

Report on an announced thematic inspection of the

Close Supervision Centre System

by HM Chief Inspector of Prisons

9–20 March 2015

Glossary of terms

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Introduction

The Close Supervision Centre (CSC) system holds about 60 of the most dangerous men in the prison system. Many of these are men who have been imprisoned for very serious offences which have done great harm, have usually committed subsequent very serious further offences in prison and whose dangerous and disruptive behaviour is too difficult to manage in ordinary prison location. They are held in small units or individual designated cells throughout the high security prison estate. These men are likely to be held for many years in the most restrictive conditions in the prison system with limited stimuli and human contact. The system is run by a central team as part of the prison service high security directorate although day to day management is the responsibility of the individual prisons in which the units or cells are located. A further 14 men who do not quite meet the threshold for the CSC system are held under the 'Managing Challenging Behaviour Strategy' (MCBS) in similar but slightly less restrictive conditions. This is extreme custody and its management raises complex operational challenges and profound ethical issues.

With the exception of HM Inspectorate of Prisons' thematic reports published in 1999 and 2006, our reviews of the CSC system have been limited to looking at individual units during inspections of the host prison. This provided us with very little opportunity to report on system-wide issues, such as governance, decision-making and progression. We therefore decided to develop a methodology for inspecting CSC units as a discrete system using a set of bespoke expectations or inspection criteria. We also decided to look at the small number of prisoners managed by the CSC central team under the managing challenging behaviour strategy. A draft set of expectations was developed, aiming to capture the key outcomes for prisoners held in the CSC system; they were used for the first time during this inspection. We plan to develop these further in light of this inspection and to publish them before we revisit CSCs in the future. In the meantime, the results of this inspection provide an important benchmark for calibrating the results of future inspections. We were assisted in this inspection by an expert advisory group and we are grateful to the prisoners and staff we interviewed and surveyed to help us understand how the system worked.

We found that clear progress had been made in clarifying the aims and processes of the CSC system. The aim of the system was to remove the most dangerous prisoners from ordinary location, manage them in small highly supervised units and use individual or group work to reduce their risks so they could return to normal or other suitable location. We found that decisions to select prisoners for the CSC system were based on a clear set of published criteria and a robust risk assessment. After selection a series of reviews was conducted to chart progress and review allocation decisions. However, there was no independent scrutiny or external involvement in decision-making to promote objectivity and ensure fairness. This was particularly important given the highly restrictive nature of the units, restrictions on access to legal aid and the difficulties prisoners had in being deselected.

Leadership of the system as a whole was clear, principled and courageous. However, while the central management team could directly influence decision-making and system-wide issues, it had limited control over the day-to-day management, staffing and delivery at unit level, which were ultimately the responsibility of the host prison governor. We found the delivery of some important processes varied and a minority of managers and staff did not understand the ethos of the system or embrace their role within it. This needed to be addressed to ensure that the management structure fully supported the system's aims. Use of data to monitor trends and drive quality improvement needed to be improved. Key data was often not disaggregated from the host prison data so important information specific to the CSC system could not be identified.

We were concerned about the almost unregulated use of designated cells in segregation units. This often led to prisoners being held in segregation units for many months or even years, with poor regimes and little emphasis on progression, which was contrary to the prison rule 46 under which they were held. The centrally managed MCBS units also needed improved governance. It was unclear

how they sat within the system as a whole and management arrangements and progression opportunities also lacked clarity.

The work placed huge demands on managers and staff and it was reassuring that some good support was provided, although individual personal development sessions needed to be offered more reliably. Staff in the units received good basic training, but many told us additional specialist training was required to help them understand and manage some prisoners' behaviour.

Nearly all prisoners had a care and management plan. While the quality of plans varied, staff understood the men in their care well, enabling them to manage problematic behaviour effectively and promote change. Chaplains played an important role. Despite the significant risks the men posed, the majority of prisoners and staff felt safe. It was commendable that most security restrictions and behavioural management work appeared measured and proportionate. Nevertheless, some incidents were very serious, and the ongoing risks to staff and prisoners were high. Serious and credible threats had been made against staff and prisoner on prisoner violence had caused life changing injury. Care for those at risk of self-harm, a high proportion of the men held, was good and levels of self-harm were low. The management of use of force and other control methods was proportionate.

Daily living conditions in the small units were cramped, particularly in Full Sutton, Manchester and Wakefield. One prisoner described the experience as being 'like a submarine' – which captured both the claustrophobic nature of the environment and the isolation in which prisoners lived. Prisoners had a very restricted view or outlook and some units had little natural light. While some units had made efforts to add interest to communal areas, others lacked character or colour. Exercise yards were austere cages. The units were generally clean and men received the everyday basics. Men were able to personalise their cells. Given the restricted nature of the regimes offered and most men's inability to move out of the units, more needed to be done to offset the real potential for psychological deterioration by the more imaginative provision of both in and out of cell activities. Staff-prisoner relationships were reassuringly good. Regular staff knew the men very well and worked with them constructively, but the frequent deployment of staff from other areas of the host prison into CSC units was destabilising because these staff did not know the men as well. Health care arrangements were equitable and largely met the needs of the men held; psychological and psychiatric services were strong, although there were some issues relating to information-sharing.

While men with protected characteristics received good individual support, we were concerned to see a very high proportion of black and minority ethnic prisoners and Muslim men held in the system. We were encouraged that the central management team had assessed key processes to identify inbuilt bias and commissioned research to look at the underlying reasons for the imbalances. Once the results of this review are known we would expect immediate action to address any issues leading to an adverse impact on any of the groups held.

We were most concerned about progression and reintegration, which was critical to ensuring the system was not used just as a long-term containment option for very problematic and dangerous men. While we saw some very good psychologically informed group and individual work taking place in all the units we visited, which included work to address radicalisation, the range offered was somewhat limited. With some justification men complained about long periods of inactivity and a lack of progress through the system. Time out of cell was too variable, and in some cases amounted to prolonged solitary confinement. Regimes at nearly all units were underdeveloped and subject to regular curtailment; they also failed to offer further education opportunities. In addition, support to help prisoners maintain contact with family and friends was poor, which meant men were deprived of hope and motivation. We felt that these deficits needed prompt attention.

We do not underestimate the risk the men held in the CSC system pose or the complexity of working with them. The overall humanity and care provided to men whom it would have been easy to consign to the margins of the prison system was impressive. The system had a clear set of aims, was basically well run and founded on sound security and psychological principles and sought to contain men safely and decently. There were, however, a number of important issues that needed to

be addressed. Management arrangements needed attention to ensure delivery was consistent and independent scrutiny and external involvement in decision-making were required to provide transparency and rigor and to ensure fairness. The use of designed cells needed far greater scrutiny and control and there needed to be more clarity and regulation concerning the centrally managed MCBS prisoners. Aspects of the environment needed to be improved and, critically, regimes needed to be delivered more reliably. Men also required greater opportunities to occupy their time purposefully, demonstrate changes in their behaviour and interact with families and friends. In addition, the reasons why a disproportionate number of black and minority ethnic and Muslim men were held in the system needed to be better understood, and action taken to address any identified issues of unfairness. Nevertheless, the CSC system provided a means of managing the most challenging men in the prison system in a way that minimised the risks to others and offered men the basic conditions to lead a decent and safe life. We support the continued commitment to resource and support it and commend many of the people who worked positively within the system, despite some of the obvious risks and challenges.

Nick Hardwick
HM Chief Inspector of Prisons

August 2015

Fact page

The CSC and MCBS (centrally managed) units and designated cells

Task of the CSC system

The overall aim of the CSC system is to remove the most significantly disruptive, challenging and dangerous prisoners from ordinary location, and to manage them within small and highly supervised units. This enables an assessment of individual risks to be carried out, followed by individual and/or group work, to try to reduce the risk of harm to others, thus enabling a return to normal or a more appropriate location as risk reduces. CSC prisoners may also be held in designated cells in segregation units in high security prisons for a range of operational and management reasons. Wherever they are held, these men are held subject to Prison Rule 46.

Prison rule 46 authorises prisoners to be held in a CSC:

- Where it appears desirable, for the maintenance of good order or discipline or to ensure the safety of officers, prisoners or any other person, that a prisoner should not associate with other prisoners, either generally or for particular purposes, the Secretary of State may direct the prisoner's removal from association accordingly and his placement in a close supervision centre of a prison. (Paragraph 1.)
- A direction given under paragraph 1 shall be for a period not exceeding one month, but may be renewed from time to time for a like period, and shall continue to apply notwithstanding any transfer of a prisoner from one prison to another.
- The Secretary of State may direct that such a prisoner as aforesaid shall resume association with other prisoners, either within a close supervision centre or elsewhere.
- In exercising any discretion under this rule, the Secretary of State shall take account of any relevant medical considerations that are known to him.
- A close supervision centre is any cell or other part of a prison designated by the Secretary of State for holding prisoners who are subject to a direction under paragraph 1.

Task of the MCBS centrally managed system

The aim of the MCBS centrally managed units was to hold men who did not meet the threshold for the CSC system but who nevertheless required central management. The aim was to provide structured interventions in small units so they could be moved back to a more mainstream prison environment. The men were managed by the CSC system central management team but men were not subject to prison rule 46.

Units' status

Public

Department

High security estate

Accommodation

CSC prisoners were held in a variety of discrete units under R46 or in cells in ordinary segregation units in cells which had been 'designated' as Rule 46 cells. MCBS prisoners were not held in R46 accommodation.

CSC unit locations, role and capacity

Location of unit	Core role of unit	Maximum capacity of unit	Normal operating level of unit	Number of prisoners held at the start of the inspection
Wakefield	Assessment unit	4	4	3
Wakefield	Exceptional risk management unit	8	8	7
Woodhill – A wing	Assessment and management unit	10	8	7
Woodhill – B wing	Management unit	8	8	6 (including 1 prisoner held on D wing due to health issues)
Manchester	Special interventions unit	6	4	3
Full Sutton	Management and progression unit	10	10	8
Whitemoor	Progression and interventions unit	10	10	7
Total places		54	52	41

Designated cell locations and capacity

Location of designated cells	Maximum capacity	Number of prisoners held at the start of the inspection
Wakefield	0/2 ¹	0
Whitemoor	2	2
Full Sutton	2	1
Manchester	2	1
Long Lartin	2	2
Frankland	2	0
Belmarsh	2	1
Total	12	7

MCBS units and MCBS prisoners located in segregation units

Location of unit/segregation unit	Maximum capacity	Number of prisoners held at the start of the inspection
Woodhill central MCBS unit (C wing)	8	8
Manchester SIU (joint CSC/MCBS unit)	2	2
Manchester segregation unit	n/a	1

¹ Two cells at Wakefield can be used as designated cells, but the total capacity of the unit is limited to 12 prisoners, so if the designated cells are in use, the maximum roll of the ERMU is reduced.

Frankland segregation unit	n/a	1
Whitemoor segregation unit	n/a	1
Belmarsh segregation unit	n/a	1
Total	10	14

Name of senior responsible governor

Richard Vince

Name of central team governor

Claire Hodson

Escort contractor

High security estate

Health care and substance misuse service providers

Service providers at the host prison

The CSC and MCBS systems

Background

The control review committee (CRC) report (1985) marked the first attempt by the England and Wales Prison Service to develop a more strategic and systematic way of managing prisoners with very serious behaviour problems. They were accommodated in small secure self-contained units operating relatively unstructured regimes. However, some prisoners found it difficult to cope and ended up in long-term segregation or were managed through the continuous assessment scheme, which meant they were transferred from segregation unit to segregation unit in different high security prisons. When the CRC system was wound up in 1995, 20 men were in specialist units and 20 were in segregation units or on continuous assessment.

The CSC system was established in April 1998 following the Woodcock and Learmont reports (1994), which recommended more managed regimes for high security prisons. The subsequent Spurr report (1996) recommended a more structured approach, involving a staged 'progression' system, which rewarded cooperative behaviour. In February 1998, units at Woodhill, Durham and Hull prisons were opened. At the same time, designated cells were identified in the segregation units of several high security prisons where CSC prisoners could be held for a temporary period for a range of operational and management reasons.

In 1999, HMIP published its first thematic review *Inspection of close supervision centres*. The system as it then stood had a capacity of 48 prisoners and held 41. We were broadly supportive of the approach adopted but made a number of recommendations, including that prisoners in designated cells should be covered under prison rule 46; that the monitoring group should have greater independence and that ministerial endorsement should be required for long-term segregation. We also recommended better training and support for staff working in the units, and more specialist mental health and psychological input in the units. Some, but not all, of these recommendations were implemented.

We looked again at CSCs in our *Extreme custody* thematic report in June 2006, in which we discussed the balance between isolation and engagement in the regimes of the various units as they had evolved. As of August 2005 the number of men in the system was 30 and units were now based at Woodhill, Wakefield, Whitemoor and Long Lartin prisons. In general we supported the approach adopted: we agreed with the closure of punishment units, the introduction of mental health support, particularly at Woodhill, and opportunities for progressive moves within and out of the system. However, we were critical of poor management information systems, which impeded the development of a clear understanding of how the system was operating, the limited nature of the regimes offered, and the use of designated cells for indefinite periods. We repeated our call for better external oversight of the system.

In October 2013 a revised CSC operating manual was published; it described the process of selecting, managing and deselecting prisoners, and how prisoner progression could be facilitated. The manual, reissued in February 2015, described the aim of the CSC system: 'The overall aim of the CSC system is to remove the most significantly disruptive, challenging and dangerous prisoners from ordinary location, and manage them within small and highly supervised units; to enable an assessment of individual risks to be carried out, followed by individual and/or group work to try to reduce the risk of harm to others, thus enabling a return to normal or a more appropriate location as risk reduces.

The MCBS system started in 2008 as an initiative to provide a more coordinated management approach to disruptive and dangerous men within the prison system who nevertheless, did not yet meet the threshold for the CSC system. Most men allocated to MCBS were managed locally by the

host prison with advice available from the CSC central team, but a few who were it was deemed would benefit from access to structures interventions in small very discreet units were managed centrally by the CSC team.

Short description of CSC and MCBS units

HMP Full Sutton - Management unit

The Full Sutton unit was the newest addition to the system opening in January 2014. The management unit accommodated prisoners selected for the CSC system who needed to undertake one-to-one and group work to reduce their risks and enable them to progress within and from the CSC system. Prisoners might be progressed from Full Sutton to Whitemoor CSC unit or, if suitable, deselected from the CSC system at Full Sutton.

