

Report on an announced inspection of

HMP Brixton

28 April – 2 May 2008

by HM Chief Inspector of Prisons

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Introduction

Brixton prison in many ways exemplifies all the problems of our overcrowded prison system. It has old, cramped and vermin-infested buildings, no workshops to provide skills training, and two prisoners eating and living in a cell with an unscreened toilet no more than an arm's length away. A visit to the top landings of Brixton's old wings would quickly dispel any notion that our prisons are 'cushy'.

At the time of this inspection those problems were exacerbated by the evident availability of drugs within the prison, undermining effective drug treatment and feeding violence and gang cultures. Over half the prisoners at Brixton told us that they had felt unsafe there, and nearly one in three were feeling unsafe at the time of the inspection. Procedures to identify and deal with violence and gang-related activity, and to support vulnerable prisoners, were underdeveloped. Measures to prevent the supply of drugs into the prison were inadequate: there were no drug dogs; there had been limited police and security engagement; positive mandatory drug tests were high; and there was insufficient suspicion, random or voluntary testing.

Staff were a visible and busy presence on the wings, and related well to prisoners. However, as prisoners told us, they did not appear to take a sufficiently proactive role in supporting those who felt unsafe or challenging intimidatory or inappropriate behaviour. The personal officer scheme was ineffective.

Despite this, there were some signs of hope and improvement. A new and energetic management team had begun to put in place the systems that the prison needed, and had lacked. The positive approach of staff provided a strong foundation to develop their role – in the same way that diversity, race and the support of foreign national prisoners had been actively and positively promoted.

Similarly, the education department had improved considerably since the last inspection, and was providing a high quality service for the 30% of prisoners who could access it. However, for the rest, Brixton offered very little indeed. In the absence of any workshops, there was no vocational skills training, and the work that was available – for about half the population at any one time – was low-skilled and menial. Prisoners' time out of cell was very limited, though commendably regular and consistent. There was no evening association, and an unemployed prisoner could be locked up for 22 hours a day.

Brixton's main advantage is its location: within the community to which most prisoners will return. It was therefore somewhat disappointing that relationships with agencies outside the prison, to assist with prisoners' resettlement, were limited. There were excellent links with some statutory and voluntary drug support schemes, but many of the other resettlement pathways were underdeveloped. Prisoners' initial needs were not effectively recorded to support custody planning, and pre-release work took place too late to be really effective.

This will be a disappointing report for the committed management team and the many hard-working staff at Brixton. There are things that can and must be managed better – in particular, the supply of drugs, which requires effective internal management and support from both police and prison security services. However, it is hard to see how Brixton, given its physical limitations, can be transformed into an effective local prison, offering both decency and rehabilitation to its 800 prisoners. Those responsible for offender management in the London area need to decide what role Brixton can and should play in their strategy – perhaps as a resettlement prison for south London - and then ensure that it is resourced for that role.

Without that, Brixton will simply continue to recycle its prisoners and risk demoralising its managers and staff.

Anne Owers
HM Chief Inspector of Prisons

July 2008

Fact page

Task of establishment

HMP Brixton is a local prison holding adult males.

Area organisation

London

Number held

792

Certified normal accommodation

505

Operational capacity

798

Last inspection

22 February – 3 March 2006

Brief history

HMP Brixton's original building dates back to 1819. The site covers just 4.5 acres.

Description of residential units

A wing - Maximum 268 main location prisoners.

B wing - Maximum 160 main location prisoners. Includes the care and separation unit with eight cells.

C wing - Maximum 133. Incorporates the first night centre and induction, and landing for up to 38 vulnerable prisoners.

D wing - Maximum 25. Healthcare inpatient facility.

G wing - Maximum 221. Specialist substance misuse wing.

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

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.

... performing well against this healthy prison test.

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

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

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

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

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

... performing poorly against this healthy prison test.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

HP3 New arrivals regularly experienced delays in their journeys to Brixton, sometimes arriving in the late evening. The environment in reception was poor, although staff treated new arrivals properly. First night procedures were satisfactory, but not all prisoners received induction. Anti-bullying and violence reduction procedures were

underdeveloped, and gang culture and violence were not addressed effectively, although work had begun on this. Suicide and self-harm structures were satisfactory, but the quality of self-harm monitoring documents varied. Segregation was used sparingly, but the regime was limited and the environment was poor. Use of force levels were low. There was a high level of drug use in the prison. Brixton was not performing sufficiently well against this healthy prison test.

- HP4 Prisoners were held in court cells for lengthy periods following their cases, which led to delays in their arrival at Brixton, with further delays as they had to wait in the cellular escort vehicles for admission to the reception area. The arrival of escorts into the late evening was a continuing problem.
- HP5 The reception area had recently been redecorated and cleaned, but it remained cramped and oppressive, with some very poor holding rooms. Staff were, however, respectful towards prisoners and aimed to move them through reception as quickly as possible
- HP6 Since our last inspection, the first night centre had been moved to better accommodation on C wing. A recently introduced Insider peer supporter scheme was benefiting new arrivals. The arrangements to identify the cell locations of new arrivals required improvement, and some new arrivals had not received entitlements such as a shower or reception. In our survey, prisoners were negative about their treatment in reception, arrival into custody and first night arrangements. This may have reflected their experience of being held in court cells and on escort vehicles for long periods and the impact of late arrival, as well as the newness of some arrangements that were not yet fully embedded.
- HP7 A two-day induction programme began the morning after a prisoner's arrival, with contributions from officers, Insiders and representatives from key departments. The content was generally good and useful, but attendance was variable and record keeping poor. Not all prisoners who needed to attend full induction actually did so.
- HP8 The prison had a good anti-bullying and violence reduction strategy, based on an up-to-date and in-depth needs analysis. The safer custody coordinator had made some inroads into the problems of violence and had set up some good systems, but much of this was new and needed greater support from other managers, particularly in the completion of investigations. The incident log was not completed consistently and the exact number of violent incidents was not clear. In our survey, 56% of respondents, against the local prison comparator¹ of 39%, said that they had felt unsafe at some point at Brixton, and 29% said that they felt unsafe currently. We were not assured that staff in general were getting to grips with ensuring the safety of prisoners on the wings, the problems of gang culture or the market in illicit drugs.
- HP9 There had been some recent deaths in custody, and the prison was addressing recommendations from the resulting investigations. Many of these concerned clinical issues. Governance structures for the management and prevention of self-harm were good, although the quality of assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures was mixed and needed improvement. Twelve ACCTs had been opened in recent months on prisoners held in the segregation unit, and

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

there needed to be greater management attention to ensure that the continued segregation of such prisoners was always justified. There was a well-supported team of Listeners, but prisoner access to them was sometimes a problem.

- HP10 The security department had been affected by staff shortages and the redeployment of its staff to the rest of the prison. Staffing was now becoming more stable, but the department's effectiveness needed to improve. The number of security information reports received was low for the size of the establishment. The prison had support from a police liaison officer for only two and a half days per week, but was beginning to coordinate better intelligence management across the prison and with partner agencies. There were no drug dogs.
- HP11 The care and separation (segregation) unit had had problems with staff cross-deployment to the adjacent B wing, which left it unstaffed. Segregation was used sparingly. The cleanliness of the unit was poor and the regime was limited, but prisoners had daily access to showers and exercise. Staff seemed to know the prisoners well and maintained good records, and there was also evidence of attempts to reintegrate suitable prisoners back to normal location.
- HP12 There were about 1,100 disciplinary adjudications per year. There was a published set of tariffs and regular adjudication standardisation meetings. The adjudications we observed and hearing records indicated that procedures were managed fairly and that prisoners were able to present their case properly.
- HP13 The special cell in the care and separation unit had been used only seven times in 2007 and twice in 2008 to date. Overall, use of force was low. However, record keeping following incidents was poor and there were no quality assurance arrangements. Staff used de-escalation techniques well.
- HP14 The integrated drug treatment system (IDTS) was in place and was able to manage detoxification and maintenance. Methadone dispensing arrangements, however, needed improvement. There were good links between clinical staff and the counselling, assessment, referral, advice and throughcare (CARAT) service, although further joint care planning was needed. Many prisoners indicated that it was easy to get drugs in Brixton, and mandatory drug testing rates were high at about 30%. Arrangements for drug testing were inconsistent – there was no regular suspicion or frequent testing, and random testing targets were sometimes missed. The availability of drugs in Brixton was a significant problem that undermined the prison's therapeutic drugs work.
- HP15 Vulnerable prisoners were mixed with a small number of mainstream prisoners on one landing, C4. Although there had been some informal risk assessment, this arrangement was not satisfactory. Vulnerable prisoners had mixed views about their safety, and their access to the regime was very poor.

Respect

- HP16 The environment was old, cramped and dirty in places, with poor conditions in many cells. Prisoners were positive about their relationships with staff, but the prison lacked the structures to harness this positive feature in a purposeful way. Work to meet the needs of black and minority ethnic and foreign prisoners was progressive and

effective. Applications and complaints procedures required improvement. The prison was supported by an engaged chaplaincy team. Health services were generally satisfactory. Brixton was not performing sufficiently well against this healthy prison test.

- HP17 Much of the environment in Brixton was poor. The prison was cramped and nearly all buildings and facilities were old. Many communal areas were dirty, and many cells had graffiti or damaged fabric and furniture. Most double cells were unfit for purpose, and the screening of toilets was inadequate. Showers on the wings were poorly screened and many were dirty. The offensive display and no smoking policies were not effectively enforced.
- HP18 In our survey, a significant proportion of respondents were negative about the staff, and suggested they were not respectful, and our safety interviews with prisoners (see Appendix III) also raised some concerns that the often casual and relaxed approach of staff affected prisoners' feelings of safety. However, in our discussions with prisoners they spoke well of staff generally, as one of the better features of Brixton. Our own observations indicated that staff were worked hard on busy wings, were approachable, and tried to be helpful, but were not sufficiently motivational or challenging. Staff needed to be challenged to be more purposeful and proactive in addressing problems and meeting prisoner needs. We saw some evidence that this was being done.
- HP19 Although there was an excellent personal officer policy document, there was hardly any evidence that the scheme was effective on the ground. Personal officers were not generally known to prisoners, and the quality of record keeping in wing history files was very poor. Personal officers had no involvement in sentence planning or any other structures that assisted prisoners.
- HP20 Given the physical limitations of the kitchen, the catering was generally good. Kitchen workers were given reasonable training, and the cleanliness of facilities was acceptable. A good selection of meals was on offer, and the needs of minorities were catered for. There was an effective monthly consultation group, and the views of prisoners were acted upon. Prisoners had positive views about food quality, which our observations confirmed.
- HP21 The prison shop operated in a very restricted space, which limited the available stock and the variety of products on offer. There were some complaints about loss of deliveries on the wings, but the processes to rectify this were reasonable. Arrangements for prisoner consultation, notably the lack of a recent survey, were underdeveloped.
- HP22 The management and promotion of diversity was a strength. A small but high profile specialist team led the work, with strong support from senior managers. The use of diversity orderlies to assist in the organisation of events that celebrated diversity was effective. The needs of older prisoners were addressed, although there needed to be more to support prisoners with disabilities, in particular, their access arrangements.
- HP23 There were governance structures to promote race equality. Relevant patterns and trends were identified and acted upon at the diversity action team, which was chaired by the Governor. Complaints were investigated thoroughly and in a way that was supportive to individuals. We found a well-integrated environment with little evidence of conflict that was directly related to race. However, in our survey, Muslim

respondents were more negative than non-Muslim prisoners, in particular on questions of safety and victimisation.

- HP24 There were 290 foreign prisoners. Provision for this group was good, although the establishment had recently lost the services of a highly experienced foreign national coordinator. There were weekly surgeries with the immigration service, fortnightly free legal advice from the Detention Advice Service, and foreign national orderlies provided practical help. Letters and telephone calls for foreign prisoners were reasonably well managed, but there was scope to improve interpretation services.
- HP25 There was a good incentives and earned privileges (IEP) policy document that was generally understood by staff and prisoners. The differentials between incentive levels were not great, and the scheme was not effective as a motivational tool. Relatively few prisoners were on basic regime, although there was some staff confusion about how much time out of cell they were permitted and many staff appeared not to follow the prison's policy.
- HP26 In our survey, prisoners expressed little confidence in the way applications and complaints were processed or in the fairness of replies. Applications procedures had recently been reviewed, but, in general, many issues could have been resolved informally. Most complaints concerned domestic issues, such as property and canteen, and the quality of responses was often barely adequate. The complaints and applications systems had become overloaded with low level administrative queries, which affected their effectiveness, including quality assurance of responses. Legal services were inadequate, but a legal services officer and a bail information officer had been appointed, and there were plans for further development.
- HP27 The chaplaincy team of three full-time chaplains, including a Muslim chaplain, represented the main faiths in the prison, supported by sessional chaplains for other faiths and denominations. Chaplaincy rooms and facilities were not ideal, but were used flexibly and a range of services and groups were offered. The chaplaincy team was well integrated into the wider life of the prison and contributed to many aspects of the regime, including sentence planning and ACCT reviews, although not routinely.
- HP28 The provision of health services changed to a new provider during our inspection. Services were generally adequate, but waiting times to see a GP or dentist were long. The environment for inpatients was being improved, but some wing-based treatment rooms were dirty. Staff-prisoner relationships in healthcare were, in general, acceptable, but we saw some nursing staff act confrontationally toward patients and other staff. The mental health in-reach team provided a good service, but primary mental health services were limited and the in-reach team filled this gap.

Purposeful activity

- HP29 The quantity and quality of purposeful activity was very limited, with only sufficient places for half the population. Education, although limited, was of high quality. Most activity apart from education was menial. Access to physical education was limited, as was time out of cell, and there was no evening association, although prisoners had daily access to association and exercise and the regime was predictable and consistent. Brixton was not performing sufficiently well against this healthy prison test.

- HP30 Education was well managed by Lewisham College and provided a well-taught and broad curriculum that met the needs of participants. Information and communications technology (ICT) resources were good, and there was a good range of social and life skills opportunities. Achievement of qualifications was high and the learning environment was ordered and positive, although levels of attendance were mixed. There were approximately 120 full-time equivalent education places on offer, but most prisoners attended on a part-time basis. About 100 prisoners were also engaged in some limited in-cell education. Accommodation and resources in education had improved since our last visit. No evening or weekend education was available.
- HP31 The library had recently been relocated and was now more accessible to prisoners engaged in education. General access, however, was not well developed, it was not open in the evening or at weekends, and only about 100 prisoners a week used the facility. The library was well resourced and the stock reflected the profile and needs of the population. Literacy was well promoted and there was collaboration with the prison's in-house magazine.
- HP32 There was insufficient purposeful employment available. There were 600 activity places, but these were mostly part-time and equated to about 400 full-time places. With the exception of education, most activity was low skill or menial, and vocational training was very limited. There was some good work, however, in IT and with the prison radio station.
- HP33 There was an adequately equipped gym and weights room, but accommodation was cramped and outdoor recreation was very limited. The gym was not open during the evenings or at weekends, and access for prisoners in other activity was very limited.
- HP34 The prison reported between five and seven hours a day time out of cell, well short of our expectation of 10 hours. The reality was much worse for many prisoners, in particular those without employment, whose time out of cell was limited to either a morning or afternoon association session. Though there was predictability of regime and association was rarely cancelled, no evening association was available. There was evidence of some slippage in regime routines, and we supported the efforts of managers to instil greater discipline in this regard. One hour's exercise was available on all wings every day, although outdoor exercise facilities were poor.

Resettlement

- HP35 The progress of resettlement work had stalled recently, although there had been attempts to organise work under pathway headings. The London initial screening and referral (LISAR) was used to identify prisoners' needs and inform resettlement work, but the quality and application of this information needed improvement. Offender management structures were good, but sentence planning processes needed to be improved. Work on some of the resettlement pathways was satisfactory, but further development was needed. Brixton was not performing sufficiently well against this healthy prison test.
- HP36 The resettlement strategy was linked to the broader London reducing reoffending strategy, and had been updated in early 2008. Work had, however, experienced some recent drift – for example, the resettlement strategy committee had not met for six months. The prison particularly needed to improve the application of the London

initial screening and referral (LISAR), a useful screening and assessment tool used to gather data, which could better inform strategy. A separate resettlement pathways committee provided some governance of the delivery of the seven resettlement pathways.

- HP37 All new arrivals were assessed using the LISAR form, although the quality of recording needed to improve. A multidisciplinary offender management unit, which included public protection and observation, classification and allocation, had been created, but sentence planning for prisoners in scope of offender management did not take place. Offender supervisors were not active in progressing cases. Discharge processes took place the day before the release of most prisoners, which was too late to be of real assistance. There were a few life-sentenced prisoners, most of whom experienced delays in allocation to an appropriate prison. Procedures to support life-sentenced prisoners were underdeveloped.
- HP38 Work on the accommodation pathway was hampered by the prison's lack of accurate records of the accommodation status of prisoners leaving the prison. Nacro reported considerable difficulties in placing prisoners in temporary or permanent accommodation. Some peer advisers had recently been trained to offer accommodation advice.
- HP39 There were a few short preparation for work courses, which covered health and safety, food hygiene and customer care, but vocational training was limited. There were good links with Jobcentre Plus and Next Steps for progress into employment, and formal information, advice and guidance was well supported through the London Advice Partnership.
- HP40 The only significant work on finance, benefit and debt advice was through Jobcentre Plus, which attended the prison on three days per week. There was also some limited work through the education department, but otherwise provision was underdeveloped.
- HP41 Prisoners did not attend discharge clinics before their release, but were given a letter that detailed their health treatment while in custody and any prescribed medication that was needed. The mental health team ensured a care programme approach review before the release of prisoners with mental health needs, and links to community providers seemed adequate.
- HP42 The drug strategy was being revised. CARATs provided a range of accredited groupwork courses and in-cell drug programmes. There were also preparations to develop the psychosocial components of the IDTS programme. The prison successfully delivered the short duration (SDP) and prison addressing substance related offending (P-ASRO) programmes, and there was effective external support for prisoners and their families through the partner agency ADFAM. Links with Lambeth and Tower Hamlets drug intervention programmes (DIPs) were good, but were less developed with Southwark. The drug treatment interventions were undermined by the prevalence of drugs in the prison.
- HP43 There was a small, but bright and reasonably welcoming visits hall, which included a crèche supervised for three sessions per week. Visits were held on seven days a week, but pressures on space meant that sessions were sometimes restricted to an hour. Two family days had recently been held and there were plans to hold more. Work on the children and families resettlement pathway was mostly underdeveloped.

HP44 The enhanced thinking skills (ETS) programme was offered, in addition to the two drugs programmes. There were some reasonable links with other London prisons to help prisoners access other interventions, but a lack of provision for violent offenders.

Main recommendations

- HP45 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.
- HP46 The prison should introduce measures to curb the supply of illicit drugs.
- HP47 The safer custody committee should define the indicators of violence (such as injury forms, adjudication data, incident reporting system reports and security information reports) 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.
- HP48 Vulnerable prisoners should not be held on the same landing as mainstream prisoners.
- HP49 The personal officer scheme should be re-launched and all staff should be clear about their responsibilities under the programme.
- HP50 The prison should increase the amount of purposeful activity, vocational training and education.
- HP51 Prisoners should be able to spend 10 hours a day out of cell.
- HP52 Prisoners should have evening association.
- HP53 Prisoners in scope of the offender management model should receive sentence planning.
- HP54 Custody planning, based on an accurate assessment of needs, should be provided to all prisoners not in scope for offender management.
- HP55 Brixton should pursue useful partnerships in the local community to develop provision across the resettlement pathways.

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 prisoners' individual needs are recognised and given proper attention.

- 1.1 There were new procedures to improve the timeliness of discharges to court. Prisoners were held in court cells for long periods after their case had been dealt with. Late arrivals continued to be a problem, and arrivals were occasionally held on vehicles for unacceptably long periods. Prisoners were not given advance information about the establishment, and no local information had been translated into other languages.
- 1.2 Serco was the contractor for court escorts and prison transfers. In our survey, 53% of respondents, significantly better than the comparator of 49%, said that the cleanliness of the escort vans was good or very good. The cellular vehicles we checked were clean and appropriately equipped. Prisoners in our groups told us that they were treated well by escort contractors, although survey respondents were more negative and only 52%, significantly less than the comparator of 68%, said that they were treated well by escort staff.
- 1.3 Our review of prison escort records (PERs) highlighted that prisoners were held at court for long periods after their case had been dealt with, often for more than four hours, before they were returned to the establishment. This increased pressure on reception procedures later in the day, as escort vehicles and the number of prisoners returning began to stack up. While staff tried to remove prisoners from the vehicles as soon as possible, on some occasions they remained on escort vehicles for unacceptably long periods, sometimes more than an hour.
- 1.4 In the reporting year 2007-08, the establishment managed to dispatch 87% of escorts to court on time against a target of 85%. This was a much improved performance: for example, in December 2007 only 63% of court escorts were dispatched on time. It reflected new procedures, including advance notice to prisoners of court appearances. Prisoners were also normally given advance notice of planned transfers, which allowed them to inform their family and legal advisers.
- 1.5 The agreed cut-off time for accepting new arrivals was 8pm, but this was frequently exceeded. During our night visit we found new arrivals still being processed at 10pm, which we were told was not uncommon.
- 1.6 Breakfast packs were issued on the wings to avoid delays in the morning. Prisoners could wear their own clothes for court appearances, and spare clothing was available in reception if required. Personal property only accompanied unsentenced prisoners being produced at courts outside the local area.
- 1.7 Prisoners were not given written information about Brixton in court before transfer. Although they received relevant information on arrival at the prison, it had not been translated into any other languages.

