 16 (10%) | <i>Because of your sexuality.....</i> | 2 (1%) |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 12 (7%) | <i>Because you have a disability....</i> | 1 (1%) |
| <i>Sexual abuse</i> | 1 (1%) | <i>Because of your religion/religious beliefs</i> | 10 (6%) |
| <i>Because of your race or ethnic origin.....</i> | 9 (5%) | <i>Because of your age.....</i> | 6 (4%) |
| <i>Because of drugs.....</i> | 8 (5%) | <i>Being from a different part of the country than others</i> | 8 (5%) |
| <i>Having your canteen/property taken.....</i> | 13 (8%) | <i>Because of your offence/ crime..</i> | 4 (2%) |
| <i>Because you were new here</i> | 18 (11%) | <i>Because of gang related issues.</i> | 6 (4%) |

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

Yes..... 52 (32%)
No 111 (68%) **If No, go to question 5.8**

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

| | | | |
|--|----------|---|--------|
| <i>Insulting remarks (about you or your family or friends)</i> | 19 (12%) | <i>Because you have a disability....</i> | 3 (2%) |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 10 (6%) | <i>Because of your religion/religious beliefs</i> | 6 (4%) |
| <i>Sexual abuse</i> | 1 (1%) | <i>Because if your age</i> | 6 (4%) |
| <i>Because of your race or ethnic origin.....</i> | 12 (7%) | <i>Being from a different part of the country than others</i> | 4 (2%) |
| <i>Because of drugs.....</i> | 8 (5%) | <i>Because of your offence/ crime..</i> | 5 (3%) |
| <i>Because you were new here</i> | 12 (7%) | <i>Because of gang related issues.</i> | 5 (3%) |
| <i>Because of your sexuality.....</i> | 0 (0%) | | |

Q5.8 If you have been victimised by prisoners or staff did you report it?

Not been victimised..... 97 (62%)
Yes..... 22 (14%)
No 38 (24%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes..... 42 (26%)
No 121 (74%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes..... 45 (28%)
No 117 (72%)

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> |
| 25 (15%) | 16 (10%) | 16 (10%) | 10 (6%) | 10 (6%) | 89 (54%) |

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 (11%) | 15 (9%) | 38 (23%) | 16 (10%) | 53 (32%) | 27 (16%) |
| The nurse | 19 (12%) | 23 (15%) | 61 (40%) | 12 (8%) | 25 (16%) | 13 (8%) |
| The dentist | 25 (16%) | 6 (4%) | 17 (11%) | 12 (8%) | 42 (27%) | 54 (35%) |
| The optician | 44 (28%) | 3 (2%) | 15 (10%) | 19 (12%) | 37 (24%) | 38 (24%) |
| Q6.2 | Are you able to see a pharmacist? | | | | | |
| Yes..... | | | | | | 79 (54%) |
| No | | | | | | 66 (46%) |
| Q6.3 | What do you think of the quality of the health service from the following people? | | | | | |
| | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
| The doctor | 30 (18%) | 18 (11%) | 47 (28%) | 21 (13%) | 27 (16%) | 22 (13%) |
| The nurse | 26 (16%) | 21 (13%) | 54 (34%) | 24 (15%) | 20 (13%) | 13 (8%) |
| The dentist | 54 (36%) | 17 (11%) | 22 (15%) | 20 (13%) | 19 (13%) | 19 (13%) |
| The optician | 84 (55%) | 8 (5%) | 10 (7%) | 23 (15%) | 13 (9%) | 14 (9%) |
| Q6.4 | What do you think of the overall quality of the health services here? | | | | | |
| | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
| | 22 (13%) | 12 (7%) | 51 (30%) | 30 (18%) | 37 (22%) | 16 (10%) |
| Q6.5 | Are you currently taking medication? | | | | | |
| Yes..... | | | | | | 89 (53%) |
| No | | | | | | 78 (47%) |
| Q6.6 | If you are taking medication, are you allowed to keep possession of your medication in your own cell? | | | | | |
| <i>Not taking medication</i> | | | | | | 78 (46%) |
| Yes..... | | | | | | 45 (27%) |
| No | | | | | | 46 (27%) |
| Q6.7 | Do you feel you have any emotional well-being/mental health issues? | | | | | |
| Yes..... | | | | | | 66 (40%) |
| No | | | | | | 98 (60%) |
| Q6.8 | Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.) | | | | | |
| <i>Do not have any issues/not receiving any help</i> | | | | | | 124 (78%) |
| <i>Doctor</i> | | | | | | 21 (13%) |
| <i>Nurse</i> | | | | | | 11 (7%) |
| <i>Psychiatrist</i> | | | | | | 12 (8%) |
| <i>Mental health in-reach team</i> | | | | | | 12 (8%) |
| <i>Counsellor</i> | | | | | | 11 (7%) |
| <i>Other</i> | | | | | | 3 (2%) |
| Q6.9 | Did you have a problem with either of the following when you came into this prison? | | | | | |
| | | <i>Yes</i> | <i>No</i> | | | |
| Drugs | | 65 (41%) | 93 (59%) | | | |
| Alcohol | | 38 (27%) | 103 (73%) | | | |

| | | | | |
|--------------|--|----------|-----------|------------|
| Q6.10 | Have you developed a problem with drugs since you have been in this prison? | | | |
| | Yes..... | 16 | (10%) | |
| | No | 142 | (90%) | |
| Q6.11 | Do you know who to contact in this prison to get help with your drug or alcohol problem? | | | |
| | Yes..... | 61 | (37%) | |
| | No | 21 | (13%) | |
| | Did not/do not have a drug or alcohol problem | 84 | (51%) | |
| Q6.12 | Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison? | | | |
| | Yes..... | 44 | (27%) | |
| | No | 38 | (23%) | |
| | Did not/do not have a drug or alcohol problem | 84 | (51%) | |
| Q6.13 | Was the intervention or help you received, while in this prison, helpful? | | | |
| | Yes..... | 35 | (21%) | |
| | No | 11 | (7%) | |
| | Did not have a problem/have not received help | 119 | (72%) | |
| 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 | 28 (17%) | 115 (71%) | 18 (11%) |
| | Alcohol | 18 (12%) | 114 (79%) | 13 (9%) |
| Q6.15 | Do you know who in this prison can help you contact external drug or alcohol agencies on release? | | | |
| | Yes..... | 32 | (20%) | |
| | No | 28 | (18%) | |
| | N/A..... | 99 | (62%) | |

Section 7: Purposeful activity

| | | | | | |
|-------------|---|--------------------------|----------|----------|------------|
| Q7.1 | Are you currently involved in any of the following activities? (Please tick all that apply) | | | | |
| | Prison job..... | 52 | (32%) | | |
| | Vocational or skills training | 18 | (11%) | | |
| | Education (including basic skills) | 48 | (29%) | | |
| | Offending behaviour programmes | 8 | (5%) | | |
| | Not involved in any of these | 72 | (44%) | | |
| Q7.2 | If you have been involved in any of the following, while in this prison, do you think it will help you on release? | | | | |
| | | Not been involved | Yes | No | Don't know |
| | Prison job | 36 (30%) | 33 (28%) | 34 (28%) | 17 (14%) |
| | Vocational or skills training | 40 (38%) | 29 (28%) | 24 (23%) | 12 (11%) |
| | Education (including basic skills) | 32 (27%) | 48 (40%) | 26 (22%) | 14 (12%) |
| | Offending behaviour programmes | 38 (38%) | 29 (29%) | 19 (19%) | 15 (15%) |
| Q7.3 | How often do you go to the library? | | | | |
| | Don't want to go | 20 | (12%) | | |
| | Never..... | 62 | (38%) | | |

| | |
|------------------------------------|----------|
| <i>Less than once a week</i> | 30 (19%) |
| <i>About once a week</i> | 29 (18%) |
| <i>More than once a week</i> | 9 (6%) |
| <i>Don't know</i> | 12 (7%) |

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 |
| 28 (18%) | 42 (26%) | 18 (11%) | 14 (9%) | 37 (23%) | 2 (1%) | 19 (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 |
| 52 (33%) | 38 (24%) | 23 (15%) | 19 (12%) | 13 (8%) | 11 (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> | 44 (28%) |
| <i>2 to less than 4 hours</i> | 58 (36%) |
| <i>4 to less than 6 hours</i> | 18 (11%) |
| <i>6 to less than 8 hours</i> | 11 (7%) |
| <i>8 to less than 10 hours</i> | 6 (4%) |
| <i>10 hours or more</i> | 14 (9%) |
| <i>Don't know</i> | 8 (5%) |