HMP Manchester E wing - Special interventions unit (SIU)

The SIU aimed to provide individual, time-bound and risk-based care and management for prisoners allocated to the CSC system. Their needs were considered to have been more suitably addressed and managed within a small and highly supervised environment. The SIU provided a range of individual assessment and treatment options.

The SIU had up to four cells designated for CSC prisoners held under prison rule 46, which enabled them to participate in one-to-one work in a supervised environment with high levels of staff support. Prisoners subject to central case management under the managing challenging behaviour strategy (MCBS) might also be allocated to the unit but would not be subject to rule 46 (see Managing challenging behaviour strategy (centrally managed units) below).

The SIU had two places for centrally managed MCBS prisoners for whom it was not suitable to carry out specific care and management targets within a mainstream prison. Prisoners subject to central case management under the MCBS were allocated to the unit alongside CSC prisoners, but would not be subject to rule 46. They could, subject to risk assessment, access mainstream prison regimes.

HMP Wakefield F wing – Exceptional risk management unit (ERMU) and assessment unit

The ERMU provided a secure and highly supervised environment for CSC prisoners who were unsuitable for a main CSC unit as a result of their behaviour. The regime focused on work to reduce short-term high risks and providing a decent regime for those for whom a return to a mainstream CSC unit was deemed unlikely in the long-term.

The assessment part of the unit aimed to carry out assessments of prisoners' risks and needs relating to their referral to the CSC, using past information to inform future care and management options, and to manage those prisoners post-selection who required a more controlled regime.

HMP Whitemoor - F wing – Progression and intervention unit

Whitemoor operated as the progression unit within the CSC system providing a more open regime through which prisoners would normally be deselected, if suitable. The regime offered a more integrated environment and better opportunities to test prisoners' progress towards deselection.

Allocation to the unit was normally made where compliance and a reduction in risks were evident; however, prisoners could also be allocated to Whitemoor, where individual risk levels indicated that the prisoner could mix more freely with others.

Prisoners who were disengaged from the regime or who had become problematic could continue to be managed at Whitemoor, where attempts were made to re-engage or stabilise them. Where prisoners' behaviour had become too destabilising for the unit they might be transferred to Woodhill management unit or temporarily to a designated cell.

HMP Woodhill House unit 6, A wing – Assessment and management unit

The unit aimed to carry out assessments of prisoners' risks and needs relating to their referral to the CSC, using past information to inform future care and management options, and to manage those prisoners post-selection who required a more controlled regime.

HMP Woodhill House unit 6, B wing – Management unit

This unit sought to take forward action relating to risks and behaviour management identified during the CSC assessment period and work towards a reduction in prisoners' risk of harm, enabling them to progress through the CSC system.

HMP Woodhill – House unit 6, C wing - MCBS unit

The unit held up to eight centrally managed MCBS prisoners considered not to meet the threshold for the CSC system, but who would benefit from management on a small discrete unit with intensive staff support. Unlike CSC prisoners, they could, subject to risk assessment, access the mainstream regime in the host prison.

Role of designated cells in the CSC system

Designated rule 46 cells in high security prisons' segregation units were available for the temporary management of CSC prisoners. The CSC management committee (CSCMC) authorised a prisoner's removal from a CSC unit to a CSC designated cell under prison rule 46 at the monthly CSCMC meeting, where moves were planned.

About this inspection and thematic 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 adapted for different custodial settings.

The tests for the CSC system are:

- CSC strategic management:** prisoners are appropriately selected for CSCs and receive individual support to reduce their risk of harm and work towards de-selection.
- Progression and reintegration:** prisoners benefit from a purposeful regime which supports efforts to address problematic behaviour, and clearly focuses on progression and reintegration.
- Safety:** prisoners, particularly the most vulnerable, are held safely.
- Respect:** prisoners are treated with respect for their human dignity.

- 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. The inspection methodology will be adapted for different custodial settings.

CSC inspection methodology

A7 This inspection looked at outcomes for prisoners who had been selected for formal assessment or for management within the close supervision centre system (CSC) system and who therefore were being held under prison rule 46. We also looked at a small number of prisoners who were being managed in small discrete units by the CSC central management under the managing challenging behaviour strategy (MCBS), but who had not been selected for the CSC system and who were not subject to prison rule 46. References to the CSC system in this inspection report also apply to the MCBS unless explicitly stated otherwise.

A8 With the exception of the thematic reports published in 1999 and 2006 our inspections of CSCs units have taken place exclusively alongside those of the host prison, with a small section of the inspection report outlining our findings about the individual unit. We had few expectations (inspection criteria) and our ability to reflect issues related to the whole system was severely restricted by our methodology.

A9 In 2014 after consulting stakeholders, including the National Offender Management Service (NOMS) which runs the system, we decided to develop a methodology for inspecting CSCs as a discrete system, looking at the system as a whole, as well as broader issues of governance and fairness. The inspection would also look at the small number of prisoners managed by the CSC central team under the MCBS.

- A10 A draft set of expectations was developed which we based explicitly on relevant human right standards relevant to the CSC system (see Appendix V). They aimed to capture the key outcomes for prisoners held in the CSC system, along with the strategic considerations and safeguards required for this extreme form of custody. They were developed with the advice of a range of external experts and informed by research into other jurisdictions and relevant human rights standards (see below). NOMS were consulted about the standards. An expert advisory working group was formed to support the development of the expectations and inform the inspection methodology; members included psychiatrists, academics and representatives from the Independent Monitoring Board (IMB) and key statutory agencies. (See Appendix III.)
- A11 We examined human rights standards that were relevant to the CSC system, in line with our obligations under OPCAT. We also developed a methodology to ensure that prisoners held within the system had a voice during the inspection and that staff working in units could offer their insight into how the system was run and comment on the outcomes for prisoners. These aspects are explored in more detail below.
- A12 We always carry out a survey of a representative sample of prisoners as part of our standard prison inspection methodology. In addition, inspectors typically consult groups of prisoners. It was not felt appropriate to transfer our usual prisoner survey methodology directly to the CSC inspection because not all of the questions in our standard prisoner survey applied to the extreme circumstances of the CSC. Nor would group discussions have been appropriate in CSC settings. Nevertheless, given the highly restricted conditions under which CSC prisoners are held, it was particularly important to capture their views, ensure that their voices were heard during the inspection process, and their comments were considered alongside other evidence.
- A13 Possible approaches were discussed with our advisory group. It was agreed that a survey consisting of mainly closed questions would not have enabled prisoners to describe fully their experience of extreme custody and that an interview format might have been more appropriate. However, we were also aware that some CSC prisoners were likely to refuse to participate in an interview.
- A14 Our advisory group helped design a bespoke methodology for eliciting the views of prisoners in the CSC system, offering them more than one option to become involved. We developed a short survey that focused on some of the key elements of the CSC experience, which was sent to all CSC and centrally managed MCBS prisoners. All prisoners were also offered an interview with HMIP researchers, which explored their experience in more detail. Prisoners could choose whichever way they found more comfortable; many opted to participate in both the survey and an interview.
- A15 The prisoner survey and interviews were carried out before the inspection in January and February 2015. Findings and a detailed description of the survey methodology can be found in Appendix II of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²
- A16 We were aware that working in a CSC unit placed specific demands on staff and we wanted to be assured that they were adequately trained for and supported in their roles. We developed a confidential and anonymous online survey to obtain their views, which was available to staff working in CSC units, for four weeks in February and early March 2015. The 76 responses received formed part of the inspection evidence. We have not published the results of the staff survey because we cannot be sure that it reached all CSC staff. We are

² 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.

therefore not able to determine the response rate or be assured that the views expressed are representative of all CSC staff. The 76 responses were used by inspectors to provide broad indications of the views and concerns of staff.

This report

- A17 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 and conditions for prisoners in the CSC system)* Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A18 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A19 The draft Expectations against which we carried out this inspection are included in Appendix V. These will be reviewed in the light of this inspection, formally consulted and published. The relevant human rights standards on which the Expectations are based are published in Appendix V.

Summary

Strategic management and care planning

S1 *The aims of the close supervision centre (CSC) system were clearly described, although there were inconsistencies between units and some management arrangements lacked clarity. The role of managing challenging behaviour strategy (MCBS) units needed to be clearer. Risk assessments were robust but decision-making lacked independent input or scrutiny. Selection followed a clear path and was based on a wide range of information but there was no formal appeals process. The approach was psychologically informed and prisoners and staff received some good support. All prisoners had individual care and management plans but the quality was too variable. Staff knew the men in their care well. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S2** Good progress had been made towards developing a pathway approach for the CSC system. The focus was primarily on managing problematic behaviour and working to reduce prisoners' risks so they could return to mainstream prison conditions. We found some variation between units and it was evident that it was difficult for the central team to drive a consistent approach. Most local managers and staff were supportive of the system's aims, but arrangements for selecting and supervising them needed to be reviewed. The collection and use of data to provide assurance, identify trends and inform improvement were poor.
- S3** The role and management processes of the centrally managed MCBS units lacked clarity and staff did not understand them well. Although the intention to use the units to prevent men from entering the CSC system through intensive work in small units was sensible, we found too much variation in prisoners' access to mainstream regimes.
- S4** Governance structures comprised a range of formal meetings, but external scrutiny was limited and there was insufficient challenge and debate. Views and decisions were not sufficiently challenged and this was a particular concern when decisions to select, continue to hold and deselect prisoners were being made. There was no formal process for prisoners to appeal their selection. An independent panel provided advice about the system as a whole and a joint meeting with the National Health Service (NHS) from the Department of Health, high secure and medium secure mental health services sought to develop the provision.
- S5** The CSC selection process was detailed and robust. Only those demonstrating the highest risk behaviour were selected, while others were referred to mainstream or other specialist provision, including for management under the MCBS.
- S6** Units delivered a variety of psychologically informed programmes. Multidisciplinary team work was generally strong and the approach was humane and therapeutic.
- S7** All prisoners had an individual care and management plan based on the needs identified in assessment reports. The plans were variable and some were more useful than others: some were over-complicated while others focused too much on compliance, but staff knew the men in their care well. The best plans included short-, medium- and long-term targets and incorporated a broader range of needs such as family contact. However, prisoners still complained that they did not know what was expected of them.

- S8 Prisoners' involvement in multidisciplinary reviews was too variable. Some reviews were rushed and prisoners were not fully involved. However, in the better reviews, prisoners did participate. Links with offender supervisors were mixed – they were strong at some units but not at others. As a result opportunities to conduct comprehensive annual reviews, including through the use of offender assessment system (OASys) documents, were being missed.

Progression and reintegration

S9 *Good group and individual work was facilitated. The addition of the Full Sutton unit had enhanced prisoners' opportunities for progression. Access to interventions was developing but a broader range was required. Time out of cell was too variable; for some it was poor. Access to purposeful activity was not sufficient and staffing issues reduced this further. Education opportunities were particularly poor. The lack of activity was detrimental for some and meant prisoners did not have sufficient opportunities to support their progression. The library provision was very limited but there was reasonable access to physical education. Reintegration was mainly related to moves within the system, which appeared to be well managed. Children and families provision was poor. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S10 The main focus of work in units was to address problematic behaviour and prisoners' risks. Prisoners had access to one-to-one psychology support. The violence reduction programme was delivered to a small number of prisoners. The planned introduction of motivational engagement modules at Full Sutton and Woodhill was positive and would encourage progression. The new unit at Full Sutton had extended the range of management and treatment options available, but the Manchester unit had yet to achieve its full potential and overall more structured programmes were required to support progression.
- S11 Time out of cell varied from around two hours a day to over six in line with the degree of progress made. In some units, the regime was curtailed too often because of staff shortages elsewhere in the prison. Some prisoners could not associate with others, but this was based on a good risk assessment. All prisoners in units could have at least one hour in the open air everyday but exercise yards were very poor. Most units lacked adequate association space and provided too few activities. Generally staff prompted prisoners to participate in the regime, but many needed more encouragement to do so.
- S12 The majority of prisoners said they did not have enough to do either in or out of their cells. Education and work were poor and opportunities to improve them were not taken. Overall, library provision in units needed to improve. Prisoners could request books from the main libraries. Physical education was good; at Manchester CSC prisoners could access an off-unit gym.
- S13 Prisoners were rarely released directly into the community. We saw some evidence of forward planning for a man who was approaching release but the pathway for those who had been deselected needed to be clearer.
- S14 Work to support prisoners to maintain contact with their friends, families and children was significantly underdeveloped. Visits facilities lacked privacy and were often too small. Some restrictions on visiting arrangements and physical contact were not clearly based on risk assessments. MCBS prisoners could attend mainstream visits sessions if supported by a risk assessment. Accumulated visits (where prisoners are allowed several visits over a few days) were well used, inter-prison visits and telephone calls were arranged and prison visitors were available.

Safety

S15 *Early days arrangements were generally well managed. Despite the risks presented, most prisoners felt safe and behaviour management work appeared measured and proportionate. Levels of violence and self-harm were low, although some incidents were extremely serious. The management of prisoners in designated cells was poor. Formal disciplinary procedures were rarely used. Use of force, high control cells and personal protective equipment (PPE) was also low, although some oversight arrangements needed to improve. Security was generally proportionate, although there was some disproportionate searching and use of handcuffs. Substance misuse support was provided when needed. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S16** Pre-transfer arrangements were generally good but less effective for men moving to designated cells. All transfers were conducted in category A conditions, which meant that some measures were not individually risk assessed and appeared disproportionate. An induction process was usually undertaken and was particularly good at Manchester. Although the unit at Whitemoor was viewed as progressive, some individuals remained on the restricted induction regime for too long.
- S17** We were assured that the population's risks were considered carefully and processes for keeping staff and prisoners safe were appropriate and proportionate. In our survey most prisoners reported feeling safe and the majority of staff felt that enough attention was paid to their physical safety. Acts of violence were generally low but there had been at least one serious assault against a prisoner and one against staff in the six months prior to the inspection, as well as some serious credible threats against staff.
- S18** Care and management plans were used to support safety and all units operated the daily behaviour monitoring system, although it did not always focus on triggers, risk factors or associated behaviour. The multidisciplinary dynamic risk assessment meeting was mostly effective at managing all areas of day-to-day risk. Unlocking protocols were generally risk assessed dynamically on at least a daily basis and were proportionate. High control cells were not used frequently, but they were subject to inadequate oversight and insufficient governance.
- S19** It was unclear who was responsible for the management of prisoners in designated cells. We were not assured that designated cells were always used for the shortest period possible and some prisoners spent a long time in them. When located in designated cells, prisoners were generally treated as segregated prisoners. They seldom had their individual needs recognised and often received an impoverished regime.
- S20** In the context of such a challenging and complex population the use of disciplinary procedures was low and punishments reflected the conditions the men were held in.
- S21** The use of force was generally low and records we reviewed showed that it appeared proportionate. It seemed to be used more frequently in designated cells as a result of some prisoners' challenging behaviour. Much of the use of force involved the application of handcuffs when high risk prisoners were moved within units. PPE was not used frequently – much less often than we have found in the past when we inspected CSCs as part of host prison inspections. We found that when it was used, a thorough risk assessment had been carried out.