- 1.8 There was a well-used video link facility serving courts across the region. This consisted of three courts and five interview rooms. Figures for the level of use were not available, but we were told that at least one court was used every day. Field probation officers also made some use of the interview rooms.

Recommendations

- 1.9 Prisoners should be held in court cells for the minimum possible period.
- 1.10 On arrival at Brixton, prisoners should not be held on escort vehicles for unacceptably long periods.
- 1.11 Prisoners should arrive at Brixton before 7pm.
- 1.12 Unsented prisoners attending magistrates' courts should be accompanied by their property and private cash.
- 1.13 Prisoners should be given written information at court about Brixton in a language they understand before their transfer.

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.

- 1.14 Reception was poorly designed, oppressive and not fit for purpose. Prisoners were moved through reception without undue delay, and staff were friendly and helpful. First night arrangements had improved, including the introduction of an Insiders scheme, but were not consistent. The induction course was good, but attendance was haphazard and record keeping was poor.

Reception

- 1.15 The reception building had undergone extensive cleaning and repainting immediately before our inspection. Despite this, it remained oppressive and had many shortcomings in the layout and design. The five small holding rooms for incoming prisoners had poor natural light, no televisions, and no relevant information displayed. Staff recognised the limitations of these holding rooms and tried to avoid using them, but the alternative was that prisoners had to wait in a corridor.
- 1.16 Reception was extremely busy at peak times, dealing with an average 40-60 moves out in the morning and a similar number of returns in the evening. It remained open over meal times.
- 1.17 Vulnerable prisoners were identified and separated from mainstream new arrivals. Prisoners were offered a hot drink, and food if they were held in reception over a meal period, and they had a healthcare assessment by nursing staff in a private room. They were then strip-searched

one at a time. The searches we observed were completed correctly with two staff present, and staff were polite. We also observed staff taking time to explain procedures to prisoners and undertaking to resolve issues for them. Prisoners' property was scanned and searched before issue, and they were offered a choice of a smoker's or non-smoker's shop pack to the value of £2 and telephone credit of £3, of which £1 was free. Prisoners were then moved into one of the two sterile holding rooms at the other end of reception. These rooms were larger and more welcoming, but still poorly equipped. From here they were escorted to the first night centre on C wing.

- 1.18 Although we observed new arrivals going through reception without undue delay, and saw that reception staff were friendly towards them, in our survey only 48% of respondents, against the comparator of 58%, said that they had been treated well in reception. Most of the other survey findings relating to arrival into custody were significantly worse than the comparators, which might have reflected prisoners' long delays at court and on vehicles, followed by the experience of a poor reception environment.

First night

- 1.19 The first night centre was now on C wing, next to the reception, and had the best accommodation at Brixton. There were no designated first night cells, but new arrivals were allocated into the spaces available, with due regard to their cell sharing risk assessment (CSRA). The location of new arrivals was identified in the wing movement book, but this was not fully understood by some night patrol staff.
- 1.20 On C wing, new arrivals received a meal and had access to Listeners and Insiders. Staff interviewed them in private and completed the CSRA. A doctor also saw those who had been referred by the nursing staff in reception. Before they were locked up, new arrivals were given information about violence reduction and the first 24 hours at Brixton, and were issued with toiletries as necessary.
- 1.21 The Insider scheme had operated for approximately two months. There were three Insiders on C wing. Those we spoke to were enthusiastic about their role and provided a good service. They saw all new arrivals individually and referred to Listeners, wing staff or other departments as necessary.
- 1.22 There were occasions when new arrivals had to spend their first night on another wing. While not ideal, they did go on to C wing initially and had access to the same services. Some prisoners were accommodated immediately on to G wing (specialist drug unit). Prisoner representatives, including foreign nationals, and chaplaincy offered support, and Listeners were also available, but such contact was not coordinated or consistent.
- 1.23 We spoke to some prisoners the day after their arrival, and not all of them had received their full entitlements. None had had a shower, one had not received a shop pack or telephone credit, and one had not been given information about his first 24 hours at Brixton. In our survey, responses on first night access to a shower, telephone call, reception pack and written information were significantly worse than the comparators.
- 1.24 In our survey, only 57% of respondents, significantly below the comparator of 74%, said that they felt safe on their first night at Brixton.

Induction

- 1.25 There was a two-day induction programme that commenced the day after arrival. The room used for induction on C wing was small, but fit for purpose. Participants were given an information pack, reception letter, compacts and information sheets. The first day had sessions from induction staff, representatives from key departments and Insiders. On the second day, prisoners were interviewed by St Giles Trust to complete the London initial screening and referral (LISAR) and education assessment. The LISAR assessment was used to identify the prisoner's needs against the resettlement pathways (see paragraph 8.10).
- 1.26 The induction course was comprehensive, and staff and Insider presenters were confident and took time to answer questions. However, attendance was haphazard, and C wing staff viewed prisoner participation as optional. Many prisoner wing history files showed no confirmation of their attendance at induction. We saw one file that recorded that it was this prisoner's first time in custody and another that stated the prisoner was at court on his planned day of induction but needed to attend. These entries had been made several weeks earlier, but there was no record that these prisoners had attended induction. Staff told us that some of the omissions were down to recording errors. While this may have been a contributory factor, we were not confident that all prisoners who needed to attend induction did so.
- 1.27 In our survey, only 50% of respondents, against the comparator of 58%, said that they started induction in the first week, and only 33%, against the comparator of 42%, said that the induction course covered everything they needed to know.

Recommendations

- 1.28 The reception building should be replaced with a purpose-built facility that fully meets the needs of prisoners.
- 1.29 Night patrols should be alerted to the cell location of new arrivals and make regular checks on them.
- 1.30 New arrivals should consistently receive the full range of reception services, including a shower, free telephone call, reception pack and written information.
- 1.31 Prisoners who need to attend induction should be encouraged to do so.
- 1.32 There should be better record keeping of attendance at induction.

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.

2.1 The quality of accommodation varied considerably, and that on A, B and G wings was poor, as well as dirty. Association times limited telephone contact with families. Prisoners could wear their own clothes, but there was insufficient prison-issue clothing for those who did not. Some prison policies applicable to living accommodation were not applied consistently.

Accommodation and facilities

- 2.2 There were four residential wings – A, B, C and G. D wing was the healthcare inpatient unit (see paragraph 4.5). The quality of accommodation varied considerably. C wing – primarily induction – was more modern than the others, was lighter and had more space, and accommodation was reasonable. Every third cell had been modified to offer in-cell sanitation for the cells on either side. The cells were slightly larger than those elsewhere and, while designed for single occupancy, most were doubled up.
- 2.3 A wing was the largest wing and was, in effect, two wings rolled into one. The standard of accommodation here was, as with B and G wings, poor structurally, compounded by being dirty. Some cells had graffiti on the walls, and we also saw some with leaking washstands and toilets. Many cells had not been decorated for some time, and even where they had, this hardly covered up the general decay. Most cells were built for single occupancy but accommodated two prisoners, although they were very small. Many cells were inadequately furnished. Some did not have tables or lockers, and most had only one chair for two occupants.
- 2.4 These small cells had barely any space between the bunk beds and the integral toilet, and this was the subject of frequent and vociferous complaints. There was also no out of cell dining, so prisoners had to eat their food close to their toilets. Many of the curtains around the toilets were inadequate, and some toilets had no lids, which made the situation even worse. The cells that were single occupancy were generally of a better standard. These were generally allocated to high-risk prisoners.
- 2.5 In our survey, only 22% of respondents, against a comparator of 37%, said that their cell bell was responded to within five minutes. Although we heard cell bells ringing for longer than five minutes, wing logs for the previous three months indicated that they were usually responded to within five minutes. We also saw evidence in wing files that prisoners had been given warnings for misuse of the cell bell system.
- 2.6 Recreational and leisure facilities were generally acceptable, although many prisoners complained they were bored when out of their cells. The size of the wings limited recreational facilities, but there was gym equipment on G and A wings, and plans for an exercise area in A wing yard.

- 2.7 Most prisoners' mail was taken to the wing on the morning it arrived, but problems arose when staff were unable to find prisoners who were off the wing for healthcare appointments, visits or activities. In these cases, mail was returned to the central mailroom where it could remain for more than a day, which caused an unnecessary delay.
- 2.8 There were sufficient telephones on the wings, and we observed few queues to use them, but they were only available during association, which was either in the morning or afternoon. Although prisoners could make telephone calls in the evening on request, this facility was not guaranteed. Some prisoners whose families worked during the day said that they had ongoing problems in maintaining regular contact with them. Telephones had hoods, but these did not afford much privacy.
- 2.9 There were clear policies on the display of offensive material, the management of property, and smoking, which was restricted to prisoners' cells. However, we saw evidence of material that flouted the offensive material policy, and saw some prisoners smoking, unchallenged, on landings.
- 2.10 Each wing had prisoner representatives who attended a monthly consultation committee that raised issues relating to residential accommodation. Meetings were minuted and publicised on wings.

Clothing and possessions

- 2.11 All prisoners could wear their own clothes, if they had at least two changes. For those prisoners not wishing, or able, to wear their own clothes, prison clothing was provided with weekly changes. Underwear was, however, restricted to two pairs of boxer shorts a week, with no facilities to wash them outside the kit change process. Prison clothing could not be washed in wing machines (see below). In our survey, only 32% of respondents said they could access sufficient or appropriate clothing, which was significantly worse than the comparator of 52%.
- 2.12 All the main wings had laundry facilities and a laundry worker responsible for managing these. Access to laundries was generally appropriate, except on D wing.
- 2.13 In our survey, only 16% of respondents, compared to the comparator of 29%, said they had easy access to stored property when they wanted it.

Hygiene

- 2.14 The standard of cleanliness was poor on all four main wings. In our survey, only 46% of respondents, against a comparator of 65%, said they could access cell cleaning materials each week. The Governor had recently introduced a competition for the cleanest wing. However, wings were assessed on a given day in the month, rather than over a period of time.
- 2.15 Many of the showers were grubby, with peeling paint and dirty floors and walls. Some shower areas in the centre of wings had inadequate screening.
- 2.16 Prisoners were given clean bedding weekly, and new mattresses were issued when old ones were worn. However, some prisoners complained to us about the standard of mattresses and said that replacements were hard to obtain. We saw mattresses that were thin and worn. Enhanced level prisoners could have their own duvets.

- 2.17 The prison had, for some time, experienced problems with infestation, and there were logs of visits by pest control companies. Although these regular checks had some impact, we saw cockroaches on A wing and, during a night visit, mice on G wing. There were no policies to cover immediate action in the event of an infestation in a cell or part of the wing, and staff indicated that such problems were not uncommon. Although each wing had sufficient cleaners, there were no daily cleaning routines or formal management checks of standards.

Recommendations

- 2.18 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.
- 2.19 Toilets in cells on A, B and G wings should be appropriately screened.
- 2.20 All cells should be adequately furnished.
- 2.21 Cells designed for single occupancy should not be used for two prisoners.
- 2.22 Mail should be issued on the wing at a time that prisoners can receive it.
- 2.23 Prisoners should be able to make telephone calls in the evening.
- 2.24 Telephones should be placed in booths.
- 2.25 Prison managers should ensure the consistent application of wing rules.
- 2.26 Prisoners who receive prison-issue clothing should have sufficient sets of underwear each week.
- 2.27 Laundry facilities should be made available to prisoners on D wing.
- 2.28 There should be a policy to respond to outbreaks of infestation in cells, including immediate cleaning practice.

Staff-prisoner relationships

Expected outcomes:

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

- 2.29 Although responses to our survey were mixed, staff-prisoner relationships were not antagonistic. Staff engaged with prisoners, and this was appreciated, but were sometimes too casual. Although friendly, staff were insufficiently motivational or challenging to prisoners.

- 2.30 In our survey, only 60% of respondents, significantly below the comparator of 68%, said that staff treated them with respect, and only 58%, against 64%, said there was a member of staff

they could turn to if they had a problem. The findings on victimisation or intimidation by staff were mixed. Fewer said they had been victimised by staff, but more said they had been threatened by staff. These findings were not, however, sustained in our discussions with prisoners, who spoke well of staff generally and were positive about them. Some told us that such relationships were one of the better features of the establishment.

- 2.31 Our own observations indicated that staff worked hard. We normally saw them out and about on the landings, and actively engaging with prisoners. Wing offices were often empty, and when staff were there they were usually addressing prisoner-related issues. Staff were mainly approachable and friendly, and this was appreciated by prisoners.
- 2.32 Although we were confident that staff knew their prisoners well, we were less assured that they were sufficiently motivational or provided appropriate challenges to prisoners. While normally positive, the staff approach to prisoners was casual, and their record keeping was very poor. There were few staff entries in wing files, and those that were made were often superficial and occasionally inappropriate. Staff also had a casual attitude to wing routines, and often did not know or did not enforce prison policies or rules.
- 2.33 In our structured safety interviews with prisoners (see Appendix III), they cited a lack of trust in staff confidentiality, staff responses to fights, bullying and self-harm, and the way staff behaved toward prisoners as three of the top five issues they believed impacted on their personal safety. This evidence suggested that prisoners might like the staff, but they did not necessarily trust them to keep them safe.

Recommendations

- 2.34 There should be effective management procedures and checks to ensure that staff adhere to wing rules, procedures and policies.
- 2.35 The quality of staff entries in wing history files should be routinely checked.

Personal officers

Expected outcomes:

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

- 2.36 There was a comprehensive personal officer policy, but the scheme did not work in practice. Comments in wing files were mainly observational. There was little evidence of positive engagement with prisoners recorded in wing files, and entries were not made regularly.
- 2.37 In our survey, responses about personal officers were poor: 78% of respondents said they did not know their personal officer, and only 11%, against a comparator of 24%, found them helpful.
- 2.38 The personal officer scheme had been reviewed in January 2008. The policy document was thorough and described a good scheme. There was, however, little evidence of the scheme working in practice.

- 2.39 Prisoners were allocated a personal officer by cell location. New notices had been published just before the inspection on wings and on cell doors, but prisoners were not always able to identify their allocated personal officer.
- 2.40 We found only one example where a personal officer recorded that they had introduced themselves to a prisoner. Wing file entries were infrequent. In the files we examined on A wing there was an average of 25 days between entries. Most entries were negative and confined to observations about behaviour on the wing. Wing files showed little evidence that personal officers had any detailed knowledge of their prisoners and their families. In one case, the foreign national coordinator had made an entry in a history sheet that a prisoner was 'tearful and upset' after a telephone call to his family, but there was no follow-up entry or indication that his personal officer had discussed this with the prisoner.
- 2.41 Few entries demonstrated that personal officers were aware of prisoners' sentence plan targets and were motivating and supporting them to achieve these. Wing files did not contain copies of sentence plan targets, and personal officers did not attend sentence planning boards or assessment, care in custody and teamwork (ACCT) self-harm monitoring case reviews. Of the wing files we examined, 73% were given a rating of poor. There were no regular management checks of wing files.

Recommendations

- 2.42 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.
- 2.43 Managers should make regular checks of wing files and record these on the file.
- 2.44 Personal officers should attend sentence planning boards.
- 2.45 Personal officers should attend ACCT self-harm monitoring case reviews.

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 Significantly fewer prisoners felt safe than in comparable prisons. There was a detailed and up-to-date violence reduction strategy, a full-time coordinator and some developing work, but the area was very demanding. There was some under-reporting of incidents, and staff had not got to grips with the gang culture.
- 3.2 There was an up-to-date violence reduction strategy, written in 2008. The safer custody coordinator had carried out an extensive in-depth survey of bullying, which had identified areas where prisoners felt they were at risk, for example in communal areas, as well as concerns about staff training, the safety of property and cell sharing. The survey was accompanied by an action plan that had identified priorities and was reported to the safer custody committee (see paragraph 3.22).
- 3.3 In our survey, 56% of respondents, against the comparator of 39%, said that they had felt unsafe while at Brixton, and 29%, compared with 19%, said that they felt unsafe at the moment. During the inspection we heard mixed messages from prisoners, and some cited the response of staff to safety issues as a key concern. There were also reports about gang culture, and 12% of survey respondents, against a comparator of 8%, said that they had been hit, kicked or assaulted by other prisoners.
- 3.4 Work in this area was in the early stages. A full-time safer custody principal officer had been appointed in September 2007, but had only been in post since February 2008. The coordinator was also responsible for all investigations into incidents of violence and allegations of bullying, and as a consequence was very stretched. Staff did, however, report growing confidence in the system, and the number of anti-bullying forms opened was increasing.
- 3.5 In 2008 to date, 18 incidents of assaults and fights had been reported through the incident monitoring system, but there was some under-reporting. For example, the anti-bullying log, which was held in the segregation unit, did not record any reported victims or perpetrators for a five-week period when information from security revealed that there had been eight assaults. This was believed to be because staff used the security information report system instead.
- 3.6 Since March 2008, the safer custody coordinator had started to collect information from a variety of sources, which indicated that the incidence of violence and bullying was much higher than reported, with 12 instances in March and 32 in April alone (although some related to the same incident). A new spreadsheet was used to record data such as type of incident, location and ethnicity, but it was not always clear what actions, if any, had taken place.
- 3.7 There was some good information sharing between departments – for example, security information reports were forwarded to the safer custody coordinator – but not all information

was passed on: for example, incidents recorded in observation books. There was no central register for indicators of violence, and information about events managed through adjudications or disciplinary processes did not always reach the safer custody team.

- 3.8 Information about bullying was collected on specific forms held on the wings. At the time of the inspection, seven forms were open, all on B wing. This compared with a total of 43 forms opened in 2008 to date, of which 26 were about victims. Forms included action plans for behaviour targets. Most incidents were serious and were opened as a result of an assault on the victim, rather than a threat or intimidation. There had been four unexplained injuries in April 2008.
- 3.9 Incidents were not always fully investigated. The safer custody officer did not have sufficient time to follow-up events, and no other staff were involved as investigators. In some cases of assault, once the victim and perpetrator had been separated, there was no follow up to find out what had taken place. Investigations focused on collecting information and injury forms, and there was insufficient emphasis on actions that could inform the management of similar incidents.
- 3.10 There was very little documented discussion about related gang issues within the prison although staff and prisoners cited this as a concern. Staff said that some prisoners would change allegiance to particular groups while in custody and believed that some of the violence was related to gang structures outside. However, there was little analysis of these issues and little information from security about possible involvement (see security and rules). It was not possible to say whether incidents of violence were gang-related, but the number of unexplained injuries was a cause of concern and needed more attention.
- 3.11 There was some guidance for staff about how to deal with incidents, which was regularly reinforced by the safer custody officer. Five staff had recently been appointed as violence reduction representatives. Staff aimed to move perpetrators rather than victims from the wing, but this was not always possible and victims were sometimes moved. We saw some examples where bullies were managed robustly, and the policy allowed for restriction of association, which was used. However, there were few interventions, such as a programme for tackling anti-social behaviour, or mediation.
- 3.12 Although staff frequently supervised the wing during association, this was also the main time for them to respond to prisoners' requests, and prisoners reported that staff supervision was variable.
- 3.13 There were two anti-bullying representatives, and the prison had struggled to recruit prisoners to this task. These prisoners wore a distinctive top and were available on the induction wing to support and advise new arrivals. This was a recent initiative and it was too early to judge its effectiveness, although it was underpinned by some good training and support from the safer custody team.

Recommendations

- 3.14 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.
- 3.15 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.

- 3.16 A protocol and terms of reference for investigations should be included in the violence reduction strategy.
- 3.17 Management information systems should include the outcome of any incident of violence, bullying or unexplained injury.
- 3.18 There should be interventions for bullies, such as tackling anti-social behaviour, and support for victims.

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.

- 3.19 There had been seven self-inflicted deaths in the previous two years. Initial assessments for prisoners at risk were good, but care maps and ongoing care were sometimes rushed and carried out in isolation. The suicide and self-harm strategy was up to date. Meetings were well focused, multidisciplinary and strategic. The environment made it difficult to manage and distract vulnerable and at-risk prisoners.
- 3.20 The prison had had seven self-inflicted deaths since April 2006, and they had impacted significantly on staff and prisoners. Action plans addressed the recommendations from investigations, but the prison had received only two of these, although two were in draft. The delays were attributed to pursuing information from the local primary care trust. Two cases had dates for the coroners' court. All deaths had been, or were being, investigated by the Prisons and Probation Ombudsman. Action plans were discussed at the monthly safer custody meetings. Most recommendations were clinical, and the prison had set up a separate group to deal with these.
- 3.21 Suicide and self-harm prevention work was managed under wider safer custody, which also included violence reduction. The strategy was up to date and covered all areas of the management of self-harm and the assessment, care in custody and teamwork (ACCT) self-harm monitoring process.
- 3.22 Safer custody was directed by the deputy governor and safer custody committee meetings were multidisciplinary. The team met monthly with good representation from most areas, and focused on practical and strategic management. The prison had struggled to get Serco, the escort provider, to attend these meetings, but the contractor had not been represented at the previous five meetings. Day-to-day management of suicide and self-harm was the responsibility of a full-time principal officer (see paragraph 3.4). There was no deputy suicide prevention coordinator. Cover was available from the safer custody manager, although both roles were extremely stretched.
- 3.23 There had been 28 acts of self-harm in February 2008 and 18 in March. Many had involved one prisoner. While most incidents were cuts or scratches, there had been two attempted

hangings in February and three in March 2008. Most incidents had taken place at night or while the prison was in a patrol state. C wing (induction and first night) had the highest number of incidents. The prison had had some support from the area self-harm and suicide adviser, particularly on policy changes, but this support was not regular and needed to be embedded.