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 |
| 3 (2%) | 1 (1%) | 20 (13%) | 16 (10%) | 107 (68%) | 11 (7%) |

Q7.8 How often do staff normally speak to you during association time?

| | |
|--|----------|
| <i>Do not go on association</i> | 4 (2%) |
| <i>Never</i> | 44 (27%) |
| <i>Rarely</i> | 46 (29%) |
| <i>Some of the time</i> | 37 (23%) |
| <i>Most of the time</i> | 17 (11%) |
| <i>All of the time</i> | 13 (8%) |

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

| | |
|--|-----------|
| <i>Still have not met him/her</i> | 122 (76%) |
| <i>In the first week</i> | 16 (10%) |
| <i>More than a week</i> | 11 (7%) |
| <i>Don't remember</i> | 12 (7%) |

Q8.2 How helpful do you think your personal officer is?

| | | | | | |
|---|---------------------|----------------|----------------|-------------------------|---------------------------|
| <i>Do not have a personal officer/still have not met him/her</i> | <i>Very helpful</i> | <i>Helpful</i> | <i>Neither</i> | <i>Not very helpful</i> | <i>Not at all helpful</i> |
| 122 (76%) | 6 (4%) | 14 (9%) | 8 (5%) | 4 (3%) | 6 (4%) |

| | | | | | |
|--------------|--|----------|----------|--------|-----------|
| Q8.3 | Do you have a sentence plan/OASys? | | | | |
| | <i>Not sentenced</i> | 74 | (44%) | | |
| | Yes..... | 32 | (19%) | | |
| | No | 61 | (37%) | | |
| Q8.4 | How involved were you in the development of your sentence plan? | | | | |
| | <i>Do not have a sentence plan/OASys</i> | 135 | (83%) | | |
| | <i>Very involved</i> | 13 | (8%) | | |
| | <i>Involved</i> | 9 | (6%) | | |
| | <i>Neither</i> | 2 | (1%) | | |
| | <i>Not very involved</i> | 3 | (2%) | | |
| | <i>Not at all involved</i> | 1 | (1%) | | |
| Q8.5 | Can you achieve all or some of your sentence plan targets in this prison? | | | | |
| | <i>Do not have a sentence plan/OASys</i> | 135 | (83%) | | |
| | Yes..... | 21 | (13%) | | |
| | No | 6 | (4%) | | |
| Q8.6 | Are there plans for you to achieve all/some of your sentence plan targets in another prison? | | | | |
| | <i>Do not have a sentence plan/OASys</i> | 135 | (82%) | | |
| | Yes..... | 12 | (7%) | | |
| | No | 18 | (11%) | | |
| Q8.7 | Do you feel that any member of staff has helped you to address your offending behaviour while at this prison? | | | | |
| | <i>Not sentenced</i> | 74 | (44%) | | |
| | Yes..... | 23 | (14%) | | |
| | No | 70 | (42%) | | |
| Q8.8 | Do you feel that any member of staff has helped you to prepare for your release? | | | | |
| | Yes..... | 22 | (14%) | | |
| | No | 131 | (86%) | | |
| Q8.9 | Have you had any problems with sending or receiving mail? | | | | |
| | Yes..... | 86 | (54%) | | |
| | No | 54 | (34%) | | |
| | <i>Don't know</i> | 20 | (13%) | | |
| Q8.10 | Have you had any problems getting access to the telephones? | | | | |
| | Yes..... | 55 | (33%) | | |
| | No | 100 | (61%) | | |
| | <i>Don't know</i> | 10 | (6%) | | |
| Q8.11 | Did you have a visit in the first week that you were here? | | | | |
| | <i>Not been here a week yet</i> | 5 | (3%) | | |
| | Yes..... | 54 | (34%) | | |
| | No | 100 | (62%) | | |
| | <i>Don't remember</i> | 2 | (1%) | | |
| Q8.12 | How many visits did you receive in the last week? | | | | |
| | <i>Not been in a week</i> | 0 | | 3 to 4 | 5 or more |
| | 5 (3%) | 80 (52%) | 62 (41%) | 5 (3%) | 1 (1%) |

| | | | |
|--------------|---|----------|---|
| Q8.13 | How are you and your family/friends usually treated by visits staff? | | |
| | <i>Not had any visits</i> | | 50 (31%) |
| | <i>Very well</i> | | 15 (9%) |
| | <i>Well</i> | | 38 (24%) |
| | <i>Neither</i> | | 21 (13%) |
| | <i>Badly</i> | | 14 (9%) |
| | <i>Very badly</i> | | 5 (3%) |
| | <i>Don't know</i> | | 17 (11%) |
| Q8.14 | Have you been helped to maintain contact with your family/friends while in this prison? | | |
| | <i>Yes</i> | | 43 (28%) |
| | <i>No</i> | | 110 (72%) |
| Q8.15 | Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.) | | |
| | <i>Don't know who to contact</i> | 59 (42%) | <i>Help with your finances in preparation for release</i> |
| | <i>Maintaining good relationships</i> ... | 23 (17%) | <i>Claiming benefits on release</i> |
| | <i>Avoiding bad relationships</i> | 16 (12%) | <i>Arranging a place at college/continuing education on release</i> |
| | <i>Finding a job on release</i> | 50 (36%) | <i>Continuity of health services on release</i> |
| | <i>Finding accommodation on release</i> | 58 (42%) | <i>Opening a bank account</i> |
| | | | 27 (19%) |
| | | | 53 (38%) |
| | | | 25 (18%) |
| | | | 26 (19%) |
| | | | 27 (19%) |
| Q8.16 | Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.) | | |
| | <i>No problems</i> | 39 (27%) | <i>Help with your finances in preparation for release</i> |
| | <i>Maintaining good relationships</i> ... | 25 (17%) | <i>Claiming benefits on release</i> |
| | <i>Avoiding bad relationships</i> | 21 (14%) | <i>Arranging a place at college/continuing education on release</i> |
| | <i>Finding a job on release</i> | 81 (55%) | <i>Continuity of health services on release</i> |
| | <i>Finding accommodation on release</i> | 62 (42%) | <i>Opening a bank account</i> |
| | | | 53 (36%) |
| | | | 60 (41%) |
| | | | 36 (25%) |
| | | | 28 (19%) |
| | | | 54 (37%) |
| 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? | | |
| | <i>Not sentenced</i> | | 74 (47%) |
| | <i>Yes</i> | | 40 (25%) |
| | <i>No</i> | | 44 (28%) |

Main comparator and comparator to last time



Prisoner survey responses HMP Brixton 2010

Prisoner survey responses (missing data have 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

| | | HMP Brixton 2010 | Local prison comparator | HMP Brixton 2010 | HMP Brixton 2008 |
|---|---|------------------|-------------------------|------------------|------------------|
| | Any percentage highlighted in green is significantly better | | | | |
| | Any percentage highlighted in blue is significantly worse | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| Number of completed questionnaires returned | | 179 | 4738 | 179 | 110 |
| SECTION 1: General information | | | | | |
| 2 | Are you under 21 years of age? | 0% | 6% | 0% | 1% |
| 3a | Are you sentenced? | 58% | 66% | 58% | 46% |
| 3b | Are you on recall? | 13% | 11% | 13% | 14% |
| 4a | Is your sentence less than 12 months? | 21% | 17% | 21% | 18% |
| 4b | Are you here under an indeterminate sentence for public protection (IPP prisoner)? | 2% | 4% | 2% | 9% |
| 5 | Do you have six months or less to serve? | 34% | 33% | 34% | 26% |
| 6 | Have you been in this prison less than a month? | 24% | 20% | 24% | |
| 7 | Are you a foreign national? | 16% | 13% | 16% | 20% |
| 8 | Is English your first language? | 84% | 88% | 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)? | 57% | 25% | 57% | 63% |
| 10 | Do you consider yourself to be Gypsy/Romany/Traveller? | 6% | 5% | 6% | |
| 11 | Are you Muslim? | 23% | 11% | 23% | 26% |
| 12 | Are you homosexual/gay or bisexual? | 5% | 3% | 5% | 3% |
| 13 | Do you consider yourself to have a disability? | 13% | 20% | 13% | 21% |
| 14 | Is this your first time in prison? | 32% | 28% | 32% | 31% |
| 15 | Have you been in more than five prisons this time? | 5% | 9% | 5% | |
| 16 | Do you have any children under the age of 18? | 55% | 55% | 55% | 51% |
| SECTION 2: Transfers and escorts | | | | | |
| 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? | 49% | 50% | 49% | 53% |
| 1b | Was your personal safety during the journey good/very good? | 56% | 60% | 56% | 57% |
| 1c | Was the comfort of the van good/very good? | 10% | 13% | 10% | 12% |
| 1d | Was the attention paid to your health needs good/very good? | 31% | 29% | 31% | 24% |
| 1e | Was the frequency of toilet breaks good/very good? | 17% | 16% | 17% | 8% |
| 2 | Did you spend more than four hours in the van? | 2% | 4% | 2% | 7% |
| 3 | Were you treated well/very well by the escort staff? | 63% | 66% | 63% | 52% |
| 4a | Did you know where you were going when you left court or when transferred from another prison? | 68% | 73% | 68% | 57% |
| 4b | Before you arrived here did you receive any written information about what would happen to you? | 15% | 15% | 15% | 13% |
| 4c | When you first arrived here did your property arrive at the same time as you? | 70% | 82% | 70% | 63% |