- S22 Special or unfurnished accommodation was not used frequently and when it was, we were generally assured that it was warranted, properly authorised and proportionate. However, some documentation was poorly completed.
- S23 Some men within the CSC system had a prolific history of self-harm. There had been no self-inflicted deaths for some years and the number of incidents of self-harm was low. The number of men on assessment, care in custody and teamwork case management documents for prisoners at risk of suicide or self-harm was also low. Documents generally reflected a multidisciplinary approach and good levels of care for individuals at risk. Most men we spoke with said they felt cared for and supported. We were concerned by some use of strip-clothing, which appeared to be routine rather than exceptional.
- S24 There were no formal adult safeguarding policies and links with local authorities were underdeveloped but we were assured that the multidisciplinary team approach highlighted and acted on any safeguarding issues.
- S25 Most security arrangements appeared proportionate, although there were some inconsistencies in strip-searching and handcuffing. Dynamic security appeared to be good. While open visits seemed to be the norm in most units, closed visits were sometimes used, particularly in designated cells in the absence of a dynamic risk assessment to support their use. A risk assessment was not carried out to support the use of closed visits. The management of the small amounts of intelligence received was good. Emerging risks concerning prisoners with extremist views complicated further an already challenging population mix.
- S26 Although substance misuse services were rarely needed some prisoners received appropriate support.

Respect

S27 *Living conditions were mixed; some units were cramped, which was a significant issue, and more needed to be done to make them less austere, improve the outlook from the prison and enhance outside exercise areas. Otherwise units were clean and decent. Relationships were very good and staff knew the men very well and worked constructively with them. The reasons for the large number of black and minority ethnic and Muslim men held needed to be better understood. Complaints processes were reasonable and legal services were adequate. Health services overall met prisoners' needs but better information-sharing was required. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S28 The environment varied greatly: some units were cramped, and all of them provided prisoners with only a limited view of the world outside. We were concerned that this could have a detrimental impact on prisoners' mental health and psychological well-being.
- S29 Some communal areas had features that made the environment less bleak. However, most exercise yards were particularly grim and dehumanising. In our survey, responses to questions about living arrangements were generally positive. Cells were decent and well equipped and prisoners could personalise them. Access to showers was good but some were shabby and lacked privacy. Most prisoners could wear their own clothes. Prisoners had good access to laundry facilities, bedding, clothing and toiletries. Most applications were dealt with reasonably well and informally.

- S30 The food was generally good, but meals were often served too early. Some prisoners could eat together. In Whitemoor and Full Sutton prisons, men could cook for themselves, which they appreciated. Canteen arrangements were adequate.
- S31 Relationships were very positive. Most staff shared the ethos of the system, knew their prisoners very well, understood their risks and triggers and appeared caring and supportive. In our survey, over two-thirds of respondents reported that staff treated them with respect. Some prisoners complained about the staff, but we were assured that most interactions were good, some impressive, and prisoners were challenged appropriately. The multidisciplinary team approach generally worked effectively. However, officers who did not normally work there and who did not understand the system were used too frequently. It was positive that there were attempts to consult men but outcomes were mixed.
- S32 Most staff had completed or were working towards Working with Challenging Behaviour training modules. Psychologists offered staff support through group supervision, but individual personal development (IPD) sessions were not offered consistently.
- S33 The system did not collect comprehensive data on protected characteristics although we were informed that work had been commissioned on ethnicity and religion. The reasons for the large number of black and minority ethnic and Muslim prisoners in the population needed to be better understood. Any evident needs related to prisoners with protected characteristics were dealt with on an individual basis within the units. Systems were in place to report discriminatory incidents. Some CSC units would have been unable to accommodate some prisoners with physical disabilities.
- S34 Prisoners were very positive about the chaplaincy. All prisoners were seen on admission, had access to a visiting member of the chaplaincy every day and could see them in private. Corporate worship was only available at Full Sutton. Plans were underway at Manchester to amend the regime so that prisoners could attend corporate worship. Chaplains contributed, as appropriate, to individual care and management plan reviews and played an effective role in many aspects of the system.
- S35 Prisoners were encouraged, where appropriate, to resolve disputes informally. Generally, one or two prisoners in each unit made the majority of complaints. Formal complaints were dealt with reasonably promptly and responses usually focused on the issues raised. There was no evidence to suggest that prisoners came under pressure to withdraw complaints or of discrimination following complaints.
- S36 Legal services were available for all prisoners. They could communicate in confidence with their lawyers in person, by telephone and letter, but this could have been compromised by restrictions in access to legal aid and the absence of a formal appeals process. Prisoners could use computers or typewriters for legal purposes.
- S37 Central CSC managers and unit staff held a regular meeting with NHS representatives, where they reviewed individual cases and developed a more strategic approach to treatment pathways. Generally the CSCs strove to promote prisoners' physical and psychological well-being within the constraints of the environment and security considerations. All prisoners were seen on admission by a health care staff member and there were good visiting arrangements for health professionals. Prisoners could access health care outside the CSC, just as non-CSC patients would, and clinicians contributed to case review meetings as necessary. We were concerned about one prisoner with a very serious brain injury; his case needed to be kept under review.

- S38 While there was good use of in-possession medication, some aspects of medicines administration needed improvement. Issues at Woodhill prison needed immediate attention. There was evidence that appropriate psychiatric treatment and support was being given.
- S39 Information-sharing was an issue at some units, particularly in Manchester and Woodhill prisons, which, we were informed, NHS England was seeking to address. We observed prisoners at Whitemoor and Full Sutton who had been awaiting transfer under the Mental Health Act for several weeks beyond the transfer guideline.

Main concerns and recommendations

- S40 Concern: The CSC central management team had limited influence over the recruitment of key staff to run the units, day-to-day management and the delivery of regimes. This created inconsistencies in the operation of the units.

Recommendation: The central team needed to have a greater level of input into the recruitment of managers and staff and the day-to-day running of the CSC units to ensure the system was delivered consistently.

- S41 Concern: While the assessment, selection and review processes were detailed, no external independent organisation (outside the National Offender Management Service) was involved in or challenged these key decisions in a meaningful way to ensure fairness and proportionality. Progress reviews took place regularly but the requirement to continue to hold a prisoner within the system was not formally reviewed on an annual basis. There was no process within the system to allow prisoners to appeal formally their allocation or their continued detention in the system, which was now even more important given changes in legal aid rules.

Recommendation: Key decisions regarding the selection and deselection of prisoners and the need to continue to hold them in the CSC system should be open to robust, independent scrutiny and meaningful challenge from outside the prison system; they should also be subject to a formal appeals process that prisoners can easily access.

- S42 Concern: The host prison collated data across a number of areas, including self-harm, violence, use of force, use of designated cells, equality and diversity, but they were not usually disaggregated for CSC units, and were not used centrally to identify or address trends or patterns.

Recommendation: Data across a range of key areas should be collated for specific CSC units and the CSC management team should use it centrally to identify and address any emerging trends or patterns.

- S43 Concern: Prisoners were provided with too few opportunities to engage in purposeful activity both in and out of cell. Little work and education was offered and library provision was very limited. The regimes that were offered were too often curtailed because of staffing shortages. Such opportunities were essential to maintaining prisoners' psychological well-being within the very restricted units and providing men with opportunities to interact with others appropriately, supporting progression.

Recommendation: Prisoners should be able to fill their time out of their cell with activities likely to benefit them and support progression. They should be encouraged to use time locked up as constructively as possible.

S44 Concern: Designated cells in high security prison main segregation units were sometimes used for long periods and we were not assured their use was always justified or appropriate. Prisoners often received little input from the multidisciplinary team and did not engage in any risk reduction or therapeutic work while they were there. They generally had an extremely restricted regime and appeared to be making little progress through the system.

Recommendation: Designated cells should only be used for the shortest possible period and only in exceptional circumstances. Rule 46 prisoners in designated cells should receive equivalent care to those held in units.

S45 Concern: Exercise yards in all units consisted of unacceptably oppressive and dehumanising cages. Units themselves were extremely variable but all offered only a filtered view of the outside world and sky. There were too few features designed to make the unit feel less austere.

Recommendation: Communal areas and exercise yards in all units should be improved to make them less oppressive and austere.

S46 Concern: A lack of management information meant it was not entirely clear how many men within the CSC system were from black and minority ethnic groups; we estimated from the records provided that it was close to a third. We were told that 51% of the men held were Muslim. The reasons for these large numbers were not understood well enough to ensure processes in place did not discriminating against these groups.

Recommendation: The reasons why the number of black and minority ethnic and Muslim prisoners in the CSC system was so high needed to be better understood to ensure there was no discriminatory practice.

Section 1. Strategic management and care planning

Strategy, selection and review

Expected outcomes:

Prisoners are only held in dedicated close supervision centre (CSC) units as a last resort. Governance processes are strong and prisoners have a clear right of appeal. Prisoners are allocated to units that meet their individual needs.

I.1 *The CSC system's aims were clearly described although there were inconsistencies between units in the application of some processes, and management arrangements needed to be more consistent. No independent body contributed to or challenged decision-making. The distinct role of the managing challenging behaviour strategy (MCBS) for centrally managed prisoners needed clarification. Selection followed a clear path and was based on a wide range of information. However, in practice, it was for an indefinite period, and there was no formal appeals process. The approach was psychologically informed.*

I.2 There was a two-pronged approach to managing prisoners responsible for the most problematic behaviour within the prison system: management arrangements aimed to minimise the risks presented to other prisoners and staff working in the units; and work with the men was designed to reduce their risks so they could return to mainstream prison conditions. Good progress had been made towards developing a progressive pathway for the system and the CSC operating manual (February 2015) provided a clear description of the aims, purposes and procedures in use. Men entered the system for assessment, and if selected, were located in one of several CSC units depending on their behaviour and risks to others (see fact page). Decisions relating to which unit prisoners were located to were generally appropriate, although we were concerned about the time some spent in designated cells, where they received an inferior regime.

I.3 The central management team was responsible for the strategic aims of the system and key decision-making about selection, deselection and where prisoners should be placed. However, the host prison managed the day-to-day operations of the units and had ultimate responsibility for staffing and the regime offered. Each unit had a local manager and staff who were selected by the host establishment with limited input from the central team. It was therefore not surprising we found that the way units operated varied and that some elements were inconsistent with the procedures described in the CSC operating manual. For example, the induction process used at Whitemoor had not been sanctioned by the central management team (see section on escorts and early days in custody, recommendation 3.6). It was clear that it was sometimes difficult for the central team to drive a consistent approach. While most local managers were supportive of the aims and ethos of the system, there were exceptions. Arrangements for the selection and supervision of managers and key staff needed greater input from the central team.

'CSC managers understand the need (to keep staff safe), but other members of the senior management team do not grasp it; they do not understand the pressures staff work under, they see it as over resourced area that they try to draw staff from to cover shortfalls in staffing (within the host prison,' written comment CSC staff survey.

- I.4** The use of data to provide assurance, identify trends and inform improvements was underdeveloped. The host prison generally collated some data but the central team did not disaggregate it for those held in CSC units or use it in any meaningful way (see main recommendation S42).
- I.5** The role and management processes of the centrally managed MCBS units were less clear. Although it aimed to use the units to prevent men from entering the CSC system, which was sensible, we found access to mainstream regimes varied too much; we were told this was one of the key differences between MCBS prisoners and their CSC counterparts. MCBS prisoners were not subject to prison rule 46 and the CSC operating manual did not describe the aims or processes underpinning their management in any detail. MCBS prisoners we spoke to and some staff were unclear about the difference between the two systems, and there was no solid evidence that the approach was diverting men back into mainstream prison settings. Instead, we saw examples of men's behaviour deteriorating to the point where they were selected for the CSC system.
- I.6** Governance structures within the CSC system included formal meetings. The CSC management committee (CSCMC) was ultimately responsible for decision-making, but this was informed by a range of other formal processes from weekly dynamic risk assessment meetings (DRAMs) to the case management group (CMG) which met monthly to review the progress of all men in the system. Some, but not all, of these formal systems were used to manage prisoners subject to the MCBS. An independent advisory panel offered advice about the system, but decisions about individuals were not sufficiently challenged and external scrutiny was limited. A good joint meeting with National Health Service representatives was building a more strategic approach to treatment pathways and developing other work, such as specialist units for men with personality disorders (see section on health services).
- I.7** The selection process was detailed and robust and based on a set of published criteria (see Appendix IV). Records indicated that not all those referred for an assessment were selected to go through the process. The assessment process lasted four months and took place in either Wakefield or Woodhill A wing. All key assessments and reports were disclosed to the prisoner and their legal advisors, who could both make representations. Only those demonstrating the highest risk behaviour were selected, while others were referred for management under the MCBS, to other specialist personality disorder units or sent back to mainstream prison conditions. Prisoners were selected for the CSC system without a set time limit, which meant the allocation was effectively indefinite, or until the CSCMC decided they could be deselected. For many this meant many years within the system with no formal independent review of the requirement for their continued imprisonment in such restricted conditions.
- 'I haven't been in the CSC even a year yet so I haven't got much to say about the system other than since 1998 only five people have been deselected after selection into the CSC. When faced with these statistics I'm left with little hope,'* written comment in prisoner survey.
- I.8** We observed all these formal processes in operation and while discussions were detailed, key decisions were rarely challenged and no robust external scrutiny took place. This was particularly a concern in relation to decisions to select, continue to hold and deselect prisoners. In addition, prisoners had no recourse to Prison Service formal processes for appealing their selection.

'There should be independent observers [at CSCMC meetings] and a lawyer should be able to attend to speak on your behalf, because this is something that is going to have an impact on you for a long time. I've been here seven years. If my lawyer had been able to go in and speak on my behalf and had put my case forward I may not be here.' CSC prisoner.

