

Report on an announced inspection of

HMP Belmarsh

by HM Chief Inspector of Prisons

2–6 February 2015

Glossary of terms

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Printed and published by:
Her Majesty's Inspectorate of Prisons
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Introduction

HMP Belmarsh, located in south east London, is a high security core local prison and one of the highest profile and most complex prisons in England and Wales. At the time of this inspection it held 875 men serving a range of sentences. Some were relatively low risk prisoners with the range of needs typical to other local prisons, but a significant minority had been sentenced to long, determinate sentences, and over 100 men were serving indeterminate sentences or life. In addition, the high security unit (HSU) – separated from the rest of the prison by its own walls, gates and specific security measures – held a small number of the most high risk prisoners. The prison had recently begun to hold remanded young adults who would previously have been held in young offender institutions. This was a complicated population to manage and meeting the different needs of all of these groups, while maintaining the appropriate levels of security to provide reassurance to the public, was undeniably challenging.

At our last inspection in 2013, we considered that the prison had not got the balance right and that stringent security arrangements were over-bearing, impacting disproportionately on all prisoners held, regardless of the risks they posed. At this inspection it was encouraging to see that the prison had made significant progress in striking a better balance between the rigorous and effective security required to manage the risks presented by prisoners while they were in the prison, and running a safe and decent establishment that could provide a range of purposeful and rehabilitative opportunities to reduce the risks they posed after release.

Levels of violence were not high but many prisoners still reported feeling unsafe and victimised. Young adults were disproportionately involved in violent incidents and Muslim prisoners and those from black and minority ethnic backgrounds were more likely to report that they felt unsafe, and that they had been intimidated or threatened by staff, than the rest of the population. These issues may have been linked to gang and terrorism-related offences and behaviours in which these groups were over-represented, but the prison needed to do more to understand and address this. The introduction of transition meetings for prisoners moving to Belmarsh from HMYOI Feltham was a positive initiative that could be replicated elsewhere. Vulnerable prisoners told us they felt safe but a small number of 'duty of care' men, who were at risk of retaliatory violence from other prisoners, were kept in what amounted to solitary confinement with an extremely impoverished regime.

Arrangements and support for prisoners at reception and in their first few days in the prison were good. The excellent safer custody team was playing a key role in keeping prisoners safe and, along with the chaplaincy, ensured there was good support for prisoners vulnerable to self-harm. The segregation unit environment was much improved from our previous inspection, but the regime offered was still too limited. The unit held some extremely challenging men and it was difficult for staff to establish effective relationships with them, but positive efforts were being made to help staff understand and address the behaviour of the men in their care. Men who were identified as being at risk of suicide or self-harm were rarely held in the unit. Use of force was not excessive and was now being well managed. In contrast to many other prisons, problematic drug use was low and substance use support services were very good.

It was encouraging to see that relationships between staff and prisoners were much improved from the last inspection. We observed staff engaging with prisoners appropriately and an ongoing training programme to encourage staff to interact more positively with prisoners was starting to show positive results. Nevertheless, this was work in progress and managers were realistic about the challenges they still faced in changing the staff culture of the prison. The environment was good and the prison was clean but many men still lived and ate their meals in poor, overcrowded double cells which held three people. Men complained to us about difficulties in getting responses to applications related to everyday issues and concerns; this was a source of real frustration, although the governor-chaired prisoner consultation council was an excellent initiative which had started to give prisoners an important forum to raise concerns. In our surveys black and minority ethnic and Muslim prisoners, and those with disabilities, were less positive than others about their treatment and it was

therefore disappointing to see that many aspects of equality and diversity support was underdeveloped. Managers had recognised this and had taken steps to improve work in this area. The chaplaincy was notably good. Health care provision was going through a period of change with a new provider imminent, but this had not distracted staff from providing reasonable care overall.

In the week this inspection began a new provider had taken over responsibility for learning and skills work. Provision had improved overall since our last visit to the prison, but from a very low base, and there was considerable further improvement required to develop it to an acceptable standard. The Prison Service should do more to learn lessons from the failure of the previous provider and the fact that it took so long for a change to occur. There were now broadly sufficient activities for prisoners to work part-time but the way the regime was organised meant that access to association and domestic periods was severely restricted for those who opted for full-time work and this acted as a disincentive. Time out of cells had improved from our previous inspection. There was an improved focus on developing the learning and skills provision offered, but the range was too narrow, and achievements in some key areas, and attendance at education, needed further improvement.

Resettlement work was strong with some excellent practical support, including good work around supporting contact with families and friends. Some aspects of offender management work needed to be improved but, as we see elsewhere, the national offender management model in which staff have dual offender supervisor and residential roles was being abandoned in favour of single, specific roles and this worked much better. Work with higher risk men was reasonable and public protection work was strong. Given the nature of the sentenced population, it was welcome that a good range of offending behaviour programmes was offered.

The HSU remained a limited environment and despite efforts to improve the regime offered, it was inferior to what was available in the rest of the prison. No evidence was offered to us as to why the men who were held in the HSU at the time of this inspection could not be managed safely on the main wings as similar men are managed in other prisons.

Overall, HMP Belmarsh had much improved since our last visit. Outcomes were better in all key areas and this had been achieved without compromising security. Prisoners and staff we spoke to were positive about the changes that were being made. However, many of the improvements were recent and not yet fully embedded, and some major challenges remained. The prison needed to do more to understand levels of violence and fears about safety, especially among minority groups. Although learning, skills and work was improving and a new provider was starting work, there was much to do, particularly in terms of expanding the range of activities to meet the needs of the population. Similarly, while deficiencies in offender management had been recognised and were being addressed, improvements were still at a very early stage. The role and function of the high security unit needed a fundamental review. We found that the prison had credible plans to address all these issues and embed the progress that had already been made. We hope this report will assist with that process.

Nick Hardwick
HM Chief Inspector of Prisons

May 2015

Fact page

Task of the establishment

A local prison, holding men and young adults, some of whom require a high level of security.

Prison status

Public

Department

High security directorate

Number held

875 on 28 January 2015

Certified normal accommodation

781

Operational capacity

938

Date of last full inspection

2–13 September 2013

Brief history

Belmarsh prison opened in 1991. It was the first adult prison to be built in London since Wormwood Scrubs in 1874.

Short description of residential units

House block 1 – London pathways progression unit (a resettlement service for prisoners with personality disorders released in London) and prisoners serving long sentences

House block 2 – prisoners serving short sentences or on remand

House block 3 – first night centre and new arrivals

House block 4 – prisoners undergoing detoxification and vulnerable prisoners

Main prison segregation unit – prisoners serving periods of punishment or needing to be separated from others. It also contained two designated prison rule 46 cells used for the temporary management of close supervision centre (CSC) system and/or managing challenging behaviour strategy (MCBS) prisoners (prisoners deemed to be some of the most dangerous in the prison system)

High security unit (HSU) – a self-contained unit holding prisoners who require a high level of security (including a small discreet segregation unit available for use with HSU prisoners only).

Name of governor/director

Simon Cartwright

Escort contractor

Serco

Health service provider

Care UK

Learning and skills provider

The Manchester College

Independent Monitoring Board chair

Hilary Powell

About this inspection and report

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

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

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

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

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

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1** *Some prisoners waited a long time in court cells before being moved to the prison. Early days support was generally good. Levels of violence were not high and most incidents were minor but too many prisoners reported feeling unsafe. Many felt victimised by other prisoners and a significant proportion of prisoners from black and minority ethnic backgrounds and Muslim prisoners told us they had been intimidated by staff. Support for prisoners vulnerable to self-harm was good. Security arrangements were stringent but less intrusive than previously. There were few indications of problematic drug use. Disciplinary procedures were broadly proportionate. Use of force was not excessive and was now better managed. The segregation environment was much better than previously, but the regime and some staff-prisoner relationships still required improvement. Substance misuse services were very good. Prisoners in the HSU reported feeling safe. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S2** *At the last inspection in 2013 we found that outcomes for prisoners in Belmarsh were not sufficiently good against this healthy prison test. We made 22 recommendations in the area of safety. At this follow-up inspection we found that nine of the recommendations had been achieved, seven had been partially achieved, four had not been achieved and two were no longer relevant.*
- S3** Some prisoners waited too long in court before being transferred to the prison. Those on trial could not shower every day. The video link was underused.
- S4** In our survey, many responses to questions about prisoners' early days in custody remained poorer than the comparator but the outcomes we observed had improved since the previous inspection. The reception environment had improved and we saw some good staff-prisoner interactions. Officers in the first night centre interacted well with prisoners during comprehensive first night interviews; however there were issues with confidentiality. Follow-up interviews took place with an officer the day after arrival and peer support was good. Many first night cells accommodated three prisoners; they were overcrowded and not sufficiently furnished. Survey results showed that fewer than the comparator felt safe on their first night at the prison. Induction was timely and generally informative.
- S5** Levels of violence were not excessive, although they had increased since the prison had accepted young adults. Most incidents were minor, but there had been a few serious assaults and regular weapons finds. While some responses to our survey about safety had improved, prisoners still felt less safe than at comparator prisons. Perceptions about safety and intimidation by staff were particularly poor amongst prisoners from black and minority ethnic backgrounds and Muslim prisoners; this may have reflected the specific population at Belmarsh and the prison's reputation, but more needed to be done to understand and address this. Governance of those on the 'duty of care' regime (a restricted regime aiming to protect prisoners at risk) and the regime itself were not sufficient. The tackling antisocial attitudes (TASA) strategy was used frequently but many investigations were not thorough enough. The process was largely punitive and did little to establish the underlying reasons for a prisoner's violent or antisocial behaviour.
- S6** The last two self-inflicted deaths occurred in 2013. An action plan had been developed and was being reviewed. The number of prisoners who had self-harmed was not high but there had been no formal investigations following serious incidents. Care for prisoners on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of

suicide or self-harm was reasonable, some assessments were very good and most reviews were multidisciplinary. Prisoners we spoke to on ACCTs felt staff supported them and they were allocated to activities. Few prisoners were placed on constant supervision, anti-ligature clothing was not used and prisoners on ACCTs were rarely held in the segregation unit. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had good access to prisoners; care suites were used and Listeners felt that most staff supported the scheme. Adult safeguarding arrangements were in the early stages of development.

- S7 Security arrangements were now more proportionate. Not all new systems had been fully embedded and some anomalies remained, for example, prisoners were still strip-searched on admission to the segregation unit, and patrol dogs were used routinely at night and in reception. The drug supply reduction strategy focused on the prison's main issues and appeared to be effective. In our survey, fewer prisoners than the comparator said it was easy to get drugs.
- S8 The incentives and earned privileges scheme was adequate and regular reviews took place. Senior management oversight was reasonably good, but prisoners were negative about the scheme in our survey.
- S9 The number of adjudications was not high, most hearings were reasonably well conducted and punishments proportionate. Data analysis needed to improve to ensure adjudications were fair, and to inform punishment guideline reviews. Force was not used excessively, and was proportionate in the sample we reviewed. Governance of the use of force had improved and was now reasonably good. The special cell had not been used in the previous six months. The use of the body belt had been appropriate.
- S10 The segregation unit, including the exercise yard, had improved and was now good. The number segregated was not high, and most prisoners stayed for only a few days. A minority, including some held in cells designated as part of the close supervision centre system and/or managing challenging behaviour strategy (centrally managed national system for managing some of the most difficult and dangerous prisoners in the prison estate), stayed many months. Segregation routinely held some extremely challenging individuals and staff had received training to improve relationships with prisoners. However, in our survey, prisoners' perceptions about their treatment in the unit had not changed since the previous inspection. While we felt some progress had been made, interactions remained too mixed. Few written records showed any meaningful contact with prisoners. Prisoners did not have enough to do, did not feel listened to and waited too long for some applications to be resolved. However, there were examples of prisoners being successfully reintegrated into the normal location.
- S11 Pathways to Recovery (P2R) services delivered an effective range of group-based and one-to-one interventions. P2R trained and supported peer mentors well, who in turn made a valuable contribution to the prison's therapeutic interventions. Clinical drugs services were delivered appropriately.
- S12 Early days support in the high secure unit was adequate. Prisoners felt safe and there were very few incidents. Security was proportionate to the risks presented and the existence of the unit was having a less intrusive impact across the prison. Use of force was low. The segregation unit was not in use but remained a poor facility.

Respect

S13 *Communal areas were clean but the cells holding three prisoners remained poor. Prisoners were negative about access to some amenities and services. Staff-prisoner relationships had improved and consultation arrangements were generally good. Equality and diversity were improving but remained underdeveloped; some groups were more negative than others in our survey. Responses to complaints were generally good, but prisoners lacked confidence in the process. Legal services were underdeveloped. Health care overall was reasonably good. Prisoners were negative about the food and some canteen arrangements. The HSU provided a restricted environment, but relationships were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S14 *At the last inspection in 2013 we found that outcomes for prisoners in Belmarsh were not sufficiently good against this healthy prison test. We made 34 recommendations in the area of respect.² At this follow-up inspection we found that 20 of the recommendations had been achieved, six had been partially achieved and eight had not been achieved.*

S15 Communal areas had improved substantially and the external environment was clean. Cells were mixed, ranging from very clean single cells to poorly furnished, cramped cells accommodating three men. Not all toilets were adequately screened. Most showers had been redecorated, but survey results indicated that too many prisoners could not shower every day. Prisoners were frustrated by delayed responses to applications and there were still some delays in men receiving mail, particularly early in the week.

S16 Prisoners were more positive about relationships with staff than at our previous inspection. We observed mostly positive interactions and more staff interacted with prisoners than previously. The personal officer scheme required further development. Case notes were mixed, but there was a good balance between positive and negative comments. A prisoner consultative committee (PCC) provided prisoners with an excellent forum for exploring and resolving concerns.

S17 Senior staff were committed to tackling discrimination and promoting equality, but many arrangements were not yet embedded. The distinct needs of each protected characteristic were not recognised and the equalities team was only just getting to grips with the challenges presented. Discrimination incident reporting forms were adequately managed and prisoners were consulted regularly. Some monitoring was in place but patterns and trends were not systematically analysed and potentially inequitable outcomes were not identified or investigated.

S18 Black, minority ethnic, Muslim and disabled prisoners were negative about aspects of their treatment. Translated material was not always available and access to immigration advice was limited. Provision for prisoners with disabilities was reasonably good, although some did not have equitable access to the full regime. The prison did not pay enough attention to provision for older prisoners. Work with young adults and gay prisoners was developing well. Faith facilities and corporate worship in the main prison were good. Chaplains were well integrated into prison life.

S19 Although prisoners were negative about most aspects of the complaints process, responses we reviewed were polite, timely and answered the issue raised. Complaints were monitored

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

and action was taken to address concerns. Prisoners could raise issues at PCC meetings. Men were negative in our survey about access to legal services. Some support to enable them to exercise their legal rights was poor. Legal visits provision was good.

- S20 Health services were generally satisfactory and improving. A change of provider was imminent but this had not prevented progress. Health screening on arrival was very thorough. Prisoners complained that some nurses were disrespectful. Primary care services were equivalent to those in the community and GPs provided good care. The inpatient unit was poor and had inadequate toilet and shower facilities; however, it provided some positive therapeutic care for a group of men with complex needs. Medicines management was generally effective and prisoners had good access to pharmacy advice. Dental services were good. Prisoners with severe and enduring mental health problems were well cared for but primary mental health services were inadequate. Transfers under the Mental Health Act were timely.
- S21 Prisoners were very dissatisfied with the food. They could raise catering issues at PCCs. Food surveys were regularly undertaken, but response rates were poor. In our survey, prisoners said the range of goods available in the shop was not wide enough, although the list appeared adequate. Consultation with prisoners about canteen was good.
- S22 Some efforts had been made to improve the HSU environment but the unit remained claustrophobic and limited. Social interactions with other prisoners were limited but relationships with staff had improved. Health care support was generally appropriate.

Purposeful activity

S23 *Time out of cell was reasonable for most prisoners, but the regime for those who worked full time was restricted. The prison focused on improving the provision and offered prisoners sufficient part-time work opportunities. However, the curriculum was too narrow. Attendance in education had improved over the previous three months but remained low. Peer mentors were used well. Although teaching, learning and assessment were better than previously, they still required improvement. Achievements overall were good but too low in functional skills. Access to the library and gym had improved, but some aspects of the physical education (PE) provision required improvement. Despite some enhancements the regime provided on the HSU was poor. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S24 *At the last inspection in 2013 we found that outcomes for prisoners in Belmarsh were poor against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, six had been partially achieved and five had not been achieved.*

- S25 Most prisoners had around seven hours a day out of their cell, and all except a minority had at least a domestic period every day, which was better than at our previous inspection. There was evidence of significant curtailments in the regime and there was no association after 6pm. Prisoners who worked full time had their association and domestic time restricted.
- S26 The prison was committed to improving its learning and skills provision and meeting prisoners' needs. The new Offender Learning and Skills Service (OLASS) provider, The Manchester College, had yet to make an impact. The self-assessment process was well established and thorough and included a clear, well thought-out quality improvement action

plan. Overall the quality of provision had improved and there was no inadequate teaching, learning or assessment; however, further improvements were required.

- S27 The prison offered all prisoners sufficient part-time activity places and around 25% participated in activities full time. Very few were unemployed. Outreach opportunities in the HSU and segregation unit were limited. The range of learning and skills activities was very narrow. However, a good programme of distance learning and Open University courses was available.
- S28 Staff did not link individual learning plans or set targets well enough to improve individual outcomes. Peer mentors were used very effectively but their role could have been extended to additional work areas. Arrangements to provide extra support for prisoners with specific learning difficulties were underdeveloped. There continued to be some low-skilled work but workshops reinforced a work ethic and provided a platform for progress.
- S29 Overall success rates on many programmes had improved. Participation and achievements in a variety of distance learning and Open University programmes were good. However, in English, mathematics and English as a second language they required improvement. Attendance at education and activities had improved over the previous three months, but remained low.
- S30 Access to the library had improved and communication with induction and education staff to support prisoners' reading was better. The outreach book trolley service now had new stock every fortnight and a good range of activities to support prisoners' reading and communication skills was offered.
- S31 PE was effectively managed and promoted, but no accredited vocational training was offered in the gym. Access to the gym was good but only around 35% attended and induction was poor. Links with the health care department required further improvement. Most indoor and outdoor facilities were good, but the changing rooms were very poor.
- S32 The regime offered on the HSU remained very limited. Men were isolated from the main prison population which potentially impacted negatively on their well-being.

Resettlement

S33 *Prison staff now had a better understanding of the resettlement priorities of the population. Offender management arrangements were mixed. Inroads had been made into the backlog in offender assessment system (OASys) documents, but some aspects of offender management work needed improvement. Public protection was robust. Reintegration work was good, and some excellent support was provided in the resettlement pathways. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S34 *At the last inspection in 2013 we found that outcomes for prisoners in Belmarsh were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of resettlement. At this follow-up inspection we found that two of the recommendations had been achieved, six had been partially achieved, four had not been achieved and one was no longer relevant.*

S35 Staff had a good understanding of the resettlement needs of the population. The reducing reoffending strategy was appropriately linked to resettlement pathways and the focus on reducing the backlog in OASys documents and introducing the basic custody screening tool (focusing on immediate offending-related needs) was appropriate. The offender management

unit was due to revert back to a smaller number of dedicated offender supervisors, but more clarity was needed about roles and responsibilities. There was still some uncertainty about the new arrangements with the community rehabilitation company (responsible for the supervision of most individuals on release from prison). The level of integration between offender management and other departments was limited. However, despite this, more prisoners in our survey than in other local prisons said they had done something to make it less likely they would reoffend in the future and more than at the previous inspection said someone had helped them to prepare for release.

- S36 All prisoners were now subject to a basic custody screening on arrival. Although most had an OASys document, many were out of date. OASys documents and sentence plans were variable, although there were clear signs of improvement in those completed by offender supervisors in recent months. Prisoners in our survey suggested they had little contact with offender supervisors beyond OASys processes and evidence we saw supported this view. However there were notable exceptions, primarily in higher risk cases, which probation staff managed. Good links had been made with both the psychology department and mental health services and we saw some examples of good multi-agency work with prisoners who had complex needs. Quality assurance for some of the work had developed well but officer offender supervisors still received inadequate support. Delays in the home detention curfew process continued, mainly due to delays in external reports being returned in time.
- S37 The prison's approach to public protection was good. Prisoners were screened on arrival and restrictions were appropriately managed. Reviewing arrangements were good, as were those to support multi-agency public protection arrangements.
- S38 Discharge boards were now better organised and all prisoners were invited to attend around eight weeks prior to their release. Overall resettlement provision was good, but links with offender management required further development. Pre-release planning for higher risk prisoners was generally good and impressive in some cases.
- S39 Accommodation needs were identified on arrival and proactive peer workers provided information during induction. An experienced housing officer saw all those referred and few were released without an address. The National Careers Service saw all prisoners during induction. Some good internal and external multi-agency working ensured that prisoners were prepared well for release, but links with employers needed further development.
- S40 Health support for prisoners leaving the establishment was effective. Palliative care work was good and developing. The P2R resettlement arrangements were very good and included dedicated family support, through-the-gate assistance and transport to first appointments on release. Finance, benefit and debt support was good. In the six months to December 2014, 150 prisoners had received help to set up a bank account.
- S41 Visiting arrangements had improved and were now good. Visitors no longer had to leave the visits hall between sessions and there was now one longer session. Additional morning visits were well attended. Visits could be booked more easily. The visitors' centre was welcoming and we observed supportive interactions. Staff were friendly and polite towards both prisoners and visitors and the visits hall was pleasant. Family visits were only available for prisoners on the enhanced regime, including vulnerable prisoners. The family worker provided prisoners and families with excellent support on substance and alcohol use.
- S42 The prison had a good range of offending behaviour programmes that met the needs of the population. The work of the London pathways progression unit, part of a pan-London project working with prisoners with personality disorders, was good and we saw some extremely positive work with an otherwise very challenging population.