Key to tables

Main comparator and comparator to last time

| Key to tables | | HMP Brixton 2010 | Local prison comparator | HMP Brixton 2010 | HMP Brixton 2008 |
|--|--|------------------|-------------------------|------------------|------------------|
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| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| SECTION 3: Reception, first night and induction | | | | | |
| 1 | In the first 24 hours, did staff ask you if you needed help/support with the following: | | | | |
| 1b | Problems with loss of property? | 18% | 12% | 18% | |
| 1c | Housing problems? | 36% | 30% | 36% | |
| 1d | Problems contacting employers? | 20% | 13% | 20% | |
| 1e | Problems contacting family? | 39% | 50% | 39% | |
| 1f | Problems ensuring dependants were looked after? | 20% | 14% | 20% | |
| 1g | Money problems? | 22% | 18% | 22% | |
| 1h | Problems of feeling depressed/suicidal? | 44% | 54% | 44% | |
| 1i | Health problems? | 55% | 62% | 55% | |
| 1j | Problems in needing protection from other prisoners? | 18% | 22% | 18% | |
| 1k | Problems accessing phone numbers? | 31% | 42% | 31% | |
| 2 | When you first arrived: | | | | |
| 2a | Did you have any problems? | 87% | 76% | 87% | 80% |
| 2b | Did you have any problems with loss of property? | 30% | 13% | 30% | 17% |
| 2c | Did you have any housing problems? | 41% | 24% | 41% | 27% |
| 2d | Did you have any problems contacting employers? | 16% | 7% | 16% | 11% |
| 2e | Did you have any problems contacting family? | 51% | 34% | 51% | 34% |
| 2f | Did you have any problems ensuring dependants were being looked after? | 16% | 8% | 16% | 12% |
| 2g | Did you have any money worries? | 33% | 23% | 33% | 31% |
| 2h | Did you have any problems with feeling depressed or suicidal? | 33% | 21% | 33% | 35% |
| 2i | Did you have any health problems? | 38% | 29% | 38% | 23% |
| 2j | Did you have any problems with needing protection from other prisoners? | 14% | 9% | 14% | 13% |
| 2k | Did you have problems accessing phone numbers? | 37% | 30% | 37% | |
| 3a | Were you seen by a member of health services in reception? | 89% | 89% | 89% | 76% |
| 3b | When you were searched in reception, was this carried out in a respectful way? | 64% | 73% | 64% | 49% |
| 4 | Were you treated well/very well in reception? | 51% | 58% | 51% | 48% |
| 5 | On your day of arrival, were you offered information about any of the following: | | | | |
| 5a | What was going to happen to you? | 41% | 46% | 41% | 19% |
| 5b | Support was available for people feeling depressed or suicidal? | 44% | 46% | 44% | 21% |
| 5c | How to make routine requests? | 32% | 37% | 32% | 15% |
| 5d | Your entitlement to visits? | 40% | 44% | 40% | 22% |
| 5e | Health services? | 39% | 50% | 39% | |
| 5f | The chaplaincy? | 42% | 47% | 42% | |
| 6 | On your day of arrival, were you offered any of the following: | | | | |
| 6a | A smokers/non-smokers pack? | 82% | 86% | 82% | 65% |
| 6b | The opportunity to have a shower? | 27% | 35% | 27% | 17% |
| 6c | The opportunity to make a free telephone call? | 28% | 58% | 28% | 33% |
| 6d | Something to eat? | 80% | 80% | 80% | 80% |
| 7 | Within the first 24 hours did you meet any of the following people: | | | | |
| 7a | The chaplain or a religious leader? | 39% | 48% | 39% | 35% |
| 7b | Someone from health services? | 66% | 74% | 66% | 50% |

Key to tables

Main comparator and comparator to last time

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|--|---|------------------|-------------------------|------------------|------------------|
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| Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | | |
| Percentages which are not highlighted show there is no significant difference | | | | | |
| 7c | A Listener/Samaritans? | 29% | 23% | 29% | 26% |
| 8 | Did you have access to the prison shop/canteen within the first 24 hours? | 8% | 16% | 8% | 15% |
| 9 | Did you feel safe on your first night here? | 58% | 72% | 58% | 57% |
| 10 | Have you been on an induction course? | 72% | 77% | 72% | 61% |
| For those who have been on an induction course: | | | | | |
| 11 | Did the course cover everything you needed to know about the prison? | 63% | 59% | 63% | 56% |
| SECTION 4: Legal rights and respectful custody | | | | | |
| 1 | In terms of your legal rights, is it easy/very easy to: | | | | |
| 1a | Communicate with your solicitor or legal representative? | 29% | 41% | 29% | 34% |
| 1b | Attend legal visits? | 56% | 60% | 56% | 46% |
| 1c | Obtain bail information? | 26% | 25% | 26% | 11% |
| 2 | Have staff ever opened letters from your solicitor or legal representative when you were not with them? | 33% | 40% | 33% | 29% |
| 3 | For the wing/unit you are currently on: | | | | |
| 3a | Are you normally offered enough clean, suitable clothes for the week? | 46% | 50% | 46% | 32% |
| 3b | Are you normally able to have a shower every day? | 88% | 80% | 88% | 77% |
| 3c | Do you normally receive clean sheets every week? | 79% | 81% | 79% | 57% |
| 3d | Do you normally get cell cleaning materials every week? | 78% | 62% | 78% | 46% |
| 3e | Is your cell call bell normally answered within five minutes? | 37% | 36% | 37% | 22% |
| 3f | Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? | 61% | 65% | 61% | 59% |
| 3g | Can you normally get your stored property if you need to? | 13% | 27% | 13% | 16% |
| 4 | Is the food in this prison good/very good? | 29% | 24% | 29% | 18% |
| 5 | Does the shop/canteen sell a wide enough range of goods to meet your needs? | 48% | 43% | 48% | 23% |
| 6a | Is it easy/very easy to get a complaints form? | 83% | 79% | 83% | 75% |
| 6b | Is it easy/very easy to get an application form? | 83% | 86% | 83% | 79% |
| 7 | Have you made an application? | 83% | 85% | 83% | 73% |
| For those who have made an application: | | | | | |
| 8a | Do you feel applications are dealt with fairly? | 48% | 55% | 48% | 32% |
| 8b | Do you feel applications are dealt with promptly (within seven days)? | 34% | 47% | 34% | 27% |
| 9 | Have you made a complaint? | 46% | 42% | 46% | 61% |
| For those who have made a complaint: | | | | | |
| 10a | Do you feel complaints are dealt with fairly? | 17% | 31% | 17% | 13% |
| 10b | Do you feel complaints are dealt with promptly (within seven days)? | 20% | 33% | 20% | 16% |
| 11 | Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison? | 15% | 26% | 15% | 24% |
| 10c | Were you given information about how to make an appeal? | 22% | 22% | 22% | 13% |
| 12 | Is it easy/very easy to see the Independent Monitoring Board? | 12% | 24% | 12% | 16% |
| 13 | Are you on the enhanced (top) level of the IEP scheme? | 29% | 28% | 29% | |
| 14 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 43% | 52% | 43% | |
| 15 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 39% | 45% | 39% | |
| 16a | In the last six months have any members of staff physically restrained you (C&R)? | 10% | 8% | 10% | |
| 16b | In the last six months have you spent a night in the segregation/care and separation unit? | 8% | 11% | 8% | |
| 13a | Do you feel your religious beliefs are respected? | 59% | 54% | 59% | 53% |
| 13b | Are you able to speak to a religious leader of your faith in private if you want to? | 62% | 55% | 62% | 58% |