- 1.9** All the units inspected delivered psychologically informed programmes. Multidisciplinary team work was strong and the approach adopted was humane and therapeutic (see section on progression and reintegration).

Recommendation

- 1.10** The purpose, processes and regimes to support the centrally managed MCBS prisoners should be clear; they should support the strategy's main aim of diverting prisoners away from the CSC system back to mainstream prison units.

Individual care and management

Expected outcomes:

All CSC prisoners have a robust individual assessment of their risks and needs, which is regularly reviewed and implemented. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans. Progression and reintegration are clearly promoted and processes rigorously applied. There is a range of interventions to ensure the psychological and emotional well-being of prisoners. Prisoners are able, and expected, to engage in activity that is likely to benefit them and support their progression.

- 1.11** *All prisoners had a care and management plan, but the quality varied considerably. Some prisoners did not understand what was being asked of them or how to make progress. Staff knew prisoners well. Prisoners' involvement in multidisciplinary reviews was too variable.*

- 1.12** All prisoners had an individual care and management plan designed to identify and manage their particular risks and needs, but they varied considerably. At Whitemoor, they were deliberately kept simple and were therefore a useful communication tool. However, at Full Sutton, plans were over-complicated and prisoners did not understand them; at Wakefield plans focused almost exclusively on compliance and did not highlight the long-term possibility of prisoners' progression or reintegration.

- 1.13** The best plans, such as those at Manchester, included short-, medium- and long-term targets, which were clearly linked to individual risk factors and encouraged prisoners to change their attitude and thinking. We saw some evidence that plans were developing a broader focus to include targets relating to family contact and social care requirements. However, not enough attention was paid to prisoners' educational needs:

'I don't know my targets. I feel I'm being warehoused here for a very long time no matter how I behave.' Written comment in prisoner survey,

'The fact is, because of what happened on normal location, there are a lot of trust issues of me being around other people and other inmates ... so I'm quite "appropriately placed" as they say. They go on about a violence reduction thing ... but I have all my certificates ... How can they help me?' CSC prisoner,

'Long term I will sort of be filtered back [to mainstream location] but right now I actually think I am correctly placed. I'm working with psychology, I've got things I'm working on – my targets – so when that is all completed, I will look at leaving here sort of thing. But at this moment in time I'm sort of in the right place' CSC prisoner.

- I.14** Despite these efforts, in our survey, 50% of prisoners said they did not know what their targets were. During the inspection, we found most prisoners knew what they had been asked to do, but were frustrated because they were not certain that if they complied with their plan, they would be deselected from the CSC system. We accepted that this uncertainty was an inevitable part of risk reduction work.
- I.15** Most staff had a very good understanding of the prisoners in their care and could explain each man's individual risks and needs in some detail. Two documents helped staff acquire this knowledge: a 'Know your prisoner' summary sheet and a matrix identifying individual behaviour triggers, protective factors and positive and negative behaviour related to risk. However, staff were less confident when asked to write daily, weekly and monthly reports about prisoners. Some reports were not completed, while others focused too much on how much prisoners participated in the regime and too little on an analysis of the prisoners' behaviour as it related to the matrix.

'I have my one-to-one sessions with psychology, I have my one-to-one sessions with probation, I have done courses like communication skills ... and none of it goes towards any form of deselection. They have never put me up for deselection, I don't know why,' CSC prisoner.

'It's not that you do the VRP [violence reduction programme] and that is your avenue out, it's not as easy as that. When you haven't got no clear transparency, what your targets are, what you need to achieve before being deselected, it is just like you are in constant limbo-land,' CSC prisoner.

- I.16** Prisoners could provide written comments about reports, but we were not assured that enough was done to encourage them to participate meaningfully in monthly multidisciplinary review meetings. At Wakefield, few prisoners chose to attend, and at Manchester, prisoners were not invited. At Full Sutton reviews were rushed and too little time was spent on examining the evidence or involving prisoners in evaluating their behaviour or personal risk factors. However, at Whitemoor, prisoners actively participated in challenging discussions about their behaviour and received feedback and encouragement. Some prisoners told us that the meetings could be overwhelming and confusing if too many different staff were present.

'They have a lot of people in [monthly meetings] ... they have about 13 or 14 people ... For me it's uncomfortable in there. It's supposed to be comfortable for everybody, but everyone is different ... if you have an issue and you're not that confident, you ain't going to bring it up in a room of 13 people,' CSC prisoner.

'It can seem a bit overwhelming ... you are in a solitary life and then you are in a room with quite a lot of people. It's very overwhelming. It's something that, slowly but surely, I am getting used to,' CSC prisoner.

'They give you an opportunity to speak and there isn't any pressure, they let you speak your mind,' CSC prisoner.

- I.17** Care and management plans were reviewed in full at quarterly meetings. They generally took place regularly but there were exceptions, particularly for prisoners in designated cells. Prisoners could invite legal representatives to the reviews, but we did not see any evidence of family involvement.
- I.18** Annual reviews did not take place at all sites, and those we saw were not comprehensive (see main recommendation S41). Most prisoners had a named offender supervisor, but the level of support and degree of expertise available varied considerably between sites. We were most assured at Manchester and Woodhill where a dedicated probation officer saw prisoners regularly and was involved in most reviews. At Woodhill, we were encouraged to

see some offender assessment system document and sentence plan reviews happening at quarterly care and management plan review meetings, but this was not the case elsewhere.

Good practice

- I.19** *The format of the monthly multidisciplinary team meetings at Whitemoor ensured that prisoners were fully involved.*

Section 2. Progression and reintegration

Purposeful activity

Expected outcomes:

All prisoners can engage in activities that are purposeful, of benefit to them, reduce the risk of psychological deterioration and encourage progression and reintegration.

2.1 *The main focus of the regime was to manage problematic behaviour. Good group and individual work took place. Access to interventions was developing, but a broader range was required to encourage progression. Time out of cell varied according to the degree of progression a prisoner had made, but in some units it was curtailed by staffing shortages. All prisoners could have an hour's outside exercise every day, but exercise yards were poor. In most units, there were too few activities to keep prisoners occupied. Library provision needed improvement. Physical education was good.*

2.2 The main focus of everyday activities was to assess, manage and reduce prisoners' problematic behaviour and risks. Most prisoners valued access to one-to-one psychology support, at least once a week. A minority refused to participate, but were regularly offered the opportunity to re-engage. Some prisoners felt they would benefit from more frequent psychological support, and many staff thought this would have been helpful. Although mental health nurses worked as part of the multidisciplinary team to support prisoners, there were gaps in clinical psychology input. Prisoners in designated cells rarely received any specialist one-to-one support.

2.3 A team of specially trained prison officers and psychologists at Whitemoor delivered the violence reduction programme (VRP), a cognitive intervention in three phases, four days a week for an hour, over 12 to 18 months. This allowed men to develop and practise strategies for managing their problematic behaviour. Since 2012, only two out of nine men had successfully completed all three phases, and two more were in treatment. Those who had completed the programme had reduced their risk sufficiently enabling them to move out of the close supervision centre (CSC) system; we spoke to them and they were positive about their experiences in treatment and subsequent placements.

2.4 Some prisoners at Whitemoor were frustrated because they were unable to start the VRP soon after their arrival. They had to wait many months as the programme was designed for delivery to the same group of men rather than groups of different men over time. Some were rather dismissive of the discussion groups held to prepare them for VRP.

'They told me I was coming here for VRP but unfortunately I missed the beginning [of the current course] and now I'm just waiting for October, next October – seven, eight months time – before [the current] course finished,' CSC prisoner.

2.5 Staff at Full Sutton and Woodhill had received training to deliver some motivational engagement modules to prisoners to encourage them to participate in the regime and in treatment. This work was due to begin in April 2015 and was a positive development.

2.6 One prisoner at Woodhill was receiving the Healthy Identity intervention (to address prisoners with radical Islamic views and those convicted of terrorist offences) on a one-to-one basis. Long-term planning for other prisoners included other interventions available in mainstream locations, such as personality disorder pathway units. Some prisoners subject to the managing challenging behaviour strategy (MCBS) at Woodhill had received a risk

assessment for interventions in the main prison. However, overall we still felt the range of available interventions and number of places offered needed to increase, particularly at Manchester.

- 2.7** Time out of cell varied according to overall risks in the various units and according to individual risks. Prisoners in Wakefield's exceptional risk management unit had the most restricted regime with only two or three hours out of their cell each day. During our inspection, some of these men could not associate with other prisoners because they were judged to be too dangerous. In contrast, all Full Sutton prisoners were unlocked together for around seven hours a day. The regime in all locations could be curtailed because of staffing shortages elsewhere in the prison; this had been a significant problem at Whitemoor.

'If you use the exercise yard that's an hour a day and if you use the gym that's about 60 minutes – that's about two hours a day ... It's a solitary lifestyle ... the only time you could call association [is] when you are out on the yard you can speak through the fence,' CSC prisoner,

'During the weekend, staff won't be up here, they will be short staffed in the morning or in the evening and they don't make priority for us. They make sure we stay out for VRP and group sessions, so they are prioritised over everything else. Other than that everything, our own free time, is usually vulnerable to be taken away from us. They take staff away and put them in the main prison' CSC prisoner.

- 2.8** All prisoners in units could have at least one hour in the open air every day, but all the exercise yards were unacceptably oppressive (see section on daily living arrangements). A small garden area at Whitemoor was underused, and prisoners told us that although there was a basketball hoop, ball games were rarely facilitated.
- 2.9** Association activities in most locations included pool tables and board games, but opportunities were limited by the lack of available space. At Whitemoor, there was a craft room but too few prisoners were involved in activities there.
- 2.10** In our survey, the majority of prisoners said that they did not have enough to do either in or out of their cells. At Wakefield there was no work at all, and in most locations work opportunities were limited to cleaning small areas of the units. Overall, many prisoners needed more encouragement to participate in the regime fully.

'It's stressful because [the unit is] really small and there is nothing to do ... I got up this morning and once I had finished cleaning there was nothing to do. You can go in the exercise yard or stand around on the unit, there is not really enough activity to do I just stand around, walk around, make a phone call, talk to a prisoner ... We just talk [during association] that's all there is, there is not enough activities for us to do. When there is no gym there is nothing to do. You are just standing around.' CSC prisoner, *'There's too much time to wallow and languish without any proper provision of more meaningful activities.'* Written comment in prisoner survey,

- 2.11** Opportunities for education were also extremely limited. At Woodhill, the largest site, there was one hour of basic maths and English tuition each week, but some prisoners could not be unlocked simultaneously, which meant they did not all receive the full hour. An hour's art was also funded, but was temporarily unavailable. At Wakefield, the new education timetable had completely overlooked the CSC units. However, at Whitemoor, prisoners received level 1 in industrial cleaning training to support their daily domestic tasks.
- 2.12** We previously reported that national Offender Learning and Skills Service contracts did not sufficiently take into account the needs of long-term prisoners (for example at Whitemoor in 2014); this was also the case for those within the CSC system. Some prisoners would have benefited from more advanced or more creative opportunities, which would have enabled them to use their time constructively, particularly when they were locked up. A few

prisoners had private or grant funding to pay for further education courses, but others did not. (See main recommendation S43.)

- 2.13** Lack of classroom space also hindered education. Most units only had one area for teaching, interviewing and holding meetings. Teachers sometimes had to work in an unsatisfactory environment, such as an area where prisoners were playing pool. At Woodhill, if a particular prisoner was not unlocked at lesson time (because of a risk assessment) teachers could only teach him through a locked cell door.
- 2.14** The regime at Full Sutton was the most purposeful we saw. Prisoners could choose from a range of activities to create an individual timetable for each day. This included paid work, education, personal studies, discussion groups, psychosocial sessions, gym activities and outside exercise in addition to weekly sessions with a psychologist. The relative lack of activity in other units was potentially detrimental and meant prisoners had few purposeful opportunities to support progression.
- 2.15** Prisoners' pay varied between units but did not support progression. Prisoners at Wakefield did not have to complete any tasks to qualify for their pay. Elsewhere, the basic rate of pay was much lower and prisoners were only paid when they completed set tasks, which was appropriate.
- 2.16** Most units had a small selection of library books, but the scope was very limited and they were not always well organised. Prisoners could not attend the main library, but could request books, including legal texts and DVDs; they were reasonably content with this arrangement. The library at Wakefield was well stocked, but had not been used for several months. Prisoners had no access to computers except for legal purposes.
- 2.17** All prisoners in units could use well-maintained physical education facilities every weekday. Access was more limited at weekends, but was good overall. Prisoners in the specialist intervention unit (SIU) in Manchester could use a gym in the main prison, which provided them with the opportunity to leave the confines of the SIU. Physical education officers provided some support at each unit, ensured all new prisoners received a gym induction and provided health and exercise advice.
- 2.18** Prisoners in designated cells routinely had an even more restricted regime. Some routinely received less than an hour out of their cell everyday, which amounted to solitary confinement, and some could not shower or make telephone calls on a daily basis (see section on behaviour management).

'I'm a CSC prisoner, I can't progress in the block.' CSC prisoner, designated cell

Good practice

- 2.19** *The regime at Full Sutton was full and provided prisoners with structure and choice, which improved their participation.*

Reintegration and resettlement planning

Expected outcomes:

Prisoners are supported when they are moved to other units within the CSC system, to mainstream prison locations or to secure NHS facilities. At the point of release, adequate support is provided.

2.20 *Prisoners generally received good support when they were moved between prisons or transferred to secure hospitals.*

2.21 No prisoners had been released directly into the community from the CSC system for several years, but staff had attended multi-agency public protection arrangement meetings when necessary. Resettlement planning had already begun for a man approaching release.

2.22 For most prisoners, reintegration and resettlement related to their eventual return to a mainstream prison location. Progressive moves were usually agreed in advance, and staff from the receiving unit either visited before transfer or arranged a videoconference with the prisoner to provide information and answer questions. Similar arrangements were in place for transfers to and from high security hospitals, although there were often significant delays (see section on health services). We had concerns about one prisoner who had waited many months after his formal deselection from a CSC for a placement in a mainstream location to be arranged.

'They came and sold [location of CSC] to me ... they said it would be good for progression, they were going to be able to facilitate my needs here, because I have specific needs ... and I would be able to mix more, with more people, and not be on such a restricted regime,' CSC prisoner.