- S43 Prisoners in the HSU received similar resettlement support to other prisoners. The HSU visits facilities were cramped with little privacy.

Main concerns and recommendations

- S44 Concern: The prison had not done enough to understand and address issues affecting the safety of different parts of the prison population. Levels of violence had increased since the arrival of young adults, some of which the prison believed was gang-related and who while less than 10% of the population, accounted for almost half of those who needed to be kept apart or where a TASA had been deemed necessary to tackle their anti-social and often violent behaviour. Prisoners from black and minority ethnic backgrounds and Muslim prisoners reported feeling significantly less safe than the rest of the population and were more likely to report victimisation by staff. The prison held a number of men for terrorism offences and the rigorous security required was likely to have affected its reputation. The prison had not done enough to understand and address any links between these issues and provide assurance that all groups were being treated equitably and that the risks, safety and concerns of these groups were being effectively managed.

Recommendation: The violence reduction strategy should be reviewed to more effectively address the disproportionate involvement of young adults and the concerns about safety and victimisation of prisoners from black and minority ethnic backgrounds and Muslim prisoners.

- S45 Concern: Levels of violence had increased since the arrival of young adults. While they accounted for 8.5% of the population, 46% of those who needed to be kept apart and 42% of those where a TASA was deemed necessary were from this group. The prison had not taken appropriate action to monitor or address effectively the issues presented by these prisoners.

Recommendation: A more strategic approach to managing violence among young adults should be developed.

- S46 Concern: Belmarsh continued to be the only prison in England and Wales to hold high risk category A prisoners separately, rather than dispersing them among the general population where they could have a near-normal regime. The environment in the HSU remained limited and the regime poor, which meant prisoners had few opportunities to interact with others. This was having a negative impact on their health and wellbeing, particularly for those held for longer periods. One man had been held there for over four years.

Recommendation: The location of high risk category A prisoners on the high security unit should not be automatic but should only occur when there are clear reasons why the risks involved cannot be managed on the main wings. (Repeated recommendation 1.53)

- S47 Concern: The range of education, training and work was too narrow and did not meet the needs of all prisoners; the opportunities for vulnerable prisoners and those on the HSU were of particular concern. Too much work offered was mundane.

Recommendation: The range of education, vocational training and work provision should be increased to ensure that all prisoners are involved in purposeful activities that address their resettlement needs.

S48 Concern: Some prisoners did not have an up-to-date OASys document and those we reviewed were too variable. There was no robust process for following up outside probation services when OASys that were their responsibility were not completed or updated. Sentence plans did not always reflect the individual needs of the prisoner or the risk of harm they presented to the public. The range of contributions to assessments and reviews from other relevant prison departments was not sufficient.

Recommendation: The prison should ensure that all prisoners have a good up-to-date OASys document, sentence plans are informed by contributions from other departments and backlogs are actively addressed.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

I.1 *Some prisoners waited too long in court before being transferred to the prison. Arrangements for the transfer of prisoners' property were inadequate. Prisoners involved in trials could not shower every day. The video link facility was underused.*

I.2 In our survey, prisoners were more negative about escorts and transfers than the comparator, although outcomes had improved since 2013. Escort vans contained graffiti and some prisoners continued to wait in court cells too long before being transferred to the prison. Vans had limited storage space and many complained about property being left at previous establishments or at Belmarsh when they transferred elsewhere. A dog and handler always attended when prisoners were getting on and off vehicles regardless of any identified risks.

I.3 Those involved in trials could not shower every day (see section on residential units, recommendation 2.10), and no breakfasts or hot drinks were available in reception for those going to court. Cash and valuables did not accompany prisoners to court and arrangements had to be made to collect them in the event of their release. Prisoners were told about planned transfers the night before and had little time to contact family or legal advisors. Video link facilities were underused: between October and December 2014, only 11% of all court hearings had involved their use.

Recommendations

- I.4** **Prisoners should be transferred as promptly as possible to minimise waiting times at court.**
- I.5** **All prisoners' property should accompany them to the prison and on transfer.**
- I.6** **The video link should be used for suitable hearings.**

Housekeeping point

- I.7** Prisoners should receive sufficient notice of planned transfers to enable them to make a call to their family or legal adviser, subject to security considerations.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- I.8** *The reception environment had improved. Staff interacted well with prisoners but not all interviews were held in private. Too few prisoners were offered a shower and many shared overcrowded cells on their first night. A well presented induction started the day following arrival and was generally informative. Peer workers provided good support. Foreign national prisoners did not receive sufficient support.*
- I.9** In our survey, prisoners' perceptions about their early days in custody remained poorer than the comparator, but were better than at our previous inspection. The reception area had improved: holding rooms contained information, newspapers and a TV. We saw some good staff-prisoner interactions.
- I.10** Cell-sharing risk assessments were comprehensive but not always undertaken in private. Searches did take place privately, but all prisoners continued to be strip-searched regardless of their individual risk. Vulnerable prisoners were managed safely and separately. There were no specific procedures for young adults.
- I.11** New arrivals went to the first night centre (FNC) in house block 3 where they saw a health care worker in private and had a comprehensive first night interview and cell-sharing risk assessment review with an officer. Officers interacted well with prisoners but interviews took place two at a time and were not confidential. Prisoners had a good follow-up interview the day after their arrival.
- I.12** Peer workers explained the use of telephones and the incentives and earned privileges (IEP) scheme and prisoners signed behaviour and communication compacts (signed agreement confirming adherence to community rules).
- I.13** The offer of a free telephone call, which prisoners always received, was recorded. In our survey, only 9% of prisoners said they had been offered a shower, fewer than the comparator (32%) and the same as at the previous inspection. There was a shortage of prison-issue clothing.
- I.14** Many prisoners were accommodated in cramped three-person cells that did not have sufficient furniture. This might have been partly why fewer prisoners than in comparator prisons felt safe on their first night. Not all cells were properly prepared. Vulnerable prisoners went to house block 4 after their first night interview if space allowed or remained in dedicated cells in the FNC. A peer worker spoke to each prisoner, but not in private.
- I.15** Induction began the day after arrival. It was well presented and generally informative, and prisoners could ask questions. Peer workers reinforced some information, for example about visits and complaints. They asked prisoners if they needed accommodation advice (see section on reintegration planning, accommodation) or help to maintain housing benefits, making referrals as necessary.

- I.16** Some foreign national prisoners, who struggled to understand English, did not receive any written information in their own language or have the support of an interpreter. None had received the prisoner information booklet in their own language, although they were available (see section on equality and diversity).

Recommendations

- I.17** All reception and first night interviews should be undertaken in private.
- I.18** All prisoners should be offered a shower on their first night.

Housekeeping point

- I.19** Sufficient prison-issue clothing should be available.

Good practice

- I.20** *The follow-up interview enabled prisoners to disclose any anxieties or ask questions after their first night. Officers could check they had understood the information given to them and assess how they were feeling.*

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- I.21** *Levels of violence were not high but had increased since the prison had accepted young adults. Many incidents were minor, but there had been some serious assaults and regular weapons finds. Some violence was associated with gang affiliation, which departments across the prison needed to tackle. Measures to protect and provide a regime for some vulnerable prisoners lacked management attention, as did the strategy to address antisocial behaviour. In our survey, a high proportion of foreign national prisoners told us they had been victimised by both prisoners and staff because of their race, religion or nationality.*

- I.22** Levels of violence were not excessive, but had increased since the prison had accepted young adults, who represented 8.5% of the population. Of 46 prisoners who had to be kept apart from others, 21 (46%) were young adults and of 149 who had been placed on a strategy to tackle antisocial behaviour in the previous six months, 63 (42%) were young adults. A young person's strategy document from 2013–14 made no specific reference to managing violence within this group, nor did the management of violence policy. Managers recognised the need for closer working between key departments to ensure they understood violence associated with gangs.

- I.23** Most incidents were minor and often related to verbal threats and intimidation. On average, there were eight prisoner-on-prisoner assaults, nine fights and four assaults on staff each month. There had been three serious assaults on prisoners in the previous six months.

Improvised weapons were regularly found – 40 over a five-month period in 2014. The prison did not ensure methods of reporting incidents were consistent or accurate across the security and safer custody departments.

- I.24** While some responses about safety had improved, 54% of prisoners told us they had felt unsafe at some point and 24% told us they felt unsafe at the time of the inspection compared with 42% and 18% respectively in comparable prisons. Perceptions of safety were particularly poor among prisoners from black and minority backgrounds and Muslim prisoners. About a quarter of black and minority prisoners and a third of Muslim prisoners told us they had been threatened or intimidated by staff. These poor perceptions from black and minority ethnic staff may have reflected the high incidence of prisoners with gang or terrorism related offences in the prison and its consequent reputation, but more needed to be done to understand these perceptions and provide assurance they did not reflect unequal treatment. (see main recommendation S44 and section on equality and diversity).
- I.25** Vulnerable prisoners were located in house block 4, spur 1, and those we spoke to felt safe. However, governance of the restricted regime protecting those at risk of being a victim of retaliatory violence was not sufficient. The ‘duty of care’ regime had been introduced as part of an ‘assessment of management of risk’ protocol across the high security estate following the murder of a prisoner in a vulnerable prisoner unit. A log recorded that 16 prisoners had been subject to the regime since March 2014, 10 at the time of the inspection. These prisoners could only spend 30 minutes per day out of their cells when they were separated from other prisoners. They could attend visits and corporate worship if they were escorted. Ten prisoners had been subject to this regime for over a month, five for over two months and one for over seven. We were not convinced that this regime received sufficient governance or that it was properly reviewed. The very limited amount of time they were allowed out of their cell amounted to solitary confinement.
- I.26** The tackling antisocial attitudes (TASA) strategy monitored those involved in antisocial behaviour usually following fights, assaults or threats. It was used frequently but had little effective management oversight. Many investigations requested by the safer custody team had not been completed, and those that had been were not sufficient. The process was largely punitive and many were placed on the basic regime. Reviews were perfunctory and did little to establish the underlying reasons for a prisoner’s violent or antisocial behaviour. Two prisoners were being managed under the high security estate’s local managing challenging behaviour strategy (MCBS).
- I.27** Mediation was not available and although a victim support procedure existed, only five support booklets had been opened in the previous six months.

Recommendations

- I.28** **The ‘duty of care’ regime should be improved and regular reviews of each prisoner should be documented.**
- I.29** **Investigations of violent incidents should be improved with better management oversight of the TASA strategy, including support for victims.**

Housekeeping point

- I.30** The prison should establish consistent and accurate procedures for recording violent incidents.

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

I.31 *Action plans had been developed in response to recommendations from the Prisons and Probation Ombudsman (PPO) following deaths in custody, but there were no established procedures so lessons could be learned from near-fatal acts of self-harm. Assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm were reasonable, strip-clothing was not used and few prisoners at risk were held in segregation. Most staff supported the Listener scheme and ensured prisoners at risk received help.*

I.32 The last two self-inflicted deaths occurred in 2013. An action plan to address PPO recommendations following these and earlier deaths had been developed and was reviewed periodically to establish if changes in practice had been sustained.

I.33 On average 11 prisoners self-harmed each month, which was not high, but there had been no formal investigations following serious incidents, which meant lessons could not be learned or positive staff responses acknowledged.

I.34 The safer custody team were impressive and motivated to keep prisoners safe. Around 27 ACCT case management documents for prisoners at risk of suicide or self-harm were established each month. Care for prisoners on ACCTs was reasonable, some assessments were very good, particularly those carried out by the chaplaincy, and most reviews were multidisciplinary and included a nurse. However, targets in care plans were often too vague.

I.35 Prisoners we spoke to on ACCTs felt staff, including chaplains, supported them. They were allocated to activities, which in some cases helped distract them from negative thoughts. There was little evidence that the prison considered involving prisoners' families following self-harm. Personal officers were not specifically involved in the care of prisoners subject to ACCTs. Over the previous month the prison had set up an initiative to identify socially isolated prisoners.

I.36 Few prisoners were placed on constant supervision, anti-ligature clothing was not used and prisoners on ACCTs were rarely held in the segregation unit. At our previous two inspections we criticised the lack of governance and the poor state of the contingency unit, which had been used to hold prisoners at risk. The unit had not been used overnight since February 2014. Since then, it had been used on two occasions for around two hours and governance seemed sound.

I.37 In our survey, fewer prisoners than in comparator prisons said they could speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) at any time. However, Listeners told us that they had good access and we saw a log of their activities, which confirmed this. Listeners worked in reception, in the FNC as well as in segregation and the health care department. A phone to contact the Samaritans was available. Care suites were used and Listeners felt that most staff were very supportive of the scheme. Listener representatives attended monthly safer custody meetings and met regularly with the Samaritans.

Recommendations

- I.38** Formal investigations should be commissioned following serious near fatal incidents of self-harm to ensure lessons are learned.
- I.39** ACCT procedures should be improved by: demonstrating that the prison has considered contacting families or others following self-harm; identifying a key worker or personal officer to support prisoners at risk; and including clear targets in care plans to help reduce risks.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

I.40 *Adult safeguarding was developing. The prison had no prison safeguarding policy and no structures were in place but a partnership with the local safeguarding adults board was being established.*

- I.41** Adult safeguarding arrangements were in the early stages of development. In the week before the inspection two senior managers had attended a briefing about safeguarding and the Care Act 2014. It had outlined the prison's role in safeguarding structures and the necessary policies, procedures and training requirements.
- I.42** The health care provider had a safeguarding policy, but there was no prison policy. We found no evidence that adults at risk were not being identified through existing health care, reception and safer custody processes. Staff had access to professional standards procedures if they had concerns about the treatment of prisoners. The prison had begun to establish effective safeguarding structures.

Recommendation

- I.43** The governor should build on its contacts with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.44** *Security arrangements were stringent and sophisticated, but less intrusive than at our previous inspection. Some anomalies remained, and not all of the new systems were embedded. There were few indications of problematic drug use and the drug supply reduction strategy appeared largely effective.*
- I.45** Security was now more proportionate than at the previous inspection. Fewer prisoners had been placed on the escape list (which provides for extra security measures for those at risk of escaping) in recent months, and the reasons for so doing were more compelling than previously. Prisoners were now only placed on closed visits and their visitors only banned when there was evidence that visits arrangements had been abused. The dedicated search team only conducted target searches when there was sufficient intelligence to support this and no longer routinely required prisoners to squat as part of a strip-search. However, the number of squat-searches was still relatively high and needed closer monitoring. It was positive that limited force flow (which allows prisoners to move around the prison unescorted) was permitted.
- I.46** In some other areas new practices had not yet been implemented in full. Prisoners were still routinely strip-searched on entry to the segregation unit (see section on segregation). Some disproportionate security arrangements continued. Belmarsh continued to be the only prison in England and Wales to separate high risk category A prisoners from the general population, which meant they could not have a near normal regime. A patrol dog was required to attend every time a prisoner was unlocked at night and whenever prisoners disembarked from escort vans.
- I.47** The volume of information reports received was relatively high, reflecting the security risk profile of the population held and concerns about gang-related violence among young adults. Intelligence analysis was not as well developed as we would have expected, and managers were in the process of establishing a new pattern of regular meetings to set and communicate intelligence objectives. Nonetheless, target searches were commissioned as required.
- I.48** The 31 prisoners convicted of terrorism offences were managed by a dedicated, well resourced team, using sophisticated tools. The chaplaincy and psychology teams supported this work by delivering interventions and assessments to reduce the risk of radicalisation.
- I.49** Drug finds were relatively low, although there was some evidence of an emerging issue with Spice (highly potent synthetic cannabinoids that are potentially more harmful than cannabis but do not show up in MDT). The drug supply reduction strategy was effective and involved the whole prison. It included well managed prescribing policies, which reduced diverted medication. It seemed likely that the regular and widespread use of passive drug dogs was an effective deterrent.
- I.50** Suspicion mandatory drug testing (MDT) yielded few positive tests, 2.2% for the six months to December 2014. In our survey, fewer prisoners than in comparator prisons said it was easy to get drugs or that they had developed a problem with drugs while at the prison.

Recommendation

- I.51** The use of patrol dogs should be reviewed to ensure that they are only used when justified by the level of risk presented.

Housekeeping point

- I.52** The prison should monitor the number of squat-searches authorised and conducted and their effectiveness in finding contraband.

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

I.53 *The IEP scheme was applied consistently and management oversight was reasonably good. However, prisoners said it was unfair and did not promote positive behaviour.*

I.54 The IEP scheme was explained during induction and publicised well around the establishment. The scheme was applied consistently and a system of written warnings was in place. Approximately 3% of prisoners were on the basic regime and 25% were on the enhanced level. Prisoners on the basic regime received a regular review, and senior managers had reasonably good oversight of this and the appeals process.

I.55 However, in our survey and during the inspection, prisoners said the IEP scheme did not always treat them fairly, and fewer than in comparator prisons said that it encouraged them to change their behaviour. They said the differences between the privilege levels were not significant enough to promote good behaviour.

I.56 The regime for prisoners on the basic level was reasonable although some aspects were punitive. In line with national policy, they were not allowed to have an in-cell TV or wear their own clothes. They took part in normal everyday activities, but could only have one hour of PE each week and were restricted to a 30-minute daily period out of their cell for domestic activities.

⁴ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

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.

I.57 *Adjudication processes were not used excessively, and were reasonable, but data analysis needed to improve to ensure they were being applied fairly. Use of force was proportionate and not high and governance was now reasonably good. The segregation unit was much better, but the regime and some staff-prisoner relationships still required improvement.*

Disciplinary procedures

- I.58** Adjudications were not used excessively, most hearings were reasonably well conducted and punishments proportionate. Around 33% had been dismissed in the previous six months, because of administrative inefficiencies.
- I.59** Some limited adjudication data were discussed at the quarterly segregation monitoring and review group (SMARG) meeting, but it was not sufficient to ensure that adjudications were fair. The equality monitoring tool was not used effectively to judge whether particular population groups were disproportionately represented (see section on equality and diversity, recommendation 2.22). This weakness also applied to data analysis for use of force and segregation. Managers knew young adults accounted for a large number of adjudications, but had not explored why this was the case. There was no useful analysis of the types of charges laid or the punishments awarded.
- I.60** The deputy governor quality assured 10% of adjudications each month, and lessons learned were shared by email; however, adjudicating governors did not meet regularly.

Recommendation

- I.61** **Adjudication data should be collated and analysed more rigorously to ensure charges are fair and punishments appropriate.**

The use of force

- I.62** The number of incidents involving use of force was not high. Most reports were good, and demonstrated the use of de-escalation strategies, but too many were missing, including reports on injuries. In our sample, we were generally assured that force was used proportionately and as a last resort, but the use of ratchet handcuffs appeared routine, which was inappropriate. In our survey, 16% of prisoners from black and minority ethnic backgrounds told us they had been restrained in the last six months compared with 3% of white prisoners.
- I.63** A useful analysis of use of force had been prepared for our inspection and showed a more sophisticated level of governance than previously. Data were considered at the quarterly segregation, monitoring and review group (SMARG) meeting, resulting in several key improvements. Duty governors now reviewed video recordings of incidents and the deputy governor quality assured some files each month. Special accommodation had not been used in the previous six months and the planned use of a body belt had been appropriate.