- 3.24 There was no internal system for investigating near-deaths, and although some external research was being carried out, the prison was not given any feedback to inform procedures. Near-deaths were defined as suicide attempts that resulted in outside hospital treatment, but there were other incidents that might have been serious, but for the prompt action of staff and/or prisoners, for which there was no protocol.
- 3.25 At the time of the inspection there were 35 open ACCTs, which we were told was typical, although the number was sometimes as high as 40 or more. Most were opened as a response to self-harm or verbal threats to self-harm. The prison also took account of evidence about prisoners while they were in police cells or court. Cases were spread around the prison, although there was a higher proportion in the healthcare department, which accommodated those on a constant watch or with more acute psychiatric problems.
- 3.26 The quality of ACCTs was mixed. Initial assessments were completed to a high standard. ACCT assessors were from a wide range of disciplines, including psychology, St Giles workers, probation and drug staff. Care plans were variable. Although most took into account the specific needs of the prisoner – for example, referral to mental health teams – it was not always clear whether an action had been followed up, and many stated 'ongoing' and were not sufficiently specific about who was responsible for recommended actions. In one file a prisoner had asked to see a doctor and had been told to make an application. There was good emphasis on trigger points. Ongoing logs of entries were also variable. We saw some forms with clear evidence of engagement with prisoners, but others recorded only observations, for example, 'seems ok'. One prisoner who had been on 10-minute observations in the healthcare inpatients wing did not have any record of staff engagement for three days.
- 3.27 ACCT reviews were inadequate. In all those we examined, with the exception of one prisoner with acute mental health problems, ACCTs were closed with just the prisoner and the wing manager present. There was little evidence of multidisciplinary involvement, and under-use of the prison's own mental health team. Time and work constraints on staff meant that case conferences were frequently rushed, and staff had to review several prisoners during a shift while they completed other pressing generic management tasks. There was little involvement with prisoners' families. Most prisoners in the closed ACCTs we examined had received a 14-day post-closure review, which was completed to a good standard and involved the prisoner.
- 3.28 There were some management checks in the ongoing supervision record, but they did not always comment on the quality of staff entries. The safer custody manager had introduced a new management checklist, but it was too early to evaluate this.
- 3.29 The poor environment generally exacerbated problems with self-harm, as did the lack of activity (see paragraph 5.43). Some safe cells were available in the healthcare unit and on C wing, which also accommodated vulnerable prisoners and new arrivals. There was a strong reliance on prisoners on an open ACCT being doubled up in a cell as a preventative measure, although the implications of this were not covered in the suicide and self-harm strategy. There were no overnight care suites, and prison managers and Listeners expressed reservations about the possible use of these given the high number of prisoners on open ACCTs. There were recently refurbished care suites on each wing, with a small room for listening, but they needed better facilities, including more comfortable seating.

- 3.30 There had been 12 ACCTs opened in the care and separation (segregation) unit (CSU) in 2008 to date, compared with 19 for the whole of 2007. The prison argued that segregation had been the only viable option at the time, and some prisoners had been involved in acts of indiscipline before the self-harm. Staff also believed that some of these prisoners were refusing to transfer and seeking a way of staying at the prison. There was one prisoner on an open ACCT in the unit during our inspection. He had a structured care and reintegration plan, which staff were managing well. The CSU also had a gated cell, which was occasionally used when healthcare beds were full. This was staffed by healthcare and we had no reason to judge that this was used inappropriately. However, the extreme measure of placing a self-harming prisoner into segregation needed greater attention at the safer custody meetings.
- 3.31 There was a small group of four Listeners (down from nine at the last inspection) who dealt with a high number of call-outs, at around 130 hours per month, with the highest number on C wing. In our survey, fewer respondents than the comparator, 52% compared with 64%, said that they could get access to a Listener when they wanted one.
- 3.32 Listeners were positive about the safer custody management team, but said that some residential staff did not support their work. There had been conflict about the amount of time that Listeners were unlocked during the core day, in spite of a Governor's instruction, which clearly set out the times. Listeners also felt frustrated that they were not given free access to all wings to carry out follow-up work, and very pressurised because there were so few of them. Listeners were not advertised on the wings, although they wore distinctive tops.
- 3.33 There was good awareness of the portable telephones with a direct line to the Samaritans, although they were not working on one of the main wings. The Samaritans also visited weekly and offered good support. They also reported some lack of cooperation from wing staff, and variation in interpretation of procedures.
- 3.34 All staff, including civilians, had been issued with anti-ligature shears, and the staff we spoke to knew how to use them. Night staff were clear about the procedures for entering a cell at night. However, training had slipped, and many staff needed refresher ACCT training. Residential staff on nights informed us that few of them were first aid trained.

Recommendations

- 3.35 Care plans for prisoners at risk of self-harm should be focused on actions and updated regularly.
- 3.36 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.
- 3.37 The area suicide and self-harm adviser should attend some safer custody meetings to advise and support the establishment.
- 3.38 Administrative support for safer custody work should be procured as soon as possible.
- 3.39 There should be a deputy suicide prevention coordinator with designated facility time for this work.
- 3.40 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.

- 3.41 The number of Listeners should be increased.
- 3.42 Staff should adhere to Governor's instructions relating to the unlock time of Listeners.
- 3.43 The prison should provide refresher training for staff on self-harm monitoring.
- 3.44 A member of staff trained in first aid should be on duty at night.

Housekeeping points

- 3.45 Photographs of Listeners should be displayed on wing notice boards.
- 3.46 Wing telephones with a direct line to the Samaritans should always be working.

Diversity

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

- 3.47 The diversity team was well supported and carried out useful work. Most aspects of diversity were dealt with effectively, and some progressive initiatives had been introduced, but work on disability was underdeveloped. Prisoner orderlies were used well.
- 3.48 An up-to-date and comprehensive equality and diversity policy covered all aspects of diversity, including gender, race, age, disability, religion and sexuality. The document outlined how the prison should respond to discriminatory attitudes and behaviour, as well as address inequity and promote equality. A summary diversity policy statement was displayed throughout the prison.
- 3.49 There was a small specialist diversity team led by a manager who reported directly to the Governor. The team also included the full-time race equality officer, the foreign national coordinator and the assistant race equality officer. The diversity team had developed a good reputation among staff and prisoners.
- 3.50 The work of the diversity team was overseen by the diversity action team. This was a strategic bi-monthly forum chaired by the Governor with representatives from all departments. Its main focus was implementation of the diversity action plan, as well as progress on impact assessments. Its records showed a high quality of discussion. There was monitoring and analysis in all the key areas. The meetings were normally attended by diversity and foreign national orderlies. These were prisoners who had been specially recruited and trained to represent and provide practical support to other prisoners in these areas.
- 3.51 Diversity was promoted through a range of work, which had recently included an exhibition on the life of Anne Frank, a rock against racism concert, and displays, film shows and discussions involving prisoners and staff as part of LGBT (lesbian, gay, bisexual, transgender) history month. Prisoner orderlies had been actively involved in these events.

- 3.52 There were focus groups for older prisoners to determine their distinctive needs, and this initiative had led to plans for older prisoners to be located beside each other to make socialising easier.
- 3.53 Work with disabled prisoners was underdeveloped. Disabled prisoners were identified on admission and referred to healthcare to be seen quickly. There were special telephone facilities for prisoners with hearing and speech impairments, but generally facilities for disabled prisoners were poor. Impact assessments and a physical audit had highlighted issues which still needed to be addressed. We met a prisoner in a wheelchair who, because of a lack of resources, had been placed in an ordinary cell. As a result, he had serious difficulties in getting in and out of the cell and found it very difficult to wash and bathe.

Recommendation

- 3.54 There should be action to address the practical needs of disabled prisoners.

Good practice

- 3.55 *There was a wide variety of activities to promote diversity of minority groups.*

Race equality

Expected outcomes:

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

- 3.56 Race equality work was well managed. The systems for dealing with complaints worked effectively, and staff were sensitive to the needs of prisoners from different ethnic backgrounds. However, responses from Muslim prisoners were more negative than others.

Race equality

- 3.57 The population at Brixton was very diverse with over 60% of prisoners from black and minority ethnic backgrounds. Ethnic monitoring was completed monthly and examined at the diversity action team meeting. These arrangements were effective (see also paragraph 3.50). The most recent ethnic monitoring data showed some over-representation of Asian prisoners on offending behaviour programmes, and an under-representation of black and minority ethnic prisoners on some wings. The meetings considered these matters carefully and took action where necessary.
- 3.58 The race equality officer (REO) was a senior officer who worked full-time on this area. He also had a full-time assistant. The REO was Polish-speaking, and reported on the emergence of conflict between the growing number of Eastern European prisoners and those who were from black and minority ethnic communities. His background made him aware of the difficulties for many Eastern European prisoners unfamiliar with living among a diverse population.
- 3.59 Approximately 35% of staff were from a black and minority ethnic background. There was monthly diversity training for staff.

- 3.60 The results from our surveys, combined with the feedback from our prisoner groups, showed that Brixton was a well-integrated environment, with little evidence of race conflict. However, in our survey, Muslim respondents were consistently more negative than non-Muslims, and the prison needed to discover the reasons for this.

Managing racist incidents

- 3.61 It was easy for prisoners to raise racist incident complaints, and there were approximately five a week. There were racist complaints boxes on all the wings, and the procedures to be followed were well advertised. Roughly a third of complaints were made by staff and the rest by prisoners. The REO managed the complaints and investigations in an even-handed manner.
- 3.62 Most of the complaints we examined related to verbal abuse. Investigations were carried out thoroughly and impartially. We also found evidence of appropriate action to support prisoners, such as in a case where there had been a dispute about the type of headwear permitted. Race complaints were investigated promptly, which was a considerable improvement from the long backlog found on our last inspection.

Race equality duty

- 3.63 There were several different meetings where black and minority ethnic prisoners were consulted about their experience. Diversity orderlies had responsibility for liaising between prisoners and staff in relation to race issues. They and the foreign national orderlies met at their own support group. Both sets of orderlies also attended the diversity action team meetings. Black and minority ethnic prisoners were also involved in the prisoner consultation group ('Queensland') meetings, which discussed most aspects of prison life, and the foreign national consultative committee. Records of these meetings indicated that prisoners from a black and minority ethnic background took advantage of the wide range of opportunities to be consulted.
- 3.64 A variety of race equality events was carried out as part of the diversity programme (see also paragraph 3.51). A recent addition to this was a monthly diversity day, which celebrated the customs and cuisine of different countries. The prison was reasonably well informed about the needs of prisoners from different ethnic backgrounds.
- 3.65 A wide range of positive race equality material was displayed throughout the establishment. The governor in charge took a special interest in this subject, and he maintained close working relationships with staff working in this area.

Recommendation

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

Foreign national prisoners

Expected outcomes:

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

- 3.67 Foreign national prisoners were generally well supported by effective support networks, and had good access to external sources of help, although use of interpretation services were limited. There was a need to ensure the immigration status of individuals was confirmed expeditiously.
- 3.68 There were around 290 foreign national prisoners. An experienced foreign national coordinator had recently left the post, and the new coordinator was still familiarising herself with the role. There were foreign national liaison officers on all the wings. They had all received training that had been developed with the Detention Advice Service. There were also four foreign national orderlies, who worked in collaboration with the liaison officers to give direct support to prisoners.
- 3.69 Foreign national prisoners were identified on their arrival at reception and their details were passed to the foreign national coordinator, who kept a database with information on their status, nationality and first language. The coordinator interviewed all new foreign national prisoners within the first few days of their arrival. For those who did not speak English, she arranged for a handbook outlining the main prison routines and services to be translated into their language. She also offered to contact their solicitor and inform immigration officials that the prisoner had been detained.
- 3.70 Foreign national prisoners could make free monthly telephone calls and could send free airmail letters. However, some had not been able to make a free telephone call within the first 48 hours of arrival.
- 3.71 The diversity action team meeting dealt with foreign national issues (see paragraph 3.50). These were sometimes raised by the foreign national orderlies who were present, and had recently included problems relating to telephones and clothing. These matters were subsequently passed to the foreign national coordinator who dealt with them.
- 3.72 There was also a monthly foreign national consultative committee, chaired by the diversity manager, which involved liaison officers from the wing and prisoner orderlies. This committee dealt with domestic day-to-day matters, although did not always meet regularly.
- 3.73 There was a list of staff who could speak foreign languages, and they were used as a first point of contact. Records indicated that a professional interpretation service was used only around six times a month, which was low for the size of the foreign national population.
- 3.74 There had been considerable efforts to translate a wide range of written material for prisoners who did not speak English. This work had been carried out at another prison but was poor, and there had been significant delays in obtaining accurate translations.

- 3.75 Funding had been obtained to set up a joint scheme with the prison radio station to broadcast the induction information in 15 languages. There was also a handbook for staff covering work with foreign national prisoners, and there was a copy in each wing.
- 3.76 There were weekly surgeries with immigration officials, and fortnightly clinics held by Detention Advice Service. The coordinator always brought those detained solely under Immigration Act powers, who were often the most in need of advice, to the attention of the visiting officials.
- 3.77 We received several reports that immigration officials had detained people at short notice, and we were given examples of prisoners who were detained on the day they were due to be released. A staff information notice had been issued with advice on how to support prisoners in these circumstances. Nevertheless, this was unacceptable practice by the immigration officials.

Recommendations

- 3.78 Decisions to deport and to maintain detention after sentence expiry should be made and communicated to prisoners well before the end of sentence.
- 3.79 The foreign national consultative committee should meet regularly.
- 3.80 There should be greater use of the professional interpretation service.
- 3.81 Material for translation should be sent to a professional service.

Housekeeping point

- 3.82 All foreign national prisoners should have access to a free telephone call on arrival.

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.

- 3.83 The applications and complaints systems were not effective, and prisoners were negative about the time taken to deal with them and the fairness of responses. The system was overloaded with low level administrative queries, and responses were often unsatisfactory.
- 3.84 Posters explaining how the applications and complaints procedures worked were displayed on all wings, as was information about how prisoners could access the Independent Monitoring Board and the Ombudsman.
- 3.85 Although the posters encouraged prisoners to speak to landing officers in the first instance, in practice prisoners tended to resorted to the formal system straight away. Staff estimated that around 30% of applications could have been dealt with informally. Most related to queries about the PIN (personal identification number) telephone account, visiting orders, canteen, possessions and money. There were over 800 applications a month, which was a large

administrative burden on staff. In our survey, only 23% of respondents felt that applications were handled fairly, against the comparator of 44%, and only 20%, against 41%, felt that they were dealt with promptly.

- 3.86 A new applications system had been piloted on A wing 12 months previously and recently extended across the establishment. Prisoners were issued with receipts, which made it possible to track queries when they did not get a response.
- 3.87 Dealing with complaints was also time-consuming for staff, with around 240 complaints a month. Most complaints related to domestic issues, such as property, canteen and general conditions, and many were similar to the applications. Replies to complaints were, at best, adequate. Most lacked sufficient detail, some were curt, and some of the less serious complaints had no recorded replies at all.
- 3.88 While the applications and complaints systems were heavily used, prisoners appeared to have very little confidence in them, as shown in our survey results: only 8% of respondents, against the comparator of 17%, felt that complaints were dealt with fairly, and only 10%, compared with 18%, felt that were dealt with promptly. If more initial queries were dealt with by staff informally, this would reduce the administrative burden on the formal systems and allow greater attention to the more serious cases.

Recommendation

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

Legal rights

Expected outcomes:

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

- 3.90 Legal services had recently been re-established, and a bail information service had also just been introduced. This work had not yet become embedded, and both these services were still inadequate.
- 3.91 There had been no legal services officer in post for several months. A senior officer experienced in this area had attempted to deal with queries from prisoners in addition to his normal duties, but this work was very limited and ad hoc. A trained legal services officer had just been appointed at the time of our inspection and was setting up the service. She was based in an office in the legal visits area and had use of a fax machine and telephone. A bail information officer had also recently been appointed and was in the process of setting up a service.
- 3.92 As the legal services officer was managed through the community integration team and the bail information officer was managed through the probation department, there were no formal links between the two. There should have been a clear formal link between these two services, to share information and avoid duplication.

- 3.93 Because the arrangements for legal services and bail information were so new and not yet embedded, not all prisoners who could have benefited received the specialist guidance and support they needed.

Recommendations

- 3.94 All prisoners should have the opportunity to receive legal services advice.
- 3.95 All eligible prisoners should have the opportunity to receive advice in relation to bail.
- 3.96 There should be a formal link between the work carried out by the legal services officer and the bail information officer.

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.

- 3.97 The integrated drug treatment system (IDTS) had started, but full implementation had been hampered by delays in adaptations to the dedicated drug treatment wing. There was good psychosocial support for drug users, but there was little for prisoners with alcohol problems and no separate alcohol strategy. Drug testing was inadequate, and the availability of illicit drugs potentially undermined the good therapeutic work.

Clinical management

- 3.98 New arrivals were screened for substance misuse problems and, where appropriate, given first night symptomatic relief. They were seen the following day by one of three specialist substance misuse nurses, who carried out a comprehensive assessment.
- 3.99 Most prisoners who required treatment for opiate dependency were offered methadone. Buprenorphine (subutex) was available only if prescribed in the community immediately before custody. When used, an 11-day subutex detoxification was provided.
- 3.100 Methadone detoxification and maintenance regimes were well managed, serving 80 prisoners each day. Methadone detoxifications were conducted over a nine-week period. Preparations for use of computerised patient recognition and methadone dispensing systems were under way. The dispensing room on the dedicated drug treatment wing (G) was, however, dirty and unsanitary. Prisoners undergoing clinical support spoke positively of their experiences, although some were concerned that drugs remained accessible on G wing.
- 3.101 Full implementation of IDTS clinical detoxification and maintenance programmes had been delayed because of work on the conversion of cell doors and landing in-fill on G wing.
- 3.102 Record keeping and information exchange between clinical staff and counselling, assessment, referral, advice and throughcare (CARAT) staff was good. Prisoners on methadone regimes had frequent case reviews with nurses and doctors with special interest in substance misuse

treatment. Care planning was not so well coordinated between clinical staff and CARAT services, and files showed that each service developed its own plan for prisoners. Prisoner involvement in planning and reviews was, however, good and their views were sought throughout.

- 3.103 Basic alcohol awareness was provided by CARAT workers, but there was no alcohol-specific strategy. There had been no alcohol needs analysis, and it was not possible to ascertain the demand for such work. At the time of the inspection, 30 of the CARAT team's cases (about 10%) indicated alcohol as their primary or secondary substance of choice.

Drug testing

- 3.104 The positive random mandatory drug test (MDT) rate for the preceding six months was 31.1% which, analysed by wing, rose to as high as 35% on B wing. The monthly 5% testing target had been missed in the year 200708 and was only 4.6%. In principle, any prisoner who tested positive for a class A drug was placed on a frequent testing programme, but such programmes were not conducted regularly.
- 3.105 Facilities for testing were clean and well equipped. There were up-to-date drugs awareness posters on the walls, and helpful information leaflets were available in the waiting room area.
- 3.106 A significant number of the 50 prisoners on closed visits at the time of our inspection were for drug-related reasons (see paragraph 6.8). On average, only 33 of the 160 security information reports submitted each month were drug-related. Even so, suspicion testing was rare. Only five tests had been carried out during 2007-08 (there had been 60 in the preceding year) and the last had been nine months earlier.
- 3.107 There were no drug dogs in the prison, although there was access to dogs from other South London prisons. There were plans to introduce dedicated dogs and handlers, but this was unlikely to happen for some months.
- 3.108 We were told that the lack of testing had been due to staff redeployment, and there had been more regular testing in the weeks before the inspection. A drug supply reduction strategy had also been developed, which included more cell window grilles and further netting across exercise yards. However, in our survey, 42% of respondents, significantly more than the comparator of 33%, said that it was easy to get illegal drugs in the prison. Similarly, in our safety interviews (see Appendix III), the availability of drugs was highlighted as the most significant factor in increasing perceptions of a lack of safety.
- 3.109 Throughout the inspection, we smelled cannabis on A, B and G wings, both at night and during association.

Recommendations

- 3.110 An alcohol-specific strategy should be developed based on an up-to-date prisoners' needs analysis.
- 3.111 Mandatory drug testing should be carried out consistently.
- 3.112 Suspicion testing should be undertaken every month to reflect the level of security information reports.

- 3.113 Where appropriate, frequent drug testing programmes should be implemented and applied consistently.
- 3.114 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.

Housekeeping point

- 3.115 The dispensing rooms on the drug treatment (G) wing should be thoroughly cleaned and maintained in line with clinical standards.

Vulnerable prisoners

- 3.116 Vulnerable prisoners were inappropriately mixed with mainstream prisoners. Not all vulnerable prisoners felt safe. Association levels for vulnerable prisoners had recently increased, but work opportunities were limited and they had no access to key parts of the regime.
- 3.117 Vulnerable prisoners were held on C4 landing, where they were mixed with a small number of mainstream prisoners, mainly new arrivals who remained there until they had completed their two-day induction. While there was some informal risk assessment in selecting mainstream prisoners for C4, this was little more than a review of their cell sharing risk assessment. The mixing of vulnerable and mainstream prisoners was poor practice, and had potential implications for safety (see main recommendation HP48).
- 3.118 At the time of inspection, C4 landing held 27 vulnerable prisoners and seven mainstream prisoners. Most vulnerable prisoners were sex offenders. The stairs to C4 landing had been gated off the week before our inspection. Before that, there had been no physical separation from prisoners on the rest of C wing. Even gated off, C4's location as a vulnerable prisoner unit was far from ideal, as the galleried landings on the wing meant that vulnerable prisoners could be seen by mainstream prisoners on other landings.
- 3.119 Although the majority of vulnerable prisoners we spoke to told us that they felt safe on C4, others told us that mainstream prisoners could get to them if they wanted to when they collected their meals, and they felt unsafe at these times. There was also no separate waiting room for vulnerable prisoners in healthcare (see paragraph 4.4). There were no consultative arrangements for vulnerable prisoners.
- 3.120 Following the gating off of C4 landing, the number of association periods had been increased. However, the rest of the regime for vulnerable prisoners was extremely limited. Work opportunities were in general restricted to a few cleaning and painting jobs. The only education available was in-cell work, and vulnerable prisoners had no access to PE and very limited access to the library.