'I'm just kind of stuck in a constant limbo really. I might be going next week. I've been "going next week" since November.' Deselected prisoner, (interviewed in February).

Children, families and contact with the outside world

Expected outcomes:

Prisoners are encouraged and supported to maintain contact with family and other supporters in the community, and to involve them in key decisions.

2.23 *Work to support prisoners' contact with their families and the outside world was significantly underdeveloped. Visiting facilities were too small and lacked privacy, and some restrictions were routine. Provision for children was poor, but accumulated visits and inter-prison telephone calls and visits were used well. Access to telephones was good overall, but perceptions about mail were poor.*

2.24 There was very little evidence of a strategic approach to promote contact with the outside world. In our survey, only 26% of prisoners said they had received help to maintain contact with their family and friends, and 50% said it was difficult or very difficult for their supporters to get to the prison.

- 2.25** Visits facilities were generally poor. Most visits were supervised by at least two staff, who remained in the small room. At Manchester, staff used an observation window to supervise visits, which gave prisoners some privacy, but at Full Sutton, supervising staff remained at the open door despite the availability of an observation window. Prisoners told us that they were sometimes allowed to take music into the room to help create a less intense atmosphere, but this was not consistent over time or at all sites. Some prisoners had to have a gated window between themselves and their visitors. At Wakefield this practice appeared to be routine rather than based on an individual risk assessment.

'My family and friends who visit me have very negative things to say about the visits environment and say it's a daunting experience. None of them want to come see me again here.' Written comment in prisoner survey,

'This place is the worst for visits ... [the room is] just a small little box. You've got an officer sitting there, an officer sitting there and your visitor there, they are on top of you' CSC prisoner,

'I haven't had a visit since 2009, I told [family] the kind of conditions, what it is like. The officers might as well be sitting on your table with you that's how close they are ... I couldn't be there with my mum there.' CSC prisoner,

'It's very small, it's not very well decorated, it's not homely, it doesn't promote like a good feeling. You don't feel right in there.' CSC prisoner,

'I have lost my long partner of 11 years because she couldn't handle not being able to touch me and just sit close to me' written comment in prisoner survey.

- 2.26** Provision for children was generally poor; there were a few toys for toddlers but nothing for older children, although one prisoner told us that staff let him take a board game from the wing to his visit. One prisoner had used Storybook Dads (in which prisoners record stories for their children), but we saw no other interventions to support prisoners who were parents. At Woodhill, we noted that visitors' centre staff knew very little about the CSC units or the relevant visiting arrangements, which meant they could not provide visitors with a full range of support. Visitors could buy refreshments at all sites. At Woodhill, the telephone booking line was often busy and it was hard to book a visit, but prisoners elsewhere were more positive.

'Visits is a problem, booking visits. My family trying to ring up and book visits... You phone up to book a visit and the phone answers so it takes your money ... then they put you through to visits. You get through to visits and it just rings and rings. All the while it is ringing it is charging you ... if you can't get through you are cut off. You phone back and the same thing happens' MCBS prisoner.

- 2.27** Accumulated visits (where prisoners are allowed several visits over a few days) and inter-prison telephone calls and visits were used well, but were often more difficult to arrange outside the high security estate. Prison visitors were available, but were not used often, which was surprising given that some men never received visits, and most had very few. Prisoners subject to the MCBS could attend mainstream visits sessions subject to a favourable risk assessment and at Woodhill, some men did. At Manchester this had not yet happened.
- 2.28** Access to telephones was good but often lacked sufficient privacy and prisoners at Woodhill complained that they had to wait several minutes between successive calls, which seemed unnecessary. There was no evening association, but some prisoners told us they could ask to be unlocked for short periods in the evening to make telephone calls. Policies allowing foreign nationals prisoners to have telephone credit or to exchange unused visiting orders for phone credit varied between units.

2.29 In our survey 70% of prisoners said they had problems sending and receiving mail. We saw generally good processes, but at some sites, for example Woodhill, all incoming and outgoing post was read. We doubted that this was necessary or proportionate and the variation between sites was a concern. In some cases, staff had opened prisoners' legal letters (apparently in error), which might have contributed to prisoners' negative perceptions (see section on legal rights).

Recommendation

2.30 There should be a CSC-wide strategy to encourage and support prisoners to maintain contact with family and others in the community, and to involve them in key decisions.

Section 3. Safety

Escorts and early days in custody

Expected outcomes:

Close supervision centre (CSC) prisoners transferring to, between and from CSC units are treated safely, decently and efficiently.

3.1 *Escorts and prisoners' early days in custody were generally well managed, although induction experiences differed across units. We were not assured that the restricted regime offered during induction at Whitemoor was necessary.*

3.2 Pre-transfer arrangements were generally good and included comprehensive transfer assessments prior to prisoners moving between or from units. The process was less effective for men moved to designated cells. Prisoners who were progressing to other institutions knew where they were going and why, but were not told when, because of security restrictions (see section on reintegration and resettlement planning).

3.3 All transfers were conducted in category A security conditions. This meant that some measures such as strip-searching prior to and after the transfer and handcuffing arrangements were universally applied and sometimes appeared disproportionate. Staff from the sending unit usually accompanied prisoners to their new unit, apart from those transferring from Manchester, where redeployment meant other staff undertook these transfers.

3.4 Some units had a formal induction booklet, but we were not assured that induction programmes were always completed or undertaken quickly enough. The process was particularly good at Manchester where prisoners had a two-day programme and received a comprehensive induction booklet. Prisoners at Wakefield were less positive about their induction and said they had to obtain information about the prison as they went along rather than through a formal induction.

'I wasn't actually inducted here which is quite strange ... I learnt everything about the unit by talking to the other lads through the window and things like that.' CSC prisoner,

'Yeah we had a good induction ... shown the gym, visits, we had a chat to discuss concerns, what is expected and the regime ... it was quite good' CSC prisoner.

3.5 Despite being viewed as a progressive move, the unit at Whitemoor subjected all new arrivals to a restricted regime; we were concerned that restrictions for some remained in place for too long and were not assured that this was proportionate.

'For the first three and a half weeks I was on bang up 24/7' CSC prisoner

Recommendation

3.6 Induction arrangements should be improved and the restricted regime at Whitemoor should be reviewed.

Behaviour management

Expected outcomes:

Prisoners feel safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk or subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime. Appropriate and proportionate disciplinary processes and methods of managing refractory behaviour are in place. The use of designated and high control cells is proportionate.

3.7 *Behaviour management procedures were broadly measured, proportionate to the circumstances in the units and fair. Levels of violence were low although some very serious incidents took place. The use of high control cells lacked governance. The use and management of designated cells was unclear and some prisoners spent too long in them and had only a limited regime.*

3.8 Overall, while the application of systems for behaviour management varied across the units, processes for keeping both staff and the population safe, were fair and proportionate. In our survey, most prisoners reported feeling safe, although this was less so for those located in designated cells.

'With the complexities of some people's issues – they can talk to you one minute, not talk to you another, mental health, personality disorders and the awareness there could be issues around violence – sometimes you have to be very cautious and be aware that they do have a propensity for violence ... Most of the time I feel safe, sometimes I have felt a bit paranoid but it's precautionary paranoia.' MCBS prisoner,

'I feel safe but there is always the risk of a prisoner coming here and spoiling it ... it would be hard to avoid them ... right now the dynamics are quite good, but it only takes one prisoner' CSC prisoner.

3.9 The number of violent incidents against staff and other prisoners was generally low – in single figures – at each unit. However, there had been a serious prisoner on prisoner assault which had resulted in a life-changing injury and one against a member of staff in the six months prior to the inspection. We were also informed of some serious and credible threats against staff over the same period.

3.10 Care and management plans contained sufficient detail about prisoners' behaviour. All units operated a daily behaviour monitoring system for all prisoners but it did not always focus on triggers, risk factors or associated behaviour.

3.11 The incentives and earned privileges scheme was used with some measured discretion that considered the complex behaviour of prisoners in the system. Warnings appeared reasonable and not overly used. Only two prisoners were on the basic regime at the time of our inspection. Their treatment was fair and took into account the restrictions they experienced in their daily living conditions. Both prisoners had enough time out of their cells for them to have a shower, make telephone calls and exercise every day, as well as collect their meals and deal with applications.

3.12 With the exception of Woodhill and Manchester, where unlocking protocols and the use of personal protective equipment (PPE) for unlocking prisoners were generally risk assessed every week at the multidisciplinary dynamic risk assessment meeting (DRAM), protocols were risk assessed dynamically on at least a daily basis. PPE was not used frequently (see section on use of force). We observed and were impressed by staff at Wakefield who faced

abuse and poor behaviour from one prisoner but who assessed the situation in detail and managed it well within an appropriately risk assessed unlocking protocol; the prisoner was not prevented from coming out of his cell to collect his meals and his regime activities were not curtailed. The majority of prisoners in the CSC units were assessed as safe to be unlocked by two staff. At Wakefield, the minimum number of staff used to unlock individual prisoners was four, but staff remained at a discreet distance from prisoners as they went to activities and collected meals.

- 3.13** High control cells (a cell with furniture, bedding and sanitation as well as a hatch in the cell door to assist in managing high risk behaviour) should only have been used in exceptional circumstances and for the shortest time to manage violent prisoners who were unmanageable. Logs for the use of these cells were not kept and, while we were assured they were not used frequently, oversight was inadequate and governance insufficient. In segregation units, high control cells were often used as normal cells due to lack of space, which was acceptable provided the high control facilities (hatch in the door for passing items such as meals) were not used. We were not always provided with documentation to authorise their use. At Long Lartin prisoners on a high unlocking level were automatically placed in a high control cell and, while they were offered regime activities, such as showers and telephone calls, their meals were served through the hatch in the door, which appeared a routine practice that was not subject to a dynamic risk assessment.
- 3.14** Governance arrangements for prisoners held in designated cells were weak – prisoners and staff told us it was not clear if the host prison Governor, or CSC system managers were responsible for them and once they were located there they had very little contact with or support from CSC staff. We were not assured that designated cells were always used for the shortest period possible (see main recommendation S44). We found instances where prisoners were held in the cells for between one and two and a half years, sometimes in different cells across the system. They were generally treated the same as segregated prisoners. There was little recognition of their care and management plans or individual needs and they often received an impoverished regime restricted to showers, telephone calls and exercise. Not all prisoners in designated cells could shower or make telephone calls every day and most spent the majority of their time locked up.

‘[In some other prisons] the governors accept that I am a long-term CSC prisoner and not down the seg for refusal ... but here [they say], “No, it’s a seg, no, it’s a seg.” Yes, it’s a seg. But you have different people [in it] so why should I be treated the same as a man who is doing seven days (cellular confinement)? ... There has to be a difference’ CSC prisoner, designated cell

- 3.15** Prisoners in designated cells at Manchester underwent the same risk assessment process as those in the CSC and could attend association in the CSC and gym activities if this was considered safe. At Long Lartin and Whitemoor there was evidence of some enhanced regime activities but it was inconsistent and often not possible due to insufficient staff resources to facilitate it. Men in designated cells frequently lacked sufficient contact with the multidisciplinary team or CSC staff and they generally felt neglected. Prisoners were located in the designated cells within the main segregation units at Whitemoor and Full Sutton, instead of in the prisons’ small segregation units for CSC prisoners, where they would have been managed by staff who understood the system.
- 3.16** Although we had difficulties in accessing data we were assured that in the context of such a challenging and complex population, the use of disciplinary procedures was low and generally for a good reason, such as assaults and damaging property. The procedures were sound and prisoners were given the chance to have their say. Punishments were in line with published guidelines and considered the conditions the men were held in.

- 3.17** We found little evidence of unofficial or collective punishments. However, managers and staff at Whitemoor had too much discretion to restrict the regime for all prisoners without sufficient reason or if they believed one prisoner was being disruptive.

Recommendation

- 3.18 Governance and oversight of the use of high control cells should be improved.**

Use of force

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.

3.19 *The use of force was low for most prisoners, but it was higher for some in designated cells. We were not assured all use of handcuffs was warranted. Use of PPE was rare and proportionate. Use of special accommodation was low but authorising documentation was not always completed well.*

- 3.20** The use of force was generally low, warranted and proportionate. It was used more frequently for individual prisoners in some designated cells because of their challenging behaviour. In the six months prior to the inspection there had been 49 use of force incidents in the units; there were more in designated cells where some of the more problematic prisoners were located although this was not monitored centrally.
- 3.21** Almost two thirds of incidents only involved the application of handcuffs. There was some confusion and inconsistency about the type of handcuffs that should have been used and whether they were necessary. Standard handcuffs (which should only be used for external escorts) had been used on some occasions when ratchet handcuffs (which required the completion of use of force paperwork to justify their use) were more appropriate. In some cases the application of handcuffs, particularly when prisoners were moved out of the units, was not subject to an individual, dynamic risk assessment and was not properly recorded, justified or authorised in use of force paperwork (see section on security, recommendation 3.37). During previous inspections of host prisons, the extent of use of PPE often concerned us, but we were pleased to find it was now used infrequently. Managers and staff had made determined efforts to 'humanise' the restraint process by reducing the use of PPE and had achieved this with no apparent additional risk to staff or prisoners. (See also paragraph 3.12).
- 3.22** Where staff had to resort to full use of control and restraint, the documents and video recordings we examined showed it to be justified and proportionate and de-escalation appeared to take place promptly. Most incidents were subject to quality assurance and at Whitemoor they had identified some lessons that could be taken forward.
- 3.23** Use of special accommodation was also low; it had been used four times in the previous six months. While its use was justified, accompanying documentation was not always fully completed and in one case at Manchester, no daily log had been entered for the prisoner held in the cell. However, at Woodhill, the removal of furniture from a constant watch cell had been properly authorised and justified; it was returned at the earliest opportunity.
- 3.24** The host prison monitored use of force; however, the information was not disaggregated, which meant the central management team could not identify or address any trends or patterns across the system as a whole.

Self-harm and suicide prevention

Expected outcomes:

The CSC unit 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 individual vulnerability issues, are appropriately trained and have access to proper equipment and support.