Main comparator and comparator to last time

Key to tables

| | | HMP Brixton 2010 | Local prison comparator | HMP Brixton 2010 | HMP Brixton 2008 |
|---|--|------------------|-------------------------|------------------|------------------|
| | Any percentage highlighted in green is significantly better | | | | |
| | Any percentage highlighted in blue is significantly worse | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| 14 | Are you able to speak to a Listener at any time if you want to? | 61% | 58% | 61% | 52% |
| 15a | Is there a member of staff in this prison that you can turn to for help if you have a problem? | 63% | 71% | 63% | 58% |
| 15b | Do most staff in this prison treat you with respect? | 62% | 69% | 62% | 60% |
| SECTION 5: Safety | | | | | |
| 1 | Have you ever felt unsafe in this prison? | 51% | 40% | 51% | 56% |
| 2 | Do you feel unsafe in this prison at the moment? | 26% | 18% | 26% | 29% |
| 4 | Have you been victimised by another prisoner? | 27% | 21% | 27% | 24% |
| 5 | Since you have been here has another prisoner: | | | | |
| 5a | Made insulting remarks about you, your family or friends? | 10% | 11% | 10% | 11% |
| 5b | Hit, kicked or assaulted you? | 7% | 7% | 7% | 12% |
| 5c | Sexually abused you? | 1% | 1% | 1% | 1% |
| 5d | Victimised you because of your race or ethnic origin? | 5% | 4% | 5% | 4% |
| 5e | Victimised you because of drugs? | 5% | 4% | 5% | 3% |
| 5f | Taken your canteen/property? | 8% | 5% | 8% | 6% |
| 5g | Victimised you because you were new here? | 11% | 6% | 11% | 7% |
| 5h | Victimised you because of your sexuality? | 1% | 1% | 1% | 0% |
| 5i | Victimised you because you have a disability? | 1% | 3% | 1% | 1% |
| 5j | Victimised you because of your religion/religious beliefs? | 6% | 2% | 6% | 4% |
| 5k | Victimised you because of your age? | 4% | 2% | 4% | |
| 5l | Victimised you because you were from a different part of the country? | 5% | 4% | 5% | 5% |
| 5m | Victimised you because of your offence/crime? | 2% | 5% | 2% | |
| 5n | Victimised you because of gang related issues? | 4% | 4% | 4% | |
| 6 | Have you been victimised by a member of staff? | 32% | 26% | 32% | 19% |
| 7 | Since you have been here, has a member of staff: | | | | |
| 7a | Made insulting remarks about you, your family or friends? | 12% | 12% | 12% | 10% |
| 7b | Hit, kicked or assaulted you? | 6% | 5% | 6% | 4% |
| 7c | Sexually abused you? | 1% | 1% | 1% | 1% |
| 7d | Victimised you because of your race or ethnic origin? | 7% | 5% | 7% | 5% |
| 7e | Victimised you because of drugs? | 5% | 4% | 5% | 4% |
| 7f | Victimised you because you were new here? | 7% | 6% | 7% | 6% |
| 7g | Victimised you because of your sexuality? | 0% | 1% | 0% | |
| 7h | Victimised you because you have a disability? | 2% | 3% | 2% | 2% |
| 7i | Victimised you because of your religion/religious beliefs? | 4% | 3% | 4% | 2% |
| 7j | Victimised you because of your age? | 4% | 2% | 4% | |
| 7k | Victimised you because you were from a different part of the country? | 2% | 4% | 2% | 7% |
| 7l | Victimised you because of your offence/crime? | 3% | 5% | 3% | |
| 7m | Victimised you because of gang related issues? | 3% | 2% | 3% | |
| For those who have been victimised by staff or other prisoners: | | | | | |
| 8 | Did you report any victimisation that you have experienced? | 37% | 34% | 37% | 38% |
| 9 | Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? | 26% | 24% | 26% | 32% |
| 10 | Have you ever felt threatened or intimidated by a member of staff in here? | 28% | 23% | 28% | 29% |

Main comparator and comparator to last time

Key to tables

| | | HMP Brixton 2010 | Local prison comparator | HMP Brixton 2010 | HMP Brixton 2008 |
|---|--|------------------|-------------------------|------------------|------------------|
| | Any percentage highlighted in green is significantly better | | | | |
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| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| 11 | Is it easy/very easy to get illegal drugs in this prison? | 25% | 31% | 25% | 42% |
| SECTION 6: Health services | | | | | |
| 1a | Is it easy/very easy to see the doctor? | 32% | 27% | 32% | |
| 1b | Is it easy/very easy to see the nurse? | 55% | 50% | 55% | |
| 1c | Is it easy/very easy to see the dentist? | 15% | 11% | 15% | |
| 1d | Is it easy/very easy to see the optician? | 12% | 12% | 12% | |
| 2 | Are you able to see a pharmacist? | 55% | 44% | 55% | |
| For those who have been to the following services, do you think the quality of the health service from the following is good/very good: | | | | | |
| 3a | The doctor? | 48% | 46% | 48% | 53% |
| 3b | The nurse? | 57% | 59% | 47% | 42% |
| 3c | The dentist? | 40% | 33% | 40% | 28% |
| 3d | The optician? | 26% | 35% | 26% | 25% |
| 4 | The overall quality of health services? | 43% | 41% | 43% | 26% |
| 5 | Are you currently taking medication? | 53% | 49% | 53% | 44% |
| For those currently taking medication: | | | | | |
| 6 | Are you allowed to keep possession of your medication in your own cell? | 50% | 57% | 50% | 74% |
| 7 | Do you feel you have any emotional well-being/mental health issues? | 40% | 34% | 40% | |
| For those with emotional well-being/mental health issues, are these being addressed by any of the following: | | | | | |
| 8a | Not receiving any help? | 43% | 39% | 43% | |
| 8b | A doctor? | 34% | 34% | 34% | |
| 8c | A nurse? | 18% | 18% | 18% | |
| 8d | A psychiatrist? | 20% | 19% | 20% | |
| 8e | The mental health in-reach team? | 20% | 28% | 20% | |
| 8f | A counsellor? | 18% | 12% | 18% | |
| 9a | Did you have a drug problem when you came into this prison? | 41% | 34% | 41% | 25% |
| 9b | Did you have an alcohol problem when you came into this prison? | 27% | 25% | 27% | 15% |
| 10a | Have you developed a drug problem since you have been in this prison? | 10% | 10% | 10% | |
| For those with drug or alcohol problems: | | | | | |
| 11 | Do you know who to contact in this prison for help? | 75% | 81% | 75% | |
| 12 | Have you received any help or intervention while in this prison? | 54% | 68% | 54% | |
| For those who have received help or intervention with their drug or alcohol problem: | | | | | |
| 13 | Was this intervention or help useful? | 76% | 77% | 76% | |
| 14a | Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know) | 29% | 31% | 29% | 36% |
| 14b | Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know) | 21% | 26% | 21% | 26% |
| 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? | 53% | 60% | 53% | 57% |

Main comparator and comparator to last time

Key to tables

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|--|--|------------------|-------------------------|------------------|------------------|
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| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| SECTION 7: Purposeful activity | | | | | |
| 1 | Are you currently involved in any of the following activities: | | | | |
| 1a | A prison job? | 32% | 44% | 32% | |
| 1b | Vocational or skills training? | 11% | 11% | 11% | |
| 1c | Education (including basic skills)? | 30% | 26% | 30% | |
| 1d | Offending behaviour programmes? | 5% | 8% | 5% | |
| 2ai | Have you had a job while in this prison? | 70% | 67% | 70% | 55% |
| For those who have had a prison job while in this prison: | | | | | |
| 2aii | Do you feel the job will help you on release? | 39% | 41% | 39% | 31% |
| 2bi | Have you been involved in vocational or skills training while in this prison? | 62% | 52% | 62% | 53% |
| For those who have had vocational or skills training while in this prison: | | | | | |
| 2bii | Do you feel the vocational or skills training will help you on release? | 45% | 51% | 45% | 44% |
| 2ci | Have you been involved in education while in this prison? | 73% | 63% | 73% | 65% |
| For those who have been involved in education while in this prison: | | | | | |
| 2cii | Do you feel the education will help you on release? | 55% | 59% | 55% | 53% |
| 2di | Have you been involved in offending behaviour programmes while in this prison? | 62% | 49% | 62% | 53% |
| For those who have been involved in offending behaviour programmes while in this prison: | | | | | |
| 2dii | Do you feel the offending behaviour programme(s) will help you on release? | 46% | 49% | 46% | 47% |
| 3 | Do you go to the library at least once a week? | 23% | 37% | 23% | 22% |
| 4 | On average, do you go to the gym at least twice a week? | 33% | 43% | 33% | 32% |
| 5 | On average, do you go outside for exercise three or more times a week? | 21% | 39% | 21% | 17% |
| 6 | On average, do you spend ten or more hours out of your cell on a weekday? | 9% | 10% | 9% | 6% |
| 7 | On average, do you go on association more than five times each week? | 68% | 48% | 68% | 65% |
| 8 | Do staff normally speak to you most of the time/all of the time during association? | 19% | 17% | 19% | 21% |
| SECTION 8: Resettlement | | | | | |
| 1 | Do you have a personal officer? | 24% | 46% | 24% | 22% |
| For those with a personal officer: | | | | | |
| 2 | Do you think your personal officer is helpful/very helpful? | 53% | 62% | 53% | 50% |
| For those who are sentenced: | | | | | |
| 3 | Do you have a sentence plan? | 34% | 41% | 34% | 30% |
| For those with a sentence plan? | | | | | |
| 4 | Were you involved/very involved in the development of your plan? | 79% | 58% | 79% | 54% |
| 5 | Can you achieve some/all of your sentence plan targets in this prison? | 78% | 62% | 78% | 67% |
| 6 | Are there plans for you to achieve some/all your targets in another prison? | 40% | 45% | 40% | 36% |
| For those who are sentenced: | | | | | |
| 7 | Do you feel that any member of staff has helped you address your offending behaviour while at this prison? | 25% | 27% | 25% | 23% |
| 8 | Do you feel that any member of staff has helped you to prepare for release? | 14% | 14% | 14% | 13% |
| 9 | Have you had any problems with sending or receiving mail? | 54% | 44% | 54% | 51% |
| 10 | Have you had any problems getting access to the telephones? | 33% | 31% | 33% | 45% |
| 11 | Did you have a visit in the first week that you were here? | 34% | 35% | 34% | 34% |
| 12 | Did you receive one or more visits in the last week? | 44% | 41% | 44% | 42% |
| For those who have had visits: | | | | | |
| 13 | How are you and your family/ friends usually treated by visits staff? (Very well/well) | 48% | 50% | 48% | |