Recommendations

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

- 3.122 Vulnerable prisoners should be able to access all elements of the regime, including meaningful work, education, PE and the library.
- 3.123 Vulnerable prisoners should be able to collect their meals in safety.
- 3.124 Vulnerable prisoners should have a separate waiting room in healthcare.

Section 4: Health services

Expected outcomes:

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

4.1 The provision of health services changed in the week of our inspection. There were some vacancies as recruitment had been on hold pending the planned transfer of service provider. Primary care was acceptable, but prisoners reported long waiting times for GP and dental appointments, and did not routinely have secondary health screening. Mental health services were generally good, although there were no primary mental health nurses and no daycare provision for prisoners requiring additional support. Some nurses appeared abrupt and confrontational towards their colleagues and patients.

General

- 4.2 Health services had been commissioned by Lambeth Primary Care Trust (PCT) from a range of providers until 1 May 2008. From that date, the PCT commissioned prison health services from a consortium headed by a private provider. At the time of our inspection, we did not have access to any service level agreement, policy or procedures for the new arrangements, which were being delivered subject to a letter of intent. As our inspection took place in the same week as the change of provider, our report reflects the arrangements that were in place until 1 May 2008.
- 4.3 There had been a profile of prisoner health in Brixton in July 2007, and there was a health standards development plan, last updated in September 2007. The partnership board met every two months and was attended by representatives from the prison, PCT and, more recently, the new private provider.
- 4.4 The healthcare centre was in a separate building. There were three consultation rooms on the ground floor, and additional consultation space, dental surgery, the pharmacy, the mental health team and administration and offices on the first floor. There was a lift to the first floor for those with limited mobility. Each wing had a dedicated health services room. Many of these were dirty and needed thorough cleaning. There were also two healthcare rooms in reception. Prisoners waited to be called for their appointments in a large open-plan area in the centre of the ground floor. This area was very busy at times. Some prisoners told us they did not feel safe there, and vulnerable prisoners had to wait alongside other prisoners. Although there was a comfortable waiting room on the ground floor, this was more often used for groups rather than as a waiting room.
- 4.5 The inpatient unit, which was undergoing refurbishment at the time of our inspection, was on three landings of D wing. 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 inpatient unit was not accessible to anyone with mobility difficulties.
- 4.6 The large dental surgery was satisfactorily decorated and equipped to provide dental care in a safe environment. All major fixtures and fittings were appropriately certificated. Suitable cross-infection controls were in place, and disposables were used wherever feasible.

- 4.7 The pharmacy consisted of the main dispensary, a storeroom and an adjacent office. It was clean and tidy, and medicines were mostly stored in an orderly manner. The dispensary was kept fully locked when unoccupied, and the security gate kept closed when the dispensary was open. The refrigerator in the dispensary had maximum/minimum temperatures recorded daily, and they were mostly within an acceptable range. When the temperature deviated from the range, an explanation was marked on the chart. Fridge temperatures in the wing-based health services rooms were not reliably recorded every day, and when temperatures fell outside the acceptable range it was not clear what action had been taken. We found food in one of the medication fridges.

Clinical governance

- 4.8 Clinical governance arrangements were underdeveloped. There was no clinical governance committee at the prison. Although the clinical governance lead for the prison had fed into the PCT clinical governance committee, attendance at meetings had been irregular due to pressure of other work, and the PCT committee had not met for some time due to long-term illness of the PCT staff lead.
- 4.9 All staff job descriptions had been reviewed as part of the agenda for change process. The head of healthcare was a registered mental health nurse (RMN), who was supported by the senior nurse (clinical governance lead) and he worked closely with the senior nurses from primary care, inpatients and mental health in-reach. There was also a principal officer to whom the hospital officers and discipline officers reported. The rest of the nursing team were band 5 and 6 nurses. All the nurses working in primary care were registered general nurses (RGNs) while all the inpatient and in-reach nurses were RMN qualified. The inpatient department was supported by 5.5 healthcare assistants. A team of seven discipline officers supported the inpatient and primary care functions. Due to vacancies, there was a shortfall of three band 5 inpatient nurses, 4.5 band 5 primary care nurses, two band 6 primary care nurses, and 4.5 healthcare assistants. Agency nurses were used to fill this shortfall. All healthcare staff delivering clinical care (except the in-reach team) wore uniform. The band 5 nurses and healthcare assistants wore the same uniform, which made it difficult for prisoners to identify who was treating them.
- 4.10 There was no register of patients with lifelong conditions, although staff believed it would be possible to generate one from the electronic record system. The pharmacist provided support for asthmatic patients alongside the GPs. A specialist community diabetic nurse attended to support diabetic patients. The clinical governance lead was the designated nurse for older people, although this role was underdeveloped.
- 4.11 There was an administrative team managed by a senior officer. Although there were two vacancies in the team, which were filled by agency staff, administrative tasks were completed to an acceptable level.
- 4.12 Five local GPs visited the prison for one day a week each. There were morning clinics in the healthcare centre, and a late afternoon/evening clinic on the reception wing until 10pm on weekdays. GPs also attended the prison on Saturdays to see any new arrivals. At other times, the local out-of-hours service was available, although we were told this was rarely needed.
- 4.13 There was a lead pharmacist and another full-time pharmacist, both of whom were supplementary prescribers. There were also two pharmacy technicians, and a pharmacy assistant post was due to be recruited. The pharmacy had a monthly date-checking procedure,

and documentary evidence was seen. Pharmacy staff also date-checked the stock in the stock cupboard. All the methadone pre-packs we saw appeared to have expiry dates.

- 4.14 The dental service was commissioned from a local trust and provided by practitioners seconded from the Salaried Community Dental Service. Two dentists, assisted by qualified dental nurses, attended for five half-day sessions per week. Other allied health professionals, such as an optician and a physiotherapist, undertook sessions at the prison. A radiographer also came in for routine radiography, and we were told that the prison had been successful in a bid to obtain new digital x-ray equipment.
- 4.15 The health services team included a first aid instructor, and all healthcare staff had received resuscitation training in the past year. The prison had access to a training budget through the PCT, and training had been booked in line with individual development plans. Nurses working on the inpatient unit received group supervision, facilitated by an external facilitator. The mental health in-reach nurses received individual supervision. There was no clinical supervision for the primary care nurses. There was evidence that staff professional registrations were checked, although some of the renewal dates for registration had passed.
- 4.16 Emergency equipment was available in the inpatient unit, healthcare centre and wing-based treatment rooms, with the main response equipment in the inpatient unit and healthcare centre. Records of checking equipment were maintained. However, we found examples of entries in the checking log where items needed to be replaced, and this had not been done by the following week.
- 4.17 The visiting physiotherapist was able to obtain aids to daily living from the local loans service.
- 4.18 The prison used the electronic medicine information system (EMIS) for clinical records, and some additional terminals were being installed at the time of our inspection. Staff had been trained in the basic use of the system, which was used for most primary care record keeping. The inpatient unit used hard copy records and care plans. The unit had an EMIS terminal, but this was not in an area where staff undertook most record keeping. Only one of the healthcare rooms in reception had an EMIS terminal. The nurses who worked in reception did not complete the reception health screen electronically, but added a brief summary to the EMIS later. Hard copies of clinical records were held in filing cabinets in the administration office. The records we looked at had adequate entries, although care planning was poor for both primary care and inpatients. We found few examples where patients had a nursing assessment and care plan, and little evidence that care plans had been evaluated. Old clinical records were easy to retrieve if a prisoner returned to the prison.
- 4.19 Formal complaints were dealt with by the prison complaints process, which did not allow for medical confidentiality. The responses to complaints we saw appeared adequate.
- 4.20 There were systems for the prevention of communicable diseases, including a pandemic influenza plan. The prison had links with the Health Protection Agency.

Primary care

- 4.21 New arrivals were seen by a member of the healthcare team for a first night health assessment. Referrals were made to other services, such as the mental health in-reach team, as required. Prisoners were given a leaflet outlining health services at the prison, but this was only in English. Staff told us that they would use another prisoner or staff member to assist if the prisoner had poor English. Prisoners were asked if they had been vaccinated against

hepatitis B and given information about the vaccination programme if appropriate. If a prisoner had immediate health needs on arrival or wished to see the doctor, he was seen by a doctor on the induction wing on the evening of his arrival, and necessary medication prescribed. There was no routine secondary health screening. Clinical records were only requested from a new arrival's community GP if specifically requested by a GP or nurse.

- 4.22 Individual smoking cessation support was available from pharmacy staff. Prisoners could obtain barrier protection through a request to healthcare staff on the wings, the genitourinary medicine (GUM) clinic or the pharmacist. Information that condoms were available from the GUM clinic was included in the healthcare information leaflet given to new arrivals.
- 4.23 To see a member of the healthcare team, a prisoner completed an application form and either gave it to healthcare staff at wing treatment times or pushed it under the healthcare door. Wing nurses were responsible for making appointments. If the prisoner gave no reason for an appointment, a nurse saw him to identify his need. The nurses booked appointments for the GP or minor ailment clinic, which was run on the wings by pharmacy staff. Triage algorithms were not used. The doctor saw urgent applications on the next morning; the wait for other appointments was around seven days. Prisoners were sent an appointment slip on the night before their appointment. There were no specific appointment times. Prisoners attended the department during free-flow movements, and some spent long periods in the waiting area.
- 4.24 Prisoners who failed to attend their healthcare appointments were sent further appointments if a reason for non-attendance was given. Despite this, many prisoners failed to attend their healthcare appointments – around a quarter of dental and GP appointments were not kept. Reasons for this poor attendance had not been explored.

Pharmacy

- 4.25 Prescriptions were written on standard prison prescription forms for supervised medications, and EMIS printouts for in-possession patients. The prescriptions we saw were correctly written. Treatment periods were usually for 28 days, apart from short-term medication. Some medication charts appeared to have gaps in the administration records.
- 4.26 Prisoners on long-term medication could submit their request on a repeat medication request form, which the nurse passed to the pharmacy. The pharmacy checked if the review date had not been passed, and printed off a prescription from the EMIS system as necessary. The doctor generally signed the prescriptions after morning surgery, and the medicine could be delivered to the wings the same day. Patient information leaflets were normally supplied, as a significant proportion of medication was issued in original packs. The pharmacy also kept a folder of leaflets for anyone requesting them. Medications were administered from the wing-based treatment rooms. There was little privacy, as more than one patient was at the gate or hatch at the same time.
- 4.27 Standard operating procedures were available to cover many of the pharmacy's activities. These were dated, but had not generally been signed by the pharmacy staff; review dates were stated. There was only one seasonal patient group direction, for influenza vaccination. The pharmacist had draft patient group directions awaiting authorisation.
- 4.28 There was a written special sick policy. Supplies made under the policy were recorded on a separate sheet, which was returned to the pharmacy. Only paracetamol, ibuprofen and aspirin were issued under this policy, due to the larger amount of medicines available from the pharmacists under the minor ailments scheme. It was not clear how much training the nursing

staff had had on existing medicine interactions, allergies etc. Supplies were audited on an ad hoc basis by the pharmacy staff, and the policy only permitted a certain number of painkillers to be supplied within 24 hours before a doctor had to be seen. A limited number of medicines could be bought through the prison shop.

- 4.29 There was a written in-possession policy, which had recently been reviewed. The next review was due in October 2008. There was a formal risk-assessment procedure.
- 4.30 Controlled drugs in the pharmacy were correctly stored, and there were registers that seemed correct, except they did not comply with a recent change in headings. Registers for buprenorphine were kept in the prison in line with best practice. Controlled drugs registers in the treatment rooms appeared to be completed, but had multiple crossings out and obliterations. In one wing treatment room, the door to the medicines cabinet was loose and insecure.
- 4.31 Methadone and subutex were generally ordered from the pharmacy through signed order by the nurses. The pharmacy issued the methadone in labelled pre-packs, and these were transferred in a locked box and accompanied by a guard. Nurses then issued these against prescriptions written by the doctor. We saw examples of these prescriptions in the pharmacy. Most did not appear to comply with the requirements (such as quantity in words and figures), and several (especially those for subutex) had obliterations and alterations which were unsigned by the prescriber. This could represent a significant risk for misuse or loss of drugs. Specification of dosage units on the prescriptions for subutex (for example, 12 2mg tablets rather than 24mg), would reduce misunderstanding and the potential for error.
- 4.32 We found evidence of secondary dispensing, with some medicines in unlabelled plastic pots, and loose strips of medicines in a box in a medicines cabinet. It was not known if these were patient returns or non-administered medication.
- 4.33 The medicines and therapeutics committee usually met every five weeks, although the frequency varied. The lead pharmacist chaired, and there were usually representatives from the GPs, nursing staff, and PCT.

Dentistry

- 4.34 Access to the dentist was by application to the wing nurses, who allocated the patient to the urgent or routine dental list. Urgent cases in obvious pain were seen at the next available session. On the day of our visit, there were 120 patients on the waiting lists, with a waiting time of between six and eight weeks. The range of care provided was appropriate to the needs of the population. Oral hygiene instruction was given to patients who attended the surgery, but there was no oral health promotion for the general population. Dental records were appropriately annotated and securely held.
- 4.35 Throughput of booked patients was generally satisfactory, at about 12 per day, but the patient failure to attend rate ran as high as 25%. Although other patients could be called in at short notice to make up the loss of clinical time, the situation was unsatisfactory.

Inpatient care

- 4.36 There were 25 inpatient beds, although we were told it was unusual for all to be in use, as there were seven shared cells and not all patients were able to cell-share. All the beds were listed as certified normal accommodation (CNA). There were clear admission and discharge

policies. At the time of the inspection, all the inpatients had mental health needs. Ten were awaiting transfer to secure NHS mental health beds, and four of them had been waiting for more than three months. Prisoners awaiting transfer to secure NHS mental health beds were discussed at weekly meetings, where responsibilities for any required action were allocated.

- 4.37 The patients had a structured regime, which included occupational therapy sessions with an occupational therapist who worked in the prison four days a week. At the time of our inspection the regime had been disrupted for several weeks due to refurbishment of the unit for improvements and to install in-cell electricity. There was a weekly multidisciplinary ward round, in which patients were involved.
- 4.38 All the nursing staff working on the inpatient unit were RMN trained. We observed some good interaction between staff and their patients, but some nursing staff appeared abrupt and confrontational towards their colleagues and patients. Discipline officers who worked in the unit worked closely with the clinical staff and appeared to know the patients well.

Secondary care

- 4.39 The healthcare senior officer was responsible for the management of external appointments, and coordinated referrals and appointments. If a prisoner was released unexpectedly, she sent him all the paperwork relevant to his appointment and also informed the hospital that he was no longer at the prison. She also ensured that if a prisoner moved to another prison he was still able to keep any hospital appointments. Prisoners awaiting external appointments were placed on medical hold, and this list was updated weekly.

Mental health

- 4.40 Mental health services included secondary and tertiary services. There were no primary mental health nurses, and this gap was filled by the in-reach team. The in-reach nursing team included a team leader, two nurses and a psychologist, although the psychologist post was vacant at the time of our inspection and had not been advertised pending the transfer of provider. A consultant forensic psychiatrist (0.7 whole-time equivalent), specialist registrar (0.6) and a staff grade psychiatrist (0.7) provided medical care. We were told that out of hours cover for this service was rarely used, but the local crisis team could be used if needed; we saw a record of when this had been used appropriately.
- 4.41 Prisoners could be referred for a mental health assessment by anyone, including themselves. Initial assessments were carried out within two or three days, or sooner if the need was considered acute. Cases were regularly discussed within the team.
- 4.42 Each of the in-reach team (including the team leader) carried a caseload of between 12 and 19 patients at the time of our inspection. They saw patients on an individual basis.
- 4.43 A counselling service was available, and referral was open to anyone, including prisoners themselves. The wait for a first appointment was between three and five weeks. Separate programmes were available for generic counselling and for prisoners resident on the detoxification wing.
- 4.44 There was no daycare provision for prisoners less able to cope on the wings. The space previously used for this was no longer available to the healthcare department.

Recommendations

- 4.45 Health staff vacancies should be filled as soon as possible.
- 4.46 Primary mental health nurses should be recruited and given protected time for provision of primary mental health.
- 4.47 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.
- 4.48 A timed appointment system should be introduced to avoid prisoners spending long periods in the healthcare waiting area.
- 4.49 Healthcare staff should be clearly identifiable by their uniforms.
- 4.50 All staff should have access to clinical supervision.
- 4.51 All inpatients should have care plans which have been informed by nursing assessment and are regularly evaluated.
- 4.52 An appropriate complaints procedure should be in place.
- 4.53 Hard copies of clinical information and the electronic medicine information system should both be available to anyone treating a patient.
- 4.54 Healthcare staff should use professional interpretation services to assist prisoners with poor or no English.
- 4.55 Written healthcare information should be available in a range of appropriate languages.
- 4.56 Information from prisoners' community GPs should be obtained as soon as possible after reception.
- 4.57 Triage algorithms should be developed to ensure consistency of advice and treatment.
- 4.58 All healthcare staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times.
- 4.59 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.
- 4.60 The reason for prisoners not attending GP and dental appointments should be explored and appropriate action taken.
- 4.61 Prisoners who need specialist mental health services should be transferred expeditiously.
- 4.62 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.
- 4.63 Secondary dispensing should cease.

- 4.64 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.
- 4.65 A daycare service should be available to support prisoners less able to cope on the wings.
- 4.66 There should be a register of patients with lifelong conditions and this should be regularly validated.

Housekeeping points

- 4.67 All medicine refrigerators should be kept between 2 and 8 Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly.
- 4.68 There should be a reliable system for checking the professional registration of staff.
- 4.69 Loose tablets and tablet foils should not be present in medications stock.
- 4.70 Prescriptions for controlled drugs should comply with all legal requirements. Any alterations to prescriptions must be signed by the prescriber.
- 4.71 Controlled drugs registers for the pharmacy should comply with the current legislation.

Section 5: 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.

- 5.1 Education and training was well managed, and the curriculum had improved, but was limited for vulnerable and segregated prisoners. There was insufficient work and activities available for the size of the prison, and limited vocational skills training. Only 30% of prisoners were able to take part in learning and skills. Education was offered on a part-time basis, and was not open to prisoners in other activities, although key skills were available in some work areas. There were not enough classes in English, and very few learners on higher level courses. Teaching and learning were good on many programmes. Some accredited vocational training was available. Library facilities were good, but access was limited for many prisoners.
- 5.2 The leadership and management of learning and skills were effective. There had been a strong strategic commitment to improve provision, with good partnership working. The head of learning and skills was a member of the senior management team, and worked well with the education provider to maximise funding opportunities.
- 5.3 Most learning and skills were provided by Lewisham College. The curriculum had improved since the previous inspection in line with the outcome of a detailed needs analysis. The curriculum was broadly satisfactory. It included accredited programmes, such as personal development, social and life skills, literacy, numeracy and English for speakers of other languages (ESOL), art, radio production and some short employment-related courses, including customer care, food hygiene and health and safety. A range of information and communications technology (ICT) courses was provided in very well-resourced working areas with high standard equipment. Key skills development was also supported in many of the workplaces. There was sufficient ESOL provision.
- 5.4 The day-to-day provision of learning and skills was well organised and managed. Staff had clear roles and responsibilities that focused on improving the quantity and quality of education. The self-assessment process was inclusive, well established and very effective. The self-assessment report was widely used, and comprehensive action planning helped drive continuous improvement.
- 5.5 Learning and skills were offered on a part-time basis in structured classes and in-cell. There were approximately 120 places in education each morning and afternoon. However, only 30% of the population were able to access learning and skills. There was insufficient provision for segregated and vulnerable prisoners, and little attention given to those serving longer sentences. Only five or six prisoners were on higher level courses. Access to education was restricted for those engaged in other activities. There was no evening or weekend provision.

- 5.6 A fully equipped radio studio was used to provide accredited short courses, using interviews and broadcasts on the prison network. Key skills accreditation was also available. Good links with the BBC and community radio agencies provided employment for a few learners on release.
- 5.7 Much of the learning and skills provision attracted national accreditation. There was good use of frameworks such as recognising and recording progress and achievement (RARPA).
- 5.8 The number of learners who completed some courses was low, mainly because they were transferred out at short notice. Attendance was good on most courses, and had improved with the introduction of a recruitment and retention member of staff from Lewisham College. But attendance was only 50% on many literacy and numeracy programmes. Prison officers worked hard to get people to work activities on time.
- 5.9 Induction and the initial assessment of prisoners' literacy and numeracy needs were thorough, and the results used well to inform individual learners' needs and support. Prisoners with language support needs were offered ESOL and additional literacy and numeracy, and language support was available in the kitchen, workshops and on the wings.
- 5.10 Teaching, training and learning were particularly good, especially in the practically based classes. Experienced and well-qualified teachers worked well to support learners and help them develop competences and self-confidence. Lessons were well planned, with a range of stimulating activities for learning. There was good development of practical skills in many areas. Pass rates were high on most courses, but learners achieved less well in ESOL.
- 5.11 There was insufficient work and activities to meet the needs of the prison population, with only 400 equivalent full-time activity places for a population of 792. Participation rates for employment, including education, varied between 45% and 55%. There were no workshops, and there was some menial unskilled work, such as cleaning and servery work. Work around the prison, such as painting and decorating, was not accredited.