Segregation

- I.64** The unit was now well presented and the yard had exercise equipment and a telephone. Authorisations for segregation were appropriate, prisoners understood why they were segregated and reviews were conducted on time. The number of prisoners segregated was not high, and most stays were short, but a few stayed many months, including some held in cells designated part of the CSC/MCBS systems. Use of these cells for CSC/MCBS (centrally managed) prisoners was supposed to be for a temporary period usually not exceeding three months, but at Belmarsh and elsewhere we are concerned that the time spent in these cells has been much longer.
- I.65** Some prisoners, including a small number of long-term CSC/MCBS residents, displayed very difficult behaviour. Others, including the few segregated for their own protection, posed little risk. Staff had received some training to support them in this work and they now knew the circumstances of all the prisoners in their care. However, our survey showed that prisoners' perceptions about their treatment in the unit had not changed since the previous inspection and were still poorer than in comparator prisons.
- I.66** Some progress had been made, but interactions remained inconsistent. Few records of contact with prisoners showed any meaningful interactions, either from unit staff or from specialist visitors, and we saw staff silently observing prisoners rather than talking to them. Staff knew that they were expected to use preferred names, but some found this difficult; others seemed to take too long to resolve prisoners' applications, particularly those about property.
- I.67** A number of processes applied indiscriminately to all prisoners. Almost all prisoners were routinely strip-searched on arrival in the unit without sufficient reasons being recorded. Some reviews and unlocking risk assessments did not explain the rationale for decisions.
- I.68** Prisoners had very little to do. A few had televisions in their cells and some had radios, but they were in short supply. Cardiovascular equipment installed in an unused cell was rarely used. No in-cell education or work were available and prisoners could not associate with each other (subject to a risk assessment), even during exercise. Overall, more individual care was required to prevent distress and psychological deterioration.
- I.69** Formal reintegration planning for longer-stay prisoners had only just begun, but there were some examples of successful reintegration into the normal prison location.

Recommendation

- I.70** **Individual assessments of men's risks and needs should determine the regime for each prisoner, which should encourage as much activity and human contact as possible.**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- I.71** *Psychosocial and clinical drug services were well integrated. Pathways to Recovery (P2R) services delivered an effective range of group-based and one-to-one interventions. The P2R peer supporter scheme was highly effective.*
- I.72** Psychosocial services were delivered through the P2R services run by social care and health charity Crime Reduction Initiatives. A good range of recovery-focused interventions were offered, including one-to-one key work and three group-work programmes: a three-part programme called Foundations of Recovery, a separate substance treatment and recovery programme and an alcohol intervention programme. Two hundred and thirty prisoners were involved.
- I.73** P2R also ran a peer support scheme. Each of the 13 peer supporters undertook an Open College Network level 2 qualification in substance awareness and peer mentoring. They had benefited from the effective recovery programmes in place, and could now pass on what they had learned. They received support from a dedicated worker, who ran a weekly mentors' support group and regular one-to-one supervision.
- I.74** Care UK delivered the prison's clinical substance use treatment service. No clinical lead staff member was in place but recruitment was in progress. A total of 52 prisoners were receiving opiate substitution treatment (42 on methadone and 10 on buprenorphine (Subutex)). Just over half were on reducing doses, and the remainder were either stabilising or on maintenance regimes. Clinical services, including stabilisation and detoxification, were delivered appropriately. Clinical reviews were conducted jointly by the well integrated clinical and psychosocial teams.
- I.75** GPs and nurses had received specialist training in the treatment of drug dependency. However, we witnessed substance use nurses inappropriately calling prisoners by their surnames only. Good joint working between the integrated drugs team and the mental health in-reach service meant that prisoners with a dual diagnosis of substance use and mental health problems were cared for appropriately.

Housekeeping point

- I.76** Substance use nurses should address prisoners using their preferred names.

Good practice

- I.77** *The P2R peer support programme had trained and retained an unusually high number of peer supporters who were making a valuable contribution to the prison's therapeutic interventions.*

High Security Unit

I.78 *Early days support in the HSU was adequate. Prisoners felt safe and there were very few incidents. Security on the unit was generally proportionate and the existence of the unit was having a less intrusive impact across the prison than at the previous inspection of the rest of the prison. Use of force was low. The HSU segregation unit was not in use but remained very limited (see main recommendation S46).*

I.79 Early days support for HSU prisoners was reasonable. Prisoners on the unit told us they generally felt safe and there were few incidents. Support from staff was good and there were few incidents of self-harm.

I.80 Security in the HSU was generally proportionate, but Belmarsh continued to be the only prison in England and Wales to separate high risk category A prisoners from the general population, this meant that these prisoners could not have a near normal regime. However, the existence of the unit was having a less intrusive approach than at the previous inspection of the rest of the prison and remained an anomaly (see main recommendation S46).

I.81 Disciplinary processes were appropriate and force had been used infrequently and only as a last resort. The unit had its own small and very cramped segregation unit which was not in use during the inspection. We were told that it was usually only used to hold very high risk prisoners, and we continued to be concerned that the regime and conditions available would be too limited.

Section 2. Respect

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1** *Communal areas had improved substantially and the external environment was clean. Too many cells remained poor and not all toilets were adequately screened. Most showers had been redecorated but too many prisoners could not have a shower every day. Prisoners were still frustrated by the applications system and some delays in prisoners receiving mail continued. The high security unit (HSU) remained poor.*
- 2.2** Communal areas had been refurbished and were clean. The external environment was well maintained. Single and double cells were also clean but cells designed for two prisoners continued to be used to accommodate three, affecting around 200 prisoners. These cells were cramped, ill equipped and often dirty. There was an ongoing programme to fit toilet screens in single cells.
- 2.3** Most showers had been redecorated, but in our survey, fewer prisoners than at our previous inspection said they could have a shower every day. Some prisoners attending trials and those in full-time work had gone for long periods without a shower. Arrangements had been made just before the inspection for up to 10% of the population to be unlocked after evening association so they could have a shower, but this had yet to take effect. In any case, it was not sufficient.
- 2.4** Although fewer prisoners than at our previous inspection said they could get cleaning materials every week, there were sufficient supplies and prisoners we spoke to said they had no problems getting access to them. All prisoners, apart from those on the basic regime, could wear their own clothes. Laundry facilities were available in each house block. Prisoners could have clothing handed in on a visit during their first 56 days in custody, and then once a year after that. They could not have anything sent in by post. Access to stored property was problematic owing to staffing issues.
- 2.5** Fewer prisoners than the comparator and compared with our previous inspection said they could get clean sheets every week. We were assured that bedding was exchanged on a weekly basis and managers checked clean laundry regularly and found it to be satisfactory.
- 2.6** In our survey, fewer prisoners than in comparator prisons said their cell bell was answered within five minutes, but we did not see any evidence of prisoners waiting too long for bells to be answered. Residential managers monitored responses to cell call bells on a regular basis but did not record this.
- 2.7** More than the comparator (52%) said they had problems accessing telephones. There were not enough phones in house blocks 3 and 4 for the number of prisoners and they had to wait 10 minutes between making phone calls, including when a call did not connect.
- 2.8** Application forms were freely available in the units, but there was no system for logging responses. In our survey, prisoners were negative about how fair or prompt replies were.

Fewer than previously reported problems sending or receiving mail, although there were some delays in prisoners receiving mail early in the week as mail received on Monday was not processed and delivered until Tuesday.

Recommendations

- 2.9** Cells designed to hold two prisoners should not be used to hold three. (Repeated recommendation 2.10.)
- 2.10** All prisoners should be able to shower every day. (Repeated recommendation 2.13.)
- 2.11** Applications should be responded to promptly and response times logged.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

2.12 *Staff-prisoner relationships had improved but more progress was needed. Too many prisoners said staff victimised them and the personal officer scheme required further development. Case notes were mixed and there was little management oversight. Consultation arrangements were good.*

- 2.13** Staff-prisoner relationships had improved across the prison. Staff had received some specific training and we observed positive interactions and, in general, more staff than at our previous inspection spoke to prisoners. More prisoners than at our previous inspection said that staff treated them with respect and that they had a member of staff they could turn to for help. However, 45% of prisoners reported that staff had victimised them, more than the comparator. There were few complaints about staff and we saw no evidence of intimidation. Instead we observed staff offering support and help. Managers were available in the units and proactively promoted positive relationships.
- 2.14** The personal officer scheme had been re-launched shortly before the inspection and prisoners told us they had been given the name of their personal officer the weekend before we arrived.
- 2.15** Electronic case notes were mixed: some entries that chaplaincy staff made were excellent; others lacked detail and only described the regime individual prisoners were on. However, there was now more of a balance between positive and negative comments about prisoners. In the 28 cases we examined, there were no management checks.
- 2.16** Consultation with prisoners was very good. Monthly meetings were held in individual units. A prisoner consultative committee (PCC) had been set up in December 2014. The monthly PCC meeting was chaired by the governor and minutes showed that a good range of appropriate subjects was discussed. Actions were followed up and progress made.

Recommendation

- 2.17** Case note entries should reflect regular meaningful interactions with prisoners, and an awareness of each individual's personal circumstances.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.18 *The processes in place to ensure that prisoners were not unfairly disadvantaged were improving but still inadequate. Investigations relating to discrimination incident reporting forms (DIRFs) were reasonable. The provision for foreign nationals, young adults and older prisoners was underdeveloped.*

Strategic management

- 2.19** Equality and diversity work had begun to improve, but new ways of working were not yet well established and it was too early to measure their impact. Senior management's commitment to tackling discrimination was now evident. In September 2014 a dedicated equalities team was established and staff were motivated and well supported. In January 2015, individual lead staff had been appointed for most of the protected characteristics. However, we were not assured that sufficient strategic attention had been paid to all protected characteristics, in particular, foreign national and older prisoners.
- 2.20** Equalities and diversity monitoring data were being collected and the National Offender Management Services' short-term equality monitoring tool was in use. However, data were not routinely analysed and concerns not systematically identified. These weaknesses meant that the prison's overall equality and diversity performance was still inadequate. Plans were in place to improve monitoring so that different forms of discrimination could be identified more systematically.
- 2.21** The system for dealing with DIRFs was well organised and forms were collected from house blocks every week. DIRFs were freely available in the units, and in the six months prior to our inspection, 32 had been submitted. Although envelopes were now provided to ensure confidentiality, not all prisoners had confidence in the system. Most responses to DIRFs were prompt and appropriate. An academic from a local university visited the prison regularly to provide quality assurance. Reasonable consultation with prisoners took place on a monthly basis through PCC meetings.

Recommendations

- 2.22** **All protected characteristics should feature in equalities policy and planning documents, including foreign national and older prisoners.**
- 2.23** **Analysis and use of equalities data, including trends in DIRFs, should be improved.**

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.24** In our survey and during the inspection, some black and minority ethnic prisoners were more negative about their treatment than the general population, for example, 52% of prisoners from black and minority ethnic backgrounds told us they had been victimised by staff compared with 36% of white prisoners, and 54% of Muslim prisoners told us they had been victimised by staff compared with 41% of non-Muslim prisoners. Black history month was celebrated, but there was no other work specifically targeted at supporting these prisoners or those from Gypsy, Romany or Traveller communities.
- 2.25** Provision for the 220 foreign national prisoners was inadequate. There were no translated documents and professional translation services were underused. The establishment relied too much on other prisoners and staff to interpret or translate information. In some cases this was inappropriate and caused unnecessary confusion and distress. In our survey, 14% of foreign national prisoners reported they had been victimised because of their nationality. Access to immigration advice was limited and the equalities team did not collaborate enough with onsite immigration staff. Not all staff were aware of the distinct needs or cultural preferences of foreign national prisoners and it was unclear how many staff had completed the relevant National Offender Management Service e-learning training package.
- 2.26** The provision for prisoners with disabilities was reasonably good. The prison was aware of 147 prisoners (17% of the population) who had declared a disability at the time of the inspection. This was only slightly lower than the 19% who considered they had a disability in our survey. We saw good examples of adapted cells, but more were required. Some prisoners with disabilities told us they were not always unlocked during the working day.
- 2.27** The prison did not pay enough attention to provision for older prisoners. However, work was improving and a lead member of staff from the senior management team had been appointed to develop provision for older prisoners.
- 2.28** There were 74 young adults in the prison at the time of our inspection. Although support for young men was underdeveloped, new initiatives had been introduced. The equalities lead staff member had set up transitional planning meetings with local young offender institutions to help young prisoners progress to the adult estate.
- 2.29** Work with gay prisoners was improving and in the previous three months equalities team staff had received training to raise their awareness of gay and bisexual prisoners' needs.

Recommendations

- 2.30** **Professional translation services and translated written material should be available to prisoners who do not speak or understand English well.**
- 2.31** **The equalities and immigration teams should meet on a regular basis to discuss the needs of foreign national prisoners.**

Good practice

- 2.32** *The transitional planning meetings with local young offender institutions (YOIs) helped young adults transfer from YOIs to the adult prison system.*

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.

2.33 *Faith provision was good. The chaplaincy played a full part in prison life and contributed to prisoners' overall care, support and resettlement.*

2.34 The facilities for a range of faiths were good. Prisoners had access to a large well equipped chapel, a Hindu temple and space for private prayer and contemplation. The prison had adequate washing facilities for Muslim prisoners. Although the area available for the main Friday prayers could not accommodate all who wished to attend together, a second space was used as an overflow. Access to corporate worship in the main prison was good and a variety of weekly services was timetabled. In our survey more prisoners than the comparator said it was easy or very easy to attend religious services.

2.35 The chaplaincy was integrated into prison life and in our survey more prisoners than at our previous inspection said they could speak to a religious leader in private if they wanted to. Chaplains worked closely with prison staff to provide prisoners with support. We saw examples of their contribution to the ACCT process (see section on suicide and self-harm prevention, paragraph 1.34).

2.36 The chaplaincy provided good support to prisoners who were dying and maintained links with family members where necessary. They also managed four trained volunteer prison visitors (see attitudes, thinking and behaviour).

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

2.37 *Prisoners lacked confidence in the complaints process and were negative in our survey. Responses were timely, polite and generally addressed the issues, although some were undated and failed to note down the full name of the respondent. Managers regularly carried out an analysis of trends and took action to address any issues.*

2.38 A total of 1,812 complaints had been made in the six months to the end of January 2015, a large increase compared to just over 1,000 for the same period in 2013; 98% had received a response within the required timescale. The night orderly officer emptied complaint boxes and responses were tracked on a comprehensive electronic database. In our survey, fewer prisoners than the comparator said complaints were dealt with fairly or promptly. Many lacked confidence in the system and said complaints 'went missing'. Responses sampled were timely, polite and generally addressed the issues raised. However, some were undated and omitted the full name of the respondent, providing only their initials.

- 2.39** Senior managers sampled 10% of responses each month. Complaints were analysed by location, stage, topic, ethnicity and trends and discussed by the senior management team, which took action to investigate and address issues. Complaints were a standing agenda item at PCC meetings and the prison had surveyed all prisoners about complaints during 2014; however only 2% had responded.

Housekeeping point

- 2.40** All complaint responses should be dated and contain the respondent's name.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.41** *Legal visits facilities were good, but prisoners needed more support to help them exercise their legal rights.*

- 2.42** There was no longer a dedicated trained legal services post and prisoners had minimal access to advice from specialist practitioners. Offender management unit staff offered limited provision to prisoners who wished to obtain information and access legal services. Fewer prisoners than the comparator said they found it easy or very easy to communicate with their solicitor or legal representative.

- 2.43** The 24 legal visits rooms were well used by legal advisers, police and probation staff. Access to legal visits was good and legal advisers we spoke to were content with the arrangements. Video link facilities were good but underused (see section on courts, escorts and transfers).

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

- 2.44** *Health services were showing signs of improvement. Governance required some development, including a strategic focus on health promotion and mental health. Most nursing staff provided good care and interacted well with prisoners but a small minority were disrespectful and lacked suitable skills. The inpatient unit lacked adequate toilet and shower facilities. The pharmacy provision was good, as was the dental service. Mental health services were good for men with severe and enduring needs but primary mental health care was inadequate.*

Governance arrangements

- 2.45** Health services were commissioned by NHS England and provided by Care UK. The contract was due to transfer to Oxleas NHS Foundation Trust on 1 April but this had not obstructed progress. Working relationships with the prison were good, and the health care department was suitably represented at wider prison meetings.
- 2.46** The health needs assessment was out of date and relied on data from 2011–2013; some progress had been made against the associated action plan. The complaints system was poorly advertised and was not confidential. Complaints data were not analysed.
- 2.47** Reporting of clinical incidents was reasonable and staff used the DATIX electronic system. Suitable action was taken in response and lessons were learned, but there was no evidence of trend analysis. There were suitable infection control and communicable disease policies, including arrangements for outbreaks.
- 2.48** The lead GP had suitable oversight of the registration and appraisal status of regular GPs. Health care support workers were well trained and used effectively but regular supervision was weak. Nurses received individual clinical supervision from their line managers and attended a regular staff education session.
- 2.49** The new clinical leadership in primary care was helping improve nurse-led long-term conditions clinics. Some nursing staff had received appropriate clinical skills training such as catheterisation, minor ailments, suturing and blood taking and a few had completed useful specialist training. However, some lacked suitable knowledge and skills or were reluctant to use their new skills.
- 2.50** Care plans were not used systematically and lacked targeted objectives despite some evidence of good care for men with multiple health needs. Prisoners with disabilities, including learning disabilities, were identified promptly and assessed but there were sometimes problems in ensuring men had the right equipment. Information was shared appropriately with prison staff.
- 2.51** The main outpatient area was unwelcoming and dark. A camera in the central office monitored one of the holding rooms. Clinical areas looked clean but the main health care centre had failed a recent audit; no audits had been carried out in the house block treatment rooms.
- 2.52** Resuscitation kits were located in key treatment rooms around the prison and weekly checks were recorded. Automated external defibrillators were located in the main offices in the house blocks and other key areas and nurses and discipline staff checked them every week. Approximately 18% of prison staff had been trained in basic life support. All nursing staff had annual intermediate life support training. There was a clear emergency response protocol and no delays in ambulances accessing the prison.
- 2.53** Health promotion was developing and reflected some national screening priorities but lacked a strategic approach. Attention to individual health promotion areas, such as sexual health was good, with an excellent specialist visiting service. A booklet described the health promotion services available, but it was not given to all prisoners and was in English only (see section on equality and diversity, protected characteristics).

Recommendations

- 2.54** The health needs assessment should be up to date, reflect the needs of the current population and inform all service provision.
- 2.55** Health care complaints should be confidential and well advertised.
- 2.56** Nursing staffing, including health care support workers, should be appropriately trained (including in communication skills), supervised in line with professional standards and deployed to match service needs.
- 2.57** Care plans and specialist assessment for prisoners with long-term conditions should be systematic, and the correct equipment should be supplied promptly.
- 2.58** All clinical areas, including house block treatment rooms, should meet current infection control standards.

Housekeeping point

- 2.59** Trend analysis of complaints and clinical incidents should inform service improvements.

Delivery of care (physical health)

- 2.60** In our survey, more prisoners than in comparator prisons and compared with our previous inspection said they had seen someone from health services on arrival. Nurses assessed new arrivals in reception and again in the first night centre, identifying risks and making appropriate referrals to mental health and substance use services. A comprehensive secondary assessment was completed the following day.
- 2.61** In our survey, fewer prisoners than at comparator prisons said access to a nurse or the overall quality of services were good. Nurses had now been allocated to each house block on weekdays to improve access. It was outdated and a poor use of resources to have a nurse routinely present during GP consultations.
- 2.62** Prisoners we spoke to were largely complimentary about health staff but said some nurses were rude and disrespectful. We observed some reasonable nursing care and good interactions with prisoners, although it was inappropriate to address prisoners by their surnames. In the treatment rooms, whiteboards with patients' names were visible to other prisoners.
- 2.63** Access and waiting times for a GP appointment was equivalent to the community and GP care was generally good and respectful. The out of hours' GP service offered good continuity because it was provided by the same GPs who attended normally.
- 2.64** A suitable range of primary care services included physiotherapy, podiatry and an optician. Access to onsite X-rays had been suspended because the equipment was not working.
- 2.65** There were 19 men in the 33-bed inpatient unit and admission was based on clinical needs. The majority had complex mental health problems. The unit was poor: it had inadequate toilet and shower facilities. The main exercise area was reasonable, but the area for prisoners requiring intensive supervision from custody staff was bleak and depressing. A senior nurse, consultant psychiatrist and the lead GP provided good clinical leadership, and a multidisciplinary team met every week to discuss and plan individual care. Specially selected

discipline staff, who had mental health awareness training, supported nursing staff in delivering a therapeutic regime. Prisoners had good access to the chaplaincy. Working relationships between clinical and custodial staff were good and this group of prisoners with clearly complex and challenging needs, benefited from a reasonable service overall. (See also delivery of care (mental health).)

- 2.66** The two planned escort slots for external hospital appointments did not reflect the health needs of the prison population. Appointments were regularly rescheduled, but clinical oversight of rearranged appointments was reasonable.

Recommendations

- 2.67** Prisoners in the inpatient unit should have access to adequate toilet and shower facilities.
- 2.68** There should be sufficient external escort slots to meet the health needs of the population.