3.25 *There had been no self-inflicted deaths for a number of years. Despite some prisoners' prolific history of self-harm, the number of incidents was low. However, self-harm incidents were not always referred to in care and management plans. Assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm reflected good multidisciplinary care for those in crisis. We were concerned by some use of strip-clothing.*

3.26 Some men within the CSC system had a prolific history of self-harm, but there had not been a self-inflicted death in the system for many years (the only one being in 2007). The number of self-harm incidents was low as was the number of assessment, care in custody and teamwork (ACCT) documents established – 11 in the six month prior to our inspection. Documents generally reflected a multidisciplinary approach and good levels of care for individuals at risk. ACCT documents were of a reasonable standard and care plans were adequate. We found some examples where night time observations were too predictable, for example, a prisoner at Full Sutton knew when staff were going to check on him, which could have increased his risk of self-harm. Most men we spoke with said they felt cared for and supported.

3.27 Constant supervision was not used frequently but cells were mostly not in the best location – at Woodhill they were in the middle of the cells on the ground floor and in Whitemoor the only cell was in the small segregation unit annex, which had a poor environment and was not suited to providing appropriate care. We were concerned about some use of strip-clothing at Woodhill, which some staff said was routine practice when prisoners were placed in a constant watch cell or special accommodation. We did not see strip-clothing being applied to prisoners subject to constant supervision during the inspection. Care and management plans did not always refer to prisoners' prolific history of self-harm.

Recommendation

3.28 Strip-clothing should only be used as a last resort and subject to a risk assessment.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

3.29 *Although formal links with the local safeguarding adults board were underdeveloped, multidisciplinary arrangements to care for those at risk were appropriate.*

3.30 The men in the CSC system and the conditions they were held in meant they were potentially at risk of neglect and abuse. There were no formal safeguarding policies and links with local authorities were underdeveloped. However, we were assured that the multidisciplinary team approach to developing care and management plans highlighted and acted on any safeguarding issues that were discovered.

Recommendation

3.31 Arrangements for initiating contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes should be implemented for all men held within the CSC system.

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.

3.32 *All CSC prisoners were held in high security prisons where physical security was imposing but appropriate. Security arrangements were generally managed well but some searching and the use of handcuffs often appeared disproportionate.*

3.33 All CSC units were located within discrete areas of high security prisons. Physical and procedural security arrangements were well developed. Most security arrangements appeared proportionate apart from some anomalies around searching and the use of handcuffs (see sections on escorts and early days in custody and use of force). Many prisoners were strip-searched too often without an individual risk assessment, such as before and after visits and when they were moved around the prison where the CSC units were located. They were also strip-searched prior to and after transfers even though staff had supervised them constantly and they were subject to category A transfer arrangements.

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).

Prisoners at Wakefield and Manchester were subject to an individual risk assessment before being strip-searched.

'Go to see psychology you get stripped, come back you get stripped, even to come and see you [HMIP researchers], you get stripped.' CSC prisoner,

'Everyone is treated like a high risk Cat A prisoner – all inmates are stripped prior to visit commencing' Written comment in prisoner survey.

- 3.34** Prisoners received an individual risk assessment for regime activities, which took into account any safety factors or conflicts with other prisoners. Prisoners at Full Sutton and Whitemoor were, with some exceptions, all unlocked together for most of the core day. At Woodhill and Manchester, prisoners could associate and exercise in small groups subject to careful risk assessments. Despite the very serious prisoner-on-prisoner assault at Woodhill in November 2014, a measured and proportionate approach to risk assessment was maintained, allowing prisoners some interaction with their peers where possible. Prisoners at Wakefield were all unlocked individually due to the risks they posed but they could exercise and use gym equipment in adjoining caged areas and speak with one another during these times.
- 3.35** While open visits were enjoyed by most prisoners in the CSC units, closed visits were sometimes used, particularly in designated cells, without prisoners receiving an individual risk assessment to justify their use. (See section on children, families and contact with the outside world.)
- 3.36** The management of the small amounts of intelligence received was good. Information reports submitted related mainly to minor threats and intimidation. Action was taken quickly to avert any threats against staff or prisoners. We acknowledged that emerging themes regarding prisoners with extremist views complicated further an already complex population but we were assured that managers and staff were aware of these issues.

Recommendation

- 3.37 Strip-searching, the use of handcuffs and closed visits should only be applied subject to an individual risk assessment.**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems have access to clinical and psychosocial services that are equitable to the services offered to non-CSC prisoners

- 3.38** *Although rarely needed, appropriate substance misuse services were available to men in the CSC system.*

- 3.39** CSC prisoners had access to the host prison's substance misuse services and all prisoners were seen on admission and screened. It was very rare to have someone admitted to a CSC unit if they had ongoing clinical substance misuse treatment needs. Staff members said that substance misuse workers were very responsive to CSC prisoners with drug and alcohol problems. Four prisoners were in psychosocial treatment at Woodhill; one at Whitemoor and another at Full Sutton were receiving supportive and motivational therapy.

Section 4. Respect

Daily living arrangements

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 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. Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs.

4.1 *The close supervision centre (CSC) units varied greatly but all of them obstructed prisoners' view of the world outside. Exercise yards mostly consisted of austere and dehumanising cages. Cells were generally clean and well equipped. Access to showers, clean bedding and toiletries was good. Most prisoners wore their own clothes and laundry facilities were adequate. Application forms were not always freely available but were generally dealt with reasonably well. Food was generally good but meals were often served too early. Prisoners sometimes had some limited opportunities to cook for themselves or eat in association, which they appreciated. Not all prisoners had access to sufficient hot water. There were no unnecessary restrictions to canteen items.*

4.2 The CSC units varied greatly: some were claustrophobic and oppressive and all of them obstructed prisoners' view of the outside, which could only be seen through bars, caged exercise yards and razor wire. Prisoners commonly complained about there being no view or outlook, which we were concerned could have had a detrimental impact on their psychological well-being. CSC units at Full Sutton and Manchester were particularly cramped and Wakefield, although slightly larger, had little natural light. Whitemoor offered a slightly better environment and the three wings at Woodhill, including the managing challenging behaviour strategy (MCBS) unit, were much better with more space and a reasonable amount of natural light.

'It's too small, too claustrophobic, we are too close to each other, we are on top of each other. There is nowhere you can go – you come out of your cell and you can either go to that end of the landing, or that end of the landing ... You need places to go. What is the point of coming out of a cell, to go into another cell?' CSC prisoner,

'It's very narrow like a submarine almost.' CSC prisoner,

'It's like a shoebox, what can you do?' MCBS prisoner,

'All I see is concrete barriers, grey sky. Don't see no grass or anything.' CSC prisoner,

'All you see is concrete and steel ... you don't see sky. In a seg you see grass, lovely sky, buzzards! That's why I call [designated cells] a holiday.' CSC prisoner,

'On the exercise yard, see that [grille on top]? Even the light we get in here is filtered ... When I go [off the unit] to health care, the only thing I'm doing is looking up at the sky like it's brand new. So I feel like there is something wrong here, this is what it is doing to me. The things that I consider, would have considered, an everyday thing, I see it as something really fascinating like it's brand new' CSC prisoner.

- 4.3** Exercise yards generally consisted of dehumanising austere cages (see section on purposeful activity and main recommendation S43) but the bleakness of some was offset slightly by enhancements, such as benches, exercise equipment, gardens and murals that prisoners had painted. Woodhill had a larger yard that was not covered with wire, but it was not used very often.

'[The exercise yard is] depressing, can't even get daylight.' CSC prisoner,

'We do not see sunlight unless we go out on the exercise yard, and I don't like that because I feel like a caged animal ... I don't want to feel like I'm in a cage' MCBS prisoner.

- 4.4** Some communal areas in units benefited from features such as plants, fish tanks and comfortable seating, but others lacked character or colour. Cells were generally clean and well equipped but most had unscreened toilets and many had no toilet seat or lid. Prisoners could personalise their cells with possessions and pictures and could clean them regularly, often every day. Apart from for some located in designated cells, prisoners had good access to showers. However, a number required redecoration and refurbishment. Many were not sufficiently private.
- 4.5** Except for those in designated cells and on the basic regime level, prisoners could wear their own clothes. Prisoners had reasonable access to their stored property and could have clothing sent in at specific intervals or could purchase clothes from catalogues. Adequate supplies of prison clothing were available for those who needed it and access to laundry facilities was good. Clean bedding was provided every week and prisoners could obtain basic toiletries.
- 4.6** Application forms were not always freely available and in some units, prisoners could only submit them at certain times. They were generally dealt with reasonably well. Staff handled unit matters promptly without prisoners having to make an application. Prisoners at Manchester had access to an automated application system – Uni-link – which kept an electronic record of their applications and responses.
- 4.7** The food was generally good, but meals were often served too early. Religious, cultural and medical diets were catered for and menus were varied. Some serveries were inadequately managed and serving staff were not properly dressed in protective clothing or hats. Temperatures were not always taken and serving areas were sometimes dirty. It was positive that prisoners could eat together out of their cells, and at Full Sutton and Whitemoor prisoners could cook for themselves, which they appreciated. All prisoners, except for some in designated cells, could collect their meals from the serveries. Prisoners were not consulted about the food in all units, although at Full Sutton, Manchester, Whitemoor and Wakefield discussions about food were held during prisoner meetings.
- 'We do communal meals now and again ... I eat with three other people so one week we will do a Sunday dinner, during the week we may have a stir fry or something.'* CSC prisoner.
- 4.8** Some prisoners had kettles in their cells or free access to hot water to fill flasks. However, in some designated cells, limited flasks or cups of hot water were provided and we were not assured this was sufficient, particularly overnight.
- 4.9** No unnecessary restrictions were placed on canteen items and catalogues. All units used the same canteen lists as the host prison, giving prisoners access to a reasonable range of items. All units provided prisoners with reception packs of shop items on arrival and canteen orders could be made every week.

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. Staff facilitate an environment which supports safe and supportive relationships.

4.10 Relationships were generally a real strength. Most staff worked effectively and the multidisciplinary team approach worked well in most units. Staff knew their prisoners very well and appeared caring and supportive. Units were often disrupted by the redeployment of uniformed staff who did not understand the CSC system. Most interactions we observed were very good. The majority of staff had completed appropriate training. Access to individual personal development supervision was problematic, although staff in some units could receive support from the psychology team.

4.11 Relationships were generally a real strength: staff knew their prisoners very well and understood their behaviour, triggers and risks. On the whole, staff understood the ethos of the system and worked to deliver it in a reasonably psychologically informed manner. Staff managed most behaviour in a measured and considered way and were generally caring and supportive. Most comments in our staff survey were encouraging:

'An exciting area to work/manage with some of the most challenging prisoners within the system. A environment which requires and fosters good team ethics and positive relationships with prisoners. A place where a positive change may take a long time to achieve but when it happens is then so rewarding,' CSC staff survey.

4.12 In our survey, over two thirds of respondents said that staff treated them with respect. Some prisoners complained about staff, but most interactions we observed were good and some were impressive; prisoners were challenged appropriately when necessary. Most staff called prisoners by their first or preferred names and spoke respectfully when addressing them. In our staff survey, 85% reported that they had meaningful interactions with prisoners on a daily basis. In a minority of cases at Manchester and Whitemoor we observed relationships between staff and prisoners that were distant and some staff did not interact fully with prisoners during association or other times when they were unlocked, Relationships at Full Sutton, the newest unit, were still developing but were mostly positive.

'I've discussed any concerns I've had with staff in an open and honest fashion,' Written comment in prisoner survey.

'Staff here, they aren't rude, they aren't abrasive, they give you time to speak your mind and they listen to you and they ask about you: "If you had anything you wanted to talk about we could go into this room and have a one to one about it,' CSC prisoner.

4.13 The multidisciplinary team approach worked effectively in most units, although we were concerned by the approach of some operational managers, who appeared not to have a full grasp of the therapeutic approach required in the CSC system. (See section on strategy, selection and review.) Prisoners' access to regime activities was sometimes disrupted by the redeployment of CSC staff to other duties. There were also disruptions when staff who did not understand the system or the individual needs of the men held in it were deployed from other duties to the CSC units.

'When the staff from the seg come onto the unit because of staffing shortages they come with the seg attitude,' Written comment in prisoner survey.

- 4.14** It was positive that there were attempts to consult men in the units, but effectiveness and outcomes achieved were mixed. A prisoner had been appointed at Wakefield to contribute to the main prisoner consultative meetings, and at Full Sutton, Manchester and Whitemoor, unit meetings were held with prisoners.
- 4.15** Most staff had completed or were undertaking the Working with Challenging Behaviour training modules (to provide staff with the knowledge and skills necessary to managed prisoners with complex needs); and found them helpful. In our staff survey, staff highlighted the need for a range of other specialist training to help them in their work with this group of prisoners, and we passed this information to CSC senior managers.

'It would be fantastic to do more in-depth mental health, interviewing skills (training)' 'The IPD sessions are very good but I feel that the staff need more training to deliver programmes,' Written comments from the CSC staff survey.

- 4.16** Access to individual professional development supervision was problematic and some staff did not have it very often. There had been a move to ensure all staff had this support by building the session into daily timetables from April 2015. Staff in some units could have either individual or group psychological support, which officers welcomed and appreciated.

Recommendation

- 4.17 All staff working in the CSC system should be offered regular individual professional development sessions.**

Equality and diversity

Expected outcomes:

Staff demonstrate a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensure that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic are recognised and addressed.

- 4.18** *Equality and diversity provision specific to the CSC system was underdeveloped. The reasons for the large number of Muslim men and those from a black and minority ethnic background held there was not understood. We found no evidence of discrimination in the way prisoners were treated on a day-to-day basis.*

- 4.19** We did not have access to comprehensive data on the protected characteristics of CSC prisoners; these data were subsumed into the host prison returns (see main recommendation S42). Staff were aware of the discriminatory views held by some prisoners that might have put others at risk but they managed these risks well. While the lack of data available meant it was difficult to be precise, around a third of prisoners held in CSCs were from black and minority ethnic groups and we were told 51% were Muslim. Both these figures were high and not enough had been done to try and understand why this was the case. We noted that work had been commissioned to ensure the CSC system took a more strategic view of prisoners' ethnicity and religion, for example, by looking at the ethnicity of those being referred for assessment, the reasons for referral and decisions to select them. (See main recommendation S46.)

- 4.20** Staff members confirmed that induction training included an introduction to the principles and policy on equality and diversity of the host prison. While CSC staffing did not always reflect the ethnic mix of the CSC prisoners, they did reflect that of the host prisons.
- 4.21** Prisoners did not feel they suffered discrimination and staff told us that prisoners' needs were dealt with on an individual basis. We were satisfied that prisoners with protected characteristics received individual consideration and care. Those who were a threat to others because of religious intolerance were kept apart from those of particular faiths and understood why this was necessary.
- 4.22** General prison systems were used to report discriminatory incidents; only one discrimination incident reporting form had been submitted at Full Sutton in the 12 months prior to our inspection. We spoke with most of the prisoners and none said that they had been subject to discrimination or had seen others subject to discrimination, and staff confirmed this. Most CSC accommodation was not equipped to accommodate prisoners with physical disability needs.