Library

- 5.12 The library was well managed by one full-time and one part-time librarian from the London Borough of Lambeth library service. Provision had improved significantly, and its co-location with the education department made it more accessible to learners, but there was poor attendance by non-learners.
- 5.13 On average only 100 prisoners a week visited the library. There were clear and equitable procedures for access, including for vulnerable prisoners, but there was a lack of clarity about access for other segregated prisoners. In our survey, only 22% of respondents said they visited the library at least once a week, against the comparator of 38%, although foreign national and Muslim prisoners were more likely to attend than their counterparts.
- 5.14 A small library room was available on one wing. However, there was no evening or weekend opening or mobile library service on the wings for those prisoners unable to attend during the week. Supervision arrangements were adequate, and a patrolling officer was available during prisoner free flow.
- 5.15 The librarians made good use of prison profile data, such as that on ethnicity, to inform developments, particularly in the provision of books to foreign national prisoners, and there was a range of publications, including Prison Service Orders. Literacy information and

promotional material was displayed on posters. There was good collaboration with the prison magazine, *Not Shut Up*, including creative writing workshops.

Recommendations

- 5.16 The curriculum for segregated and vulnerable prisoners should be improved.
- 5.17 There should be better accommodation for artwork classes.
- 5.18 There should be more formal nationally recognised accredited skills training programmes.
- 5.19 The library should be open in the evenings and at weekends, and there should be better access for prisoners not on formal education courses.
- 5.20 Prisoners unable to attend the library should be able to choose books from a library catalogue.

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.

- 5.21 Gym facilities were adequate, but there was little provision for outdoor exercise or older prisoners. Prisoners in work or education could not access the gym, which was not available at weekends or during association.
- 5.22 The physical education department was run by a full-time senior PE officer and four full-time PE officers. Staff were well qualified and experienced, and were supported by six part-time gym orderlies. A part-time teacher from Lewisham College ran PE courses.
- 5.23 Facilities included a well-equipped although cramped multi-gym and a separate weights room with shower facilities. New PE equipment had recently been installed on G wing, and this was well supervised by a gym orderly. There were poor facilities for outdoor sport and recreational activity, apart from a small area for quick cricket and volleyball.
- 5.24 All prisoners attended a gym induction, which included a physical exercise assessment questionnaire, compact user agreement and, where appropriate, a medical conditions report. Gym activities were well promoted on the wings, and through the gym orderlies and the prison radio service.
- 5.25 Accredited courses in weights and gym instruction were relatively new. Gym orderlies and others were encouraged to take a level one course as assistant gym instructors, and some progressed to the level two gym instructor award.
- 5.26 There was poor access to the gym for those in work or education. Most could not access the gym at all for the required two sessions each week. Access to the gym for prisoners with

mobility difficulties was adequate. There was no gym activity at weekends or in association time.

- 5.27 There were few activities for prisoners over 50, apart from volleyball for older prisoners on C wing. This gap had been identified by PE staff, and there were plans to convert one of the activity yards into badminton and short tennis courts to attract older prisoners. PE staff had appropriate links with health services to manage prisoners with additional needs.
- 5.28 All prisoners who used the gym were given clean gym kit and a towel at least weekly, although many preferred to wear their own kit. Prisoners could shower after each PE session, and changing and shower facilities were effectively supervised. However, gym showers were currently being installed and prisoners had to be escorted to the weights room showers, which was time consuming.

Recommendations

- 5.29 There should be improved access to gym facilities for prisoners in work or education.
- 5.30 PE should be available at weekends.
- 5.31 All prisoners should have appropriate access to outside recreation.
- 5.32 There should be better PE provision for older prisoners.

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.

- 5.33 The chaplaincy played an active role in prison life and offered a good range of religious and faith-based support.
- 5.34 The full-time coordinating chaplain was from the Church of England and was supported by two full-time chaplains, one Catholic and one Muslim. Each denomination also had a part-time representative. Other sessional chaplains attended regularly to cover the specific needs of the prison population. At the time of the inspection, 65% of the prison population fell into the three main denominations represented by the full-time chaplaincy staff.
- 5.35 The chaplains saw all prisoners during their induction, and information about chaplaincy services was translated into different languages and publicised on all wings. Following the change in regime in March 2008, the chaplaincy had struggled to ensure that all prisoners could access all its services and courses. Most provision was available twice a week, helped by the availability of a Portakabin on the C wing yard as a multi-faith room, but fewer prisoners took part than under the previous regime. Access to chaplaincy provision was generally during work time, and it was difficult for prisoners in work or education to attend faith courses without jeopardising their employment. It was also difficult for prisoners to attend Sunday morning Catholic and Anglican services, as these clashed with exercise and association.

- 5.36 Most services were provided in the chapel, which was large and able to accommodate a number of different groups. Muslim prisoners used the area for Friday prayers, and a built-in washing area was available. As with much of the prison, the chapel suffered from old and shabby fabric and had continual problems with a leaking roof. There were plans to develop the chapel, but funding had not yet been secured.
- 5.37 The chaplaincy provided a good range of courses, including Bible studies and Muslim study groups, and a six-week course orientated to working with prisoners and their partners. It also facilitated a weekly debt counselling service and a well-established drama group that explored everyday issues with prisoners. However, this positive work was not linked directly with resettlement services, and potentially missed some prisoners who could have benefited.
- 5.38 The chaplaincy team was well integrated into the prison, and we often saw the chaplains on the wings and elsewhere. However, the team had no formal links to sentence planning reviews or assessment, care in custody and teamwork (ACCT) self-harm monitoring plans (although some chaplains were trained ACCT assessors). Although chaplains made contributions if they had specific contact with a prisoner, they did not do so as a matter of course.

Recommendations

- 5.39 Prisoners should be able to access faith-based services without compromising other aspects of their regime.
- 5.40 Chaplaincy programmes orientated to family support and debt counselling should be linked more closely with resettlement services.
- 5.41 Chaplains should be routinely included in ACCT self-harm monitoring reviews.

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.

- 5.42 Access to time out of cell was poor, and fell well short of our expectations. It was predictable and consistently delivered, although there was no evening association. One hour's exercise was offered each day.
- 5.43 Since September 2007, the prison had reported between five and seven hours a day time out of cell. While this was more accurate than previously recorded, it was well short of our expectation of 10 hours. Our own analysis indicated that for the few full-time employed prisoners time out of cell was about seven hours per day. For a large number of prisoners who worked part-time, time out of cell ranged between just under 4.75 hours and just under 5.75 hours. For the unemployed the situation was much worse, with time out of cell reduced to between two and three hours (see main recommendation HP51).
- 5.44 The strategy of the prison had been to ensure predictability of access to time out of cell. To achieve this, wings had been partnered: while one wing was unlocked to associate, for example in the morning, the other wing sent a small number of its prisoners to activity; in the afternoon, the practice was reversed. This strategy had been successful, but a consequence

was that no prisoner had evening association (see main recommendation HP52). However, in our survey, 65% of respondents, significantly better than the comparator of 48%, said they had association at least five times a week. Association was rarely cancelled, and a roll check we undertook during the core part of the day indicated that only one in five prisoners was locked up.

- 5.45 Association facilities on the wings were limited, although there had been an effort to provide exercise machines. In our survey, significantly more respondents than the comparator said that staff spoke to them during association.
- 5.46 There was evidence of some slippage in regime, and some staff we spoke to did not seem aware of the requirements of the core day. Extended briefing meetings sometimes delayed unlocks, and managers were attempting to instil greater discipline in this regard.
- 5.47 Exercise was available on all wings every day and was programmed for an hour, although records suggested this was not always achieved. Prisoners could join exercise late or finish early if they wished. Most wings had their own exercise yards, but these were grim and needed refurbishment.
- 5.48 Although waterproof and warm clothing was available for prisoners, we were told that outdoor exercise was not available if the weather was inclement. What constituted inclement was not clear. In our survey, only 17% of respondents, against the comparator of 40%, said they went outside for exercise three or more times a week.

Recommendations

- 5.49 There should be management checks to ensure the core day is delivered on time.
- 5.50 The quality of the exercise yards should be improved.
- 5.51 Prisoners should have access to exercise every day, regardless of the weather.

Section 6: 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. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 The security department had lost momentum with the frequent cross-deployment of staff. The number of security information reports had fallen over the past year. Intelligence gathering, incident recording and monitoring systems needed to be improved. Key elements of the drug supply reduction action plan were not yet in place, although work had begun.

Security

- 6.2 The deputy governor held overall responsibility for the safety (security) department. The department had four vacancies at the time of the inspection. The depletion of staff resources, compounded by regular staff cross-deployment to other tasks during the previous year, had reduced the department's ability to act upon received intelligence in a timely manner. As a result, the number of security information reports (SIRs) received had fallen to 947 over the last six months, which was low for the size of the prison. SIRs largely related to drugs and mobile telephones.
- 6.3 The safety committee, chaired by the deputy governor or head of safety, met monthly. It had not been well attended by residential staff, although this had improved at the March 2008 meeting. The department had nominated security liaison officers who were responsible for maintaining communication with residential units, but they were underutilised.
- 6.4 A population management committee meeting, attended by residential staff and the violence reduction coordinator, had been introduced in October 2007 and was a positive development. The meeting had improved the flow of intelligence and information sharing between the safety department and wing staff. It had begun to assist the department in identifying and managing problematic prisoners. However, the department needed to increase and develop its focus on the analysis and impact of gang-related activity if it was to effectively address staff and prisoner concerns (see bullying and violence reduction).
- 6.5 The prison had good working relationships with local police, but the police liaison officer was on site only two and a half days a week with no cover. This lack of resource was a concern and the prison would need more support if it was to effectively develop and share intelligence with the police.
- 6.6 There was clear evidence of under-reporting of incidents on the national incident reporting system (IRS). Only seven incidents were reported on IRS in January 2008 and five in February. Although the safety report included an overview of the previous month's incidents, it was difficult to establish how many incidents and of what type had occurred. The report did not cover formal monitoring or analysis of trends or patterns of incidents.

- 6.7 Key aspects of the drug supply reduction action plan were not yet in place. There were no drug dogs in the prison, the department had not always met its mandatory drug testing requirements, there was no suspicion testing and no prisoners on a frequent testing programme (see paragraph 3.106). Targeted searches were the responsibility of the safety department and routine searching was carried out by wing staff. Finds of mobile telephones were significantly higher than drug finds. There were 295 mobile telephone finds in 2007 and 52 in January 2008. Post room staff read any post targeted by security, including all the post of prisoners subject to public protection procedures.
- 6.8 There was a fair policy for managing closed visits and banned visitors. There were 50 banned visitors at the time of the inspection, many as a result of security intelligence, behaviour or drug issues. Bans were for three months followed by three months on closed visits. Visitors were informed by letter and appeals against the decision were heard by the deputy head of safety. Closed visits reviews were held monthly and were attended by the safety manager and drug strategy intervention staff.

Rules

- 6.9 Prisoners were given information about prison rules and procedures in the form of a compact. The rules were reasonable and simply explained. All the wing history sheets we examined contained a copy of this compact, but not all compacts were signed by the prisoner.

Categorisation

- 6.10 Recategorisation processes were initiated through the offender management unit (OMU) and staff from all key functions were invited to contribute to the process. Observation, classification and allocation (OCA) staff were also based in the OMU, but were frequently deployed to other duties.
- 6.11 Prisoners were not formally invited to make written or verbal submissions. In the previous six months, 81% of cases heard at the recategorisation board were approved for moves to category C and D establishments. There were over 120 moves to other establishments each month, and OCA staff had strong relationships with offender supervisors to assist moving those prisoners whose sentence plans required interventions available at other prisons. Nevertheless, some prisoners waited several months before they were reallocated.
- 6.12 Under a holds policy, prisoners on accredited programmes or receiving medical treatment could be taken off the transfer list and held at Brixton, following approval from the head of the OMU.

Recommendations

- 6.13 All incidents should be logged on the incident reporting system (IRS) in accordance with reporting guidelines.
- 6.14 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.
- 6.15 The police liaison officer's role should be full-time.
- 6.16 Residential staff should consistently attend safety committee meetings.

- 6.17 The safety department should make regular use of its security liaison officers to ensure fully effective intelligence gathering.
- 6.18 The drug supply reduction action plan should be widely publicised throughout the establishment, and kept under constant review in response to intelligence received.
- 6.19 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.
- 6.20 Prisoners should be invited to contribute to recategorisation processes.

Housekeeping point

- 6.21 All compacts should be signed by 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.

- 6.22 The number of adjudications had increased slightly, but was not excessive for the type and size of population. Hearings were well conducted, and charges were fully investigated. The use of force was not excessive, and use of special accommodation was low. The quality of use of force documentation was very poor, and there were no quality assurance checks, but documentation for special accommodation was better. Segregation was only used as a last resort. The unit was dirty and the regime was limited, but consistently delivered. It was routinely not staffed at night, and occasionally not during the day, and prisoners could not raise the alarm at these times. Wing files and good order reviews were completed well, with evidence of steps to support reintegration to normal location.

Disciplinary procedures

- 6.23 Adjudication standardisation meetings took place quarterly and were minuted. Punishment tariffs, last reviewed in December 2007, were displayed to prisoners in the adjudication holding room. There had been 1,150 adjudications in 2007 and 439 in 2008 to date, which averaged around 25 per week. While this was a slight increase on the previous year, it was not excessive for the prison's population.
- 6.24 The staff office in the care and separation (segregation) unit (CSU) also doubled as the adjudication room. Although compact, this was fit for purpose. Staff from the CSU searched the prisoner before entering the adjudication room, and then normally left the room. Hearings were coordinated by the senior officer from the CSU, and the reporting officer was also normally present. There were no attempts at intimidatory tactics.
- 6.25 The hearings we observed were conducted fairly. The prisoner was put at ease by the adjudicator and addressed respectfully, and was given every opportunity to challenge what

was said and put his version. If the charge was found proved, he was given a copy of his punishment and the appeal process.

- 6.26 We reviewed documentation from completed adjudications and found that charges had been fully investigated and records provided a full account of the hearing. Any requests for witnesses had been fully considered and dealt with appropriately.

The use of force

- 6.27 At the end of March 2008, only 72% of staff had been trained in basic control and restraint (C&R) refresher training against a target of 80%.
- 6.28 There had been 182 use of force incidents in 2007, and 54 in 2008 to date. Use of force forms were filed alongside all other incident reports, which made them difficult to find. While use of force at Brixton was not high, 14% of respondents in our survey, against the comparator of 8%, said that they had been physically restrained by staff during the past six months. We observed one potential incident where force was avoided through good staff de-escalation techniques.
- 6.29 The safety committee conducted some monitoring of use of force incidents, but this was restricted to the locations where they had occurred. There was no monitoring of use of C&R or whether incidents were spontaneous or planned.
- 6.30 There were no effective quality assurance arrangements, and the standard of completed use of force documentation was poor. We found many examples where forms had not been fully completed. Basic information was often missing, and the sections to be completed by the member of staff authorising the incident and the officer certifying the documentation were blank. We also found examples where staff involved in the incident had completed incident report statements instead of the appropriate use of force forms. This was poor practice. It was not always clear where the correct documentation had been used. We also found a few examples where injury to inmate forms (F213) were not filed with other use of force documentation.
- 6.31 There was one special cell on the ground floor of the CSU. The cell was clean with sufficient natural light and had a mattress and blanket. The special cell had been used only seven times in 2007 and on two occasions since the start of 2008. In only two cases was it used for more than two hours, and in only one of these was a prisoner held in the cell overnight.
- 6.32 The standard of documentation for use of special cells was acceptable, and monitoring was completed to a good standard. Authorisation comments also confirmed that prisoners placed in special accommodation were not routinely deprived of normal clothing.
- 6.33 There was a video camera in the orderly officer's safe for recording planned use of force incidents. A previous camera had not been working, and planned incidents had not been videoed as a result.

Segregation unit

- 6.34 The care and separation (segregation) unit (CSU) consisted of five normal cells, a gated cell, a special cell and an unfurnished cell used to hold prisoners pending adjudication. The unit was small for the size of establishment, and prisoners had to be managed on normal location wherever possible. Use of segregation was, therefore, low. This was confirmed in our survey,

in which only 8% of respondents, against the comparator of 12%, said that they had spent a night in the CSU during the past six months.

- 6.35 Standards of cleanliness in the CSU were poor. The floor of the communal area had ground-in dirt, and the in-cell toilets needed attention. All cells were a reasonable size with good natural light. Normal cells had stainless steel in-cell sanitation units, positioned to provide adequate privacy. They also had a fixed metal bed and table, and in-cell electrics. The previous fixed metal seats had been damaged and replaced by free-standing seats. Cell walls had recently been painted and were free from graffiti.
- 6.36 There was a published staff selection policy, and a pool of staff had been authorised to work in the unit by the Governor. Staff had to have some experience working on the residential units, be trained in basic C&R techniques, be aware of key establishment policies, and display the necessary competences for dealing with violent or refractory prisoners.
- 6.37 Staff told us that, due to operational requirements, they had occasionally been redeployed to cover shortfalls on B wing and that the CSU was left unstaffed. At such times, the safety of any occupants depended on staff from B wing patrolling as necessary. This was also routine practice during evening periods and overnight. We had serious concerns about these arrangements, as the cell bells in the CSU did not indicate on B wing.
- 6.38 Prisoners located into the CSU were not routinely strip searched. Rules relating to the unit were explained to them in an information booklet. Occupants had daily access to showers and exercise, but had to complete applications to use the telephone on B wing or change their library books. In-cell education work was only provided if the prisoner was on an education course or if he applied for it. Staff from the education department did not routinely attend the CSU to encourage prisoners to get involved.
- 6.39 Safety algorithms were completed on prisoners located into the unit and reviews completed on those segregated. These reviews were chaired by a governor grade and routinely attended by unit staff and healthcare. The Independent Monitoring Board (IMB) also attended regularly. The written records of these reviews and the wing history files showed that there were active plans to support reintegration back to normal units wherever possible. The quality of wing history files was good, with frequent entries that often showed close monitoring of the prisoner's wellbeing.
- 6.40 A governor, chaplain and medical professional visited the unit every day and signed the register. A member of the IMB also attended regularly.
- 6.41 At the time of inspection there was only one occupant in the CSU, who had been segregated under good order and/or discipline (GOOD). He spoke well of staff in the unit and confirmed that he had received all his entitlements.

Recommendations

- 6.42 The prison should meet its target for staff refresher training in basic control and restraint (C&R).
- 6.43 The safety committee should monitor all use of force incidents, and also those that are planned or spontaneous.

- 6.44 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.
- 6.45 Planned C&R interventions should be routinely recorded by video.
- 6.46 The standards of cleanliness in the segregation unit should be maintained at an acceptable level.
- 6.47 Cell alarms activated in the care and separation unit (CSU) should indicate both visually and audibly in B wing whenever the CSU is unstaffed.
- 6.48 Staff from the education department should routinely attend the CSU and actively encourage occupants to participate in in-cell education.

Incentives and earned privileges

Expected outcomes:

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

- 6.49 The incentives and earned privileges policy was thorough and operated throughout the prison, but there was little evidence that it was used as a motivational tool or to support sentence planning. Prisoners on the basic level of the scheme did not receive the amount of association stated in the policy. Twelve-week statutory reviews and monthly management checks were not carried out.
- 6.50 The incentives and earned privileges (IEP) policy document had been reviewed in June 2007. The policy was well publicised on wing notice boards. The scheme had three levels differentiated by access to visits, private cash, in-cell TV, and the purchasing of items from the facilities list, such as hand-held games.
- 6.51 Progression, as described in the policy, was linked to engagement with regime interventions and sentence plan targets. In practice, movement through the levels was based upon a prisoner's adherence to wing rules. Prisoners were given a verbal warning after receiving a red entry in their wing file. Two red entries resulted in a written warning. An IEP review board, chaired by the wing manager and attended by the prisoner, was convened after three red entries. Warnings and reviews were recorded in wing files. An appeal process was in operation. The policy stipulated a three-month review of incentive levels for all prisoners, but we found only isolated examples where reviews had been carried out. There was little evidence of any management checks of wing files.
- 6.52 At the time of our inspection, 9% of prisoners were on the enhanced level of the scheme, 90% on the standard level, and 1% on basic. Prisoners could apply to be considered for enhanced or be recommended by their personal officer two months after arrival. Prisoners we spoke to felt the limited differential between the standard and enhanced levels was not sufficient encouragement to improve their behaviour. Enhanced level prisoners were required to sign a voluntary drug testing compact and provide a negative sample before they attained that level. An IEP review was invoked if an enhanced prisoner refused to provide a sample or provided a

positive sample. It was not possible to check how this system operated in practice as voluntary testing had been on hold until February 2008.

- 6.53 In our survey, only 26% of respondents felt they had been treated fairly under the IEP scheme, against a comparator of 46%. Many prisoners said they had not been told when they had received red entries, and they did not have the opportunity to read their history sheets. As a result, they expressed a lack of confidence and trust in the scheme. Our examination of wing files showed that staff making negative entries did not always state if the prisoner had been informed.
- 6.54 Staff believed the association entitlement for prisoners on basic was half an hour a day, although the policy stated it was an hour. Prisoners told us they received 30 minutes, and were expected to take their shower and make telephone calls in this time. Prisoners on the basic level were set targets to improve their behaviour, and reviews were carried out by the wing manager every seven days. The policy required a daily entry in wing files when a prisoner was on the basic level, but this did not happen in practice.
- 6.55 Monitoring of the IEP scheme was minimal, but there was an action plan to introduce a more robust monitoring system, record the number of warnings issued, and the movement of prisoners between levels.

Recommendations

- 6.56 **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.**
- 6.57 **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.**
- 6.58 **Prisoners on the basic level of the scheme should have access to the full range of privileges stated in the IEP policy.**
- 6.59 **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.**
- 6.60 **There should be robust quality assurance and monitoring of the IEP scheme.**

Section 7: 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.