Main comparator and comparator to last time

Key to tables

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| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| 14 | Have you been helped to maintain contact with family/friends whilst in this prison? | 28% | 36% | 28% | |
| 15 | Do you know who to contact within this prison to get help with the following: | | | | |
| 15b | Maintaining good relationships? | 17% | 14% | 17% | |
| 15c | Avoiding bad relationships? | 12% | 10% | 12% | |
| 15d | Finding a job on release? | 36% | 27% | 36% | 32% |
| 15e | Finding accommodation on release? | 42% | 30% | 42% | 36% |
| 15f | With money/finances on release? | 20% | 18% | 20% | 26% |
| 15g | Claiming benefits on release? | 38% | 32% | 38% | 28% |
| 15h | Arranging a place at college/continuing education on release? | 18% | 17% | 18% | 23% |
| 15i | Accessing health services on release? | 19% | 22% | 19% | 29% |
| 15j | Opening a bank account on release? | 20% | 17% | 20% | 28% |
| 16 | Do you think you will have a problem with any of the following on release from prison? | | | | |
| 16b | Maintaining good relationships? | 17% | 14% | 17% | |
| 16c | Avoiding bad relationships? | 14% | 14% | 14% | |
| 16d | Finding a job? | 56% | 49% | 56% | 58% |
| 16e | Finding accommodation? | 43% | 42% | 43% | 55% |
| 16f | Money/finances? | 36% | 36% | 36% | 61% |
| 16g | Claiming benefits? | 41% | 33% | 41% | 44% |
| 16h | Arranging a place at college/continuing education? | 25% | 22% | 25% | 45% |
| 16i | Accessing health services? | 19% | 19% | 19% | 20% |
| 16j | Opening a bank account? | 37% | 31% | 37% | 52% |
| 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% | 47% | 48% | 49% |

Diversity analysis



Key question responses (ethnicity and nationality) HMP Brixton 2010

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

| | | Black and minority ethnic prisoners | White prisoners | Foreign national prisoners | British prisoners |
|--|---|-------------------------------------|-----------------|----------------------------|-------------------|
| | Any percentage highlighted in green is significantly better | | | | |
| | Any percentage highlighted in blue is significantly worse | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| Number of completed questionnaires returned | | 100 | 75 | 28 | 143 |
| 1.3 | Are you sentenced? | 57% | 59% | 50% | 60% |
| 1.7 | Are you a foreign national? | 13% | 21% | | |
| 1.8 | Is English your first language? | 83% | 85% | 36% | 94% |
| 1.9 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | | | 43% | 58% |
| 1.1 | Do you consider yourself to be Gypsy/Romany/Traveller? | 0% | 13% | 21% | 3% |
| 1.11 | Are you Muslim? | 35% | 7% | 25% | 22% |
| 1.12 | Do you consider yourself to have a disability? | 7% | 20% | 8% | 14% |
| 1.13 | Is this your first time in prison? | 31% | 34% | 56% | 26% |
| 2.1d | Was the attention paid to your health needs good/very good on your journey here? | 35% | 26% | 33% | 29% |
| 2.3 | Were you treated well/very well by the escort staff? | 68% | 57% | 52% | 66% |
| 2.4a | Did you know where you were going when you left court or when transferred from another prison? | 68% | 69% | 57% | 70% |
| 3.1e | Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours? | 44% | 33% | 48% | 37% |
| 3.1h | Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours? | 44% | 44% | 26% | 48% |
| 3.1i | Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours? | 57% | 51% | 48% | 57% |
| 3.2a | Did you have any problems when you first arrived? | 86% | 87% | 92% | 86% |
| 3.3a | Were you seen by a member of health care staff in reception? | 91% | 88% | 75% | 91% |
| 3.3b | When you were searched in reception, was this carried out in a respectful way? | 59% | 71% | 48% | 68% |
| 3.4 | Were you treated well/very well in reception? | 52% | 53% | 41% | 54% |
| 3.7b | Did you have access to someone from health care within the first 24 hours? | 63% | 69% | 62% | 67% |
| 3.9 | Did you feel safe on your first night here? | 53% | 64% | 58% | 60% |
| 3.10 | Have you been on an induction course? | 75% | 69% | 88% | 70% |
| 4.1a | Is it easy/very easy to communicate with your solicitor or legal representative? | 29% | 28% | 33% | 28% |

Diversity analysis

Key to tables

| | Any percentage highlighted in green is significantly better | Black and minority ethnic prisoners | White prisoners | Foreign national prisoners | British prisoners |
|-------|---|-------------------------------------|-----------------|----------------------------|-------------------|
| | Any percentage highlighted in blue is significantly worse | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| 4.3a | Are you normally offered enough clean, suitable clothes for the week? | 42% | 49% | 73% | 40% |
| 4.3b | Are you normally able to have a shower every day? | 87% | 89% | 92% | 88% |
| 4.3e | Is your cell call bell normally answered within five minutes? | 36% | 37% | 52% | 35% |
| 4.4 | Is the food in this prison good/very good? | 27% | 30% | 28% | 29% |
| 4.5 | Does the shop /canteen sell a wide enough range of goods to meet your needs? | 45% | 51% | 56% | 47% |
| 4.6a | Is it easy/very easy to get a complaints form? | 85% | 82% | 88% | 84% |
| 4.6b | Is it easy/very easy to get an application form? | 82% | 83% | 82% | 84% |
| 4.9 | Have you made a complaint? | 43% | 51% | 39% | 47% |
| 4.13 | Are you on the enhanced (top) level of the IEP scheme? | 30% | 29% | 19% | 32% |
| 4.14 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 41% | 47% | 22% | 46% |
| 4.15 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 42% | 35% | 20% | 42% |
| 4.16a | In the last six months have any members of staff physically restrained you (C&R)? | 11% | 8% | 8% | 9% |
| 4.16b | In the last six months have you spent a night in the segregation/ care and separation unit? | 6% | 11% | 8% | 9% |
| 4.17a | Do you feel your religious beliefs are respected? | 65% | 53% | 70% | 59% |
| 4.17b | Are you able to speak to a religious leader of your faith in private if you want to? | 65% | 60% | 61% | 63% |
| 4.18 | Are you able to speak to a Listener at any time if you want to? | 55% | 70% | 46% | 65% |
| 4.19a | Is there a member of staff you can turn to for help if you have a problem in this prison? | 65% | 61% | 68% | 62% |
| 4.19b | Do most staff, in this prison, treat you with respect? | 62% | 63% | 56% | 65% |
| 5.1 | Have you ever felt unsafe in this prison? | 51% | 50% | 46% | 50% |
| 5.2 | Do you feel unsafe in this prison at the moment? | 27% | 23% | 27% | 23% |
| 5.4 | Have you been victimised by another prisoner? | 33% | 18% | 38% | 24% |
| 5.5d | Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners) | 9% | 1% | 8% | 5% |
| 5.5i | Have you been victimised because you have a disability? (By prisoners) | 1% | 0% | 0% | 1% |
| 5.5j | Have you been victimised because of your religion/religious beliefs? (By prisoners) | 5% | 7% | 12% | 5% |
| 5.6 | Have you been victimised by a member of staff? | 38% | 25% | 30% | 32% |
| 5.7d | Have you been victimised because of your race or ethnic origin since you have been here? (By staff) | 9% | 6% | 9% | 7% |