'I have balance problems ... and in the shower, I've slipped a few times, I haven't complained ... maybe some rails would help,' CSC prisoner.

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.

4.23 *Support to allow individual prisoners to follow their chosen faith was very good. Prisoners were positive about chaplaincy services.*

- 4.24** Chaplaincy support to prisoners in the CSC units was commendable. Prisoners were very positive about chaplaincy services and the support they received. All prisoners were seen on admission, had access to a visiting member of the chaplaincy every day and could see chaplains in private.

'I take communion every Saturday, and also as well during the week one chaplain or another will come and say hello to you and have a chat' CSC prisoner.

- 4.25** CSC prisoners did not have access to corporate worship other than at Full Sutton and Whitemoor (although at Whitemoor it had been temporarily curtailed due to staffing problems within the chaplaincy). At Manchester plans had been agreed to amend the regime to allow prisoners to attend corporate worship. In-cell faith-related guided work was available at all CSC units and we met several prisoners undertaking studies. Prisoners could keep religious books and artefacts with them and we observed several wearing religious symbols; they valued the fact that they could do so.

'Imam normally comes over twice a week. On a Thursday afternoon we normally have religious studies and then on a Friday he comes over and we all pray together ... It's been hit and miss, we came up against some problems, but it's slowly but surely becoming the norm rather than ad hoc.' CSC prisoner.

- 4.26** Chaplains contributed, as appropriate, to reviewing individual care and management plans and assisted with the provision of psychological support to prisoners who might have been radicalised, (see section on purposeful activity).

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.

- 4.27** *Although some prisoners lacked confidence in them, complaints procedures were mostly adequate.*

- 4.28** Prisoners knew how to make complaints and were encouraged, where appropriate, to resolve disputes informally. In the year to December 2014, there had been an average of 39 complaints per month from CSC prisoners. Complaints were frequently about property, mail and staff or they were confidential access complaints (which are only read by the person to whom they are addressed). It appeared that one or two prisoners made the majority of complaints. At Manchester we observed that one prisoner had been responsible for over 90% of complaints in the three months up to February 2015.

- 4.29** Complaints were dealt with within a reasonable timeframe and, except for a small minority, responses usually focused on the issues raised. Several prisoners told us they lacked confidence in the system as they felt complaints were rarely upheld and we saw evidence to confirm this view. There was no evidence to suggest that prisoners came under pressure to withdraw complaints, or of discrimination following complaints.

Legal rights

Expected outcomes:

Prisoners held in CSCs have access to legal advice and receive visits and communications from their representatives without difficulty.

- 4.30** *Legal services were adequate but restrictions in access to legal aid could have had an impact on the ability of some prisoners to obtain legal assistance to challenge key decisions.*

- 4.31** All CSC prisoners could access legal services and communicate in confidence with their legal representatives in person, by telephone or by letter. Prisoners could use Access to Justice computers or typewriters, which provided eligible prisoners with facilities to progress legal proceedings; most private legal visits occurred within suitable visiting facilities although those at Whitemoor were poor. We saw a small number of complaints about legal correspondence that had allegedly been opened by the prison. Prison staff said this had occurred because the source had not been appropriately identified when the mail entered the prison.

- 4.32** Changes to legal aid regulations⁴ meant that prisoners who wished to challenge decisions to select them for or deselect them from the CSC system now had severely restricted access. The absence of a formal appeals process meant some men had little hope of challenging the decisions which led them to being held in the restricted conditions of the CSC system (see main recommendation S41).

'It's very difficult because you can't challenge it through the legal process because there is no legal aid for CSC matters,' CSC prisoner.

Health services

Expected outcomes:

Prisoners have access to health services that are equitable to the services offered to non-CSC prisoners.

4.33 *Within the constraints of the environment and security arrangements, CSCs generally tried to promote prisoners' physical and psychological well-being. Prisoners received an appropriate initial health care screening and had equivalent access to health services to those who were not in the CSC system. There was mostly good use of in-possession medication. There was some evidence that prisoners received appropriate psychiatric treatment and support. Men awaiting transfers for mental health reasons experienced some delays.*

- 4.34** Central CSC managers and unit staff met regularly with representatives from the Department of Health, high and medium secure mental health services. NHS personnel included clinicians and managers from services that were directly involved with the CSC system, as well as leaders of the Department of Health offender personality disorder strategy. The NHS and the CSC Operational Manager co-chaired the well-attended meeting. In addition to reviewing individual cases the meeting was developing a more strategic approach to treatment pathways.
- 4.35** Generally the CSCs tried to promote the physical and psychological well-being of prisoners within the constraints of the environment and security rules. CSC prisoners had access to the host prison's health services. All prisoners were seen on admission and had a health screening. It was common to have someone admitted to a CSC unit with ongoing health needs. Prisoners had access to visiting registered nurses on a daily basis and doctors also visited. In some units CSC prisoners were included in a segregation unit clinic. Prisoners at Manchester thought visiting doctors were not accessible. There had been occasional recent problems with access due to staffing problems but, on the whole, access to doctors was good. Patients could have the same access to health care outside the CSC as non-CSC patients, and clinicians contributed to case review meetings as necessary.
- 4.36** One prisoner at Woodhill had been hospitalised for approximately three months after sustaining an acute brain injury following an assault by another prisoner in the unit. He was returned to the prison and received a good level of care, but we were not assured that the CSC system remained the right place for him and believed his case needed to be kept under constant review.

⁴ Legal Aid, Sentencing and Punishment of Offenders Act 2012.

- 4.37** There was good risk-assessed use of in-possession medications although some aspects of medicines administration, at some units, required improvement. In particular confidentiality at medicines administration times was limited. At Woodhill medicines management was poor as risks were needlessly introduced; medication was taken out of pharmacy-prepared containers and placed in named patient containers in the unit treatment room before being transported to the wings in an unlocked bag. This increased the likelihood of medicines becoming mixed up and patients receiving the wrong ones.
- 4.38** Prisoners had access to mental health services and prison forensic psychology services. Psychosocial support was impressive and prisoners had regular access to one-to-one psychology sessions. Although more consistent in some units than others, overall the psychotherapeutic work of officers in such a challenging environment was commendable.
- 4.39** Information-sharing between health services and prison forensic psychological services was facilitated by gaining prisoners' consent, although the system was not efficient. For example, at Manchester we were informed that a regular visiting consultant forensic psychiatrist had no access to information he believed to be pertinent in diagnosing patients that had been referred to him. The absence of information introduced unnecessary risks.
- 4.40** At Woodhill and Full Sutton some mental health assessment material, which mental health teams at referring prisons supplied to the central CSC unit, tended to be poor. The information was generally limited and even redacted in places for apparent reasons of confidentiality. We reviewed one case in which communication problems had arisen where there appeared to be a conflict between considering the prisoner's best interests and the need to maintain confidentiality. The care programme approach (CPA), mental health services for individuals diagnosed with a mental illness, was not always used properly. One man had, for example, been subject to the CPA at Woodhill but this had not continued after his transfer to Full Sutton, despite no obvious indication that a decision had been taken to discontinue the treatment following a formal review.
- 4.41** We were informed that NHS England had begun to clarify the protocol for ensuring consensual or best interest information-sharing and develop a process to resolve disagreements on matters of principle. This was essential and welcome.
- 4.42** Several prisoners at Full Sutton told us they did not know what to do to progress through the CSC system, however, many at Manchester told us they knew they had to work with psychologists to progress. Too many prisoners did not have progression targets they could understand. A national clinical review of CSCs, which was in final draft stage at the time of our inspection, intended to address some of the issues of progression, which would introduce clarity within a proposed new therapeutic model. (See section on individual care and management.)
- 4.43** There was evidence that prisoners were receiving appropriate psychiatric treatment and support but some mental health entries on SystmOne (the electronic clinical record) could have been more detailed. At Wakefield the mental health team was developing a trauma-informed approach to mental health care to complement the psychologically informed ethos.
- 4.44** We saw prisoners at Whitemoor and Full Sutton, who had been awaiting transfer under the Mental Health Act for several weeks beyond the transfer guideline of two weeks. We were told that this was a usual state of affairs.

'I'm basically just being held here right now until I go to Broadmoor. I'm just waiting for a bed at Broadmoor and I'll be gone ... We've been trying since I've been on the CSC to get a bed, but it's taken so long, so many hurdles, so much red tape' CSC prisoner.

Recommendations

- 4.45 Health care practitioners undertaking medicines management and administration in the CSCs should comply with their respective professional guidance and not secondarily disperse medications.**
- 4.46 There should be an information-sharing protocol to ensure the prompt exchange of prisoner information, and provide a mechanism for resolving disagreements.**
- 4.47 The care programme approach should be continued wherever the patient is in the prison system until such time as a documented multi-disciplinary review concludes otherwise.**
- 4.48 Patients requiring mental health services should be transferred expeditiously in line with transfer guidelines.**

Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

Main recommendations

To the governor

- 5.1** The central team needed to have a greater level of input into the recruitment of managers and staff and the day-to-day running of the CSC units to ensure the system was delivered consistently. (S40)
- 5.2** Key decisions regarding the selection and deselection of prisoners and the need to continue to hold them in the CSC system should be open to robust, independent scrutiny and meaningful challenge from outside the prison system; they should also be subject to a formal appeals process that prisoners can easily access. (S41)
- 5.3** Data across a range of key areas should be collated for specific CSC units and the CSC management team should use it centrally to identify and address any emerging trends or patterns. (S42)
- 5.4** Prisoners should be able to fill their time out of their cell with activities likely to benefit them and support progression. They should be encouraged to use time locked up as constructively as possible. (S43)
- 5.5** Designated cells should only be used for the shortest possible period and only in exceptional circumstances. Rule 46 prisoners in designated cells should receive equivalent care to those held in units. (S44)
- 5.6** Communal areas and exercise yards in all units should be improved to make them less oppressive and austere. (S45)
- 5.7** The reasons why the number of black and minority ethnic and Muslim prisoners in the CSC system was so high needed to be better understood to ensure there was no discriminatory practice. (S46)

Recommendations

Strategy, selection and review

- 5.8** The purpose, processes and regimes to support the centrally managed MCBS prisoners should be clear; they should support the strategy's main aim of diverting prisoners away from the CSC system back to mainstream prison units. (1.10)

Children, families and contact with the outside world

- 5.9** There should be a CSC-wide strategy to encourage and support prisoners to maintain contact with family and others in the community, and to involve them in key decisions. (2.30)

Escorts and early days in custody

- 5.10** Induction arrangements should be improved and the restricted regime at Whitemoor should be reviewed. (3.6)

Behaviour management

- 5.11** Governance and oversight of the use of high control cells should be improved. (3.18)

Self-harm and suicide prevention

- 5.12** Strip-clothing should only be used as a last resort and subject to a risk assessment. (3.28)

Safeguarding

- 5.13** Arrangements for initiating contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes should be implemented for all men held within the CSC system. (3.31)

Security

- 5.14** Strip-searching, the use of handcuffs and closed visits should only be applied subject to an individual risk assessment. (3.37)

Staff-prisoner relationships

- 5.15** All staff working in the CSC system should be offered regular individual professional development sessions. (4.17)

Health services

- 5.16** Health care practitioners undertaking medicines management and administration in the CSCs should comply with their respective professional guidance and not secondarily disperse medications. (4.45)
- 5.17** There should be an information-sharing protocol to ensure the prompt exchange of prisoner information, and provide a mechanism for resolving disagreements. (4.46)
- 5.18** The care programme approach should be continued wherever the patient is in the prison system until such time as a documented multi-disciplinary review concludes otherwise. (4.47)
- 5.19** Patients requiring mental health services should be transferred expeditiously in line with transfer guidelines. (4.48)

Examples of good practice

- 5.20** The format of the monthly multidisciplinary team meetings at Whitemoor ensured that prisoners were fully involved. (1.19)
- 5.21** The regime at Full Sutton was full and provided prisoners with structure and choice, which improved their participation. (2.19)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Karen Dillon	Inspector
Sandra Fieldhouse	Inspector
Jeanette Hall	Inspector
Kellie Reeve	Inspector
Louise Finer	Senior policy officer
Catherine Shaw	Researcher
Joe Simmonds	Researcher

Specialist inspectors

Paul Tarbuck	Health services and substance misuse inspector
Steve Eley	Health services and substance misuse inspector
Dr Stuart Turner	Independent consultant in general adult psychiatry
Clive Meux	Independent consultant in forensic psychiatry

Appendix II: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

The prisoner survey and interviews were conducted in advance of the inspection, during January and February 2015. Both the survey and interviews were voluntary, confidential and anonymous. The results of the survey and interviews formed part of the evidence base for the inspection.

Contacting prisoners

Individually addressed envelopes were sent to all prisoners in each CSC unit approximately two weeks prior to the arrival of HMIP researchers. These were sent, in batches, to a designated liaison officer at each prison who distributed the surveys on our behalf. Each envelope contained a personalised letter from the Chief Inspector explaining the CSC inspection, a questionnaire with self-seal envelop and a slip to book an interview with HMIP researchers. Prisoners who wanted an interview were asked to hand their slip back to the liaison officer.

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 leave it in their room to be collected by HMIP researchers when they visited the CSC unit.

The questionnaire was only available in English but telephone translation services were available for any prisoner who did not understand English. This facility was not required.

Fieldwork

On arrival at each CSC unit, the researchers first spoke to all prisoners individually, ensuring prisoners understood the purpose of the research and how it would be used in the inspection. This was also a second opportunity for prisoners who had not already done so to opt in to an interview.

We were also able to distribute surveys and offer interviews to any prisoners who had recently transferred to the unit and therefore not received the initial letter. Completed questionnaires were collected from prisoners by the HMIP researchers in person.

Individual interviews were conducted with those prisoners who had requested one. Depending on risk assessments carried out by unit staff, these interviews were in either open or closed conditions. In all cases prison staff were within sight but not earshot of interviews. Two HMIP researchers were present for interviews in CSC units, one asking questions, the other taking notes. The interviews in Belmarsh and Long Lartin designated cells were conducted by a single researcher. All interviews were digitally recorded, except in one instance where the prisoner withheld permission.