Pharmacy

- 2.69** Prisoners could collect their medicines during specific slots throughout the day and evening but regime constraints sometimes meant they had to choose between collecting their medications and attending other activities. Nurses told us they followed up men who failed to collect their medications. A nurse administered night-time medication to individual patients in their cells.
- 2.70** Medicines were administered through unlocked, stable-like doors with flimsy bolts, which were not sufficiently secure. Nurses did not routinely ask for prisoners' identification cards when they gave out medicines. Accredited pharmacy technicians were used well in two house blocks, but some prisoners said they were dismissive and unhelpful. Nursing staff administered medication in the other house blocks and specialist areas.
- 2.71** Prescribers used a prison formulary (medications used to inform prescribing) and clinical pharmacists had good oversight of prescribing practice. Pain management was good; prescribers had clear guidance and a functional assessment was used to determine chronic pain needs. Nurses could administer a suitable range of over-the-counter medicines using a 'special sick' list, providing immediate health treatment without an appointment; prisoners could also buy simple remedies from the pharmacy. They could obtain prompt advice and information at a daily minor ailments clinic run by pharmacists.
- 2.72** Approximately 60% of prisoners received their medicines in possession and prescribers had access to robust risk assessments on SystmOne (the electronic clinical records system). There were no lockable cabinets in cells. Prisoners on monthly in-possession prescriptions were encouraged to order their own medication.
- 2.73** All prescribing and administration was carried out and recorded appropriately using SystmOne along with a specialist system for methadone. Fridge temperatures were recorded every day; many showed temperatures were too high. Staff did not know what to do when the temperature was outside the acceptable range. Reference books in some treatment rooms were out of date.

Recommendation

- 2.74 Medicines should be stored safely at all times and patients' identification should be routinely checked.**

Housekeeping points

- 2.75** Maximum and minimum fridge temperatures should be within acceptable ranges at all times to ensure that temperature-sensitive items are stored correctly.
- 2.76** All drug reference books should be up to date.

Dentistry

- 2.77** The dental suite had been refurbished and fulfilled current national guidance and infection control requirements. In our survey more prisoners than in comparator prisons and compared with our previous visit said that access to the dentist was good. Waiting times were broadly equivalent to those in the community and urgent cases were prioritised reasonably well.

Delivery of care (mental health)

- 2.78** A draft mental health strategy had been developed but it was weak and commissioners had not signed it off. A small integrated team provided mental health services, but there was insufficient psychological support for men with primary mental health needs.
- 2.79** All staff and prisoners could make direct referrals to the service. Referrals were screened promptly and discussed at a weekly multidisciplinary meeting. Urgent cases were prioritised appropriately and seen within 24 hours. Prisoners were seen either in their house blocks or in the outpatient clinic. Waiting times were equivalent to those in the community.
- 2.80** Approximately 40 prisoners with severe and enduring mental health needs received good support from community psychiatric nurses, a social worker and two visiting psychiatrists using the care programme approach (mental health services for individuals diagnosed with a mental illness). However, there was very limited occupational therapy input and no psychology input to inform the care of men with some complex needs. There was no designated learning disability service.
- 2.81** During the previous year 11 men had been transferred to secure hospitals under the Mental Health Act 1983. All the transfers had been completed within a suitable time.

Recommendation

- 2.82 A robust mental health strategy should reflect prisoners' assessed needs and include primary mental health, learning disability and psychology services for men with complex needs.**

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.

2.83 *Many prisoners were dissatisfied with the catering. The menu offered a suitable selection for all diets but lunch and dinner were served too early and the food sampled was not sufficiently hot. Many prisoners ate in their cells where there was not enough furniture.*

2.84 The kitchen and wing serveries were clean, well equipped and well managed. Prisoners working in the kitchen still could not gain relevant qualifications beyond basic food hygiene.

2.85 The four-week menu cycle was varied and suitable for all diets. The food we tasted was generally satisfactory, although not sufficiently hot. Lunch was served before noon and we saw some evening meals served before 5pm. Most prisoners continued to eat in their cells, which did not have enough tables or chairs; tables and chairs to enable prisoners to eat communally were delivered just before our inspection, but had not been used.

2.86 In our survey, fewer prisoners than in comparator prisons but more than at the previous inspection said the food was good and many were dissatisfied with catering generally. Black and minority ethnic prisoners and those with disabilities were less satisfied, but older prisoners were more positive.

2.87 Weekly food safety and hygiene logs recorded food temperatures and daily servery checks, but they were not always kept up to date. Logs included prisoners' comments but managers did not respond, although they planned to do so in future. Prisoners were consulted about the food through PCCs and six-monthly surveys, but response rates were poor.

Recommendations

2.88 **Lunch should not be served before 12 noon and the evening meal not before 5pm; hot food should be served while hot.**

2.89 **Prisoners should be offered the opportunity to eat together where possible, and if they have to eat in their cells, they should have a table and chair to sit at.**
(Repeated recommendation 2.96)

Housekeeping point

2.90 Prisoners should receive responses to food comments.

Purchases

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

2.91 *Prisoners were provided with an adequate reception pack of shop items on reception. Black and minority ethnic prisoners were dissatisfied with the range of goods on offer. Consultation with prisoners about canteen took place at PCC meetings.*

2.92 Prisoners were offered a good range of reception packs on arrival in the first night centre to compensate for not always being able to make a full shop order soon after arrival. Advances to prisoners without funds were repaid in instalments. Orders were submitted on Sundays and goods delivered to prisoners on the following Friday.

2.93 In our survey, black and minority ethnic prisoners reported that the range of goods on offer did not meet their needs. However, we found the canteen list to be adequate. Consultation took place with prisoners during PCC meetings but more needed to be done to ensure these prisoners were satisfied with what was on offer.

2.94 Catalogues were available for one-off purchases, but an administration fee was charged. Prisoners could order newspapers and magazines and request a statement of their accounts free of charge.

Recommendation

2.95 **Prisoners should not be charged an administration fee for catalogue orders.**

Housekeeping point

2.96 Consultations at the PCC meetings should cover the range of goods on offer.

High security unit

2.97 *Some efforts had been made to improve the HSU environment but the unit remained claustrophobic and limited. Social interactions with other prisoners remained limited but relationships with staff had improved. Healthcare support was generally appropriate.*

2.98 The HSU had been partly refurbished but overall the environment, especially the shower areas, remained poor. The upper spurs had sufficient natural light, but lower spurs were much darker. Outside exercise areas remained caged and austere. We were told of initiatives to improve the environment but they had yet to take place. Since our previous visit, prisoners from the HSU had been allowed to play football outside on one occasion and it was unclear why they could not do so more regularly. By the end of our inspection, all 10 prisoners were located on one wing in the HSU, which gave them the opportunity to associate with their peers; however, given the small number of prisoners and staff located there, social interactions were limited (see main recommendation S46).

- 2.99** In the HSU, we observed improved, good interactions between staff and prisoners. HSU staff received regular supervision from a senior psychologist. Legal visits provision for those in the HSU was reasonable.
- 2.100** The health care team provided regular input to support HSU prisoners' individual health needs and contribute to multi-agency team meetings. We observed good practice and staff acknowledged that changes to care plans sometimes required incremental progression given the complex profile of some men.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

3.1 *Time out of cell was reasonable for a local prison and more equitable and predictable than at our previous inspection. There was no association after 6pm.*

3.2 Most prisoners had a domestic period, including at least 30 minutes' outside exercise, and an activity session every day. The regime now ran reliably, and despite some significant regime curtailments, most prisoners could expect around seven hours a day out of their cells on weekdays and slightly less at weekends. The prison's few unemployed prisoners had around three hours out of their cells every day, but the 10 men on the 'duty of care' regimes had very little time out of cell (see section on bullying and violence reduction, paragraph 1.25). Prisoners who chose to attend work both mornings and afternoons forfeited their domestic period and struggled to find time to shower or make telephone calls.

3.3 In our survey, more than in comparator prisons said they went outside for exercise three or more times a week. Perceptions about access to association were also less positive than the comparator and compared with our previous inspection; prisoners were only allowed to use association equipment, such as pool tables, at weekends and were locked up for the night at 6pm.

Recommendation

3.4 All prisoners should have association, domestic periods and opportunities for exercise each day.

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.5 *Management of learning, skills and work required improvement. Although good progress had been made in improving the learning, skills and work provision, a delay in the appointment of a new Offender Learning and Skills Service (OLASS) provider had hampered the pace of progress. There were sufficient purposeful part-time activity places for all prisoners and approximately a quarter attended full time. About one third of prisoners remained on the residential unit during activity periods. The range of education courses focused on improving English, mathematics and language skills of prisoners with lower abilities and remained narrow. A significant minority of prisoners were on distance learning and Open University (OU) courses. The range of vocational training was limited. The quality of the provision and prisoners' achievements had improved since the previous inspection, but required further improvement. Access to the library had improved.*

3.6 *Ofsted made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work: Requires improvement

Achievements of prisoners engaged in learning and skills and work: Requires improvement

Quality of learning and skills and work provision: Requires improvement

Leadership and management of learning and skills and work: Requires improvement

Management of learning and skills and work

3.7 Senior managers had recognised weaknesses in the learning and skills and work provision and were committed to developing it in line with prisoners' resettlement needs. Improvements had been made to the range and variety of work opportunities and there was now a good mix of full- and part-time activity places. The previous OLASS provider was judged to have been inadequate at the previous inspection, and had withdrawn from its contract. However there had been a delay of about three months before the new provider, The Manchester College, was appointed and it only took over on the first day of our inspection. Senior managers had developed a realistic and appropriate improvement strategy, which was clearly linked to an action plan.

3.8 Successful partnerships with external organisations had led to a good range of work and provided prisoners with training and skills development to industry standards. However, the range of education and vocational training provision required improvement. Processes for allocating prisoners to purposeful activities were effective and the large majority were assigned to an activity.

3.9 Self-assessment and quality improvement processes had improved and were now good; they were embedded as part of the well thought-out overall prison improvement strategy. The content of the self-assessment report was comprehensive and highly self-critical. Staff correctly identified key strengths and areas for improvement. The quality improvement

group was well established and effective. It was used to monitor performance and identify areas for development. However, overall targets were not sufficiently ambitious.

- 3.10** Session observation structures and processes were well developed and linked to improving teaching, learning and assessment. None of the teaching, learning or assessment was inadequate and some good teaching practice was observed but too much required improvement. Tutors did not use information and learning technology well enough in learning sessions.
- 3.11** The prison collected accurate overall data on prisoners' participation and achievements but managers did not use the information to identify any variations between groups of prisoners.

Recommendation

- 3.12** **Data concerning participation, and learners' achievements should be routinely collated, analysed and evaluated to enable accurate and realistic targets for improvement to be set.**

Provision of activities

- 3.13** The prison offered all prisoners sufficient part-time activities – only 40 men were completely unemployed and about 25% participated in full-time activity. Just over a third of prisoners remained in the units without any purposeful activity or employment; most of them were remand prisoners who, despite being allocated to an activity, chose not to attend. While this was high it was a significant improvement. In our survey, 75% said they had had a job while at the prison, more than at our previous inspection and better than in comparator prisons.
- 3.14** Prisoners' education induction was good – very good peer mentors supported prisoners effectively. Experienced and qualified staff from the National Careers Service contractor Prospects sensitively identified prisoners' immediate needs and all prisoners had an initial assessment of their English and mathematics skills.
- 3.15** The education provision was too narrow and did not meet all men's needs, particularly those of vulnerable prisoners, but those with lower abilities in English and mathematics received good support. Additional sessions included information technology, business enterprise, customer service, health and safety, and some personal and social development courses. Vulnerable prisoners could take part in four sessions a week, including one English and one mathematics session. The promotion of distance learning was very good; 71 prisoners were on level 2 to level 6 courses, including 12 on OU courses.
- 3.16** The range of vocational training was limited. It was only available in industrial cleaning and the peer mentoring programme. Work was available in the kitchens, recycling, and workshops and in the residential units. Other work included roles as orderlies and prisoner representatives but a great deal of wing work was mundane.
- 3.17** Excellent partnerships with a cooperative recycling ink cartridges helped prisoners develop very good intricate skills. A partnership with a construction equipment hire company supported a busy workshop refurbishing lights and transformers, providing prisoners with the opportunity to develop practical electrical skills as well as personal and social skills. Waiting lists for popular activities, such as the lighting and transformer work, and work in the CD recycling workshops were long. Pay scales ensured that prisoners attending education or vocational training were not at a disadvantage.

Quality of provision

- 3.18** Teaching, learning and assessment required improvement. Good teaching and learning were observed in a minority of sessions. In the better sessions knowledgeable tutors used a variety of activities to engage prisoners. They were enthusiastic and challenged prisoners, and most made good progress. However, too many sessions were dull and poorly planned, which meant not all prisoners' needs were met.
- 3.19** The relationship between prisoners and tutors was respectful and classroom behaviour was good. Tutors supported prisoners well and good use was made of the few learning assistants available. However, individual learning plans were not used sufficiently to support prisoners' skills development. Tutors and prisoners recorded the activity completed but seldom commented on progress. The prison did not ensure that prisoners with specific learning difficulties received sufficient support to achieve their learning aims.
- 3.20** Much of the work in the workshops was low skilled, but prisoners developed a good understanding of the behaviour and attitude required at work. The teabag packing workshops were used well to promote a strong work ethos, which prisoners had to demonstrate they had developed before they could progress to other workshops.
- 3.21** Prisoners working in the ink cartridge refill workshop and the transformer and lighting workshop had to perform to exacting quality assured commercial standards. They worked diligently and ensured standards were met. Prison staff had developed a useful 'employability passport' to record prisoners' employability and personal skills development. This initiative was working well but had yet to be implemented across the prison.
- 3.22** Peer mentors and orderlies supported most prisoners well. Several of the workshops had the potential to provide very useful, relevant workplace skills in stock control and measuring stock volumes but this aspect was underdeveloped. Staff and prisoners paid good attention to health and safety in the workplace but prisoners did not receive enough support to help them develop their English and mathematics skills.

Recommendations

- 3.23** **The prison should ensure that teaching, learning and assessment are of a high quality across all activities so that all prisoners can achieve and develop the best appropriate skills.** (Repeated recommendation 3.25)
- 3.24** **Session planning should be significantly improved so that all learners can achieve their learning aims, and tutors should set specific targets in individual learning plans to accelerate each learner's progress.** (Repeated recommendation 3.26)
- 3.25** **Prisoners with specific learning difficulties should receive support to ensure that they can maximise their learning and skills development.**
- 3.26** **Workshop instructors should help prisoners to develop their English and mathematics skills.**

Education and vocational achievements

- 3.27** The introduction of English and mathematics accredited units in 2013–14 had significantly improved prisoners' achievements, which were now good. However, their achievements of full awards at levels 1 and 2 in English, level 2 in mathematics and entry level in English for

speakers of other languages (ESOL) were low and required improvement. Prisoners were successful in courses in information and communications technology, customer care and personal and social development. Success rates for the small number of prisoners on the peer mentoring and cleaning courses were high as were those for prisoners on distance learning and OU courses. The large majority of prisoners were making good progress through their current programmes.

- 3.28** Standards of work overall were good in education and vocational training and very good in workshops. Attendance in education was frequently lower than 60%; in workshops it was better but still low at approximately 70%. Prisoners were often late for education and work.

Recommendations

- 3.29** Success rates in English, mathematics and ESOL should be improved further.
- 3.30** The prison should ensure that prisoners attend activities regularly and punctually.

Library

- 3.31** The area librarian and three well trained library orderlies managed the library effectively, and more staff were being recruited. The library had a good range of materials that broadly met prisoners' needs; however, there were no DVDs. Prisoners had sufficient access to legal and Prison Service reference documents. Two of the three computers could not be used due to security constraints.
- 3.32** Prisoners could participate in a variety of library activities such as Storybook Dads (in which prisoners record stories for their children), the Toe by Toe reading scheme, a monthly reading group, a legal clinic and visits from a local writer. The prison had trained 40 reading scheme mentors over the previous year and maintained a team of around seven at any one time. Communication between induction staff, the library and the education department to support prisoners' reading progress had improved since the previous inspection and was good.
- 3.33** The library's opening hours had been extended and prisoners in work or not attending education now had better access, including during free-flow as well as scheduled visits. Although, fewer survey respondents than the comparator (20%) said they visited the library once a week, prison data indicated that the number of active users of the library was significantly higher at 37%.
- 3.34** A book trolley service offered reading resources to prisoners in the first night centre, health care unit, HSU and in segregation and new stock was obtained every fortnight. Prisoners could also order books, but this sometimes took a long time, especially for prisoners in the HSU. The library was now better promoted and the librarian attended induction regularly. Books were rarely returned late and book losses were low.

Recommendation

- 3.35** Prisoners should be able to use computers in the library for private study.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.36 *Prisoners had appropriate access to a good range of physical education (PE) activities and training facilities. The range of vocational training programmes had been reduced since the previous inspection. Prisoners received limited advice on healthy living, diet and the principles of fitness during the gym induction. Links with the health care department were better, but still required improvement. Changing and shower facilities urgently needed refurbishment.*

3.37 The PE provision was well managed and effectively promoted; it provided a good range of recreational and structured activities. A large sports hall was used for an extensive range of games, circuit training and coaching activities. The cardiovascular areas and weight training facilities were used predominately during recreational sessions. An all-weather pitch was often used for activities and coaching events. Two small classrooms were available for theory courses.

3.38 A team of eight enthusiastic and appropriately qualified PE staff delivered daytime and weekend sessions. Six prisoners were employed as gym orderlies and provided useful support, but they could not gain a vocational qualification. The only accredited training previously offered – a level 1 football coaching course in which 20 prisoners participated – was no longer available.

3.39 All prisoners completed a timely induction to the gym. It included an appropriate pre-activity readiness questionnaire and a film explaining the activities and equipment. However, prisoners received very limited advice on healthy living, diet and nutrition. Gym membership cards were used to monitor participation; data showed that approximately 35% of prisoners were regular users, although in our survey the figure was much lower (12%).

3.40 There was an over-reliance on prisoners assessing their own fitness for participation in activities. Links with the health care department had improved so that remedial activities could be organised, but gym staff were still not informed about prisoners considered medically unfit to participate. Frequent, useful health promotion events were well attended.

3.41 All prisoners could access the gym at least twice a week, but there were no specific activity sessions for older prisoners. However, specific sessions were available for those on drug rehabilitation programmes and those dealing with weight problems or recovering from injury.

3.42 Changing facilities were cold, dark, dingy and smelly; they were leaking urinals and broken rusty benches. Other resources were good. Equipment was well maintained. Prisoners were not always supplied with suitable sports clothing or footwear.

Recommendations

3.43 **Vocational training opportunities should be available in the gym.**

3.44 **Gym staff should know which prisoners are considered unfit to participate in activities.**

3.45 The gym should have suitable changing and shower facilities.

Housekeeping point

3.46 Where necessary, prisoners should be provided with suitable sports clothing and footwear.

High security unit

3.47 *The regime offered remained very limited. Men were isolated from the main prison and the work opportunities available, which potentially impacted negatively on their well-being.*

3.48 The regime remained poor, it isolated prisoners and precluded access to regime opportunities which were available to the main population, this was likely to have a negative impact on prisoners' health and wellbeing, particularly those held for longer periods - one man had been held there for over four years (see main recommendation S46).

3.49 Although some attempts had been made to improve the opportunities available to men in the HSU, vocational training, education and work were very limited. Library and gym opportunities were also limited in scope.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

- 4.1** *While the reducing reoffending strategy was comprehensive, the longer-term strategic direction of offender management was less clear. The prison's recent focus on reducing the backlog in work had been appropriate but the role of the offender management unit (OMU) following planned changes in staff required attention. Some of the work of the resettlement team and offender management required clarification and greater integration.*
- 4.2** The reducing reoffending strategy for 2014–15 was reasonably comprehensive, focused on each of the resettlement pathways and outlined objectives. The work of the OMU was instead centred on the National Offender Management Service's practice guide for offender supervisors produced in September 2014, but not all staff in the department, including offender supervisors, were aware of it.
- 4.3** The reducing reoffending strategy group met monthly and meetings were generally well attended. The work of the group was supported further by a detailed and comprehensive needs analysis.
- 4.4** The OMU was going through a period of transition. Officer offender supervisors had been undertaking both unit-based supervisory officer roles as well as offender supervisor roles. It was recognised that this was not working effectively. With over 20 of these officers, the amount of offender management time allocated to each prisoner was low, which had an impact on continuity. Six months prior to the inspection the backlog in offender assessment system (OASys) documents was over 150; there was also a significant backlog in re-categorisation reviews. As a result, the prison decided to prioritise work to clear the backlogs and to concentrate on new basic custody screening assessments (focusing on immediate offending-related needs) for all new arrivals. It also decided to revert to having 12 officers dedicated solely to offender management. While this approach was sensible, it remained unclear how the department intended to take work forward once dedicated officers were in post (from March 2015). Although the community rehabilitation company (responsible for the supervision of most individuals on release from prison) due to take over the pathway work of the prison had been identified, the prison lacked clarity on how the work would be linked to the offender management function.
- 4.5** There was a need for greater integration between offender management and the resettlement and pathway functions. For example, while offender supervisors were now undertaking the basic custody screening assessments during induction they were largely duplicating those undertaken by resettlement staff. Although the pre-release work of pathway providers was generally good, it was not routinely linked to the work of offender supervisors.
- 4.6** Despite this, in our survey more prisoners than in comparable prisons said they had done something or something had happened to them to make them less likely to reoffend in the

future and more than at the previous inspection said that someone at the prison had helped them prepare for release.