Diversity analysis

Key to tables

| | Any percentage highlighted in green is significantly better | Black and minority ethnic prisoners | White prisoners | Foreign national prisoners | British prisoners |
|------|--|-------------------------------------|-----------------|----------------------------|-------------------|
| | Any percentage highlighted in blue is significantly worse | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| 5.7h | Have you been victimised because you have a disability? (By staff) | 1% | 3% | 0% | 2% |
| 5.7i | Have you been victimised because of your religion/religious beliefs? (By staff) | 3% | 4% | 4% | 4% |
| 5.9 | Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? | 28% | 23% | 26% | 26% |
| 5.10 | Have you ever felt threatened or intimidated by a member of staff in here? | 32% | 22% | 29% | 27% |
| 5.11 | Is it easy/very easy to get illegal drugs in this prison? | 18% | 32% | 16% | 27% |
| 6.1a | Is it easy/very easy to see the doctor? | 27% | 38% | 32% | 33% |
| 6.1b | Is it easy/very easy to see the nurse? | 48% | 65% | 77% | 53% |
| 6.2 | Are you able to see a pharmacist? | 51% | 60% | 52% | 55% |
| 6.5 | Are you currently taking medication? | 48% | 62% | 60% | 52% |
| 6.7 | Do you feel you have any emotional well-being/mental health issues? | 30% | 55% | 39% | 40% |
| 7.1a | Are you currently working in the prison? | 27% | 39% | 40% | 31% |
| 7.1b | Are you currently undertaking vocational or skills training? | 16% | 4% | 16% | 11% |
| 7.1c | Are you currently in education (including basic skills)? | 33% | 23% | 60% | 23% |
| 7.1d | Are you currently taking part in an offending behaviour programme? | 8% | 1% | 0% | 6% |
| 7.3 | Do you go to the library at least once a week? | 28% | 19% | 36% | 21% |
| 7.4 | On average, do you go to the gym at least twice a week? | 39% | 26% | 22% | 36% |
| 7.5 | On average, do you go outside for exercise three or more times a week? | 17% | 25% | 38% | 18% |
| 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.) | 6% | 12% | 8% | 8% |
| 7.7 | On average, do you go on association more than five times each week? | 66% | 70% | 54% | 71% |
| 7.8 | Do staff normally speak to you at least most of the time during association time? (Most/all of the time) | 19% | 19% | 29% | 17% |
| 8.1 | Do you have a personal officer? | 24% | 24% | 38% | 22% |
| 8.9 | Have you had any problems sending or receiving mail? | 56% | 51% | 59% | 53% |
| 8.10 | Have you had any problems getting access to the telephones? | 33% | 31% | 29% | 34% |

Muslim and non-Muslim responses



HMP Brixton 2010: Comparison of survey responses from Muslim prisoners with responses from non-Muslim prisoners

Prisoner survey responses (missing data have 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

| | | Muslim prisoners | Non-Muslim prisoners |
|---|---|------------------|----------------------|
| | Any percentage highlighted in green is significantly better | | |
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| | Percentages which are not highlighted show there is no significant difference | | |
| Number of completed questionnaires returned | | 40 | 132 |
| SECTION 1: General information | | | |
| 2 | Are you under 21 years of age? | 0% | 0% |
| 3a | Are you sentenced? | 67% | 55% |
| 3b | Are you on recall? | 20% | 11% |
| 4a | Is your sentence less than 12 months? | 25% | 19% |
| 4b | Are you here under an indeterminate sentence for public protection (IPP prisoner)? | 0% | 2% |
| 5 | Do you have six months or less to serve? | 38% | 33% |
| 6 | Have you been in this prison less than a month? | 21% | 25% |
| 7 | Are you a foreign national? | 18% | 16% |
| 8 | Is English your first language? | 72% | 87% |
| 9 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | 87% | 48% |
| 10 | Do you consider yourself to be Gypsy/Romany/Traveller? | 3% | 7% |
| 11 | Are you Muslim? | | |
| 12 | Are you homosexual/gay or bisexual? | 3% | 5% |
| 13 | Do you consider yourself to have a disability? | 3% | 16% |
| 14 | Is this your first time in prison? | 27% | 34% |
| 15 | Have you been in more than five prisons this time? | 3% | 6% |
| 16 | Do you have any children under the age of 18? | 68% | 51% |
| SECTION 2: Transfers and escorts | | | |
| 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? | 55% | 48% |
| 1b | Was your personal safety during the journey good/very good? | 53% | 58% |
| 1c | Was the comfort of the van good/very good? | 8% | 12% |
| 1d | Was the attention paid to your health needs good/very good? | 29% | 31% |
| 1e | Was the frequency of toilet breaks good/very good? | 19% | 16% |
| 2 | Did you spend more than four hours in the van? | 0% | 2% |
| 3 | Were you treated well/very well by the escort staff? | 75% | 59% |
| 4a | Did you know where you were going when you left court or when transferred from another prison? | 65% | 69% |
| 4b | Before you arrived here did you receive any written information about what would happen to you? | 18% | 14% |
| 4c | When you first arrived here did your property arrive at the same time as you? | 71% | 69% |

Muslim and non-Muslim responses

Key to tables

| | | |
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| SECTION 3: Reception, first night and induction | | |
| 1 | In the first 24 hours, did staff ask you if you needed help/support with the following: | |
| 1b | 21% | 18% |
| 1c | 41% | 36% |
| 1d | 27% | 19% |
| 1e | 54% | 35% |
| 1f | 21% | 20% |
| 1g | 21% | 23% |
| 1h | 46% | 44% |
| 1i | 68% | 52% |
| 1j | 19% | 18% |
| 1k | 30% | 32% |
| 2 | When you first arrived: | |
| 2a | 95% | 83% |
| 2b | 33% | 29% |
| 2c | 46% | 39% |
| 2d | 19% | 15% |
| 2e | 49% | 53% |
| 2f | 16% | 16% |
| 2g | 43% | 32% |
| 2h | 41% | 32% |
| 2i | 35% | 40% |
| 2j | 21% | 13% |
| 2k | 41% | 35% |
| 3a | 84% | 90% |
| 3b | 56% | 67% |
| 4 | 50% | 52% |
| 5 | On your day of arrival, were you offered information about any of the following: | |
| 5a | 33% | 45% |
| 5b | 43% | 44% |
| 5c | 33% | 32% |
| 5d | 38% | 42% |
| 5e | 35% | 40% |
| 5f | 38% | 43% |
| 6 | On your day of arrival, were you offered any of the following: | |
| 6a | 79% | 83% |
| 6b | 27% | 27% |
| 6c | 27% | 29% |
| 6d | 79% | 80% |
| 7 | Within the first 24 hours did you meet any of the following people: | |
| 7a | 47% | 37% |
| 7b | 64% | 67% |