7.1 A new kitchen was expected to be operational by the end of the year. Given the limitations of the current kitchen, food production was good and hygiene was maintained to a reasonably high standard. There were acceptable consultation processes with prisoners, and a responsive menu. The general quality of food was good, although many prisoners complained about quantities.

7.2 The kitchen was large and well laid out. Although much of its equipment had been upgraded 18 months earlier, the general fabric of the building was decaying. A new kitchen was being built and projected to be completed by November 2008. Despite the pressure on the kitchen, hygiene was maintained to a reasonably high standard.

7.3 Catering staff team consisted of a head of catering, two head chefs and six assistant chefs, with up to 36 prisoner workers. The turnover of prisoners was high, at up to eight a week. All prisoners who worked in the kitchen went through a comprehensive training programme. Education staff undertook the basic health and hygiene course, which all kitchen and wing servery workers were expected to complete. This training was provided very regularly, and most kitchen workers had completed it before they started work or within the first two weeks. Given the turnover, it was rare for prisoners wishing to work in the kitchen to wait long for a vacancy.

7.4 Although national vocational qualifications had previously been available for prisoners in the kitchen, given the present turnover this was no longer practical. At the time of the inspection only one prisoner had been employed in the kitchen for six months.

7.5 One area of the kitchen was identified specifically for the preparation of halal food. Separate cooking facilities were used, all halal food was stored separately, and appropriate halal licences were in place.

7.6 All prisoners had the option of at least one hot meal a day in the evening/afternoon. Lunch was often a sandwich and fruit, but sometimes a more substantial meal was available, especially in the winter. Lunch was served between midday and 1pm and the evening meal from 5pm to 6pm. These meal times were generally adhered to and achieved, although the size of A and G wings sometimes posed difficulties. Breakfast packs were given out with the evening meal for the next day.

7.7 The menus were reasonably varied and offered up to five choices, including healthy, vegetarian, vegan and halal options. Given the ethnic breakdown of the prison, there had been good attempts to offer cultural variations. Diets for religious purposes were provided where necessary, such as kosher food, and special diets were also provided where indicated by the healthcare centre. A prisoner could not choose a particular halal meal unless he changed to a consistent halal diet.

- 7.8 Prisoners were able to dine out of their cells only on D wing. On all other wings they had to eat food in their cells. On A, B and G wings this usually meant two prisoners had to dine in the equivalent of single cells which also incorporated a toilet – often inadequately screened (see paragraph 2.4).
- 7.9 In our survey, only 18% of respondents, against a comparator of 23%, said the food was good or very good. Black and minority ethnic prisoners rated the food significantly higher than white prisoners, as did foreign national prisoners compared to British nationals. We received many complaints during the week about relatively small portions, which might account for the relatively poor overall rating of the food. The food we tasted on three of the wings during the inspection was good and adequate.
- 7.10 The catering manager attended the monthly prisoner consultation meetings, and there was evidence that suggestions and ideas were taken forward and incorporated into menus, which were usually updated every three months. Twice-yearly prisoner surveys were also undertaken and incorporated into subsequent changes.
- 7.11 There were good links between the kitchen and chaplaincy to ensure appropriate food was provided for religious groups and for religious festivals. We also saw that the Muslim chaplain had provided advice to prisoners, via the healthcare department, about fasting sensibly and, in particular, while taking medications.

Recommendations

- 7.12 Breakfast packs should not be given out as an alternative to a served breakfast.
- 7.13 Prisoners on the main wings should be able to eat out of their cells.
- 7.14 Prisoners should be able to choose any meal from the options available on a one-off basis.

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.

- 7.15 The prison shop offered only a restricted range of products, and there had been no prisoner survey for 18 months. The range of catalogues was also limited.
- 7.16 The prison shop was provided in-house by a manager and deputy along with operational support grade staff. In October 2007 the shop had been moved temporarily to a Portakabin, as the area had been identified for the new kitchen. This had led to a substantial reduction in shop items due to storage problems. In January 2008 an extension was made to the Portakabin, effectively doubling the space, and since then the service had broadly equated to that pre-October. The exception was that prisoners were no longer employed in the shop to select and pack products, and this was unlikely to resume until a more permanent site was agreed. It was hoped to move the shop again soon after the new kitchen was ready in November 2008.

- 7.17 New arrivals could have a smoking or non-smoking pack, which also included £3 telephone credit, within 24 hours. Repayment was made by weekly deductions over four weeks. Some prisoners, however, said they had not received a reception pack (see also paragraph 1.23). A full shop list was provided to prisoners during their induction and they could then order in line with the rest of the wing. It was rare for them to receive such an order within 24 hours, although new arrivals usually received their first order within a week.
- 7.18 The number of items on the shop list was 158, close to the number available before the move. Nevertheless, the list was small compared to many other prisons. In our survey, only 23% of respondents, compared to the comparator of 45%, said the shop sold a wide enough range of goods to meet their needs.
- 7.19 The canteen manager, or his deputy, attended the monthly consultation meeting with prisoner representatives but, while there was evidence of positive response to concerns raised, the range of goods continued to be restricted. No prisoner survey had been undertaken for over 18 months.
- 7.20 The system for managing prisoner orders was reasonable, although staff worked in very cramped conditions. Orders were delivered to wings and placed outside cell doors when prisoners were locked up, and then signed for to confirm receipt. Despite this, we were told that on average around four orders a week went missing and needed to be replaced; lost orders were rarely recovered.
- 7.21 Catalogue orders were also managed through the prison shop, but there were only two available catalogues, which was limited. No administrative charge was made for orders.

Recommendations

- 7.22 There should be a twice-yearly survey of prisoners' needs for shop items.
- 7.23 All orders that are lost between delivery and receipt should be properly investigated to reduce the potential for abuse.
- 7.24 More catalogues should be available for prisoner orders.

Section 8: 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.

- 8.1 The resettlement strategy was based on a limited needs analysis. The resettlement committee had not met for some time, which had affected its focus. Work on each of the resettlement pathways was monitored by a separate committee.
- 8.2 The prison had a resettlement strategy which had recently been revised. It contained a needs analysis based on outcomes from London initial screening and referral (LISAR) forms. However, this data was not reliable as many fields were not completed. The prison had been ambitious in attempting to update the strategy frequently, and there had been four versions since October 2006. The current strategy reflected the prison's assessment of its strengths and areas for improvement across the resettlement pathways, and made strategic links with the London reducing reoffending strategy 2007-09.
- 8.3 The resettlement committee had not met between October 2007 and March 2008, and as a consequence had lacked focus and direction.
- 8.4 The prison was linked with external strategic partnerships such as the Safer Lambeth Partnership, and had developed plans for partnerships with some local authorities that were due to work with prisoners in Brixton.
- 8.5 Since the previous inspection there had been an increase in the number of staff working on resettlement. A resettlement pathways committee met bi-monthly to address progress made against action plans on each of the seven pathways. Middle and senior managers had been designated as pathway leads. We were surprised that the prison had been unable to source finance from external sources to improve community links.

Recommendations

- 8.6 The resettlement strategy should be updated annually.
- 8.7 London initial screening and referral (LISAR) forms should be completed in full, and should be subject to quality assurance.
- 8.8 The resettlement committee should meet regularly, and include representatives of external agencies working with the prison.

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.

8.9 Custody planning for prisoners serving short sentences or on remand was limited. Prisoners serving over 12 months or in scope for offender management received a better service, but sentence planning processes were weak. Offender management unit structures were good, but uniformed staff were detailed to other duties. Discharge meetings with prisoners were too close to their release date to be effective. The few life-sentenced prisoners had no opportunities for peer support.

Sentence planning and offender management

- 8.10 All new arrivals were assessed using the LISAR form within four days of their reception. Two staff from the St Giles Trust conducted these assessments and maintained the local LISAR database. The LISAR forms we sampled failed to record critical information accurately, if at all, because prisoners had been moved from induction more quickly due to overcrowding (see paragraph 8.2). For short-term or remand prisoners, the LISAR assessment was the only activity that contributed to sentence or custody planning.
- 8.11 The offender assessment system (OASys) was the main sentence planning tool for prisoners serving over 12 months, and the database showed this was largely up to date. Several staff were trained as OASys assessors, but the processes for quality assurance were not sufficiently robust due to recent staff changes.
- 8.12 An offender management unit (OMU) had been created in November 2006 and included uniformed staff, probation officers and a psychology assistant. It also incorporated key functions such as observation, classification and allocation (OCA) and public protection.
- 8.13 At the time of our inspection, there were 50 prisoners in scope for phase two of the offender management model and 32 prisoners sentenced to indeterminate sentences for public protection (IPP) who were managed under phase three. Offender supervisors had been allocated to these prisoners, but our review of a few cases indicated that monthly contact was not always achieved – in one case, there appeared to have been no contact between the offender supervisor and prisoner for over six months.
- 8.14 There were no established processes to conduct sentence planning meetings and reviews. OMU staff reported that the response from offender managers in the community had been poor, and that the prison had not gone ahead with the meetings without them. This disadvantaged prisoners.
- 8.15 Discharge processes occurred the day before release, and generally involved prisoners signing a copy of the licence and ensuring they understood its conditions. This left insufficient time to address accommodation, benefits or other problems.
- 8.16 Recalled prisoners were visited by staff from the OMU within a few days of reception and were given relevant information about the recall process.

Public protection

- 8.17 Public protection meetings took place monthly and were well attended. A local policy outlined key roles and responsibilities.
- 8.18 The public protection coordinator was based in the OMU and was responsible for scheduling the reviews of prisoners within the public protection meeting. Prisoners subject to multi-agency public protection arrangements (MAPPA) were reviewed in the four months before release, but the prison reported difficulties in liaising with offender managers in the community. Offender managers were not invited to contribute to or participate in the monthly public protection meetings, and notes of these meetings were not distributed to them.
- 8.19 The coordinator had good links with staff in the security department responsible for telephone monitoring and protecting victims and witnesses from harassment.
- 8.20 Offender supervisors represented the prison at some community-based MAPPA meetings or contributed written information when attendance was not possible.
- 8.21 Child protection training had last been offered to relevant staff in 2006, but training was planned for May 2008.

Life-sentenced prisoners

- 8.22 There were only four mandatory life-sentenced prisoners, including one who had been recalled on his life licence. The remaining three prisoners were awaiting allocation to stage one lifer prisons, and had all been waiting over 12 months to be moved. The lifer prisoners were dispersed throughout the wings and were not able to support each other. Staff did not hold lifer meetings to update them on progress on their transfers.
- 8.23 Multi-agency lifer risk assessment panels (MALRAP) took place and were reasonably well attended, including active participation from local police.
- 8.24 The prison had decided to allocate lifer prisoners to an offender supervisor while they were at Brixton, and this offender supervisor and the lifer clerk were based in the OMU.

Recommendations

- 8.25 Staff responsibility for quality assurance of the offender assessment system (OASys) should be clarified.
- 8.26 Offender supervisors should have monthly contact with prisoners who are in scope for offender management.
- 8.27 Sentence planning boards and reviews should be established as a priority.
- 8.28 Community-based offender managers should be informed of the discussions that take place at monthly public protection meetings and be invited to contribute.
- 8.29 Discharge boards should be formalised and take place sufficiently far ahead to address problems that could impact on the effective resettlement of prisoners.

- 8.30 Life-sentenced prisoners should be located on the same wing and be able to offer each other peer support.
- 8.31 There should be regular lifer meetings.

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

- 8.32 Reintegration services were limited, but developing. Nacro provided accommodation services, and there were some other small projects to assist prisoners released in London. Some recent initiatives relating to education, employment and training were positive, but had not become embedded. Reasonable efforts were made to ensure continuity of care for prisoners with mental health problems. Services to address money management were limited.

Accommodation

- 8.33 There was a contract with Nacro to provide housing information and advice to prisoners. A manager and three full-time staff were based in the prison and saw prisoners referred via the LISAR system or by application. A small project had recently commenced with St Mungo's for prisoners being released to Tower Hamlets, who were offered an individual support service to address a variety of needs. Only a few prisoners had benefited from this so far.
- 8.34 The prison was in the process of joint commissioning with other London prisons to secure a common accommodation provider and standard level of provision for accommodation services, but the new provider had not yet been announced.
- 8.35 Nacro staff reported ongoing difficulties in securing temporary or permanent accommodation for prisoners released from Brixton. For example, local authority appointments for homeless people were allocated between 8.30am and 10am, and if prisoners were not released sufficiently early, they could not obtain an appointment until the following day. Nacro had trained 21 peer advisers to offer accommodation advice to prisoners.
- 8.36 Clearsprings offered accommodation to prisoners on bail and home detention curfew, but only an average of three prisoners a month were granted HDC.
- 8.37 The prison was not able to provide accurate figures for the number of prisoners released with no fixed accommodation, as there was a considerable amount of missing data.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

- 8.38 There were good links with Jobcentre Plus and Next Steps for employment contacts. Information, advice and guidance (IAG) was well supported through the London Advice Partnership, which attended for four days per week. A community volunteer agency job fair provided prisoners with information about jobs and support agencies in the community. There were good links with employer projects through Lewisham College (the education provider). However, some of this work was relatively recent and prison staff newly appointed. Employment-related courses included customer care, food hygiene and health and safety. Although there was a modular preparation for work course offered through Lewisham College, and job search work in other areas of the prison, this was informal and not yet coordinated.

Mental and physical health

- 8.39 The care programme approach (CPA) was continued for relevant prisoners. Before release, the in-reach team arranged for a CPA review meeting and invited care coordinators from the community to attend. The in-reach nurses checked prisoners on their caseload against the local inmate database system (LIDS) each day to ensure that none of their patients had failed to return from court. If a patient had been discharged from court or moved to a different prison, the nurses liaised with the appropriate community team or prison to ensure continuity of care.
- 8.40 If the mental health team worked with a prisoner with primary mental health needs, and so not subject to CPA, it sent a discharge letter to his GP in the community and gave him a copy.
- 8.41 Primary care staff prepared a discharge letter outlining a prisoner's treatment received at Brixton, which they gave him to take to his GP on release, and gave him prescribed medication if required, as well as information about any outstanding medical appointments.

Finance, benefit and debt

- 8.42 A Jobcentre Plus worker came to the prison for three days a week and worked with new arrivals to close down claims. She also linked prisoners up with local jobcentres on release and advised on benefit eligibility.
- 8.43 The Time for Families course included two modules on money issues in relationships, and the education department offered a personal budgeting and money management course. These courses were only available to a small number of prisoners.

Recommendations

- 8.44 The prison should report accurately on the number of prisoners released with no fixed accommodation.
- 8.45 There should be more services to support prisoners to develop money management skills and address debt problems.

Good practice

- 8.46 *The in-reach team checked if their patients had been subject to unplanned movement to ensure continuity of care.*

Drugs and alcohol

- 8.47 Therapeutic resettlement interventions provided good quality programmes, but some links to community-based programmes needed to be reinforced. Staff and prisoners welcomed the recommencement of voluntary drug testing after a seven-month break, but poor supply reduction performance threatened to undermine treatment effectiveness.
- 8.48 The drug strategy was being reviewed. Action plans in the previous drug strategy described the work of departments, but lacked clear objectives or timings and were not reviewed regularly.
- 8.49 Substance misuse workers from all teams had contributed to a 45-minute audio-recording that explained the role, content and selection criteria of the services available in the prison and relevant link services in the community. With funding from the National Treatment Agency, this recording had been translated into 13 languages and was regularly broadcast on the in-house radio station.
- 8.50 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by the Rehabilitation of Addicted Prisoners trust (RAPt). The CARAT caseload was 322, covered by 14 workers overseen by a manager. This well-trained and well-supervised staff team delivered a wide range of accredited psychosocial groupwork and motivational in-cell work packs. The in-cell work packs provided a foundation of awareness-raising for prisoners to study at their own pace, which they could follow up in group sessions. There were, however, few opportunities for prisoners to access key workers on a one-to-one basis if they required any follow up of sensitive issues raised by the work packs. The files we reviewed were mostly maintained to a good standard with a reasonable range of treatment options provided.
- 8.51 Both primary and secondary drugs of choice were recorded for each prisoner to map treatment need. Crack cocaine was the drug most commonly used by CARAT clients, followed by heroin. A four-session crack awareness programme was delivered regularly by the CARAT team.
- 8.52 The short duration programme (SDP) and prison addressing substance related offending (P-ASRO) courses were also provided. The SDP was designed for those on remand and could only be accessed by G wing prisoners, while P-ASRO was available for all prisoners. Both programmes had identified CARAT link workers to facilitate and enhance transition pre- and post-group.
- 8.53 The SDP was struggling to achieve key performance targets (KPTs) for the number of prisoners starting the course, and had recently reduced its annual target on a temporary basis. The P-ASRO programme, run by Phoenix Futures, met its KPT for number of starts (96), and exceeded its completions target of 64 by five. However, some prisoners missed P-ASRO sessions due to late or postponed unlocks. Despite these problems, both courses received very positive written and verbal feedback from prisoners.

- 8.54 Current practice for both programmes, as determined by the Prison Service Interventions Group, meant that psychometric tests undertaken at the beginning and end of programmes were not scored and used to assess individual progress. Consequently, post-programme reviews were unnecessarily subjective.
- 8.55 Voluntary drug testing (VDT) had restarted in February 2008 after a period of seven months when there had been no testing. There were 300 compacts in place, covering those prisoners who were on drug programmes and those at work. There were, however, no clear distinctions between voluntary and compliance testing.
- 8.56 The ADFAM support group provided external support for prisoners' families, and prisoners and staff spoke highly of the in-house ADFAM worker's effectiveness. The ADFAM office was by the front barrier (outside the prison), and this was especially effective as families could talk to the worker before and after visits without the constraints of being inside the establishment.
- 8.57 There were good drug intervention programme (DIP) links with the community. Approximately 60% of the 130-140 prisoners released each month returned to three London boroughs: Lambeth, Southwark and Tower Hamlets. Two DIP workers from Lambeth Pathways were permanently posted in the prison, and one worker from Tower Hamlets visited regularly. There were plans to encourage dedicated support from Southwark, but the prison had limited influence over funding. There was no comparative data to assess the impact of dedicated support on sustained contact after release.

Recommendations

- 8.58 The revised drug strategy action plan should include SMART (specific, measurable, achievable, realistic and time-bound) targets.
- 8.59 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.
- 8.60 Psychometric test results taken pre- and post-PASRO and short duration programme courses should be copied to individual prisoners as a measure of progress.
- 8.61 A clear distinction should be made between voluntary and compliance drug testing.
- 8.62 Links with the Southwark drug intervention programme (DIP) should be strengthened.
- 8.63 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.

Good practice

- 8.64 *The broadcast of information on drug treatment provision at Brixton through the prison radio ensured a high profile for service providers and increased the likelihood of prisoners accessing appropriate support.*

Children and families of offenders

- 8.65 Many prisoners were local to the area, but some reported difficulties in maintaining family contacts. The visitors' centre, chaplaincy team and ADFAM provided some good support, but facilities were limited. Visits took place seven days a week, but the lack of evening visits hampered family ties, the facility was too small for the population, and remand prisoners were unable to receive their statutory entitlement. There was no family support worker.
- 8.66 Contact with family and friends was a source of frustration. In our survey, 51% of respondents, against the comparator of 44%, said that they had problems receiving mail, 45% compared with 32% said that they had problems in accessing the telephone, and only 53% compared with 65% said that they had received the number and length of visits they were entitled to.
- 8.67 Prisoners who did not get visitors could not exchange their unused visiting orders for extra letters. There was no scheme to provide prisoners who were carers with additional free letters or telephone credit, and access to wing telephones was limited (see paragraph 2.8). There was no provision for prisoners to receive incoming telephone calls from children or to deal with arrangements for them.
- 8.68 Visits took place seven days a week, although some of these were set sessions – for example, Wednesday afternoon was for new arrivals only, and Sunday afternoon for enhanced level prisoners and workers – and there were no evening visits. Due to pressure of numbers, some visits lasted only an hour. Early morning sessions were underused, and there were sometimes double bookings of legal and domestic visits. Remand prisoners were unable to receive their statutory entitlement of daily visits and had just three slots a week.
- 8.69 The delay in getting through to the telephone line to book a visit was cited as a problem by prisoners and their families, and was reiterated by visitors' centre staff. Although when we tested the booking line our call was answered fairly quickly, this was clearly not the case for all visitors. Families could book a visit before they left the prison, but this facility was based on staff availability and had operated on only two days in April 2008.
- 8.70 The visitors' centre was managed by Prison Advice and Care Trust (PACT) with a full-time manager and volunteers. It was in a small building opposite the gate and was too small for the numbers using it. On busy days, there was barely standing room, and there was just one toilet with no baby change area.
- 8.71 After booking in, visitors were moved into the main prison where they waited in a much better equipped area with adequate toilets and a baby change facility, as well as toys, information notices and a TV.
- 8.72 The visits area was small with the capacity for just 23 visits. There were also eight closed visits booths, but in spite of the high number on closed visits (see paragraph 6.8) these were underused. Five further booths, managed separately, provided links with the court. Although compact, the visits hall was clean and well decorated with comfortable seating, but the layout meant that it was hard for prisoners and their visitors to have a private conversation. There was a small children's play area, with a crèche staffed for three sessions a week by local college student volunteers who were supervised by the visitors' centre staff. Other than on family days, prisoners were not allowed to play with their children in the children's area. A vending machine was the only place to get refreshments.