Recommendation

- 4.7 The OMU should have a clear strategic direction, clarifying its relationships with other departments, specifying the level of service different groups of prisoners can expect and identifying future objectives.**

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

4.8 *Although most prisoners had an OASys document and sentence plan, many had been completed late or were now out of date. Completion rates were improving, however. The level of ongoing contact between offender supervisors and prisoners was low, although there were some exceptions. Professional and casework supervision was only available for probation staff. There continued to be substantial delays in completing assessments for home detention curfew (HDC). Public protection arrangements were robust. Re-categorisation and transfer arrangements were appropriate, as was work with indeterminate sentence prisoners.*

- 4.9** The offender supervisor group comprised prison officers, probation officers and a probation service officer. All very high risk prisoners, those convicted under the Terrorism Act 2000 and those identified as subject to level 3 multi-agency public protection arrangements (MAPPA) were allocated to probation offender supervisors along with the more complex cases. All others, including some high risk cases and prisoners on indeterminate sentences, were allocated to prison officers. All sentenced prisoners were allocated an offender supervisor, but those serving less than 12 months (7% of the sentenced population) had no routine ongoing contact after completing the basic custody screening assessment. In our survey, more prisoners than at the previous inspection and than at comparable prisons said they had a named offender supervisor.
- 4.10** Although most prisoners had an OASys document, a number had been completed late or were out of date. Nevertheless, efforts to reduce the previous backlog meant that fewer than 40 were actually missing. More prisoners than in similar prisons and compared with our previous inspection indicated they had a sentence plan.
- 4.11** Inspectors looked at 12 cases in detail: six high-risk cases and six low- and medium-risk cases. We also looked in less detail at around 25 other cases, mainly of prisoners who had recently arrived at Belmarsh or were due to be released in the near future. OASys documents were variable but we generally found those completed by community-based offender managers were of a lower standard than those undertaken by officer offender supervisors. Some sentence plans did not sufficiently reflect prisoners' individual needs or risk of serious harm assessments, which compromised their effectiveness. More recent cases, particularly those completed by offender supervisors, were better. We were encouraged by a rigorous quality assurance process to improve standards for low- and medium-risk cases, but there was no equivalent process for work undertaken by community offender managers.

- 4.12** In our survey prisoners were more positive than in comparator prisons about their involvement in the sentence planning process, but there was little evidence that departments outside the OMU, contributed (see section on reintegration planning, education, training and employment).
- 4.13** Outside the OASys and sentence planning process, the level of contact between offender supervisors and prisoners was, in most cases, minimal. This was largely because officer offender supervisors had a dual role, which was being changed (see section on strategic management of resettlement). In our survey three in five prisoners, more than in comparable prisons and more than at the previous inspection said no one was working with them to achieve their sentence plan targets. However, in a number of cases some extremely positive work was being undertaken, primarily by probation services and mostly in conjunction with psychology staff. Staff in the OMU said links with the psychology and mental health teams in the prison were extremely positive. Some offender supervisors continued to use their own case notes rather than those on P-Nomis (the Prison Service IT system), which meant information was not integrated across prison departments.
- 4.14** Probation staff continued to receive professional supervision from the senior probation officer at the prison but there was no equivalent for officer offender supervisors.
- 4.15** The prison had introduced a more rigorous administrative process for HDC, which now started 10 weeks before a prisoner's eligibility; however there continued to be substantial delays in offender managers completing community reports. Monitoring had only been in place for the previous three months, during which only 26% of eligible cases had been considered by the HDC board. When HDC boards took place, risk assessments were reasonable and decisions appropriate.

Recommendations

- 4.16 All offender supervisors should have regular professional supervision and casework reviews to aid personal development, and quality assurance should be extended across all offender management work.**
- 4.17 All reports regarding the assessment of prisoners for HDC should be undertaken promptly to give prisoners the best possible chance of release on their eligibility date.**
- 4.18 All offender supervisors and resettlement service providers should use P-Nomis to record their interactions with prisoners and record their work.**

Public protection

- 4.19** Public protection arrangements were generally well managed. All prisoners were appropriately screened on arrival for child protection or harassment issues. At the time of the inspection 69 prisoners were subject to child protection monitoring and a further 51 to harassment orders. Monitoring arrangements appeared proportionate.
- 4.20** Prisoners subject to MAPPAs were also identified promptly and managed well. One hundred and ninety-two prisoners had been identified as subject to MAPPAs, four at the highest level three. The monthly interdepartmental risk management team meeting was well attended; it reviewed the cases of those who were within the last six months of their sentence. MAPPAs pre-release reports we saw were good.

Categorisation

- 4.21** Arrangements to review prisoners' categorisation were generally appropriate and reviews were up to date. Prisoners could appeal against decisions and those we saw received an appropriate response. Ten prisoners were categorised as D and while a small number were on a hold at Belmarsh for appropriate reasons, there were few delays in transferring those due to be moved to open conditions.

Indeterminate sentence prisoners

- 4.22** The prison held 112 indeterminate sentence prisoners, 18 of whom were serving sentences for public protection. There was no specific provision for this group although all were allocated to an offender supervisor. Those whose cases were more complex were linked to a probation officer. Cases we looked at were well managed and there were relatively few delays in progressing men to other prisons.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.23** *All prisoners were invited to a discharge board to help them plan for their release. Prisoners' accommodation needs were assessed on arrival and few were released without an address. Overall, employment support was weak, but prisoners could be accompanied to initial appointments. Health and substance use release planning was sound, and prisoners had good access to advice on finance, benefits and debt. Visiting arrangements had improved and were now good, but family visits were still only available for those on the enhanced regime. A range of appropriate offending behaviour programmes was available and transfers elsewhere were arranged as necessary. Some positive work was undertaken with prisoners in the London pathway progression unit (LPPU).*

- 4.24** The prison released around 110 prisoners per month. All prisoners were invited to the discharge board around eight weeks prior to their release, or sooner if they had less time to serve on arrival at the prison. The board met representatives from each resettlement pathway every month to make specific plans for prisoners' release, which generally worked well. Where prisoners refused to attend, attempts were made to offer alternative appointments.
- 4.25** Pathway providers' work was not routinely recorded on P-Nomis (see section on offender management and planning, housekeeping point 4.18) and links between pathways providers, offender supervisors and offender managers were generally poor for low- and medium-risk prisoners, although they were better for higher-risk prisoners.

Recommendation

- 4.26** **Offender supervisors should, prior to a prisoner's release, routinely share information about his progress against his sentence plan and plans for release with his offender manager.**

Accommodation

- 4.27** Prisoners' accommodation needs were assessed on arrival and peer workers provided information during induction (see section on early days in custody). An experienced prison housing officer saw those referred at weekly housing surgeries and prompt action was taken to maintain existing tenancies. The housing officer had good links with a variety of accommodation providers, but social housing was becoming increasingly difficult to find, particularly in London. Many prisoners were released to temporary housing. Of 655 releases in the previous six months, 26 (3.7%) were released without an address.

Education, training and employment

- 4.28** The quality of the National Careers Service provision, provided by Prospects, required improvement. Staff interviewed all prisoners during induction, but skills action plans were too variable. Offender supervisors did not use information provided by Prospects to inform prisoners' sentence plans.
- 4.29** Prospects staff contributed well to pre-release programmes. However, there was no specific careers advice service, although Jobcentre Plus provided some careers and benefits advice. Links between the prison and external agencies providing through-the-gate support were good and prisoners were often accompanied to their first appointment with employers or education and training providers. Links between the prison and employers were underdeveloped.
- 4.30** In the previous six months about 10% of prisoners entered education and training on release, and 12 men, trained as peer mentors, were employed through social care and health charity Community Rehabilitation Initiative. However, the prison had no reliable data on how many prisoners had jobs on release.
- 4.31** Prospects staff provided prisoners with information about job opportunities in areas where prisoners were released, but the poor availability of the virtual campus (internet access for prisoners to community education, training and employment opportunities) hampered efforts to meet prisoners' employment and resettlement needs.

Recommendations

- 4.32** **Links with employers should be developed further to ensure that prisoners have access to employment opportunities on release.**
- 4.33** **The virtual campus should be better used to enable prisoners to obtain up-to-date information on employment, education and training opportunities.**

Health care

- 4.34** Pre-release and transfer arrangements for prisoners with physical and mental health needs were good and prison staff had effective links to MAPPA processes and probation colleagues for prisoners with complex cases. The prison had developed a strategy to support prisoners with palliative and end of life needs and two cells in the inpatient unit were being refurbished for this purpose.

Drugs and alcohol

- 4.35** The Pathways to Recovery team (P2R) offered an excellent range of reintegration planning initiatives, including providing a family worker (see section on children, families and contact with the outside world) and a resettlement officer who effectively supported newly released prisoners and provided transport to and advocacy at their first appointments in the community.

Finance, benefit and debt

- 4.36** A full-time officer worked closely with the accommodation officer and the job club officer to provide prisoners with support. The service was promoted during induction, on notice boards and in the prisoners' magazine. Prisoners had good access to the service through regular debt clinics. Discharge boards ensured prisoners had final access to the service if needed. In the six months to December 2014, 150 prisoners had received help to open a bank account, which was commended by Unlock, an advocacy organisation for offenders.

Children, families and contact with the outside world

- 4.37** Visiting arrangements had improved: additional visits sessions took place in the mornings and were well attended and extra staff had been employed to take bookings making the process easier. Visitors no longer had to vacate the visits hall between sessions, which meant they now had a longer afternoon session. The visits area had been redecorated and graffiti removed.
- 4.38** The visitors' centre, managed by charity Spurgeons, provided visitors with a welcoming environment and we saw staff interact well particularly with those visiting for the first time. Booking-in procedures were efficient. External agencies attended regularly to provide visitors with support and advice and information was readily available. Visitors told us both Spurgeons and prison staff treated them well.
- 4.39** Visits started on time despite the stringent security processes. Staff were polite and friendly towards visitors during the visits we observed but prisoners had to wear high visibility vests, which was inappropriate. The visits hall was large and bright and had soft furnishings; a separate room was available when additional privacy was needed, such as after a bereavement. The Samaritans provided a well stocked refreshment facility and Spurgeons staff and volunteers staffed the play area. The closed visits area was located away from the main visits hall but those on closed visits could not buy refreshments.
- 4.40** Prisoners on the enhanced regime continued to have access to family visits; they had now been extended to vulnerable prisoners on the enhanced level. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and prisoners in the LPPU (see section on attitudes, thinking and behaviour) received separate family visits.
- 4.41** A full-time family worker funded by the Crime Reduction Initiative (part of the P2R team) provided a comprehensive service to help prisoners whose relationships had been affected by alcohol and drug use. A wide range of interventions to support family relationships was available to these prisoners.

Recommendation

- 4.42** **Family visits should be available to all prisoners.** (Repeated recommendation 4.52)

Housekeeping points

- 4.43 Prisoners should not be required to wear high visibility vests during visits.
- 4.44 Visitors on closed visits should be able to buy refreshments.

Good practice

- 4.45 *The family worker helped prisoners and families affected by alcohol and substance use to maintain, repair and improve family relationships.*

Attitudes, thinking and behaviour

- 4.46 The prison now delivered both the Thinking Skills Programme and Resolve (designed to address violence and violent offending), which had a combined target of 54 completions a year. This mix of programmes now appeared more appropriate. There was also a reasonable range of non-accredited programmes for prisoners with substance use problems including the substance treatment and recovery programme, which had a planned completion rate of 120 in a year (see section on substance misuse). In our survey more prisoners than at similar prisons and compared with the previous inspection said they had attended an offending behaviour programme while at Belmarsh.
- 4.47 Although the prison had no formal strategy for managing the sex offender population, the prison's approach had greater clarity than at the previous inspection. One spur in house block 4 was identified specifically for this group. Despite difficulties in arranging for prisoners to be transferred to other prisons to undertake the sex offender treatment programme, a number had been moved to Bure, Littlehey and Rye Hill in the previous three months.
- 4.48 The work of the LPPU, part of a pan-London project working with prisoners with personality disorders, was good. Links, in particular, with community-based offender managers and psychology staff were very positive. To improve continuity offender supervisors who had officer roles in the unit were also allocated the offender management role for prisoners there; this appeared to be working reasonably well.
- 4.49 There were strong links with faith communities outside, where men could receive support on release. The Muslim chaplain delivered Tarbiyyah classes (designed to combat extremism) on a regular basis.

High security unit

- 4.50 *Prisoners in the HSU received similar resettlement support to other prisoners and if needed pre-release arrangements were carefully planned. The HSU visits facilities were cramped with little privacy.*

- 4.51 Prisoners in the HSU could access resettlement support when needed, although the physical isolation of the unit made this somewhat more difficult. Pre-release support was provided if needed.
- 4.52 High security unit (HSU) prisoners could have the visits they were entitled to, but the facility was small and cramped and staff had to sit very close to prisoners and their visitors,

encroaching on their privacy. Prisoners complained about this and the lack of family visits. Toys and games were available for children but were not used during the visits we observed.

Recommendation

- 4.53 Visits facilities in the HSU should be improved to provide more privacy and access to family visits, subject to security considerations.**

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1 The violence reduction strategy should be reviewed to more effectively address the disproportionate involvement of young adults and the concerns about safety and victimisation of prisoners from black and minority ethnic backgrounds and Muslim prisoners. (S44)
- 5.2 A more strategic approach to managing violence among young adults should be developed. (S45)
- 5.3 The location of high risk category A prisoners on the high security unit should not be automatic but should only occur when there are clear reasons why the risks involved cannot be managed on the main wings. (S46, repeated recommendation 1.53)
- 5.4 The range of education, vocational training and work provision should be increased to ensure that all prisoners are involved in purposeful activities that address their resettlement needs. (S47)
- 5.5 The prison should ensure that all prisoners have a good up-to-date OASys document, sentence plans are informed by contributions from other departments and backlogs are actively addressed. (S48)

Recommendation

To NOMS

Offender management and planning

- 5.6 All reports regarding the assessment of prisoners for HDC should be undertaken promptly to give prisoners the best possible chance of release on their eligibility date. (4.17)

Recommendations

To the governor

Courts, escort and transfers

- 5.7 Prisoners should be transferred as promptly as possible to minimise waiting times at court. (1.4)
- 5.8 All prisoners' property should accompany them to the prison and on transfer. (1.5)
- 5.9 The video link should be used for suitable hearings. (1.6)

Early days in custody

- 5.10** All reception and first night interviews should be undertaken in private. (1.17)
- 5.11** All prisoners should be offered a shower on their first night. (1.18)

Bullying and violence reduction

- 5.12** The 'duty of care' regime should be improved and regular reviews of each prisoner should be documented. (1.28)
- 5.13** Investigations of violent incidents should be improved with better management oversight of the TASA strategy, including support for victims. (1.29)

Self-harm and suicide prevention

- 5.14** Formal investigations should be commissioned following serious near fatal incidents of self-harm to ensure lessons are learned. (1.38)
- 5.15** ACCT procedures should be improved by: demonstrating that the prison has considered contacting families or others following self-harm; identifying a key worker or personal officer to support prisoners at risk; and including clear targets in care plans to help reduce risks. (1.39)

Safeguarding

- 5.16** The governor should build on its contacts with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.43)

Security

- 5.17** The use of patrol dogs should be reviewed to ensure that they are only used when justified by the level of risk presented. (1.51)

Discipline

- 5.18** Adjudication data should be collated and analysed more rigorously to ensure charges are fair and punishments appropriate. (1.61)
- 5.19** Individual assessments of men's risks and needs should determine the regime for each prisoner, which should encourage as much activity and human contact as possible. (1.70)

Residential units

- 5.20** Cells designed to hold two prisoners should not be used to hold three. (2.9, repeated recommendation 2.10)
- 5.21** All prisoners should be able to shower every day. (2.10, repeated recommendation 2.13)
- 5.22** Applications should be responded to promptly and response times logged. (2.11)

Staff-prisoner relationships

- 5.23** Case note entries should reflect regular meaningful interactions with prisoners, and an awareness of each individual's personal circumstances. (2.17)

Equality and diversity

- 5.24** All protected characteristics should feature in equalities policy and planning documents, including foreign national and older prisoners. (2.22)
- 5.25** Analysis and use of equalities data, including trends in DIRFs, should be improved. (2.23)
- 5.26** Professional translation services and translated written material should be available to prisoners who do not speak or understand English well. (2.30)
- 5.27** The equalities and immigration teams should meet on a regular basis to discuss the needs of foreign national prisoners. (2.31)

Health services

- 5.28** The health needs assessment should be up to date, reflect the needs of the current population and inform all service provision. (2.54)
- 5.29** Health care complaints should be confidential and well advertised. (2.55)
- 5.30** Nursing staffing, including health care support workers, should be appropriately trained (including in communication skills), supervised in line with professional standards and deployed to match service needs. (2.56)
- 5.31** Care plans and specialist assessment for prisoners with long-term conditions should be systematic, and the correct equipment should be supplied promptly. (2.57)
- 5.32** All clinical areas, including house block treatment rooms, should meet current infection control standards. (2.58)
- 5.33** Prisoners in the inpatient unit should have access to adequate toilet and shower facilities. (2.67)
- 5.34** There should be sufficient external escort slots to meet the health needs of the population. (2.68)
- 5.35** Medicines should be stored safely at all times and patients' identification should be routinely checked. (2.74)
- 5.36** A robust mental health strategy should reflect prisoners' assessed needs and include primary mental health, learning disability and psychology services for men with complex needs. (2.82)

Catering

- 5.37** Lunch should not be served before 12 noon and the evening meal not before 5pm; hot food should be served while hot. (2.88)

- 5.38** Prisoners should be offered the opportunity to eat together where possible, and if they have to eat in their cells, they should have a table and chair to sit at. (2.89, repeated recommendation 2.96)

Purchases

- 5.39** Prisoners should not be charged an administration fee for catalogue orders. (2.95)

Time out of cell

- 5.40** All prisoners should have association, domestic periods and opportunities for exercise each day. (3.4)

Learning and skills and work activities

- 5.41** Data concerning participation, and learners' achievements should be routinely collated, analysed and evaluated to enable accurate and realistic targets for improvement to be set. (3.12)
- 5.42** The prison should ensure that teaching, learning and assessment are of a high quality across all activities so that all prisoners can achieve and develop the best appropriate skills. (3.23, repeated recommendation 3.25)
- 5.43** Session planning should be significantly improved so that all learners can achieve their learning aims, and tutors should set specific targets in individual learning plans to accelerate each learner's progress. (3.24, repeated recommendation 3.26)
- 5.44** Prisoners with specific learning difficulties should receive support to ensure that they can maximise their learning and skills development. (3.25)
- 5.45** Workshop instructors should help prisoners to develop their English and mathematics skills. (3.26)
- 5.46** Success rates in English, mathematics and ESOL should be improved further. (3.29)
- 5.47** The prison should ensure that prisoners attend activities regularly and punctually. (3.30)
- 5.48** Prisoners should be able to use computers in the library for private study. (3.35)

Physical education and healthy living

- 5.49** Vocational training opportunities should be available in the gym. (3.43)
- 5.50** Gym staff should know which prisoners are considered unfit to participate in activities. (3.44)
- 5.51** The gym should have suitable changing and shower facilities. (3.45)

Strategic management of resettlement

- 5.52** The OMU should have a clear strategic direction, clarifying its relationships with other departments, specifying the level of service different groups of prisoners can expect and identifying future objectives. (4.7)

Offender management and planning

- 5.53** All offender supervisors should have regular professional supervision and casework reviews to aid personal development, and quality assurance should be extended across all offender management work. (4.16)
- 5.54** All offender supervisors and resettlement service providers should use P-Nomis to record their interactions with prisoners and record their work. (4.18)

Reintegration planning

- 5.55** Offender supervisors should, prior to a prisoner's release, routinely share information about his progress against his sentence plan and plans for release with his offender manager. (4.26)
- 5.56** Links with employers should be developed further to ensure that prisoners have access to employment opportunities on release. (4.32)
- 5.57** The virtual campus should be better used to enable prisoners to obtain up-to-date information on employment, education and training opportunities. (4.33)
- 5.58** Family visits should be available to all prisoners. (4.42, repeated recommendation 4.52)
- 5.59** Visits facilities in the HSU should be improved to provide more privacy and access to family visits subject to security considerations. (4.53)

Housekeeping points

Courts, escort and transfers

- 5.60** Prisoners should receive sufficient notice of planned transfers to enable them to make a call to their family or legal adviser, subject to security considerations. (1.7)