Muslim and non-Muslim responses

Key to tables

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| 7c | A Listener/Samaritans? | 28% | 29% |
| 8 | Did you have access to the prison shop/canteen within the first 24 hours? | 5% | 8% |
| 9 | Did you feel safe on your first night here? | 41% | 63% |
| 10 | Have you been on an induction course? | 74% | 72% |
| For those who have been on an induction course: | | | |
| 11 | Did the course cover everything you needed to know about the prison? | 61% | 65% |
| SECTION 4: Legal rights and respectful custody | | | |
| 1 | In terms of your legal rights is it easy/very easy to: | | |
| 1a | Communicate with your solicitor or legal representative? | 24% | 31% |
| 1b | Attend legal visits? | 58% | 55% |
| 1c | Obtain bail information? | 29% | 25% |
| 2 | Have staff ever opened letters from your solicitor or legal representative when you were not with them? | 42% | 31% |
| 3 | For the wing/unit you are currently on: | | |
| 3a | Are you normally offered enough clean, suitable clothes for the week? | 42% | 47% |
| 3b | Are you normally able to have a shower every day? | 87% | 88% |
| 3c | Do you normally receive clean sheets every week? | 72% | 81% |
| 3d | Do you normally get cell cleaning materials every week? | 73% | 79% |
| 3e | Is your cell call bell normally answered within five minutes? | 21% | 42% |
| 3f | Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? | 60% | 62% |
| 3g | Can you normally get your stored property if you need to? | 19% | 12% |
| 4 | Is the food in this prison good/very good? | 36% | 27% |
| 5 | Does the shop/canteen sell a wide enough range of goods to meet your needs? | 43% | 49% |
| 6a | Is it easy/very easy to get a complaints form? | 81% | 84% |
| 6b | Is it easy/very easy to get an application form? | 72% | 85% |
| 7 | Have you made an application? | 82% | 85% |
| For those who have made an application: | | | |
| 8a | Do you feel applications are dealt with fairly? | 50% | 49% |
| 8b | Do you feel applications are dealt with promptly (within seven days)? | 34% | 36% |
| 9 | Have you made a complaint? | 44% | 46% |
| For those who have made a complaint: | | | |
| 10a | Do you feel complaints are dealt with fairly? | 22% | 17% |
| 10b | Do you feel complaints are dealt with promptly (within seven days)? | 12% | 24% |
| 11 | Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison? | 23% | 13% |
| 10c | Were you given information about how to make an appeal? | 20% | 22% |
| 12 | Is it easy/very easy to see the Independent Monitoring Board? | 13% | 12% |
| 13 | Are you on the enhanced (top) level of the IEP scheme? | 30% | 28% |
| 14 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 35% | 46% |
| 15 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 47% | 35% |
| 16a | In the last six months have any members of staff physically restrained you (C&R)? | 13% | 9% |
| 16b | In the last six months have you spent a night in the segregation/care and separation unit? | 6% | 9% |
| 13a | Do you feel your religious beliefs are respected? | 63% | 59% |
| 13b | Are you able to speak to a religious leader of your faith in private if you want to? | 81% | 56% |

Muslim and non-Muslim responses

Key to tables

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| 14 | Are you able to speak to a Listener at any time if you want to? | 57% | 63% |
| 15a | Is there a member of staff, in this prison, that you can turn to for help if you have a problem? | 54% | 65% |
| 15b | Do most staff, in this prison, treat you with respect? | 42% | 69% |
| SECTION 5: Safety | | | |
| 1 | Have you ever felt unsafe in this prison? | 55% | 48% |
| 2 | Do you feel unsafe in this prison at the moment? | 33% | 22% |
| 4 | Have you been victimised by another prisoner? | 50% | 19% |
| 5 | Since you have been here has another prisoner: | | |
| 5a | Made insulting remarks about you, your family or friends? | 20% | 6% |
| 5b | Hit, kicked or assaulted you? | 23% | 2% |
| 5c | Sexually abused you? | 3% | 0% |
| 5d | Victimised you because of your race or ethnic origin? | 7% | 5% |
| 5e | Victimised you because of drugs? | 7% | 4% |
| 5f | Taken your canteen/property? | 15% | 6% |
| 5g | Victimised you because you were new here? | 12% | 11% |
| 5h | Victimised you because of your sexuality? | 3% | 1% |
| 5i | Victimised you because you have a disability? | 0% | 1% |
| 5j | Victimised you because of your religion/religious beliefs? | 7% | 6% |
| 5k | Victimised you because of your age? | 3% | 4% |
| 5l | Victimised you because you were from a different part of the country? | 3% | 6% |
| 5m | Victimised you because of your offence/crime? | 3% | 2% |
| 5n | Victimised you because of gang related issues? | 7% | 2% |
| 6 | Have you been victimised by a member of staff? | 50% | 26% |
| 7 | Since you have been here, has a member of staff: | | |
| 7a | Made insulting remarks about you, your family or friends? | 17% | 10% |
| 7b | Hit, kicked or assaulted you? | 12% | 4% |
| 7c | Sexually abused you? | 0% | 0% |
| 7d | Victimised you because of your race or ethnic origin? | 10% | 7% |
| 7e | Victimised you because of drugs? | 7% | 4% |
| 7f | Victimised you because you were new here? | 10% | 7% |
| 7g | Victimised you because of your sexuality? | 0% | 0% |
| 7h | Victimised you because you have a disability? | 3% | 2% |
| 7i | Victimised you because of your religion/religious beliefs? | 7% | 3% |
| 7j | Victimised you because of your age? | 7% | 3% |
| 7k | Victimised you because you were from a different part of the country? | 0% | 3% |
| 7l | Victimised you because of your offence/crime? | 3% | 3% |
| 7m | Victimised you because of gang related issues? | 10% | 1% |
| For those who have been victimised by staff or other prisoners: | | | |
| 8 | Did you report any victimisation that you have experienced? | 50% | 27% |
| 9 | Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? | 33% | 24% |
| 10 | Have you ever felt threatened or intimidated by a member of staff in here? | 41% | 23% |

Muslim and non-Muslim responses

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| 11 | Is it easy/very easy to get illegal drugs in this prison? | 18% | 28% |
| SECTION 6: Health services | | | |
| 1a | Is it easy/very easy to see the doctor? | 20% | 36% |
| 1b | Is it easy/very easy to see the nurse? | 56% | 56% |
| 1c | Is it easy/very easy to see the dentist? | 9% | 17% |
| 1d | Is it easy/very easy to see the optician? | 6% | 14% |
| 2 | Are you able to see a pharmacist? | 46% | 59% |
| For those who have been to the following services, do you think the quality of the health service from the following is good/very good: | | | |
| 3a | The doctor? | 34% | 53% |
| 3b | The nurse? | 45% | 61% |
| 3c | The dentist? | 33% | 42% |
| 3d | The optician? | 23% | 28% |
| 4 | The overall quality of health services? | 32% | 48% |
| 5 | Are you currently taking medication? | 45% | 57% |
| For those currently taking medication: | | | |
| 6 | Are you allowed to keep possession of your medication in your own cell? | 44% | 51% |
| 7 | Do you feel you have any emotional well-being/mental health issues? | 38% | 42% |
| For those with emotional well-being/mental health issues, are these being addressed by any of the following: | | | |
| 8a | Not receiving any help? | 43% | 42% |
| 8b | A doctor? | 28% | 36% |
| 8c | A nurse? | 7% | 22% |
| 8d | A psychiatrist? | 28% | 17% |
| 8e | The mental health in-reach team? | 21% | 19% |
| 8f | A counsellor? | 7% | 22% |
| 9a | Did you have a drug problem when you came into this prison? | 53% | 38% |
| 9b | Did you have an alcohol problem when you came into this prison? | 23% | 29% |
| 10a | Have you developed a drug problem since you have been in this prison? | 25% | 6% |
| For those with drug or alcohol problems: | | | |
| 11 | Do you know who to contact in this prison for help? | 72% | 75% |
| 12 | Have you received any help or intervention while in this prison? | 62% | 50% |
| For those who have received help or intervention with their drug or alcohol problem: | | | |
| 13 | Was this intervention or help useful? | 67% | 79% |
| 14a | Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know) | 34% | 27% |
| 14b | Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know) | 20% | 22% |
| 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? | 67% | 46% |

Muslim and non-Muslim responses

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| SECTION 7: Purposeful activity | | |
| 1 Are you currently involved in any of the following activities: | | |
| 1a A prison job? | 21% | 36% |
| 1b Vocational or skills training? | 13% | 11% |
| 1c Education (including basic skills)? | 37% | 27% |
| 1d Offending behaviour programmes? | 3% | 6% |
| 2ai Have you had a job while in this prison? | 72% | 69% |
| For those who have had a prison job while in this prison: | | |
| 2aii Do you feel the job will help you on release? | 27% | 41% |
| 2bi Have you been involved in vocational or skills training while in this prison? | 80% | 56% |
| For those who have had vocational or skills training while in this prison: | | |
| 2bii Do you feel the vocational or skills training will help you on release? | 45% | 44% |
| 2ci Have you been involved in education while in this prison? | 87% | 68% |
| For those who have been involved in education while in this prison: | | |
| 2cii Do you feel the education will help you on release? | 63% | 52% |
| 2di Have you been involved in offending behaviour programmes while in this prison? | 81% | 55% |
| For those who have been involved in offending behaviour programmes while in this prison: | | |
| 2dii Do you feel the offending behaviour programme(s) will help you on release? | 48% | 44% |
| 3 Do you go to the library at least once a week? | 13% | 26% |
| 4 On average, do you go to the gym at least twice a week? | 42% | 29% |
| 5 On average, do you go outside for exercise three or more times a week? | 8% | 24% |
| 6 On average, do you spend ten or more hours out of your cell on a weekday? | 0% | 10% |
| 7 On average, do you go on association more than five times each week? | 57% | 71% |
| 8 Do staff normally speak to you most of the time/all of the time during association? | 13% | 21% |
| SECTION 8: Resettlement | | |
| 1 Do you have a personal officer? | 18% | 27% |
| For those with a personal officer: | | |
| 2 Do you think your personal officer is helpful/very helpful? | 67% | 52% |
| For those who are sentenced: | | |
| 3 Do you have a sentence plan? | 19% | 42% |
| For those with a sentence plan? | | |
| 4 Were you involved/very involved in the development of your plan? | 100% | 75% |
| 5 Can you achieve some/all of your sentence plan targets in this prison? | 67% | 79% |
| 6 Are there plans for you to achieve some/all your targets in another prison? | 50% | 39% |
| For those who are sentenced: | | |
| 7 Do you feel that any member of staff has helped you address your offending behaviour while at this prison? | 21% | 27% |
| 8 Do you feel that any member of staff has helped you to prepare for release? | 12% | 15% |
| 9 Have you had any problems with sending or receiving mail? | 63% | 51% |
| 10 Have you had any problems getting access to the telephones? | 32% | 33% |
| 11 Did you have a visit in the first week that you were here? | 38% | 32% |
| 12 Did you receive one or more visits in the last week? | 46% | 43% |
| For those who have had visits: | | |
| 13 How are you and your family/friends usually treated by visits staff? (Very well/well) | 54% | 47% |