- 8.73 All prisoners had to wear bibs, but were allowed to go to the toilet during their visit. Staff were friendly and visitors told us they were treated decently by staff. There was no drug dog at the prison, but the search area was restricted for space and the numbers coming in.
- 8.74 Facilities for disabled visitors were poor. The prison had recently installed ramps for visitors in wheelchairs to get into the prison, but the toilets in the visitors' centre and the prison were not wide enough for wheelchairs. Some visitors complained that staff locked the visitors' toilets before the end of visits, which meant that they had to queue in the limited facilities of the visitors' centre.
- 8.75 The visitors' centre had coordinated consultation forums with visitors and prisoners. Although the response to these had been limited, there were plans to hold them regularly.
- 8.76 There were some family days – one had been held in April and one at Christmas had been well received. PACT had wanted to introduce initiatives such as homework clubs, but the lack of evening visits hampered progress on this. The visits centre manager was looking into introducing evening visits where fathers could be more involved with their children.
- 8.77 There were some limited programmes for families, such as a programme on relationships run through the chaplaincy (see paragraph 5.38). This was held three times a year over a six-week period.
- 8.78 The ADFAM worker (see paragraph 8.56) spent time talking to prisoners' families about the support available, and the chaplains regularly talked to families on the telephone. There were also named contact lists for families in the visitors' centre and in the visits hall for families.
- 8.79 There was no family support worker to help prisoners maintain contact with their children and families, and to advise on child protection issues. Release on temporary licence to support family ties was rarely granted.

Recommendations

- 8.80 Evening visits should be introduced.
- 8.81 Prisoners should not have domestic and legal visits booked in the same session.
- 8.82 Visitors should be able to book their next visit before they leave the prison.
- 8.83 The visitors' centre should be expanded to meet the needs of the population.
- 8.84 Disabled toilets should be provided in the visits hall and the visitors' centre.
- 8.85 Prisoners should be able to play with their children in the play area, subject to child protection measures.
- 8.86 There should be regular children and family days.
- 8.87 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.
- 8.88 Prisoners identified as carers should received additional free letters and telephone credit.

- 8.89 A qualified family worker should be employed to help prisoners maintain contact with their families.
- 8.90 Release on temporary licence should be used as part of sentence planning to allow suitably risk-assessed prisoners to maintain family ties.

Attitudes, thinking and behaviour

- 8.91 There was a reasonable range of accredited programmes, although the prison was developing assessments to improve prisoner access to programmes in other prisons. There were gaps in provision.
- 8.92 Three accredited programmes were offered at Brixton: P-ASRO and the short duration programme (see paragraph 8.52), and enhanced thinking skills (ETS). The ETS target was low, at 32 completions a year, which the prison believed was realistic for the population. Brixton had a positive relationship with other London prisons to arrange moves of prisoners to undertake other accredited programmes, such as the sex offender treatment programme.
- 8.93 Some programme tutors were about to undertake training to deliver assessments for the controlling anger and learning to manage it (CALM) programme. This was to determine prisoner suitability in Brixton without the need to move them to another establishment for the assessment. The prison was aware of gaps in provision, including interventions to address violence, domestic abuse and alcohol.
- 8.94 The Sycamore Tree victim empathy course, which had been available through the chaplaincy in the previous year, was no longer delivered because of lack of funding. This had been the only victim awareness work in the establishment.

Recommendations

- 8.95 Victim awareness work should be developed and expanded, based on links between the chaplaincy and resettlement services.
- 8.96 Prisoners should have access to offending behaviour programmes, particularly in relation to alcohol issues and violence.

Section 9: 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 the Director General

- 9.1 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. (HP45)

Main recommendations

To the Governor

- 9.2 The prison should introduce measures to curb the supply of illicit drugs. (HP46)
- 9.3 The safer custody committee should define the indicators of violence (such as injury forms, adjudication data, incident reporting system reports and security information reports) 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)
- 9.4 Vulnerable prisoners should not be held on the same landing as mainstream prisoners. (HP48)
- 9.5 The personal officer scheme should be re-launched and all staff should be clear about their responsibilities under the programme. (HP49)
- 9.6 The prison should increase the amount of purposeful activity, vocational training and education. (HP50)
- 9.7 Prisoners should be able to spend 10 hours a day out of cell. (HP51)
- 9.8 Prisoners should have evening association. (HP52)
- 9.9 Prisoners in scope of the offender management model should receive sentence planning. (HP53)
- 9.10 Custody planning, based on an accurate assessment of needs, should be provided to all prisoners not in scope for offender management. (HP54)
- 9.11 Brixton should pursue useful partnerships in the local community to develop provision across the resettlement pathways. (HP55)

Recommendation

To the Director General

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

Recommendation

To the UK Border Agency

- 9.13 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)

Recommendations

To the Area Manager

- 9.14 The reception building should be replaced with a purpose-built facility that fully meets the needs of prisoners. (1.28)
- 9.15 Cells designed for single occupancy should not be used for two prisoners. (2.21)
- 9.16 The area suicide and self-harm adviser should attend some safer custody meetings to advise and support the establishment. (3.37)
- 9.17 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)

Recommendations

To Prison Escort and Custody Services

- 9.18 On arrival at Brixton, prisoners should not be held on escort vehicles for unacceptably long periods. (1.10)
- 9.19 Prisoners should arrive at Brixton before 7pm. (1.11)
- 9.20 Prisoners should be given written information at court about Brixton in a language they understand before their transfer. (1.13)

Recommendation

To Drug Interventions Group

- 9.21 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)

Recommendations

To the Governor

Courts, escorts and transfers

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

First days in custody

- 9.23 Night patrols should be alerted to the cell location of new arrivals and make regular checks on them. (1.29)
- 9.24 New arrivals should consistently receive the full range of reception services, including a shower, free telephone call, reception pack and written information. (1.30)

- 9.25 Prisoners who need to attend induction should be encouraged to do so. (1.31)
- 9.26 There should be better record keeping of attendance at induction. (1.32)

Residential units

- 9.27 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)
- 9.28 Toilets in cells on A, B and G wings should be appropriately screened. (2.19)
- 9.29 All cells should be adequately furnished. (2.20)
- 9.30 Mail should be issued on the wing at a time that prisoners can receive it. (2.22)
- 9.31 Prisoners should be able to make telephone calls in the evening. (2.23)
- 9.32 Telephones should be placed in booths. (2.24)
- 9.33 Prison managers should ensure the consistent application of wing rules. (2.25)
- 9.34 Prisoners who receive prison-issue clothing should have sufficient sets of underwear each week. (2.26)
- 9.35 Laundry facilities should be made available to prisoners on D wing. (2.27)
- 9.36 There should be a policy to respond to outbreaks of infestation in cells, including immediate cleaning practice. (2.28)

Staff-prisoner relationships

- 9.37 There should be effective management procedures and checks to ensure that staff adhere to wing rules, procedures and policies. (2.34)
- 9.38 The quality of staff entries in wing history files should be routinely checked. (2.35)

Personal officers

- 9.39 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)
- 9.40 Managers should make regular checks of wing files and record these on the file. (2.43)
- 9.41 Personal officers should attend sentence planning boards. (2.44)
- 9.42 Personal officers should attend ACCT self-harm monitoring case reviews. (2.45)

Bullying and violence reduction

- 9.43 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)
- 9.44 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)
- 9.45 A protocol and terms of reference for investigations should be included in the violence reduction strategy. (3.16)
- 9.46 Management information systems should include the outcome of any incident of violence, bullying or unexplained injury. (3.17)
- 9.47 There should be interventions for bullies, such as tackling anti-social behaviour, and support for victims. (3.18)

Self-harm and suicide

- 9.48 Care plans for prisoners at risk of self-harm should be focused on actions and updated regularly. (3.35)
- 9.49 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)
- 9.50 Administrative support for safer custody work should be procured as soon as possible. (3.38)
- 9.51 There should be a deputy suicide prevention coordinator with designated facility time for this work. (3.39)
- 9.52 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)
- 9.53 The number of Listeners should be increased. (3.41)
- 9.54 Staff should adhere to Governor's instructions relating to the unlock time of Listeners. (3.42)
- 9.55 The prison should provide refresher training for staff on self-harm monitoring. (3.43)
- 9.56 A member of staff trained in first aid should be on duty at night. (3.44)

Diversity

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

Race equality

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

Foreign national prisoners

- 9.59 The foreign national consultative committee should meet regularly. (3.79)
- 9.60 There should be greater use of the professional interpretation service. (3.80)
- 9.61 Material for translation should be sent to a professional service. (3.81)

Applications and complaints

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

Legal rights

- 9.63 All prisoners should have the opportunity to receive legal services advice. (3.94)
- 9.64 All eligible prisoners should have the opportunity to receive advice in relation to bail. (3.95)
- 9.65 There should be a formal link between the work carried out by the legal services officer and the bail information officer. (3.96)

Substance use

- 9.66 An alcohol-specific strategy should be developed based on an up-to-date prisoners' needs analysis. (3.110)
- 9.67 Mandatory drug testing should be carried out consistently. (3.111)
- 9.68 Suspicion testing should be undertaken every month to reflect the level of security information reports. (3.112)
- 9.69 Where appropriate, frequent drug testing programmes should be implemented and applied consistently. (3.113)
- 9.70 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)

Vulnerable prisoners

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

- 9.72 Vulnerable prisoners should be able to access all elements of the regime, including meaningful work, education, PE and the library. (3.122)
- 9.73 Vulnerable prisoners should be able to collect their meals in safety. (3.123)
- 9.74 Vulnerable prisoners should have a separate waiting room in healthcare. (3.124)

Health services

- 9.75 Health staff vacancies should be filled as soon as possible. (4.45)
- 9.76 Primary mental health nurses should be recruited and given protected time for provision of primary mental health. (4.46)
- 9.77 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)
- 9.78 A timed appointment system should be introduced to avoid prisoners spending long periods in the healthcare waiting area. (4.48)
- 9.79 Healthcare staff should be clearly identifiable by their uniforms. (4.49)
- 9.80 All staff should have access to clinical supervision. (4.50)
- 9.81 All inpatients should have care plans which have been informed by nursing assessment and are regularly evaluated. (4.51)
- 9.82 An appropriate complaints procedure should be in place. (4.52)
- 9.83 Hard copies of clinical information and the electronic medicine information system should both be available to anyone treating a patient. (4.53)
- 9.84 Healthcare staff should use professional interpretation services to assist prisoners with poor or no English. (4.54)
- 9.85 Written healthcare information should be available in a range of appropriate languages. (4.55)
- 9.86 Information from prisoners' community GPs should be obtained as soon as possible after reception. (4.56)
- 9.87 Triage algorithms should be developed to ensure consistency of advice and treatment. (4.57)
- 9.88 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)
- 9.89 The reason for prisoners not attending GP and dental appointments should be explored and appropriate action taken. (4.60)
- 9.90 Prisoners who need specialist mental health services should be transferred expeditiously. (4.61)

- 9.91 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)
- 9.92 Secondary dispensing should cease. (4.63)
- 9.93 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)
- 9.94 A daycare service should be available to support prisoners less able to cope on the wings. (4.65)
- 9.95 There should be a register of patients with lifelong conditions and this should be regularly validated. (4.66)

Learning and skills and work activities

- 9.96 The curriculum for segregated and vulnerable prisoners should be improved. (5.16)
- 9.97 There should be better accommodation for artwork classes. (5.17)
- 9.98 There should be more formal nationally recognised accredited skills training programmes. (5.18)
- 9.99 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)
- 9.100 Prisoners unable to attend the library should be able to choose books from a library catalogue. (5.20)

Physical education and health promotion

- 9.101 There should be improved access to gym facilities for prisoners in work or education. (5.29)
- 9.102 PE should be available at weekends. (5.30)
- 9.103 All prisoners should have appropriate access to outside recreation. (5.31)
- 9.104 There should be better PE provision for older prisoners. (5.32)

Faith and religious activity

- 9.105 Prisoners should be able to access faith-based services without compromising other aspects of their regime. (5.39)
- 9.106 Chaplaincy programmes orientated to family support and debt counselling should be linked more closely with resettlement services. (5.40)
- 9.107 Chaplains should be routinely included in ACCT self-harm monitoring reviews. (5.41)

Time out of cell

- 9.108 There should be management checks to ensure the core day is delivered on time. (5.49)
- 9.109 The quality of the exercise yards should be improved. (5.50)
- 9.110 Prisoners should have access to exercise every day, regardless of the weather. (5.51)

Security and rules

- 9.111 All incidents should be logged on the incident reporting system (IRS) in accordance with reporting guidelines. (6.13)
- 9.112 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)
- 9.113 The police liaison officer's role should be full-time. (6.15)
- 9.114 Residential staff should consistently attend safety committee meetings. (6.16)
- 9.115 The safety department should make regular use of its security liaison officers to ensure fully effective intelligence gathering. (6.17)
- 9.116 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)
- 9.117 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)
- 9.118 Prisoners should be invited to contribute to recategorisation processes. (6.20)

Discipline

- 9.119 The prison should meet its target for staff refresher training in basic control and restraint (C&R). (6.42)
- 9.120 The safety committee should monitor all use of force incidents, and also those that are planned or spontaneous. (6.43)
- 9.121 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)
- 9.122 Planned C&R interventions should be routinely recorded by video. (6.45)
- 9.123 The standards of cleanliness in the segregation unit should be maintained at an acceptable level. (6.46)
- 9.124 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)

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

Incentives and earned privileges

- 9.126 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)
- 9.127 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)
- 9.128 Prisoners on the basic level of the scheme should have access to the full range of privileges stated in the IEP policy. (6.58)
- 9.129 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)
- 9.130 There should be robust quality assurance and monitoring of the IEP scheme. (6.60)

Catering

- 9.131 Breakfast packs should not be given out as an alternative to a served breakfast. (7.12)
- 9.132 Prisoners on the main wings should be able to eat out of their cells. (7.13)
- 9.133 Prisoners should be able to choose any meal from the options available on a one-off basis. (7.14)

Prison shop

- 9.134 There should be a twice-yearly survey of prisoners' needs for shop items. (7.22)
- 9.135 All orders that are lost between delivery and receipt should be properly investigated to reduce the potential for abuse. (7.23)
- 9.136 More catalogues should be available for prisoner orders. (7.24)

Strategic management of resettlement

- 9.137 The resettlement strategy should be updated annually. (8.6)
- 9.138 London initial screening and referral (LISAR) forms should be completed in full, and should be subject to quality assurance. (8.7)
- 9.139 The resettlement committee should meet regularly, and include representatives of external agencies working with the prison. (8.8)

Offender management and planning

- 9.140 Staff responsibility for quality assurance of the offender assessment system (OASys) should be clarified. (8.25)
- 9.141 Offender supervisors should have monthly contact with prisoners who are in scope for offender management. (8.26)
- 9.142 Sentence planning boards and reviews should be established as a priority. (8.27)
- 9.143 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)
- 9.144 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)
- 9.145 Life-sentenced prisoners should be located on the same wing and be able to offer each other peer support. (8.30)
- 9.146 There should be regular lifer meetings. (8.31)

Resettlement pathways

- 9.147 The prison should report accurately on the number of prisoners released with no fixed accommodation. (8.44)
- 9.148 There should be more services to support prisoners to develop money management skills and address debt problems. (8.45)
- 9.149 The revised drug strategy action plan should include SMART (specific, measurable, achievable, realistic and time-bound) targets. (8.58)
- 9.150 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)
- 9.151 A clear distinction should be made between voluntary and compliance drug testing. (8.61)
- 9.152 Links with the Southwark drug intervention programme (DIP) should be strengthened. (8.62)
- 9.153 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)
- 9.154 Evening visits should be introduced. (8.80)
- 9.155 Prisoners should not have domestic and legal visits booked in the same session. (8.81)
- 9.156 Visitors should be able to book their next visit before they leave the prison. (8.82)
- 9.157 The visitors' centre should be expanded to meet the needs of the population. (8.83)

- 9.158 Disabled toilets should be provided in the visits hall and the visitors' centre. (8.84)
- 9.159 Prisoners should be able to play with their children in the play area, subject to child protection measures. (8.85)
- 9.160 There should be regular children and family days. (8.86)
- 9.161 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)
- 9.162 Prisoners identified as carers should received additional free letters and telephone credit. (8.88)
- 9.163 A qualified family worker should be employed to help prisoners maintain contact with their families. (8.89)
- 9.164 Release on temporary licence should be used as part of sentence planning to allow suitably risk-assessed prisoners to maintain family ties. (8.90)
- 9.165 Victim awareness work should be developed and expanded, based on links between the chaplaincy and resettlement services. (8.95)
- 9.166 Prisoners should have access to offending behaviour programmes, particularly in relation to alcohol issues and violence. (8.96)

Housekeeping points

Self-harm and suicide

- 9.167 Photographs of Listeners should be displayed on wing notice boards. (3.45)
- 9.168 Wing telephones with a direct line to the Samaritans should always be working. (3.46)

Foreign national prisoners

- 9.169 All foreign national prisoners should have access to a free telephone call on arrival. (3.82)

Substance use

- 9.170 The dispensing rooms on the drug treatment (G) wing should be thoroughly cleaned and maintained in line with clinical standards. (3.115)

Health services

- 9.171 All medicine refrigerators should be kept between 2 and 8 Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly. (4.67)

- 9.172 There should be a reliable system for checking the professional registration of staff. (4.68)
- 9.173 Loose tablets and tablet foils should not be present in medications stock. (4.69)
- 9.174 Prescriptions for controlled drugs should comply with all legal requirements. Any alterations to prescriptions must be signed by the prescriber. (4.70)
- 9.175 Controlled drugs registers for the pharmacy should comply with the current legislation. (4.71)

Security and rules

- 9.176 All compacts should be signed by prisoners. (6.21)

Examples of good practice

- 9.177 There was a wide variety of activities to promote diversity of minority groups. (3.55)
- 9.178 The in-reach team checked if their patients had been subject to unplanned movement to ensure continuity of care. (8.46)
- 9.179 The broadcast of information on drug treatment provision at Brixton through the prison radio ensured a high profile for service providers and increased the likelihood of prisoners accessing appropriate support. (8.64)

Appendix I: Inspection team

Anne Owers	-	Chief inspector
Martin Lomas	-	Team leader
Hayley Folland	-	Inspector
Ian McFadyen	-	Inspector
Keith McInnis	-	Inspector
Stephen Moffat	-	Inspector
Marie Orrell	-	Inspector
Andrea Walker	-	Inspector
Helen Meckiffe	-	Researcher
Laura Nettleingham	-	Researcher
Catherine Nichols	-	Researcher
Samantha Wright	-	Researcher

Specialist inspectors

Mandy Whittingham	-	Health services inspector
Paul Roberts	-	Substance use
Simon Denton	-	Pharmacy
John Reynolds	-	Dentist
Bob Cowdrey	-	Ofsted
Rosy Belton	-	Ofsted
Neil Edwards	-	Ofsted
Paddy Doyle	-	HMI Probation

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	348	48
Convicted but unsentenced	137	19
Remand	196	27
Civil prisoners	1	>1
Detainees (single power status)	20	3
Detainees (dual power status)	25	3
Total	727	100

(ii) Sentence	Number of prisoners	%
Less than 6 months	116	16
6 months-less than 12 months	40	6
12 months-less than 2 years	63	9
2 years-less than 4 years	77	11
4 years-less than 10 years	69	9
10 years and over (not life)	17	2
Life	45	6
Total	427	59

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	160	22	126	171
1 month to 3 months	91	13	102	14
3 months to 6 months	75	19	49	7
6 months to 1 year	56	8	20	3
1 year to 2 years	26	4	8	1
2 years to 4 years	17	2	1	>1
4 years or more	2	>1	2	>1
Total	427	59	308	42

(iv) Main offence	Number of prisoners	%
Violence against the person	137	19
Sexual offences	45	6
Burglary	77	11
Robbery	91	13
Theft and handling	67	9
Fraud and forgery	37	5
Drugs offences	84	12
Other offences	144	20
Offence not recorded/holding warrant	44	6
Total	727	100

(v) Age	Number of prisoners	%
21 years to 29 years	274	38
30 years to 39 years	252	35
40 years to 49 years	156	21
50 years to 59 years	37	5
60 years to 69 years	7	1
70 plus years: <i>maximum age - 70</i>	1	>1
Total	727	100

(vi) Home address – prison unable to provide information

(vii) Nationality	Number of prisoners	%
British	439	60
Foreign nationals	288	40
Total	727	100

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>		
British	213	29
Irish	8	1
Other White	89	12
<i>Mixed:</i>		
White and Black Caribbean	19	3
White and Black African	1	>1
White and Asian	1	>1
Other Mixed	9	1
<i>Asian or Asian British:</i>		
Indian	25	3
Pakistani	5	1
Bangladeshi	10	1
Other Asian	21	3
<i>Black or Black British:</i>		
Caribbean	217	30
African	74	10
Other Black	21	4.28
<i>Chinese or other ethnic group:</i>		
Chinese	5	1
Other ethnic group	9	1
Total	727	100

(ix) Religion	Number of prisoners	%
Baptist	3	>1
Church of England	164	23
Roman Catholic	128	18
Other Christian denominations	4	1
Muslim	165	23
Sikh	2	>1
Hindu	5	1
Buddhist	12	2
Jewish	6	1
Other	9	1
No religion	229	31
Total	727	100

Appendix III: Safety interviews

Twenty prisoners were approached by the research team to undertake structured interviews on 29 April 2008 regarding issues of safety at HMP Brixton. This is a small sample (3%) of the total population (approx 747) and individuals were randomly selected on all landings, across residential units A, B, C, and G. Participation in the interview process was voluntary.

An interview schedule was produced for the purpose of maintaining consistency, thus all interviewees were asked the same questions. All interviewees were asked to identify areas of concern with regards to safety within Brixton, as well as rating the problem on a scale of 1- 4 (1 = a little unsafe – 4 = very unsafe). A 'seriousness score' was then calculated, multiplying the number of individuals who thought the issue was a problem by the average rating score.