Early days in custody

- 5.61** Sufficient prison-issue clothing should be available. (1.19)

Bullying and violence reduction

- 5.62** The prison should establish consistent and accurate procedures for recording violent incidents. (1.30)

Security

- 5.63** The prison should monitor the number of squat-searches authorised and conducted and their effectiveness in finding contraband. (1.52)

Substance misuse

- 5.64** Substance use nurses should address prisoners using their preferred names. (1.76)

Complaints

5.65 All complaint responses should be dated and contain the respondent's name. (2.40)

Health services

5.66 Trend analysis of complaints and clinical incidents should inform service improvements. (2.59)

5.67 Maximum and minimum fridge temperatures should be within acceptable ranges at all times to ensure that temperature-sensitive items are stored correctly. (2.75)

5.68 All drug reference books should be up to date. (2.76)

Catering

5.69 Prisoners should receive responses to food comments. (2.90)

Purchases

5.70 Consultations at the PCC meetings should cover the range of goods on offer. (2.96)

Physical education and healthy living

5.71 Where necessary, prisoners should be provided with suitable sports clothing and footwear. (3.46)

Reintegration planning

5.72 Prisoners should not be required to wear high visibility vests during visits. (4.43)

5.73 Visitors on closed visits should be able to buy refreshments. (4.44)

Examples of good practice

5.74 The follow-up interview enabled prisoners to disclose any anxieties or ask questions after their first night. Officers could check they had understood the information given to them and assess how they were feeling. (1.20)

5.75 The P2R peer support programme had trained and retained an unusually high number of peer supporters who were making a valuable contribution to the prison's therapeutic interventions. (1.77)

5.76 The transitional planning meetings with local young offender institutions (YOIs) helped young adults transfer from YOIs to the adult prison system. (2.32)

5.77 The family worker helped prisoners and families affected by alcohol and substance use to maintain, repair and improve family relationships. (4.45)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Joss Crosbie	Inspector
Karen Dillon	Inspector
Paul Fenning	Inspector
Fionnuala Gordon	Inspector
Jeanette Hall	Inspector
Keith McInnis	Inspector
Michelle Bellham	Researcher
Amy Radford	Researcher
Helen Ranns	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Steve Eley	Health services inspector
Nicola Rabjohns	Health services inspector
Peter Gibbs	Pharmacist
Jan Fooks-Bale	Care Quality Commission inspector
Charles Clark	Ofsted inspector
Bob Cowdrey	Ofsted inspector
Martin Hughes	Ofsted inspector
Martyn Griffiths	Offender management inspector
Ian Menary	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2013 some prisoners spent too long in court cells, but journeys to the prison were short and the reception process was swift. Many prisoners felt unsafe on their first night. First night staff offered good support but night staff were not focused on the vulnerability of new arrivals. Induction was good for most prisoners but less so for vulnerable prisoners. Violent incidents were mostly low level and had reduced, but prisoner perceptions of safety were very poor and much worse than at the last inspection. Prisoners at risk of self-harm were supported but case management arrangements were weak. Security measures in place were exacting but needed for the small number of prisoners held mainly in the special secure unit (SSU); this had a disproportionate impact on the majority of the population. Disciplinary procedures were broadly proportionate but the segregation regime and environment were poor, especially on the high security unit (HSU) and SSU. We were also concerned that at times there were no staff in the direct vicinity of the HSU and SSU to ensure prisoners were safe. Use of force was too high and oversight was weak. Substance misuse services were progressing. Our survey findings across most indicators of safety were overwhelmingly negative. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

There should be improved supervision, governance and accountability concerning all aspects of use of force, including quality of documentation and proportionality of use of batons and handcuffs, planned interventions, special accommodation and strip clothing. (S40)

Achieved

The environment, regime and relationships between staff and prisoners in both segregation units should be improved as a matter of urgency. (S41)

Partially achieved

Recommendations

Prisoners being taken to Belmarsh should arrive at reception before 7pm, and prisoners at court should be returned when their case has finished. (I.4)

Not achieved

Prisoners being produced in court should be given an adequate meal before departure (I.5)

Not achieved

Reception staff should actively engage with new arrivals by checking their needs and keeping them informed of what will happen next and when, and the holding rooms should be upgraded and contain relevant information. (I.14)

Achieved

Vulnerable prisoners should receive an induction equivalent to that for prisoners on main location. (I.15)

Partially achieved

The prison should investigate and address prisoner perceptions of their safety, particularly their treatment by staff. (I.29)

Partially achieved

Investigations into acts of bullying and violence should be thorough, include a full examination of all the available evidence and be subject to effective quality checks. (I.30)

Not achieved

Case management and review arrangements for prisoners at risk of self-harm should be improved. (I.37)

Achieved

All prisoners at risk of self-harm should be properly occupied during the day. (I.38)

Achieved

The role of the contingency unit and its relevance should be made clear, the policy document describing its use should be fully implemented, and governance of the unit should be improved. (I.39)

No longer relevant

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.42)

Achieved

Security arrangements and measures should ensure the prison's regime meets the needs of all prisoners, including those not requiring the highest levels of security. (I.52)

Partially achieved

High risk category A prisoners should be located in a more suitable environment where they can access an improved regime. (I.53)

Not achieved (recommendation repeated, S46)

Squat searching should only be authorised when there is specific intelligence to justify it, and closed visits only when there is specific intelligence related to the trafficking of items through visits. (I.54)

Partially achieved

The mandatory drug testing (MDT) programme should undertake the required level of target testing. (I.55)

Achieved

Decisions to demote prisoners to basic should be fully justified and always following a thorough investigation. (I.59)

Achieved

Segregation review documentation should be completed thoroughly and include meaningful targets, and there should be formal care and reintegration planning for prisoners who remain in the segregation unit for longer than a month. (I.77)

Partially achieved

Substance misuse nurses and GPs responsible for the clinical management of substance-dependent prisoners should undertake the necessary training, and a substance misuse specialist should be available to offer consultation and advice. (I.88)

Achieved

A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (1.89)

Achieved

High security unit (HSU) and special secure unit (SSU) operating standards should be fully implemented. (1.95)

No longer relevant

Segregated prisoners on the HSU/SSU should be covered by individualised and risk assessed unlock protocols, and they should be set individual targets to demonstrate changes in risk to enable their integration into other parts of the prison. (1.107)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, the standard of accommodation varied greatly, cells holding three prisoners were too small and the environment in the HSU/SSU was poor. There were delays in the processing of prisoner mail, and applications were not dealt with appropriately. Some staff-prisoner relationships were positive but many were distant. Formal arrangements to promote equality and diversity were generally adequate, but there was little consultation with prisoners from minority groups and their perceptions of this were often more negative. Support for older prisoners was limited. Faith provision was good, complaints were well managed and legal services generally met prisoner needs. Health services were improving. Most prisoners were dissatisfied with the food. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Managers should monitor relationships between staff and prisoners and endeavour to make them more appropriate and constructive. All staff in regular contact with prisoners should be trained to increase their understanding of the role of the personal officer, professional boundaries and prisoners' resettlement needs. (S42)

Achieved

Recommendations

Cells designed to hold two prisoners should not be used to hold three. (2.10)

Not achieved (recommendation repeated, 2.9)

Toilets should be de-scaled and kept clean, and those in single cells should have adequate screening. (2.11)

Achieved

Emergency cell call bells should be responded to within five minutes, and governance arrangements to monitor this should be improved. (2.12)

Achieved

Prisoners should be able to use the showers every day. (2.13)

Not achieved (recommendation repeated, 2.10)

Applications should be responded to promptly and response times logged, and application forms should not be left on landings unattended. (2.14)

Partially achieved

Delays in delivering and sending out mail should be reduced. (2.15)

Achieved

The quality assurance of personal officer work should be improved. (2.20)

Not achieved

The prison should collect and analyse equality data for all protected characteristics to better understand patterns and trends effecting minority groups. Allocation to activity should be included in this analysis. (2.27)

Partially achieved

Prisoners should be able to report confidentially if they have any protected characteristic, either on reception or later in their sentence. (2.37)

Achieved

There should be individual personal emergency evacuation plans (PEEPs) for prisoners requiring assistance in an emergency. (2.38)

Partially achieved

The prison should investigate and address the reasons for prisoners' poor perceptions of the complaint system. (2.49)

Achieved

The prison should investigate and address the reasons for prisoners' poor perceptions of the legal services provision. (2.52)

Not achieved

All treatment rooms should be refurbished to provide clean and safe areas for the care and treatment of patients. (2.64)

Achieved

Health services should be adequately staffed to meet the needs of the prison population, and expanded to include more clinics run by specialist nursing staff. (2.65)

Partially achieved

A strategy for health promotion should be developed, and information should be widely available to prisoners in a range of languages. (2.66)

Not achieved

Inpatients cells should be removed from the list of certified normal accommodation and patients should only be admitted for a clinical need. (2.75)

Achieved

The most senior pharmacist in Care UK should review the prescribing of analgesia and other powerful medications for patients at Belmarsh to ensure that it is within national guidelines, and that risk assessment and the security of medicines are subject to regular quality assurance. Patients receiving analgesia for chronic pain should be reviewed by pain specialists in line with national guidelines. (2.82)

Achieved

Risk assessments should be reviewed in line with the current policy. (2.83)

Achieved

The dental surgery should be refurbished with a separate room for decontamination. (2.85)

Achieved

There should be a coordinated mental health strategy that ensures that patients have access to primary mental health services. (2.88)

Not achieved

The multidisciplinary meetings should be attended by a wider group of representatives from the prison. (2.89)

Achieved

Mental health awareness training should be provided for discipline staff. (2.90)

Achieved

Patients requiring transfer to secure mental health unit should be moved quickly. (2.91)

Achieved

The prison should work with prisoners to understand and address their negative perceptions of the quality of food. (2.95)

Achieved

Prisoners should be offered the opportunity to dine in association where possible, and if they have to eat in their cells, they should have a table and chair to sit at. (2.96)

Partially achieved (recommendation repeated, 2.89)

Lunch should be served no earlier than noon, and breakfast packs should be issued on the day they are to be consumed. (2.97)

Not achieved

The physical environment in the high security units should be improved, and showers should be refurbished. (2.10)

Partially achieved

Staff entries in case notes for prisoners in the high security units should reflect an understanding of their personal circumstances and security issues. (2.107)

Not achieved

Multidisciplinary case management arrangements for prisoners held in the high security unit and special secure unit should be improved. (2.117)

Achieved

Care UK should meet HSU/SSU operating standards and the health care department should have formal communications with other HSU/SSU departments. (2.118)

Achieved

Patients on the HSU/SSU should receive confidential medical consultations and treatment that preserves privacy and dignity, unless risk assessment suggests otherwise. (2.119)

Achieved

The health and safety of patients on extreme security measures should be subject to documented individual assessments of the risks to their physical and psychological health. (2.120)

Achieved

Care UK should work with the security department to ensure that prisoners subject to extreme security measures can access health appointments as promptly as other prisoners at Belmarsh. (2.121)

Achieved

Purposeful activity

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

At the last inspection, in 2013, too many prisoners were locked in their cells with nothing to do, and did not spend enough time out of cell. There were too few activity places and these were underused, compounded by regime slippage, and had poor punctuality and attendance. Strategic management of learning, skills and work was poor. The quality of provision and achievement outcomes were inadequate. Library and gym provision were adequate but access to both was limited. There was a lack of meaningful stimulation for HSU/SSU prisoners. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

Time out of cell opportunities should be improved for all prisoners. (S43)

Achieved

The prison should develop a clear strategy and targets for the delivery of activities, focusing on prisoner employment and resettlement, as well as the need for continuous development and improvement of provision. The number of activity spaces should be increased to ensure that all prisoners can be purposefully occupied. (S44)

Partially achieved

The regime on the high security unit/special secure unit should be improved. (S45)

Not achieved

Recommendations

The prison should develop the collection, use and analysis of data in activities to inform managers and set targets to improve participation and achievement. (3.13)

Partially achieved

There should be rigorous quality improvement arrangements, including teaching and learning observations, to improve the quality of activities provision. (3.14)

Partially achieved

Information obtained at induction should be used to ensure that prisoners are allocated to activities that meet their skills needs. (3.20)

Partially achieved

The prison should ensure that teaching, learning and assessment are of a high quality across all activities so that all prisoners can achieve and develop the best appropriate skills. (3.25)

Partially achieved (recommendation repeated, 3.23)

Lesson planning should be significantly improved so that all learners can achieve their learning aims, and individual learning plans should set specific targets to accelerate each learner's progress. (3.26)

Not achieved (recommendation repeated, 3.24)

The prison should significantly increase prisoner achievement of qualifications and skill development, and ensure that they attend activities regularly and punctually. (3.31)

Partially achieved

The library should increase its opening hours to ensure that all prisoners have good access to it, particularly those in work. (3.36)

Achieved

There should be improved formal links between the physical education and health care departments to clearly identify prisoners' remedial support needs and adverse medical conditions. (3.46)

Not achieved

The prison should increase the number of prisoners accessing the gym and recreational PE. (3.47)

Not achieved

The gym should increase the number of vocational courses and the number of prisoners undertaking them successfully. (3.48)

Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2013, resettlement and offender management work was not well integrated, and offender management was not central to the work of the prison. Work with high risk offenders varied but public protection arrangements were satisfactory. Prisoners were negative about the resettlement pathway provision, and most areas required development. The visitors' centre was impressive and provision for visits was adequate. The needs of HSU/SSU prisoners were managed appropriately. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The resettlement and offender management functions should be better integrated, informed by a comprehensive needs analysis and designed to meet the needs of the population. The prison should ensure that offender management and risk of harm reduction is central to its function. (S46)

Partially achieved

Recommendations

Officer offender supervisors should only be used for other functions in the case of an emergency or in line with agreed levels. (4.6)

No longer relevant

Initial resettlement assessments should be quality assured to ensure that all prisoners receive an assessment and that it is of an appropriate standard, and that referrals to resettlement pathways are followed up, with copies of the assessments given to prisoners, the wings and the offender management unit to ensure that appropriate support is available. (4.18)

Achieved

All appropriate prisoners should have a completed and up-to-date OASys assessment. (4.19)

Partially achieved

All departments working with a prisoner, including his personal officer, should attend sentence planning boards or provide written contributions. (4.20)

Not achieved

There should be casework reviews and regular professional supervision for all offender supervisors, and quality assurance for all aspects of work in the offender management unit, to ensure consistent standards and effective case management. (4.21)

Partially achieved

Home detention curfew reviews should be managed more efficiently to ensure that most prisoners who meet the criteria are released on their eligibility date. (4.22)

Not achieved

The prison should ensure that work by resettlement pathway providers is properly and effectively coordinated with that of offender supervisors to support prisoner release. (4.35)

Partially achieved

The prison should introduce specialist housing advice for all prisoners. (4.39)

Not achieved

The prison should promote the education, training and employment pre-release course better so that more prisoners can benefit from it. (4.43)

Partially achieved

The prison should provide specialist finance and debt advice and support to prisoners. (4.47)

Achieved

Family visits should be available to all prisoners. (4.52)

Not achieved (recommendation repeated, 4.42)

The prison should develop a clear strategy for the management of the sex offender population. (4.55)

Partially achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	28	461	55.7
Recall	0	55	6.3
Convicted unsentenced	14	63	8.8
Remand	27	212	27.2
Civil prisoners	0	0	0
Detainees	0	11	1.3
Other	1	6	0.7
Total	70	808	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	41	290	37.7
Less than 6 months	4	33	4.2
6 months to less than 12 months	1	24	2.8
12 months to less than 2 years	1	34	4
2 years to less than 4 years	7	94	11.5
4 years to less than 10 years	6	130	15.5
10 years and over (not life)	3	91	10.7
ISPP (indeterminate sentence for public protection)	1	18	2.2
Life	6	94	11.4
Total	70	808	100

Age	Number of prisoners	%
Please state minimum age here: 17	-	-
Under 21 years	71	8.1
21 years to 29 years	317	36
30 years to 39 years	258	29.4
40 years to 49 years	141	16.1
50 years to 59 years	67	7.6
60 years to 69 years	18	2.1
70 plus years	6	0.7
Please state maximum age here: 79	-	-
Total	878	100

Nationality	18–20 yr olds	21 and over	%
British	57	594	74.1
Foreign nationals	11	209	25.1
Not stated	2	5	0.8
Total	70	808	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	41	268	35.2
Uncategorised sentenced	2	14	1.8
High risk category A	0	11	1.3
Category A	0	15	1.7

Provisional category A	3	29	3.6
Category B	0	167	19
Category C	0	290	33
Category D	0	12	1.4
YOI closed	24	2	3
Total	70	808	100

Ethnicity	18–20 yr olds	21 and over	%
White	10	381	44.5
British	6	275	32
Irish	1	9	1.1
Gypsy/Irish Traveller	0	3	0.3
Other white	3	94	11
Mixed	11	64	8.5
White and black Caribbean	9	37	5.2
White and black African	1	4	0.6
White and Asian	0	2	0.2
Other mixed	1	21	2.5
Asian or Asian British	5	80	9.6
Indian	1	20	2.4
Pakistani	0	25	2.8
Bangladeshi	2	7	1
Chinese	0	5	0.6
Other Asian	2	23	2.8
Black or black British	40	266	34.9
Caribbean	19	124	16.3
African	15	97	12.8
Other black	9	45	5.8
Other ethnic group	2	10	1.5
Arab	0	1	0.1
Other ethnic group	2	10	1.4
Not stated	2	6	0.9
Total	70	808	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	4	100	11.8
Roman Catholic	2	128	14.8
Other Christian denominations	19	128	16.7
Muslim	26	233	29.5
Sikh	0	9	1
Hindu	0	6	0.7
Buddhist	0	11	1.3
Jewish	0	3	0.3
Other	0	10	1.1
No religion	16	176	21.9
Not stated	3	4	0.8
Total	70	808	100

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

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	5	0.6	73	8.3
1 month to 3 months	13	1.5	112	12.8
3 months to 6 months	2	0.2	97	11
6 months to 1 year	9	0.9	109	12.4
1 year to 2 years	1	0.1	104	11.8
2 years to 4 years	0	0	20	2.3
4 years or more	0	0	3	0.3
Total	29	3.3	518	59

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	21	337	40.8
Total	21	337	40.8%

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	12	1.4	77	8.8
1 month to 3 months	10	1.1	92	10.4
3 months to 6 months	15	1.7	66	7.5
6 months to 1 year	4	0.5	46	5.2
1 year to 2 years	0	0	8	0.9
2 years to 4 years	0	0	1	0.1
4 years or more	0	0	0	0
Total	41	4.7	290	32.9

Main offence	18–20 yr olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded/holding warrant			
Total			

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.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁷. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 19 January 2015 the prisoner population at HMP Belmarsh was 868. Using the method described above, questionnaires were distributed to a sample of 231 prisoners.

We received a total of 202 completed questionnaires, a response rate of 87%. Nine respondents refused to complete a questionnaire, 10 questionnaires were not returned and 10 were returned blank.

Wing/unit	Number of completed survey returns
House block 1	47
House block 2	52
House block 3	48
House block 4	52

⁷ 95% confidence interval with a sampling error of 3%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Health care	3
Segregation unit	0

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Belmarsh.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁸ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Belmarsh in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2011.
- The current survey responses from HMP Belmarsh in 2015 compared with the responses of prisoners surveyed at HMP Belmarsh in 2013.
- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2015 survey between those who are British and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.