Muslim and non-Muslim responses

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| 14 | Have you been helped to maintain contact with family/friends while in this prison? | 35% | 26% |
| 15 | Do you know who to contact within this prison to get help with the following: | | |
| 15b | Maintaining good relationships? | 10% | 19% |
| 15c | Avoiding bad relationships? | 13% | 12% |
| 15d | Finding a job on release? | 42% | 34% |
| 15e | Finding accommodation on release? | 42% | 42% |
| 15f | With money/finances on release? | 22% | 18% |
| 15g | Claiming benefits on release? | 42% | 36% |
| 15h | Arranging a place at college/continuing education on release? | 26% | 15% |
| 15i | Accessing health services on release? | 26% | 17% |
| 15j | Opening a bank account on release? | 16% | 20% |
| 16 | Do you think you will have a problem with any of the following on release from prison? | | |
| 16b | Maintaining good relationships? | 15% | 18% |
| 16c | Avoiding bad relationships? | 15% | 14% |
| 16d | Finding a job? | 56% | 56% |
| 16e | Finding accommodation? | 56% | 39% |
| 16f | Money/finances? | 44% | 35% |
| 16g | Claiming benefits? | 47% | 39% |
| 16h | Arranging a place at college/continuing education? | 29% | 24% |
| 16i | Accessing health services? | 15% | 21% |
| 16j | Opening a bank account? | 35% | 38% |
| | 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? | 42% | 51% |

Diversity analysis - disability



Key questions (disability analysis) HMP Brixton 2010

Prisoner survey responses (missing data have 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

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|--|---|--|---|
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| | Percentages which are not highlighted show there is no significant difference | | |
| Number of completed questionnaires returned | | 22 | 150 |
| 1.3 | Are you sentenced? | 57% | 57% |
| 1.7 | Are you a foreign national? | 9% | 16% |
| 1.8 | Is English your first language? | 95% | 83% |
| 1.9 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | 32% | 60% |
| 1.1 | Do you consider yourself to be Gypsy/Romany/Traveller? | 6% | 5% |
| 1.11 | Are you Muslim? | 5% | 26% |
| 1.13 | Do you consider yourself to have a disability? | | |
| 1.14 | Is this your first time in prison? | 10% | 35% |
| 2.1d | Was the attention paid to your health needs good/very good? | 12% | 33% |
| 2.3 | Were you treated well/very well by the escort staff? | 62% | 64% |
| 2.4a | Did you know where you were going when you left court or when transferred from another prison? | 64% | 69% |
| 3.1e | Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours? | 25% | 41% |
| 3.1h | Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours? | 35% | 46% |
| 3.1i | Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours? | 40% | 57% |
| 3.2a | Did you have any problems when you first arrived? | 95% | 86% |
| 3.3a | Were you seen by a member of health care staff in reception? | 87% | 89% |
| 3.3b | When you were searched in reception, was this carried out in a respectful way? | 67% | 64% |
| 3.4 | Were you treated well/very well in reception? | 41% | 53% |
| 3.7b | Did you have access to someone from healthcare within the first 24 hours? | 75% | 64% |
| 3.9 | Did you feel safe on your first night here? | 61% | 58% |
| 3.10 | Have you been on an induction course? | 54% | 75% |
| 4.1a | Is it easy/very easy to communicate with your solicitor or legal representative? | 35% | 28% |

Diversity analysis - disability

Key to tables

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|-------|---|--|---|
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| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| 4.3a | Are you normally offered enough clean, suitable clothes for the week? | 52% | 45% |
| 4.3b | Are you normally able to have a shower every day? | 85% | 89% |
| 4.3e | Is your cell call bell normally answered within five minutes? | 45% | 36% |
| 4.4 | Is the food in this prison good/very good? | 38% | 28% |
| 4.5 | Does the shop/canteen sell a wide enough range of goods to meet your needs? | 41% | 48% |
| 4.6a | Is it easy/very easy to get a complaints form? | 77% | 85% |
| 4.6b | Is it easy/very easy to get an application form? | 80% | 83% |
| 4.9 | Have you made a complaint? | 55% | 46% |
| 4.13 | Are you on the enhanced (top) level of the IEP scheme? | 25% | 30% |
| 4.14 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 53% | 41% |
| 4.15 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 17% | 42% |
| 4.16a | In the last six months have any members of staff physically restrained you (C&R)? | 0% | 11% |
| 4.16b | In the last six months have you spent a night in the segregation/care and separation unit? | 10% | 8% |
| 4.17a | Do you feel your religious beliefs are respected? | 62% | 60% |
| 4.17b | Are you able to speak to a religious leader of your faith in private if you want to? | 54% | 64% |
| 4.18 | Are you able to speak to a Listener at any time if you want to? | 47% | 63% |
| 4.19a | Is there a member of staff you can turn to for help if you have a problem in this prison? | 70% | 61% |
| 4.19b | Do most staff in this prison treat you with respect? | 67% | 62% |
| 5.1 | Have you ever felt unsafe in this prison? | 45% | 52% |
| 5.2 | Do you feel unsafe in this prison at the moment? | 15% | 26% |
| 5.4 | Have you been victimised by another prisoner? | 15% | 29% |
| 5.5d | Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners) | 0% | 6% |
| 5.5i | Victimised you because you have a disability? | 0% | 1% |
| 5.5j | Have you been victimised because of your religion/religious beliefs? (By prisoners) | 0% | 7% |
| 5.6 | Have you been victimised by a member of staff? | 25% | 33% |
| 5.7d | Have you been victimised because of your race or ethnic origin since you have been here? (By staff) | 5% | 8% |
| 5.7h | Victimised you because you have a disability? | 10% | 1% |
| 5.7i | Have you been victimised because of your religion/religious beliefs? (By staff) | 0% | 4% |

Diversity analysis - disability

Key to tables

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|------|--|--|---|
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| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| 5.9 | Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? | 22% | 27% |
| 5.10 | Have you ever felt threatened or intimidated by a member of staff in here? | 10% | 30% |
| 5.11 | Is it easy/very easy to get illegal drugs in this prison? | 35% | 24% |
| 6.1a | Is it easy/very easy to see the doctor? | 45% | 30% |
| 6.1b | Is it easy/ very easy to see the nurse? | 69% | 54% |
| 6.2 | Are you able to see a pharmacist? | 57% | 54% |
| 6.5 | Are you currently taking medication? | 85% | 50% |
| 6.7 | Do you feel you have any emotional well-being/mental health issues? | 69% | 37% |
| 7.1a | Are you currently working in the prison? | 26% | 33% |
| 7.1b | Are you currently undertaking vocational or skills training? | 5% | 12% |
| 7.1c | Are you currently in education (including basic skills)? | 21% | 31% |
| 7.1d | Are you currently taking part in an offending behaviour programme? | 5% | 5% |
| 7.3 | Do you go to the library at least once a week? | 26% | 23% |
| 7.4 | On average, do you go to the gym at least twice a week? | 23% | 35% |
| 7.5 | On average, do you go outside for exercise three or more times a week? | 23% | 20% |
| 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.) | 16% | 7% |
| 7.7 | On average, do you go on association more than five times each week? | 56% | 69% |
| 7.8 | Do staff normally speak to you at least most of the time during association time? (Most/all of the time) | 16% | 19% |
| 8.1 | Do you have a personal officer? | 21% | 25% |
| 8.9 | Have you had any problems sending or receiving mail? | 61% | 53% |
| 8.10 | Have you had any problems getting access to the telephones? | 35% | 33% |