Location of interviews

A wing = 6 interviewees
B wing = 4 interviewees
C wing = 4 interviewees
G wing = 6 interviewees

Demographic information

- The average age was 34, ranging from 21 to 60.
- Three interviewees stated that this was their first time in a prison.
- Twelve interviewees were sentenced, one was on recall and seven were on remand.
- The average length of time spent in prison was approximately four years two months, ranging from two weeks to 20 years.
- The average length of time spent in HMP Brixton was approximately four months, ranging from one week to one year and six months.
- Ten interviewees described themselves as being from a black or minority ethnic background.
- All but three interviewees had English as their first language.
- Four interviewees stated that they did not have a religious faith. Ten classified themselves as Christian, two as Catholic, two as Muslim, one as Baptist and one as a 7th Day Adventist.
- There were two foreign national interviewees.
- Five interviewees reported having a disability.

Safety questions

The seriousness score is calculated using the number of people who felt that the issue in question was a problem and multiplying it by the average rating score (1 a little unsafe – 4 very unsafe). More than half the interviewees reported the existence of an illegal market and the availability of drugs as a problem for them.

	Number who cited this as a problem	Average rating	Seriousness score
The availability of drugs	13	4	47

Overcrowding	14	3	46
A lack of trust in prison staff (confidentiality)	9	4	32
The response of staff to fights/bullying/self-harm in the prison	9	3	27
The way staff behave with prisoners	9	3	25
The aggressive body language of prisoners	8	3	24
Not enough cameras on the wings	6	4	21
Lack of confidence in the staff	6	3	20
Gang culture	7	2	17
Staff doing favours in return for something	4	4	16
Not enough staff on duty in the day	6	3	15
Existence of an illegal market	5	3	15
The aggressive body language of staff	4	3	12
Not enough staff on duty during association	4	3	11
Not enough cameras elsewhere in the prison	2	4	8
The layout of the prison	3	3	7
The lack of information about the regime	3	2	6
Discrimination by staff based on age	2	3	6
Discrimination by staff based on ethnicity	2	3	6
Not enough staff on duty at night	2	3	5
Discrimination by staff based on religion	2	3	5
Isolation	1	4	4
Discrimination by staff based on sentence status	2	2	4

Movements	1	3	3
The healthcare facilities	2	2	3
Discrimination by prisoners based on sentence status	2	2	3
Discrimination by prisoners based on religion	1	3	3
Discrimination by prisoners based on ethnicity	1	3	3
The way meals are served	2	1	2
Detox facilities	1	1	1
Discipline procedures	0	0	0
Discrimination by prisoners based on sexual orientation	0	0	0
Discrimination by prisoners based on age	0	0	0
Discrimination by staff based on disability	0	0	0
Discrimination by prisoners based on disability	0	0	0
Discrimination by staff based on sexual orientation	0	0	0

Comments

The comments and reasoning behind the answers given by interviewees were noted. Examples of this for the five issues with the top seriousness score are:

1. The availability of drugs

'Debt worse than outside. If you don't have an addiction when you come in you will when you leave – domino effect.'

'Offered crack and heroin here. G wing drug free but actually the most rife. The smell of weed is overpowering.'

'They push it on to addicts and then chase the debt – vulnerable to drugs and they target you. Cleaners used to be regularly tested but now not – people aren't bothered.'

'I get offered heroin and then I end up in drug debts.'

'When people can't get their supply they turn nasty.'

2. Overcrowding

'We should have single cells.'

'We should have a choice about who you get paired up with. I have a young lad, first timer, and it's hard.'

'Padding up is the issue full stop.'

'Too many faces in a small confined area.'

3. A lack of trust in prison staff (confidentiality)

'Certain staff I would trust and most of them have left now.'

'What you say wouldn't stay with one member of staff if you told them something.'

'I don't trust them as it's a big issue for me but I'm working on it and trying to build up relationships with staff.'

'I've overheard them talking to one another. We are their gossip so there is no way I feel safe trusting them.'

'If I did want to tell staff something confidential I would have to hand pick the officer.'

'Bullies get told who reported the bullying and if you report bullying you don't get any support from staff.'

'Staff told me information about another prisoner which they really shouldn't have done. Because of that I don't think I can trust the staff.'

4. The response of staff to fights/bullying/self-harm in the prison

'Only recently staff have started to see one to one on ACCTs. Doing it by the book all of a sudden but it won't last as all for the inspection.'

'Staff don't turn a blind eye but how can they see it when someone goes into a cell and threatens someone else. If you don't tell staff then they will come back and do it again.'

'Self harm is shocking; I was told to clear my own blood up. It's just a box ticking exercise with ACCT and they just don't bother with you.'

'Officers are not quick to respond to incidents.'

'The other day there was a fight between an officer and prisoner. The officer was shouting for help but it was slow to come. If there were cameras I don't think that would have happened.'

'It takes a long time for staff to answer the cell bells. If I had an asthma attack I'd be in trouble.'

5. The way staff behave with prisoners

'There has been change recently and they have started acting politely and being more helpful. They can be disrespectful but most of the time they're ok and it's only several officers. The officers are not good at recognition, only ever acknowledge punishment and misbehaviour.'

'There is only one officer who I get on with – the rest of them don't want to know. Not obvious disrespect but it feels like staff are here to unlock you and nothing else.'

'Staff need to focus, they're not helpful and just give out red warnings. They play psychological games with people and they don't care and never interact just enforce.'

'Staff definitely have their favourites and they side with some inmates. Some officers are ignorant and lazy.'

'Most staff talk down to you because you're on detox.'

Particular wing issues

The safety results have been combined across all the wings. The majority of issues permeated across A, B and G wings, with the availability of drugs being the most prominent. Reference to gangs was elevated on G and B wings. Reports of overcrowding appeared most significant on the larger A and G wings. Prisoners who had been or were going through detoxification gave negative accounts of how staff had referred to them as 'junkies', many of whom felt that wing staff had little understanding of what they were going through. Two interviewees referenced one officer as a cause of unrest between both staff and prisoners on one wing.

Other issues

Other issues of safety commented on by interviewees were not having enough cameras on wings and lack of trust in staff. Interviewees said cameras on wings would reduce fighting and support staff in dealing with drug issues, particularly on G wing. Concern was raised about the commonality of drug debt and temptation. Prisoners on G wing were also keen to mention the poor standards of hygiene and presence of rats in the cells. However, there were some positive comments surrounding the immediate processes in place to move victims of bullying to a safer location and the treatment and respect by healthcare staff.

Overall rating

Interviewees were asked to give an overall rating for safety at Brixton, with 1 being very bad and 5 being very good. The average rating was 3.

Appendix IV: 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 the 26th March 2008 the prisoner population at HMP Brixton was 796. The sample size was 132. Overall, this represented 17% of the prisoner population.

Selecting the sample

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

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

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;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to 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, 110 respondents completed and returned their questionnaires. This represented 14% of the prison population. The response rate was 83%. In addition to the four respondents who refused to complete a questionnaire, 14 questionnaires were not returned and 4 were returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey, are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in forty local prisons since April 2003. This document also shows statistically significant differences between the responses of prisoners in 2006 and those from prisoners in 2008.

In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals, and statistically significant differences between Muslim and non-Muslim prisoners.

In all the above documents, statistical significance merely indicates 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.



Prisoner Survey Responses HMP Brixton 2008

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables			
	Any percent highlighted in green is significantly better than the local prisons comparator	HMP Brixton 2008	Local prisons comparator
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator.		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	110	3884
2	Are you under 21 years of age?	1%	4%
3	Are you transgender or transsexual?	0%	0%
4	Are you sentenced?	46%	66%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	8%
6	If you are sentenced, are you on recall?	14%	15%
7	Is your sentence less than 12 months?	19%	19%
8	Do you have less than six months to serve?	26%	32%
9	Have you been in this prison less than a month?	30%	21%
10	Are you a foreign national?	20%	13%
11	Is English your first language?	85%	91%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	63%	24%
13	Are you Muslim?	26%	10%
14	Are you gay or bisexual?	3%	3%
15	Do you consider yourself to have a disability?	18%	15%
16	Is this your first time in prison?	31%	26%
17	Do you have any children?	51%	57%
SECTION 2: Transfers and Escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	53%	49%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	57%	58%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	12%	11%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	24%	28%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	8%	12%
19	Did you spend more than four hours in the van?	7%	5%
20	Were you treated well/very well by the escort staff?	52%	68%
21a	Did you know where you were going when you left court or when transferred from another establishment?	57%	74%
21b	Before you arrived here did you receive any written information about what would happen to you?	13%	14%
22c	When you first arrived here did your property arrive at the same time as you?	63%	83%

Key to tables			
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	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator.		
		HMP Brixton 2008	Local prisons comparator
SECTION 3: Reception, first night and induction			
23a	Did you have any problems when you first arrived?	80%	77%
23b	Did you have any problems with loss of transferred property when you first arrived?	17%	10%
23c	Did you have any housing problems when you first arrived?	27%	22%
23d	Did you have any problems contacting employers when you first arrived?	11%	6%
23e	Did you have any problems contacting family when you first arrived?	34%	31%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	12%	8%
23g	Did you have any money worries when you first arrived?	31%	25%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	35%	23%
23i	Did you have any drug problems when you first arrived?	25%	22%
23j	Did you have any alcohol problems when you first arrived?	15%	21%
23k	Did you have any health problems when you first arrived?	23%	24%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	13%	8%
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	7%	16%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	27%	28%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	14%	17%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	42%	58%
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	10%	22%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	14%	22%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	30%	46%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	63%	53%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	47%	45%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	42%	54%
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	19%	28%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	76%	86%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	49%	67%
26	Were you treated well/very well in reception?	48%	58%
27a	Did you receive a reception pack on your day of arrival?	65%	74%
27b	Did you receive information about what was going to happen here on your day of arrival?	19%	42%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	21%	42%
27d	Did you have the opportunity to have a shower on your day of arrival?	17%	34%

Key to tables			
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	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator.		
		HMP Brixton 2008	Local prisons comparator
SECTION 3: Reception, first night and induction continued			
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	33%	54%
27f	Did you get information about routine requests on your day of arrival?	15%	32%
27g	Did you get something to eat on your day of arrival?	80%	82%
27h	Did you get information about visits on your day of arrival?	22%	41%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	35%	49%
28b	Did you have access to someone from healthcare within the first 24 hours?	50%	68%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	26%	32%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	15%	22%
29	Did you feel safe on your first night here?	57%	74%
30	Did you go on an induction course within the first week?	50%	58%
31	Did the induction course cover everything you needed to know about the prison?	33%	42%
32	Did you receive a 'basic skills' assessment within the first week?	37%	35%
SECTION 4: Legal Rights and Respectful Custody			
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	34%	43%
34b	Is it very easy/easy for you to attend legal visits?	46%	64%
34c	Is it very easy/easy for you to obtain bail information?	11%	26%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	29%	44%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	32%	52%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	77%	77%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	57%	83%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	46%	65%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	22%	37%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	59%	63%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	16%	29%
37	Is the food in this prison good/very good?	18%	23%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	23%	45%
39a	Is it easy/very easy to get a complaints form?	75%	79%
39b	Is it easy/very easy to get an application form?	79%	85%
40a	Do you feel applications are sorted out fairly?	23%	44%
40b	Do you feel your applications are sorted out promptly?	20%	41%
40c	Do you feel complaints are sorted out fairly?	8%	17%
40d	Do you feel complaints are sorted out promptly?	10%	18%
40e	Are you given information about how to make an appeal?	13%	30%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	14%	13%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	19%	39%

Key to tables			
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	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator.		
SECTION 4: Legal Rights and Respectful Custody continued			
43	Is it easy/very easy to contact the Independent Monitoring Board?	16%	31%
44	Are you on the enhanced (top) level of the IEP scheme?	14%	24%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	26%	46%
46a	In the last six months have any members of staff physically restrained you (C & R)?	14%	8%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	8%	12%
47a	Do you feel your religious beliefs are respected?	53%	54%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	58%
48	Are you able to speak to a Listener at any time, if you want to?	52%	64%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	58%	64%
49b	Do most staff, in this prison, treat you with respect?	60%	68%
SECTION 5: Safety			
51	Have you ever felt unsafe in this prison?	56%	39%
52	Do you feel unsafe in this establishment at the moment?	29%	19%
54	Have you been victimised (insulted or assaulted) by another prisoner?	24%	23%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	11%	12%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	12%	8%
55c	Have you been sexually abused since you have been here? (By prisoners)	1%	1%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	4%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	3%	4%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	6%	4%
55g	Have you ever been victimised because you were new here? (By prisoners)	7%	5%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	0%	1%
55i	Have you ever been victimised because you have a disability? (By prisoners)	1%	2%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	4%	3%
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	5%	5%
56	Have you been victimised (insulted or assaulted) by a member of staff?	19%	27%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	10%	14%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	5%
57c	Have you been sexually abused since you have been here? (By staff)	1%	1%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	5%
57e	Have you been victimised because of drugs since you have been here? (By staff)	4%	5%
57f	Have you ever been victimised because you were new here? (By staff)	6%	6%
57g	Have you ever been victimised because of your sexuality? (By staff)	0%	1%
57h	Have you ever been victimised because you have a disability? (By staff)	2%	2%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	2%	4%

Key to tables			
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SECTION 5: Safety continued			
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	7%	4%
58	Did you report any victimisation that you have experienced?	13%	11%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	32%	24%
60	Have you ever felt threatened or intimidated by a member of staff in here?	29%	26%
62	Is it very easy/easy to get illegal drugs in this prison?	42%	33%
SECTION 6: Healthcare			
63	Do you think the overall quality of the healthcare is good/very good?	21%	35%
64a	Is it very easy/easy to see the doctor?	20%	27%
64b	Is it very easy/easy to see the nurse?	39%	49%
64c	Is it very easy/easy to see the dentist?	3%	8%
64d	Is it very easy/easy to see the optician?	8%	9%
64e	Is it very easy/easy to see the pharmacist?	28%	22%
65a	Do you think the quality of healthcare from the doctor is good/very good?	36%	35%
65b	Do you think the quality of healthcare from the nurse is good/very good?	32%	49%
65c	Do you think the quality of healthcare from the dentist is good/very good?	15%	19%
65d	Do you think the quality of healthcare from the optician is good/very good?	10%	15%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	30%	30%
66	Are you currently taking medication?	44%	44%
67	Are you allowed to keep possession of your medication in your own cell?	31%	28%
SECTION 7: Purposeful Activity			
69a	Do you feel your job will help you on release?	17%	24%
69b	Do you feel your vocational or skills training will help you on release?	23%	25%
69c	Do you feel your education (including basic skills) will help you on release?	34%	36%
69d	Do you feel your offending behaviour programmes will help you on release?	25%	22%
69e	Do you feel your drug or alcohol programmes will help you on release?	34%	26%
70	Do you go to the library at least once a week?	22%	38%
71	Can you get access to a newspaper every day?	29%	38%
72	On average, do you go to the gym at least twice a week?	32%	39%
73	On average, do you go outside for exercise three or more times a week?	17%	40%
74	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%	10%
75	On average, do you go on association more than five times each week?	65%	48%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	17%

Key to tables			
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	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator.		
SECTION 8: Resettlement			
78	Did you first meet your personal officer in the first week?	10%	16%
79	Do you think your personal officer is helpful/very helpful?	11%	24%
80	Do you have a sentence plan?	13%	24%
81	Were you involved/very involved in the development of your sentence plan?	7%	14%
82	Can you achieve all or some of your sentence plan targets in this prison?	8%	12%
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	4%	10%
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	15%	20%
85	Do you feel that any member of staff has helped you to prepare for release?	13%	14%
86	Have you had any problems with sending or receiving mail?	51%	44%
87	Have you had any problems getting access to the telephones?	45%	32%
88	Did you have a visit in the first week that you were here?	34%	36%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	53%	65%
90	Did you receive five or more visits in the last week?	1%	1%
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	30%	30%
91b	Do you think you will have a problem with finding a job following your release from this prison?	58%	57%
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	55%	50%
91d	Do you think you will have a problem with money and finances following your release from this prison?	61%	60%
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	44%	39%
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	45%	39%
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	18%	19%
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	20%	26%
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	52%	45%

Key to tables			
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	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator.		
SECTION 8: Resettlement continued			
92a	Do you think you will have a problem with drugs when you leave this prison?	23%	18%
92b	Do you think you will have a problem with alcohol when you leave this prison?	15%	14%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	32%	39%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	36%	43%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	26%	30%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	28%	45%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	23%	30%
93f	Do you know who to contact within this prison to get help with external drugs courses etc	46%	45%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	29%	36%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	28%	31%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	20%	32%



Key Question Responses (Ethnicity, Nationality and Religion) HMP Brixton 2008

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

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		69	40	21	84	26	75
4	Are you sentenced? (Not tested for significance)	49%	38%	43%	46%	65%	40%
10	Are you a foreign national? (Not tested for significance)	19%	23%			21%	22%
11	Is English your first language? (Not tested for significance)	90%	78%	57%	92%	69%	88%
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)			57%	63%	88%	50%
13	Are you Muslim? (Not tested for significance)	38%	8%	24%	25%		
16	Is this your first time in prison? (Not tested for significance)	27%	37%	76%	20%	41%	29%
20	Were you treated well/very well by the escort staff?	50%	55%	53%	54%	32%	57%
21a	Did you know where you were going when you left court or when transferred from another establishment?	56%	58%	25%	67%	48%	62%
23	Did you have any problems when you first arrived?	81%	77%	75%	80%	83%	79%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	77%	75%	80%	75%	77%	75%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	47%	52%	39%	52%	44%	50%
26	Were you treated well/very well in reception?	48%	45%	53%	47%	50%	50%
29	Did you feel safe on your first night here?	62%	48%	40%	62%	52%	58%
30	Did you go on an induction course within the first week?	49%	52%	55%	45%	54%	49%
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	25%	47%	26%	38%	15%	42%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	30%	33%	45%	28%	27%	33%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	82%	69%	70%	80%	69%	80%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	22%	21%	30%	20%	12%	27%
37	Is the food in this prison good/very good?	25%	5%	26%	15%	20%	16%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	20%	26%	20%	24%	27%	23%
39a	Is it easy/very easy to get a complaints form?	75%	75%	81%	74%	69%	81%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
39b	Is it easy/very easy to get an application form?	78%	82%	84%	80%	85%	81%
40a	Do you feel applications are sorted out fairly?	20%	26%	22%	23%	19%	27%
40c	Do you feel complaints are sorted out fairly?	5%	11%	6%	9%	7%	9%
44	Are you on the enhanced (top) level of the IEP scheme?	9%	22%	26%	11%	15%	15%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	27%	24%	24%	28%	37%	23%
46a	In the last six months have any members of staff physically restrained you (C & R)?	16%	11%	14%	13%	29%	9%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	8%	7%	9%	13%	8%
47a	Do you feel your religious beliefs are respected?	49%	56%	72%	49%	63%	53%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	58%	65%	58%	72%	55%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	57%	58%	61%	57%	42%	64%
49b	Do most staff, in this prison, treat you with respect?	61%	57%	76%	59%	58%	59%
51	Have you ever felt unsafe in this prison?	57%	52%	55%	54%	65%	53%
52	Do you feel unsafe in this establishment at the moment?	30%	28%	20%	29%	35%	27%
54	Have you been victimised (insulted or assaulted) by another prisoner?	27%	20%	22%	24%	33%	20%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%	11%	2%	13%	1%
55j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	2%	5%	4%	8%	3%
56	Have you been victimised (insulted or assaulted) by a member of staff?	20%	19%	19%	18%	32%	17%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	5%	12%	4%	12%	3%
57i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	0%	6%	1%	8%	0%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	32%	34%	11%	37%	31%	32%
60	Have you ever felt threatened or intimidated by a member of staff in here?	28%	31%	33%	27%	29%	28%
61	Is it very easy/easy to get illegal drugs in this prison?	36%	52%	35%	42%	40%	46%
63	Do you think the overall quality of the healthcare is good/very good?	20%	20%	5%	26%	16%	23%
64a	Is it very easy/easy to see the doctor?	22%	16%	16%	20%	15%	22%
64b	Is it very easy/easy to see the nurse?	33%	47%	40%	39%	25%	46%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
69a	Do you feel your job will help you on release?	15%	22%	16%	18%	15%	20%
69b	Do you feel your vocational or skills training will help you on release?	26%	19%	18%	24%	32%	22%
69c	Do you feel your education (including basic skills) will help you on release?	40%	27%	33%	33%	42%	32%
69d	Do you feel your offending behaviour programmes will help you on release?	30%	19%	6%	28%	39%	22%
69e	Do you feel your drug or alcohol programmes will help you on release?	37%	31%	19%	36%	39%	34%
70	Do you go to the library at least once a week?	21%	23%	31%	19%	36%	17%
72	On average, do you go to the gym at least twice a week?	38%	23%	25%	34%	50%	26%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	8%	10%	5%	8%	5%
75	On average, do you go on association more than five times each week?	61%	72%	60%	67%	68%	66%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	29%	28%	19%	20%	24%
78	Did you first meet your personal officer in the first week?	9%	13%	11%	11%	26%	6%
79	Do you think your personal officer is helpful/very helpful?	9%	16%	21%	8%	8%	12%
80	Do you have a sentence plan?	14%	13%	10%	14%	32%	8%
86	Have you had any problems with sending or receiving mail?	43%	64%	31%	56%	48%	53%
87	Have you had any problems getting access to the telephones?	40%	50%	50%	44%	32%	47%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	50%	59%	60%	51%	54%	55%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	26%	10%	31%	17%	39%	16%