⁸ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.2	How old are you?		
	Under 21	19 (10%)	
	21 - 29.....	80 (40%)	
	30 - 39.....	51 (26%)	
	40 - 49.....	30 (15%)	
	50 - 59.....	11 (6%)	
	60 - 69.....	6 (3%)	
	70 and over	3 (2%)	
Q1.3	Are you sentenced?		
	Yes	117 (59%)	
	Yes - on recall.....	13 (7%)	
	No - awaiting trial.....	50 (25%)	
	No - awaiting sentence	17 (9%)	
	No - awaiting deportation.....	2 (1%)	
Q1.4	How long is your sentence?		
	Not sentenced.....	69 (35%)	
	Less than 6 months.....	15 (8%)	
	6 months to less than 1 year	13 (7%)	
	1 year to less than 2 years	7 (4%)	
	2 years to less than 4 years	19 (10%)	
	4 years to less than 10 years.....	26 (13%)	
	10 years or more.....	19 (10%)	
	IPP (indeterminate sentence for public protection)	4 (2%)	
	Life.....	25 (13%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	Yes.....	37 (19%)	
	No.....	163 (82%)	
Q1.6	Do you understand spoken English?		
	Yes	191 (97%)	
	No.....	5 (3%)	
Q1.7	Do you understand written English?		
	Yes	187 (94%)	
	No.....	11 (6%)	
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	61 (31%)	Asian or Asian British - Chinese..... 1 (1%)
	White - Irish	5 (3%)	Asian or Asian British - other
	White - other.....	20 (10%)	Mixed race - white and black Caribbean 15 (8%)
	Black or black British - Caribbean.....	31 (16%)	Mixed race - white and black African... 1 (1%)
	Black or black British - African.....	34 (17%)	Mixed race - white and Asian..... 0 (0%)
	Black or black British - other	4 (2%)	Mixed race - other
	Asian or Asian British - Indian	4 (2%)	Arab
	Asian or Asian British - Pakistani.....	6 (3%)	Other ethnic group.....
	Asian or Asian British - Bangladeshi.....	5 (3%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		8 (4%)
	No.....		187 (96%)
Q1.10	What is your religion?		
	None.....	32 (16%)	Hindu..... 2 (1%)
	Church of England	45 (23%)	Jewish..... 1 (1%)
	Catholic	32 (16%)	Muslim..... 53 (27%)
	Protestant.....	3 (2%)	Sikh
	Other Christian denomination	18 (9%)	Other
	Buddhist.....	3 (2%)	6 (3%)
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		196 (99%)
	Homosexual/Gay.....		0 (0%)
	Bisexual.....		1 (1%)
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)		
	Yes		38 (19%)
	No.....		161 (81%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		8 (4%)
	No.....		189 (96%)
Q1.14	Is this your first time in prison?		
	Yes		82 (41%)
	No.....		118 (59%)
Q1.15	Do you have children under the age of 18?		
	Yes		102 (50%)
	No.....		100 (50%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		127 (64%)
	2 hours or longer		49 (25%)
	Don't remember		23 (12%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours		127 (64%)
	Yes		15 (8%)
	No.....		48 (24%)
	Don't remember		10 (5%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours		127 (63%)
	Yes		2 (1%)
	No.....		63 (31%)
	Don't remember		9 (4%)
Q2.4	On your most recent journey here, was the van clean?		
	Yes		103 (51%)
	No.....		78 (39%)
	Don't remember		20 (10%)

Q2.5	On your most recent journey here, did you feel safe?	
	Yes	140 (70%)
	No.....	49 (25%)
	Don't remember	10 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	35 (17%)
	Well.....	82 (41%)
	Neither	60 (30%)
	Badly.....	14 (7%)
	Very badly	5 (2%)
	Don't remember	6 (3%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	114 (56%)
	Yes, I received written information	9 (4%)
	No, I was not told anything	70 (35%)
	Don't remember	9 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	150 (75%)
	No.....	42 (21%)
	Don't remember	9 (4%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	82 (41%)
	2 hours or longer	98 (49%)
	Don't remember	19 (10%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	111 (56%)
	No	73 (37%)
	Don't remember	13 (7%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	19 (10%)
	Well.....	72 (36%)
	Neither	48 (24%)
	Badly.....	35 (18%)
	Very badly	22 (11%)
	Don't remember	4 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property	30 (15%)
	Housing problems.....	41 (21%)
	Contacting employers	13 (7%)
	Contacting family	70 (36%)
	Childcare	6 (3%)
	Money worries.....	35 (18%)
	Feeling depressed or suicidal	56 (28%)
	Physical health	34 (17%)
	Mental health.....	42 (21%)
	Needing protection from other prisoners	11 (6%)
	Getting phone numbers	70 (36%)
	Other.....	8 (4%)
	Did not have any problems	40 (20%)

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes	48 (25%)
	No.....	104 (54%)
	Did not have any problems	40 (21%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	Tobacco.....	146 (72%)
	A shower	18 (9%)
	A free telephone call.....	131 (65%)
	Something to eat.....	153 (76%)
	PIN phone credit.....	84 (42%)
	Toiletries/ basic items	132 (65%)
	Did not receive anything	5 (2%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	Chaplain	97 (49%)
	Someone from health services.....	143 (72%)
	A Listener/Samaritans	57 (29%)
	Prison shop/canteen.....	39 (20%)
	Did not have access to any of these.....	20 (10%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you	80 (42%)
	What support was available for people feeling depressed or suicidal.....	75 (39%)
	How to make routine requests (applications)	64 (33%)
	Your entitlement to visits.....	73 (38%)
	Health services	103 (54%)
	Chaplaincy	94 (49%)
	Not offered any information.....	41 (21%)
Q3.9	Did you feel safe on your first night here?	
	Yes	125 (63%)
	No.....	64 (32%)
	Don't remember	11 (6%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	40 (20%)
	Within the first week.....	110 (55%)
	More than a week.....	36 (18%)
	Don't remember	14 (7%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	40 (20%)
	Yes	80 (41%)
	No.....	62 (31%)
	Don't remember	15 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	48 (24%)
	Within the first week.....	61 (31%)
	More than a week.....	66 (34%)
	Don't remember	21 (11%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...						
		Very easy	Easy	Neither	Difficult	Very difficult	
						N/A	
	Communicate with your solicitor or legal representative?	16 (8%)	48 (25%)	26 (13%)	53 (27%)	33 (17%)	19 (10%)
	Attend legal visits?	17 (9%)	58 (32%)	27 (15%)	36 (20%)	16 (9%)	26 (14%)
	Get bail information?	6 (3%)	18 (10%)	29 (16%)	27 (15%)	43 (24%)	54 (31%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters.....						31 (16%)
	Yes.....						84 (43%)
	No.....						81 (41%)
Q4.3	Can you get legal books in the library?						
	Yes.....						68 (34%)
	No.....						30 (15%)
	Don't know.....						102 (51%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	Don't know			
	Do you normally have enough clean, suitable clothes for the week?	111 (56%)	81 (41%)	7 (4%)			
	Are you normally able to have a shower every day?	99 (49%)	100 (50%)	3 (1%)			
	Do you normally receive clean sheets every week?	110 (56%)	77 (39%)	11 (6%)			
	Do you normally get cell cleaning materials every week?	114 (57%)	78 (39%)	9 (4%)			
	Is your cell call bell normally answered within five minutes?	50 (25%)	119 (60%)	31 (16%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	117 (58%)	77 (38%)	7 (3%)			
	If you need to, can you normally get your stored property?	31 (16%)	117 (59%)	52 (26%)			
Q4.5	What is the food like here?						
	Very good.....						1 (1%)
	Good.....						34 (17%)
	Neither.....						50 (25%)
	Bad.....						63 (32%)
	Very bad.....						50 (25%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	Have not bought anything yet/ don't know.....						7 (4%)
	Yes.....						65 (33%)
	No.....						127 (64%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	Yes.....						90 (46%)
	No.....						27 (14%)
	Don't know.....						80 (41%)
Q4.8	Are your religious beliefs respected?						
	Yes.....						101 (51%)
	No.....						44 (22%)
	Don't know/ N/A.....						54 (27%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?						
	Yes.....						106 (53%)
	No.....						20 (10%)
	Don't know/ N/A.....						74 (37%)

Q4.10 How easy or difficult is it for you to attend religious services?

<i>I don't want to attend</i>	30 (15%)
<i>Very easy</i>	41 (21%)
<i>Easy</i>	57 (29%)
<i>Neither</i>	20 (10%)
<i>Difficult</i>	16 (8%)
<i>Very difficult</i>	11 (6%)
<i>Don't know</i>	24 (12%)

Section 5: Applications and complaints**Q5.1 Is it easy to make an application?**

<i>Yes</i>	141 (71%)
<i>No</i>	40 (20%)
<i>Don't know</i>	18 (9%)

Q5.2 Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option)

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are applications dealt with fairly?</i>	21 (11%)	65 (36%)	97 (53%)
<i>Are applications dealt with quickly (within seven days)?</i>	21 (12%)	35 (20%)	123 (69%)

Q5.3 Is it easy to make a complaint?

<i>Yes</i>	105 (54%)
<i>No</i>	48 (25%)
<i>Don't know</i>	41 (21%)

Q5.4 Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option)

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are complaints dealt with fairly?</i>	66 (35%)	28 (15%)	96 (51%)
<i>Are complaints dealt with quickly (within seven days)?</i>	66 (35%)	22 (12%)	101 (53%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

<i>Yes</i>	49 (26%)
<i>No</i>	142 (74%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	81 (42%)
<i>Very easy</i>	8 (4%)
<i>Easy</i>	22 (11%)
<i>Neither</i>	37 (19%)
<i>Difficult</i>	30 (15%)
<i>Very difficult</i>	16 (8%)

Section 6: Incentive and earned privileges scheme**Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)**

<i>Don't know what the IEP scheme is</i>	30 (15%)
<i>Yes</i>	72 (37%)
<i>No</i>	69 (35%)
<i>Don't know</i>	26 (13%)

Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	30 (15%)
	<i>Yes</i>	71 (37%)
	<i>No</i>	65 (34%)
	<i>Don't know</i>	28 (14%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	20 (10%)
	<i>No</i>	178 (90%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	161 (83%)
	<i>Very well</i>	2 (1%)
	<i>Well</i>	6 (3%)
	<i>Neither</i>	11 (6%)
	<i>Badly</i>	2 (1%)
	<i>Very badly</i>	11 (6%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	136 (69%)
	<i>No</i>	62 (31%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	134 (69%)
	<i>No</i>	61 (31%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	57 (29%)
	<i>No</i>	140 (71%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	16 (8%)
	<i>Never</i>	37 (19%)
	<i>Rarely</i>	51 (26%)
	<i>Some of the time</i>	58 (29%)
	<i>Most of the time</i>	24 (12%)
	<i>All of the time</i>	14 (7%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	128 (65%)
	<i>In the first week</i>	20 (10%)
	<i>More than a week</i>	23 (12%)
	<i>Don't remember</i>	27 (14%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	128 (67%)
	<i>Very helpful</i>	14 (7%)
	<i>Helpful</i>	24 (13%)
	<i>Neither</i>	14 (7%)
	<i>Not very helpful</i>	4 (2%)
	<i>Not at all helpful</i>	6 (3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	Yes	104 (53%)	
	No.....	94 (47%)	
Q8.2	Do you feel unsafe now?		
	Yes	46 (24%)	
	No.....	146 (76%)	
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	94 (50%)	At meal times
	Everywhere	35 (19%)	At health services
	Segregation unit	13 (7%)	Visits area.....
	Association areas	18 (10%)	In wing showers.....
	Reception area	20 (11%)	In gym showers.....
	At the gym	17 (9%)	In corridors/stairwells
	In an exercise yard	17 (9%)	On your landing/wing.....
	At work.....	12 (6%)	In your cell.....
	During movement.....	22 (12%)	At religious services
	At education	6 (3%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes	73 (37%)	
	No.....	126 (63%)	
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)		
	Insulting remarks (about you or your family or friends)	21 (11%)	
	Physical abuse (being hit, kicked or assaulted)	13 (7%)	
	Sexual abuse	0 (0%)	
	Feeling threatened or intimidated	30 (15%)	
	Having your canteen/property taken.....	17 (9%)	
	Medication.....	7 (4%)	
	Debt	5 (3%)	
	Drugs.....	5 (3%)	
	Your race or ethnic origin.....	14 (7%)	
	Your religion/religious beliefs	18 (9%)	
	Your nationality	12 (6%)	
	You are from a different part of the country than others.....	8 (4%)	
	You are from a traveller community	3 (2%)	
	Your sexual orientation	1 (1%)	
	Your age.....	7 (4%)	
	You have a disability.....	9 (5%)	
	You were new here.....	15 (8%)	
	Your offence/ crime	12 (6%)	
	Gang related issues.....	8 (4%)	
Q8.6	Have you been victimised by staff here?		
	Yes	87 (45%)	
	No.....	107 (55%)	

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	35 (18%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	16 (8%)
<i>Sexual abuse</i>	0 (0%)
<i>Feeling threatened or intimidated</i>	40 (21%)
<i>Medication</i>	8 (4%)
<i>Debt</i>	2 (1%)
<i>Drugs</i>	3 (2%)
<i>Your race or ethnic origin</i>	16 (8%)
<i>Your religion/religious beliefs</i>	22 (11%)
<i>Your nationality</i>	15 (8%)
<i>You are from a different part of the country than others</i>	7 (4%)
<i>You are from a traveller community</i>	4 (2%)
<i>Your sexual orientation</i>	1 (1%)
<i>Your age</i>	11 (6%)
<i>You have a disability</i>	12 (6%)
<i>You were new here</i>	17 (9%)
<i>Your offence/ crime</i>	17 (9%)
<i>Gang related issues</i>	5 (3%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

<i>Not been victimised</i>	86 (50%)
<i>Yes</i>	31 (18%)
<i>No</i>	55 (32%)

Section 9: Health services**Q9.1 How easy or difficult is it to see the following people?**

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	33 (17%)	8 (4%)	38 (19%)	32 (16%)	50 (26%)	35 (18%)
The nurse	26 (14%)	23 (12%)	67 (35%)	35 (18%)	27 (14%)	14 (7%)
The dentist	48 (25%)	1 (1%)	20 (11%)	16 (8%)	41 (22%)	64 (34%)

Q9.2 What do you think of the quality of the health service from the following people?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	38 (20%)	12 (6%)	46 (24%)	32 (17%)	32 (17%)	33 (17%)
The nurse	26 (14%)	17 (9%)	53 (28%)	31 (16%)	31 (16%)	33 (17%)
The dentist	66 (35%)	9 (5%)	27 (14%)	28 (15%)	19 (10%)	38 (20%)

Q9.3 What do you think of the overall quality of the health services here?

<i>Not been</i>	20 (11%)
<i>Very good</i>	8 (4%)
<i>Good</i>	46 (24%)
<i>Neither</i>	36 (19%)
<i>Bad</i>	45 (24%)
<i>Very bad</i>	35 (18%)

Q9.4 Are you currently taking medication?

<i>Yes</i>	81 (41%)
<i>No</i>	116 (59%)

Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?

<i>Not taking medication</i>	116 (60%)
<i>Yes, all my meds</i>	31 (16%)
<i>Yes, some of my meds</i>	19 (10%)
<i>No</i>	28 (14%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes	75 (39%)
	No.....	119 (61%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	<i>Do not have any emotional or mental health problems.....</i>	119 (62%)
	Yes	34 (18%)
	No.....	38 (20%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	33 (17%)
	No.....	163 (83%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	28 (14%)
	No.....	168 (86%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	14 (7%)
	Easy	15 (8%)
	Neither	14 (7%)
	Difficult.....	11 (6%)
	Very difficult.....	13 (7%)
	Don't know	128 (66%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	6 (3%)
	Easy	7 (4%)
	Neither	12 (6%)
	Difficult.....	10 (5%)
	Very difficult.....	24 (12%)
	Don't know	135 (70%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	5 (3%)
	No.....	189 (97%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	10 (5%)
	No.....	184 (95%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	153 (81%)
	Yes	20 (11%)
	No.....	16 (8%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem.....</i>	168 (88%)
	Yes	13 (7%)
	No.....	11 (6%)

Q10.9 Was the support or help you received, whilst in this prison, helpful?

<i>Did not have a problem/ did not receive help</i>	161 (86%)
Yes	20 (11%)
No.....	7 (4%)

Section 11: Activities**Q11.1 How easy or difficult is it to get into the following activities, in this prison?**

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	28 (15%)	26 (14%)	45 (24%)	25(13%)	41 (21%)	26 (14%)
Vocational or skills training	45 (25%)	8(4%)	45 (25%)	34(19%)	30 (17%)	17(9%)
Education (including basic skills)	31 (17%)	19 (10%)	74 (40%)	32(17%)	20 (11%)	9(5%)
Offending behaviour programmes	50 (28%)	7(4%)	41 (23%)	30(17%)	28 (16%)	24 (13%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

<i>Not involved in any of these</i>	49 (26%)
Prison job.....	94 (49%)
Vocational or skills training.....	10 (5%)
Education (including basic skills).....	65 (34%)
Offending behaviour programmes	31 (16%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	44 (25%)	45 (26%)	61 (35%)	23 (13%)
Vocational or skills training	56 (40%)	43 (30%)	20 (14%)	22 (16%)
Education (including basic skills)	37 (24%)	72 (47%)	26 (17%)	18 (12%)
Offending behaviour programmes	52 (34%)	52 (34%)	21 (14%)	28 (18%)

Q11.4 How often do you usually go to the library?

<i>Don't want to go</i>	21 (11%)
<i>Never</i>	98 (50%)
<i>Less than once a week</i>	37 (19%)
<i>About once a week</i>	33 (17%)
<i>More than once a week</i>	6 (3%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

<i>Don't use it</i>	68 (36%)
Yes	37 (20%)
No.....	84 (44%)

Q11.6 How many times do you usually go to the gym each week?

<i>Don't want to go</i>	39 (20%)
0	56 (29%)
1 to 2	75 (39%)
3 to 5	20 (10%)
More than 5	2 (1%)

Q11.7 How many times do you usually go outside for exercise each week?

<i>Don't want to go</i>	36 (19%)
0	16 (8%)
1 to 2	44 (23%)
3 to 5	72 (37%)
More than 5	25 (13%)

Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	11 (6%)
	<i>0</i>	6 (3%)
	<i>1 to 2</i>	51 (27%)
	<i>3 to 5</i>	80 (42%)
	<i>More than 5</i>	44 (23%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	46 (24%)
	<i>2 to less than 4 hours</i>	49 (25%)
	<i>4 to less than 6 hours</i>	39 (20%)
	<i>6 to less than 8 hours</i>	20 (10%)
	<i>8 to less than 10 hours</i>	12 (6%)
	<i>10 hours or more</i>	15 (8%)
	<i>Don't know</i>	12 (6%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	56 (30%)
	<i>No</i>	133 (70%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	112 (58%)
	<i>No</i>	80 (42%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	100 (52%)
	<i>No</i>	94 (48%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	30 (15%)
	<i>Very easy</i>	19 (10%)
	<i>Easy</i>	42 (22%)
	<i>Neither</i>	33 (17%)
	<i>Difficult</i>	33 (17%)
	<i>Very difficult</i>	28 (14%)
	<i>Don't know</i>	9 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	69 (36%)
	<i>Yes</i>	85 (44%)
	<i>No</i>	38 (20%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	107 (55%)
	<i>No contact</i>	35 (18%)
	<i>Letter</i>	21 (11%)
	<i>Phone</i>	9 (5%)
	<i>Visit</i>	39 (20%)

Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	71 (38%)
	No.....	115 (62%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	69 (36%)
	Yes	52 (27%)
	No.....	73 (38%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced.....	142 (73%)
	Very involved.....	14 (7%)
	Involved	21 (11%)
	Neither	5 (3%)
	Not very involved	6 (3%)
	Not at all involved.....	7 (4%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced.....	142 (73%)
	Nobody.....	31 (16%)
	Offender supervisor	14 (7%)
	Offender manager	14 (7%)
	Named/ personal officer	5 (3%)
	Staff from other departments	12 (6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced.....	142 (73%)
	Yes	39 (20%)
	No.....	9 (5%)
	Don't know	4 (2%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced.....	142 (73%)
	Yes	16 (8%)
	No.....	22 (11%)
	Don't know	14 (7%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced.....	142 (73%)
	Yes	18 (9%)
	No.....	18 (9%)
	Don't know	16 (8%)
Q13.10	Do you have a needs based custody plan?	
	Yes	18 (10%)
	No.....	63 (34%)
	Don't know	103 (56%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	23 (13%)
	No.....	157 (87%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:
(please tick all that apply to you.)**

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	47 (27%)	32 (18%)	96 (55%)
Accommodation	42 (24%)	29 (17%)	101 (59%)
Benefits	42 (24%)	31 (18%)	100 (58%)
Finances	42 (25%)	15 (9%)	108 (65%)
Education	42 (25%)	29 (17%)	97 (58%)
Drugs and alcohol	58 (35%)	39 (23%)	71 (42%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	69 (37%)
<i>Yes</i>	68 (37%)
<i>No</i>	48 (26%)

Main comparator and comparator to last time



Prisoner survey responses HMP Belmarsh 2015

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Belmarsh 2015	Local Prisons Comparator	HMP Belmarsh 2015	HMP Belmarsh 2013
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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		202	5930	202	188
SECTION 1: General information					
1.2	Are you under 21 years of age?	10%	5%	10%	1%
1.3	Are you sentenced?	65%	67%	65%	47%
1.3	Are you on recall?	7%	9%	7%	10%
1.4	Is your sentence less than 12 months?	14%	20%	14%	9%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	1%
1.5	Are you a foreign national?	19%	13%	19%	27%
1.6	Do you understand spoken English?	97%	97%	97%	97%
1.7	Do you understand written English?	95%	96%	95%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	57%	23%	57%	56%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%	4%	3%
1.1	Are you Muslim?	27%	11%	27%	25%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	2%
1.12	Do you consider yourself to have a disability?	19%	23%	19%	23%
1.13	Are you a veteran (ex-armed services)?	4%	5%	4%	1%
1.14	Is this your first time in prison?	41%	32%	41%	41%
1.15	Do you have any children under the age of 18?	51%	53%	51%	55%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	25%	21%	25%	23%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	21%	37%	21%	36%
2.3	Were you offered a toilet break?	3%	9%	3%	6%
2.4	Was the van clean?	51%	58%	51%	49%
2.5	Did you feel safe?	70%	75%	70%	64%
2.6	Were you treated well/very well by the escort staff?	58%	67%	58%	48%
2.7	Before you arrived here were you told that you were coming here?	57%	65%	57%	57%
2.7	Before you arrived here did you receive any written information about coming here?	5%	3%	5%	1%
2.8	When you first arrived here did your property arrive at the same time as you?	75%	80%	75%	74%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	41%	42%	41%	46%
3.2	When you were searched in reception, was this carried out in a respectful way?	56%	78%	56%	53%
3.3	Were you treated well/very well in reception?	46%	63%	46%	36%
	When you first arrived:				
3.4	Did you have any problems?	80%	75%	80%	87%
3.4	Did you have any problems with loss of property?	15%	14%	15%	21%
3.4	Did you have any housing problems?	21%	20%	21%	31%
3.4	Did you have any problems contacting employers?	7%	5%	7%	5%
3.4	Did you have any problems contacting family?	36%	32%	36%	44%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	6%
3.4	Did you have any money worries?	18%	23%	18%	26%
3.4	Did you have any problems with feeling depressed or suicidal?	29%	22%	29%	28%
3.4	Did you have any physical health problems?	17%	18%	17%	21%
3.4	Did you have any mental health problems?	21%	22%	21%	24%
3.4	Did you have any problems with needing protection from other prisoners?	6%	7%	6%	9%
3.4	Did you have problems accessing phone numbers?	36%	31%	36%	42%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	32%	33%	32%	26%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	72%	80%	72%	67%
3.6	A shower?	9%	32%	9%	9%
3.6	A free telephone call?	65%	57%	65%	61%
3.6	Something to eat?	76%	72%	76%	73%
3.6	PIN phone credit?	42%	55%	42%	31%
3.6	Toiletries/ basic items?	65%	59%	65%	64%
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	49%	45%	49%	36%
3.7	Someone from health services?	72%	68%	72%	67%
3.7	A Listener/Samaritans?	29%	33%	29%	29%
3.7	Prison shop/ canteen?	20%	22%	20%	12%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	42%	43%	42%	37%

Main comparator and comparator to last time

Key to tables

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3.8	Support was available for people feeling depressed or suicidal?	39%	39%	39%	35%
3.8	How to make routine requests?	33%	36%	33%	40%
3.8	Your entitlement to visits?	38%	37%	38%	37%
3.8	Health services?	54%	45%	54%	48%
3.8	The chaplaincy?	49%	40%	49%	44%
3.9	Did you feel safe on your first night here?	63%	73%	63%	56%
3.10	Have you been on an induction course?	80%	75%	80%	87%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	51%	52%	51%	45%
3.12	Did you receive an education (skills for life) assessment?	76%	72%	76%	74%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	33%	38%	33%	28%
4.1	Attend legal visits?	42%	54%	42%	46%
4.1	Get bail information?	14%	19%	14%	11%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	41%	43%	41%
4.3	Can you get legal books in the library?	34%	37%	34%	34%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	56%	51%	56%	52%
4.4	Are you normally able to have a shower every day?	49%	75%	49%	59%
4.4	Do you normally receive clean sheets every week?	56%	73%	56%	76%
4.4	Do you normally get cell cleaning materials every week?	57%	54%	57%	63%
4.4	Is your cell call bell normally answered within five minutes?	25%	29%	25%	25%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	60%	58%	61%
4.4	Can you normally get your stored property, if you need to?	16%	21%	16%	13%
4.5	Is the food in this prison good/very good?	18%	21%	18%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	33%	48%	33%	33%
4.7	Are you able to speak to a Listener at any time, if you want to?	46%	53%	46%	46%
4.8	Are your religious beliefs are respected?	51%	49%	51%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	50%	53%	45%
4.10	Is it easy/very easy to attend religious services?	49%	43%	49%	51%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	71%	74%	71%	66%

Main comparator and comparator to last time

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For those who have made an application:					
5.2	Do you feel applications are dealt with fairly?	40%	52%	40%	45%
5.2	Do you feel applications are dealt with quickly (within seven days)?	22%	37%	22%	34%
5.3	Is it easy to make a complaint?	54%	50%	54%	42%
For those who have made a complaint:					
5.4	Do you feel complaints are dealt with fairly?	23%	31%	23%	23%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	18%	28%	18%	24%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	20%	26%	26%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	16%	19%	16%	18%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	41%	37%	31%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	42%	37%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	9%	10%	9%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	25%	36%	25%	25%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	69%	74%	69%	60%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	70%	69%	63%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	27%	29%	23%
7.4	Do staff normally speak to you most of the time/all of the time during association?	19%	17%	19%	14%
7.5	Do you have a personal officer?	35%	39%	35%	31%
For those with a personal officer:					
7.6	Do you think your personal officer is helpful/very helpful?	61%	66%	61%	52%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	53%	42%	53%	57%
8.2	Do you feel unsafe now?	24%	18%	24%	32%
8.4	Have you been victimised by other prisoners here?	37%	29%	37%	32%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	11%	12%	11%	15%
8.5	Hit, kicked or assaulted you?	7%	8%	7%	8%
8.5	Sexually abused you?	0%	2%	0%	3%
8.5	Threatened or intimidated you?	15%	15%	15%	20%
8.5	Taken your canteen/property?	9%	7%	9%	8%
8.5	Victimised you because of medication?	4%	5%	4%	6%

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8.5	Victimised you because of debt?	3%	4%	3%	4%
8.5	Victimised you because of drugs?	3%	4%	3%	4%
8.5	Victimised you because of your race or ethnic origin?	7%	3%	7%	9%
8.5	Victimised you because of your religion/religious beliefs?	9%	3%	9%	9%
8.5	Victimised you because of your nationality?	6%	3%	6%	8%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	4%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	3%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	2%
8.5	Victimised you because of your age?	4%	2%	4%	7%
8.5	Victimised you because you have a disability?	5%	3%	5%	4%
8.5	Victimised you because you were new here?	8%	6%	8%	11%
8.5	Victimised you because of your offence/crime?	6%	6%	6%	8%
8.5	Victimised you because of gang related issues?	4%	5%	4%	4%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	45%	30%	45%	43%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	19%	11%	19%	16%
8.7	Hit, kicked or assaulted you?	9%	5%	9%	6%
8.7	Sexually abused you?	0%	1%	0%	2%
8.7	Threatened or intimidated you?	21%	12%	21%	20%
8.7	Victimised you because of medication?	4%	5%	4%	8%
8.7	Victimised you because of debt?	1%	2%	1%	2%
8.7	Victimised you because of drugs?	2%	3%	2%	3%
8.7	Victimised you because of your race or ethnic origin?	9%	4%	9%	12%
8.7	Victimised you because of your religion/religious beliefs?	12%	3%	12%	12%
8.7	Victimised you because of your nationality?	8%	3%	8%	6%
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	2%
8.7	Victimised you because you are from a Traveller community?	2%	1%	2%	2%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	2%
8.7	Victimised you because of your age?	6%	2%	6%	7%
8.7	Victimised you because you have a disability?	6%	3%	6%	6%
8.7	Victimised you because you were new here?	9%	5%	9%	13%

Main comparator and comparator to last time

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8.7	Victimised you because of your offence/crime?	9%	4%	9%	8%
8.7	Victimised you because of gang related issues?	3%	3%	3%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	36%	32%	36%	29%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	24%	22%	24%	16%
9.1	Is it easy/very easy to see the nurse?	47%	45%	47%	37%
9.1	Is it easy/very easy to see the dentist?	11%	9%	11%	8%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	37%	39%	37%	30%
9.2	The nurse?	42%	53%	42%	34%
9.2	The dentist?	30%	30%	30%	27%
9.3	The overall quality of health services?	32%	36%	32%	25%
9.4	Are you currently taking medication?	41%	51%	41%	39%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	64%	61%	64%	74%
9.6	Do you have any emotional well being or mental health problems?	39%	38%	39%	42%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	47%	44%	47%	44%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	17%	33%	17%	21%
10.2	Did you have a problem with alcohol when you came into this prison?	14%	22%	14%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	15%	34%	15%	15%
10.4	Is it easy/very easy to get alcohol in this prison?	7%	14%	7%	4%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	8%	3%	2%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	8%	5%	3%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	56%	60%	56%	71%
10.8	Have you received any support or help with your alcohol problem while in this prison?	54%	57%	54%	69%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	74%	75%	74%	79%

Main comparator and comparator to last time

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SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	37%	31%	37%	20%
11.1 Vocational or skills training?	30%	30%	30%	19%
11.1 Education (including basic skills)?	50%	45%	50%	28%
11.1 Offending behaviour programmes?	27%	18%	27%	13%
Are you currently involved in any of the following activities:				
11.2 A prison job?	49%	43%	49%	41%
11.2 Vocational or skills training?	5%	9%	5%	5%
11.2 Education (including basic skills)?	34%	24%	34%	23%
11.2 Offending behaviour programmes?	16%	7%	16%	5%
11.3 Have you had a job while in this prison?	75%	68%	75%	61%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	35%	39%	35%	23%
11.3 Have you been involved in vocational or skills training while in this prison?	60%	55%	60%	46%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	51%	45%	51%	38%
11.3 Have you been involved in education while in this prison?	76%	66%	76%	62%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	62%	50%	62%	45%
11.3 Have you been involved in offending behaviour programmes while in this prison?	66%	52%	66%	47%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	52%	42%	52%	32%
11.4 Do you go to the library at least once a week?	20%	29%	20%	24%
11.5 Does the library have a wide enough range of materials to meet your needs?	20%	33%	20%	36%
11.6 Do you go to the gym three or more times a week?	12%	26%	12%	2%
11.7 Do you go outside for exercise three or more times a week?	50%	39%	50%	55%
11.8 Do you go on association more than five times each week?	23%	43%	23%	39%
11.9 Do you spend ten or more hours out of your cell on a weekday?	8%	9%	8%	4%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	30%	32%	30%	23%
12.2 Have you had any problems with sending or receiving mail?	58%	49%	58%	65%
12.3 Have you had any problems getting access to the telephones?	52%	34%	52%	55%
12.4 Is it easy/ very easy for your friends and family to get here?	31%	37%	31%	29%

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	69%	61%	69%	68%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	40%	41%	40%	36%
13.2	Contact by letter?	24%	30%	24%	16%
13.2	Contact by phone?	10%	13%	10%	11%
13.2	Contact by visit?	45%	37%	45%	50%
13.3	Do you have a named offender supervisor in this prison?	38%	30%	38%	32%
For those who are sentenced:					
13.4	Do you have a sentence plan?	42%	35%	42%	28%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	66%	57%	66%	58%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	60%	44%	60%	40%
13.6	Offender supervisor?	27%	32%	27%	32%
13.6	Offender manager?	27%	27%	27%	24%
13.6	Named/ personal officer?	10%	11%	10%	16%
13.6	Staff from other departments?	23%	18%	23%	16%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	75%	53%	75%	40%
13.8	Are there plans for you to achieve any of your targets in another prison?	31%	26%	31%	44%
13.9	Are there plans for you to achieve any of your targets in the community?	35%	32%	35%	36%
13.10	Do you have a needs based custody plan?	10%	7%	10%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	11%	13%	6%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	25%	29%	25%	18%
13.12	Accommodation?	22%	36%	22%	21%
13.12	Benefits?	24%	39%	24%	23%
13.12	Finances?	12%	24%	12%	14%
13.12	Education?	23%	30%	23%	16%
13.12	Drugs and alcohol?	36%	44%	36%	30%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	59%	47%	59%	50%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Belmarsh 2015

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		114	86	37	163	53	144
1.3	Are you sentenced?	54%	80%	64%	66%	49%	71%
1.5	Are you a foreign national?	21%	16%			17%	19%
1.6	Do you understand spoken English?	97%	98%	94%	98%	96%	98%
1.7	Do you understand written English?	95%	94%	89%	96%	92%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			62%	55%	87%	46%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	8%	6%	4%	0%	5%
1.1	Are you Muslim?	41%	8%	25%	27%		
1.12	Do you consider yourself to have a disability?	11%	29%	16%	20%	10%	22%
1.13	Are you a veteran (ex-armed services)?	3%	6%	9%	3%	4%	4%
1.14	Is this your first time in prison?	42%	40%	73%	34%	34%	44%
2.6	Were you treated well/very well by the escort staff?	56%	61%	62%	57%	51%	60%
2.7	Before you arrived here were you told that you were coming here?	55%	58%	57%	57%	55%	57%
3.2	When you were searched in reception, was this carried out in a respectful way?	50%	66%	48%	58%	51%	58%
3.3	Were you treated well/very well in reception?	38%	56%	48%	44%	42%	47%
3.4	Did you have any problems when you first arrived?	83%	75%	79%	80%	88%	76%
3.7	Did you have access to someone from health care when you first arrived here?	73%	70%	81%	71%	73%	71%
3.9	Did you feel safe on your first night here?	59%	68%	59%	63%	63%	64%
3.10	Have you been on an induction course?	87%	72%	83%	79%	85%	78%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	36%	29%	34%	32%	33%	32%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.4	Are you normally offered enough clean, suitable clothes for the week?	49%	65%	60%	54%	44%	60%
4.4	Are you normally able to have a shower every day?	51%	47%	41%	51%	47%	51%
4.4	Is your cell call bell normally answered within five minutes?	23%	28%	38%	22%	15%	28%
4.5	Is the food in this prison good/very good?	14%	22%	25%	16%	13%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	38%	45%	30%	38%	32%
4.7	Are you able to speak to a Listener at any time, if you want to?	42%	49%	46%	46%	38%	49%
4.8	Do you feel your religious beliefs are respected?	53%	48%	67%	47%	54%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	44%	57%	52%	62%	50%
5.1	Is it easy to make an application?	67%	77%	76%	70%	68%	72%
5.3	Is it easy to make a complaint?	51%	59%	43%	56%	57%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	32%	43%	39%	37%	32%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	39%	41%	35%	32%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	3%	11%	10%	12%	9%
7.1	Do most staff, in this prison, treat you with respect?	61%	79%	68%	69%	59%	71%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	77%	68%	69%	65%	69%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	13%	27%	21%	19%	15%	20%
7.4	Do you have a personal officer?	32%	40%	41%	34%	35%	36%
8.1	Have you ever felt unsafe here?	52%	53%	48%	54%	66%	48%
8.2	Do you feel unsafe now?	27%	19%	19%	25%	33%	20%
8.3	Have you been victimised by other prisoners?	34%	41%	41%	36%	38%	36%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	11%	21%	11%	16%	13%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	9%	14%	6%	6%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	11%	11%	9%	12%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	9%	14%	4%	4%	7%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	6%	6%	4%	0%	5%
8.6	Have you been victimised by a member of staff?	52%	36%	35%	48%	54%	41%
8.7	Have you ever felt threatened or intimidated by staff here?	24%	17%	16%	23%	32%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	6%	6%	9%	16%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	13%	10%	8%	13%	20%	8%
8.7	Have you been victimised because of your nationality? (By staff)	8%	7%	14%	7%	8%	8%
8.7	Have you been victimised because you have a disability? (By staff)	6%	6%	6%	7%	8%	5%
9.1	Is it easy/very easy to see the doctor?	23%	24%	21%	24%	19%	24%
9.1	Is it easy/ very easy to see the nurse?	45%	49%	39%	49%	46%	47%
9.4	Are you currently taking medication?	34%	50%	38%	42%	37%	41%
9.6	Do you feel you have any emotional well being/mental health issues?	31%	48%	36%	40%	30%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	9%	23%	3%	18%	10%	17%
11.2	Are you currently working in the prison?	41%	60%	50%	49%	42%	51%
11.2	Are you currently undertaking vocational or skills training?	6%	4%	3%	6%	4%	5%
11.2	Are you currently in education (including basic skills)?	41%	24%	45%	32%	34%	33%
11.2	Are you currently taking part in an offending behaviour programme?	10%	23%	14%	17%	12%	18%
11.4	Do you go to the library at least once a week?	26%	12%	30%	17%	18%	19%
11.6	Do you go to the gym three or more times a week?	9%	15%	11%	12%	10%	13%
11.7	Do you go outside for exercise three or more times a week?	61%	36%	39%	52%	75%	41%
11.8	On average, do you go on association more than five times each week?	19%	28%	19%	24%	28%	22%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7%	8%	8%	7%	4%	9%
12.2	Have you had any problems sending or receiving mail?	50%	70%	49%	61%	56%	59%
12.3	Have you had any problems getting access to the telephones?	53%	51%	43%	53%	48%	53%

Diversity Analysis



Key question responses (disability and age over 50) HMP Belmarsh 2015

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

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		38	161	20	180
1.3	Are you sentenced?	66%	67%	70%	65%
1.5	Are you a foreign national?	16%	20%	11%	20%
1.6	Do you understand spoken English?	100%	97%	95%	98%
1.7	Do you understand written English?	95%	94%	95%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	33%	62%	27%	60%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	4%	0%	5%
1.1	Are you Muslim?	14%	29%	16%	28%
1.12	Do you consider yourself to have a disability?			25%	18%
1.13	Are you a veteran (ex-armed services)?	8%	3%	11%	4%
1.14	Is this your first time in prison?	37%	42%	42%	41%
2.6	Were you treated well/very well by the escort staff?	58%	58%	80%	56%
2.7	Before you arrived here were you told that you were coming here?	47%	59%	65%	56%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	53%	83%	54%
3.3	Were you treated well/very well in reception?	53%	45%	73%	43%
3.4	Did you have any problems when you first arrived?	92%	76%	78%	80%
3.7	Did you have access to someone from health care when you first arrived here?	76%	71%	75%	72%
3.9	Did you feel safe on your first night here?	53%	65%	68%	61%
3.10	Have you been on an induction course?	68%	83%	84%	80%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	24%	35%	16%	35%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	57%	56%	80%	53%
4.4	Are you normally able to have a shower every day?	53%	48%	40%	50%
4.4	Is your cell call bell normally answered within five minutes?	18%	26%	30%	25%
4.5	Is the food in this prison good/very good?	8%	20%	48%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	30%	33%	55%	30%
4.7	Are you able to speak to a Listener at any time, if you want to?	46%	47%	65%	43%
4.8	Do you feel your religious beliefs are respected?	48%	51%	70%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	54%	50%	53%
5.1	Is it easy to make an application?	67%	73%	70%	71%
5.3	Is it easy to make a complaint?	43%	57%	58%	53%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	38%	50%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	29%	39%	30%	37%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	11%	0%	11%
7.1	Do most staff, in this prison, treat you with respect?	73%	67%	85%	66%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	67%	83%	67%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	20%	25%	19%
7.4	Do you have a personal officer?	25%	38%	45%	35%
8.1	Have you ever felt unsafe here?	79%	46%	35%	55%
8.2	Do you feel unsafe now?	49%	18%	5%	26%
8.3	Have you been victimised by other prisoners?	48%	33%	25%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	25%	12%	5%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	6%	0%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	16%	8%	0%	10%
8.5	Have you been victimised because of your nationality? (By prisoners)	11%	5%	0%	7%
8.5	Have you been victimised because of your age? (By prisoners)	8%	3%	5%	3%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	16%	2%	11%	3%
8.6	Have you been victimised by a member of staff?	60%	41%	15%	48%
8.7	Have you ever felt threatened or intimidated by staff here?	30%	19%	5%	23%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	9%	0%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	18%	11%	0%	13%
8.7	Have you been victimised because of your nationality? (By staff)	12%	7%	0%	9%
8.7	Have you been victimised because of your age? (By staff)	9%	5%	0%	6%
8.7	Have you been victimised because you have a disability? (By staff)	28%	2%	5%	6%
9.1	Is it easy/very easy to see the doctor?	21%	24%	48%	21%
9.1	Is it easy/ very easy to see the nurse?	45%	47%	65%	45%
9.4	Are you currently taking medication?	79%	32%	80%	37%
9.6	Do you feel you have any emotional well being/mental health issues?	83%	27%	32%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	19%	14%	11%	16%
11.2	Are you currently working in the prison?	53%	48%	48%	49%
11.2	Are you currently undertaking vocational or skills training?	3%	6%	5%	5%
11.2	Are you currently in education (including basic skills)?	15%	37%	42%	34%
11.2	Are you currently taking part in an offending behaviour programme?	15%	17%	16%	16%
11.4	Do you go to the library at least once a week?	11%	22%	27%	20%
11.6	Do you go to the gym three or more times a week?	9%	12%	5%	12%
11.7	Do you go outside for exercise three or more times a week?	46%	51%	52%	50%
11.8	On average, do you go on association more than five times each week?	26%	22%	11%	25%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	8%	16%	6%
12.2	Have you had any problems sending or receiving mail?	80%	53%	36%	60%
12.3	Have you had any problems getting access to the telephones?	54%	51%	28%	54%