Overall response

At the time the fieldwork ended on 13 February 2015 there were 63 centrally managed prisoners in total, including CSC and centrally managed MCBS prisoners. Using the method described above, questionnaires and offers to interview were distributed to 58 prisoners⁵.

Ten prisoners refused both the offer of an interview and also refused to fill in a questionnaire, thus not engaging at all with the research process.

⁵ For various reasons we were unable to contact five prisoners to offer them an interview or a survey. Some were missed due to transfers between establishments during the fieldwork period and one prisoner was seriously ill in outside hospital. It was not possible to visit Frankland during the fieldwork but arrangements were made for inspectors to talk to prisoners held in designated cells there during the inspection weeks.

Overall 48 prisoners either accepted an interview or completed a survey, or both. This represented an 83% engagement rate of the centrally managed prisoners whom we were able to contact, and 76% of the total centrally managed population.

Prisoner interviews

Overall 44 prisoners accepted the offer of an interview; however it was only possible to conduct interviews with 42 prisoners⁶.

Unit	Number of interviews conducted
Woodhill	11
CSC	(6)
MCBS	(5)
Whitemoor	6
Wakefield	9
Full Sutton	7
Manchester	3
CSC	(2)
MCBS	(1)
Designated cells	6
Belmarsh	(2)
Full Sutton	(1)
Long Lartin	(1)
Manchester	(1)
Whitemoor (CSC)	(1)
TOTAL	42

Notes from the interviews were summarised into a grid corresponding to the CSC expectations and summarised responses were provided to inspectors in advance of the inspection. Verbatim quotes have also been included in this report.

Prisoner survey

Overall 39 prisoners returned a survey⁷, this equates to a response rate of 67%.

Unit	Number of completed surveys returns
Woodhill	12
CSC	(7)
MCBS	(5)
Whitemoor	3
Wakefield	8

⁶ The two prisoners in question refused to be interviewed under the conditions offered by the establishment.

⁷ One prisoner returned two surveys, one for Full Sutton and one for Frankland.

Full Sutton	6
Manchester	5
CSC	(3)
MCBS	(2)
Designated cells	6
Belmarsh	(2)
Frankland	(1)
Full Sutton	(2)
Whitemoor	(1)
TOTAL	40

A full breakdown of responses has been 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%.

Survey summary

Section 1: Your time in the CSC system

Q1.2	Which CSC units have you been held in? (Please tick all that apply to you.)	
	Full Sutton.....	13
	Wakefield.....	15
	Whitemoor.....	12
	Woodhill.....	31
	Other.....	19

Section 2: Respectful custody

Q2.1	The following questions are about your experience in <u>this CSC unit</u>:		
		Yes	No
	Do you normally have enough clean, suitable clothes for the week?	31 (78%)	9 (23%)
	Are you normally able to have a shower every day?	34 (85%)	6 (15%)
	Do you normally receive clean sheets every week?	26 (65%)	14 (35%)
	Do you normally get cell cleaning materials every week?	35 (88%)	5 (13%)
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	26 (65%)	14 (35%)
	Is your cell call bell normally answered within five minutes?	28 (74%)	10 (26%)
	Have any members of staff physically restrained you (C&R)?	12 (30%)	28 (70%)
Q2.2	What is the food like here?		
	Very good.....		0 (0%)
	Good.....		10 (26%)
	Neither.....		15 (38%)
	Bad.....		9 (23%)
	Very bad.....		5 (13%)
Q2.3	Can you follow your religion if you want to?		
	Yes.....		14 (36%)
	No.....		18 (46%)
	I do not want to / I have no religion.....		7 (18%)
Q2.4	Are you able to speak to a Chaplain / Religious leader of your faith in private?		
	Yes.....		18 (47%)
	No.....		14 (37%)
	I do not want to / I have no religion.....		6 (16%)
Q2.5	Are you able to speak to the Samaritans at any time, if you want to?		
	Yes.....		12 (31%)
	No.....		5 (13%)
	Don't know.....		22 (56%)

Section 3: Relationships with staff

Q3.1	Do most staff treat you with respect?	
	Yes.....	27 (69%)
	No.....	12 (31%)
Q3.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	28 (72%)
	No.....	11 (28%)

Q3.3	Has a member of staff made an effort to chat to you in the last 24 hours?	
	Yes	25 (64%)
	No.....	14 (36%)

Section 4: Safety

Q4.1	Have you ever felt unsafe on this unit?	
	Yes	14 (36%)
	No.....	25 (64%)
Q4.2	Do you feel unsafe at the moment?	
	Yes	6 (16%)
	No.....	32 (84%)
Q4.4	Have you been bullied or picked on by any prisoner on this unit ?	
	Yes	5 (13%)
	No.....	34 (87%)
Q4.6	Have you been bullied or picked on by staff on this unit?	
	Yes	16 (46%)
	No.....	19 (54%)

Section 5: Healthcare

Q5.1	How easy is it to see healthcare in this unit?	
	Don't know	3 (8%)
	Very easy.....	10 (26%)
	Easy	8 (21%)
	Neither	5 (13%)
	Difficult.....	7 (18%)
	Very difficult.....	5 (13%)
Q5.2	What do you think of the overall quality of the health services here?	
	Not used them	4 (11%)
	Very good.....	1 (3%)
	Good.....	9 (24%)
	Neither	11 (29%)
	Bad	7 (18%)
	Very bad.....	6 (16%)

Section 6: Activities

Q6.1	Do you have opportunities to associate with the other prisoners on this unit?	
	Yes	22 (58%)
	No.....	15 (39%)
	Don't want to associate	1 (3%)
Q6.2	Are there enough activities to occupy you when you are in your cell?	
	Yes	17 (44%)
	No.....	22 (56%)
Q6.3	Are there enough activities to occupy you when you are out of your cell?	
	Yes	15 (39%)
	No.....	23 (61%)
	Don't want to leave my cell.....	0 (0%)

Q6.5	Did you spend any time outside in the open air yesterday?	
	Yes	19 (49%)
	No.....	20 (51%)

Section 7: Contact with the outside world

Q7.1	Have staff helped you to maintain contact with family and friends?	
	Yes	10 (26%)
	No.....	28 (74%)

Q7.2	Are you able to use the telephone every day?	
	Yes	32 (80%)
	No.....	8 (20%)

Q7.3	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	5 (13%)
	<i>Very easy</i>	2 (5%)
	<i>Easy</i>	8 (20%)
	<i>Neither</i>	5 (13%)
	<i>Difficult</i>	4 (10%)
	<i>Very difficult</i>	16 (40%)

Q7.4	Are your visits from family and friends always closed visits?	
	<i>I don't get visits</i>	8 (22%)
	Yes	5 (14%)
	No.....	24 (65%)

Q7.5	Have you had problems sending and receiving mail?	
	Yes	28 (70%)
	No.....	12 (30%)

Q7.6	How easy is it to...						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	11 (28%)	11(28%)	6 (15%)	3 (8%)	6 (15%)	2 (5%)
	<i>Attend legal visits?</i>	5 (14%)	11(31%)	6 (17%)	0 (0%)	4 (11%)	9 (26%)

Section 8: Assessment, targets and progression

Q8.1	Are you currently being assessed for entry to the CSC?	
	Yes	3 (8%)
	No (<i>Please go to question 8.5</i>).....	35 (92%)

Q8.2	If yes, do you know when the assessment process will end?	
	<i>Not being assessed</i>	35 (95%)
	Yes	2 (5%)
	No.....	0 (0%)

Q8.3	Do you know what the assessment involves?	
	<i>Not being assessed</i>	35 (95%)
	Yes	2 (5%)
	No.....	0 (0%)

Q8.4	Do you know what the options are at the end of the assessment process?	
	<i>Not being assessed</i>	35 (95%)
	Yes	2 (5%)
	No.....	0 (0%)

Q8.5	Do you know what you have to do in order to return to mainstream conditions?	
	Currently being assessed for entry to the CSC	3 (8%)
	Yes	14 (39%)
	No.....	19 (53%)
Q8.6	Are you aware of what your targets are?	
	Currently being assessed for entry to the CSC	3 (8%)
	Yes	16 (42%)
	No.....	19 (50%)
Q8.7	Is anyone helping you complete these targets?	
	Do not have any targets/ currently being assessed.....	8 (23%)
	Yes	11 (31%)
	No.....	16 (46%)
Q8.8	Has anything happened to you in this unit to help you progress through the system?	
	Currently being assessed for entry to the CSC	3 (8%)
	Yes	16 (44%)
	No.....	17 (47%)

Section 10: Questions about you

Q10.1	How old are you?	
	Under 21	0 (0%)
	21-29	15 (42%)
	30-39	10 (28%)
	40-49	7 (19%)
	50-59	3 (8%)
	60-69	1 (3%)
	70 and over	0 (0%)
Q10.2	What is your ethnic group?	
	White: British (English/ Welsh/ Scottish/ Northern Irish)	14 (40%)
	White: Irish	2 (6%)
	White:Gypsy or Irish Traveller	2 (6%)
	White:Any other background.....	5 (14%)
	Mixed: White and Black Caribbean	0 (0%)
	Mixed: White and Black African	0 (0%)
	Mixed: White and Asian	1 (3%)
	Mixed: Any other Mixed background	0 (0%)
	Asian/ Asian British: Indian	0 (0%)
	Asian/ Asian British: Pakistani.....	2 (6%)
	Asian/ Asian British: Bangladeshi	0 (0%)
	Asian/ Asian British: Chinese	0 (0%)
	Asian/ Asian British: Any other Asian background.....	0 (0%)
	Black: African	1 (3%)
	Black: Caribbean	5 (14%)
	Black: Any other Black background	1 (3%)
	Other: Arab	1 (3%)
	Other.....	1 (3%)
Q10.3	What is your religion?	
	No Religion	6 (18%)
	Christian (including C of E, Catholic, Protestant and all other Christian denominations)	9 (26%)
	Buddhist	1 (3%)
	Hindu	0 (0%)
	Jewish	2 (6%)
	Muslim	16 (47%)
	Sikh.....	0 (0%)
	Any other religion	0 (0%)

Appendix III: Close supervision centres inspection external advisory group

Terms of reference

Aim

The group will provide expert advice and guidance to the HMIP CSC inspection team about the management of challenging prisoners, the development of an inspection methodology and principles around holding people in highly secure conditions or solitary confinement.

Role

- To advise about relevant research in the management of challenging prisoners and operation of extreme forms of custody;
- To advise around learning from other jurisdictions in managing these prisoners;
- To offer advice about relevant human rights principles related to managing prisoners in extreme custody;
- To advise about the psychological impact of extreme custody and solitary confinement;
- To act as a critical friend to the HMIP inspection team in developing a methodology for this and future inspections of specialist units;
- To comment upon the developing methodology and provide feedback about improvements;
- To attend periodic meetings where relevant issues will be discussed;
- To respond to periodic requests for information or feedback on specific topics;
- To comment upon emerging findings from the inspection and inform the final published report.

Composition

Sean Sullivan (chair)	HMIP inspection team leader
Michael Dunkley	Prison and Probation Ombudsman, Assistant Ombudsman
Dr Monica Lloyd	C Psychol (Forens), AFBPsS, Senior Lecturer, University of Birmingham
Sue McMillan	Care Quality Commission
Anisha Mehta	Head of Training and Interventions, Prison Advice and Care Trust
Dr Clive Meux	Medical Director and Director of Strategy, Oxford NHS Trust
Dr Sharon Shalev	Research Associate, Centre for Criminology, University of Oxford
Alex Sutherland	Independent Monitoring Board Chair, HMP Whitemoor
Dr Stuart Turner	MD MA FRCP (Lon) FRCPsych, Consultant Psychiatrist

Ad hoc members of the HMIP inspection team and the HM chief inspector of prisons Nick Hardwick

Appendix IV: Extract from *Close Supervision Centres Operating Manual* (February 2015)

Application of the CSC System

Referral to the CSC

The CSC Referral Manual (PSI 42/2012) provides the necessary information on which to base a decision whether to refer a prisoner to the CSC system and should be read in conjunction with this manual.

Prisoners referred to the CSC system would normally be those who have carried out a single serious act of violence, or those demonstrating (or threatening to demonstrate), behaviours that are significantly dangerous to others, and as such they are deemed unsuitable to be managed on normal location or in a segregation environment. The decision whether to refer a prisoner to the CSC will take into account the need to protect others from the risk of serious harm posed by some prisoners. Previously he may have demonstrated violence and/or other control problems, and not responded sufficiently to alternative methods of control. Attempts to manage problematic prisoners using existing processes are usually required to evidence compliance with the requirements of PSO 1810, paragraph 2.5 and section 8. But all cases are judged on their individual merits, and there can be circumstances where CSC referral is appropriate without a history of such behaviours or failure to respond to other measures.

A prisoner may be referred to the CSC if any one or more of the following are evident:

Referral Criteria:

- Demonstrating repeated or escalating violence towards others;
- Carried out, or orchestrated, a single serious or significant act of violence or disorder, e.g. hostage taking, murder, attempted murder, serious assault, concerted indiscipline etc;
- Causing significant day-to-day management difficulties by undermining the good order of the establishment i.e. through bullying, coercion, intimidation, threats, regime disruption and subversive activity. Involvement in such activities may not always be overt but be supported by significant intelligence indicating that individual's involvement;
- Seriously threatening and/or intimidating behaviour, directed at staff and/or prisoners;
- A long history of disciplinary offences indicative of persistent problematic behaviour;
- Repeated periods of segregation under Prison Rule 45 - Good Order or Discipline;
- A continuous period of segregation exceeding six months (3 months for non-high security prisons) due to refractory behaviour;
- Failure to respond to attempts to manage his risk and behaviour using existing processes, or under the MCBS (high security estate only), and his risk to others or the safe operation of an establishment is deemed to be significant.

Referral to the CSC does not bypass the use of appropriate existing management tools already available in all establishments.

If the CSC Management Committee selects a prisoner for assessment within the CSC system he will be notified of the decision in writing with reasons for the decision and will transfer to a CSC Assessment centre as soon as is operationally possible to commence his assessment to determine suitability for placement under Prison Rule 46. Where operational, or other, factors determine that the prisoner cannot transfer and will remain in a Designated Rule 46 cell awaiting assessment, he will remain under Rule 46 and be reviewed monthly by the CSCMC. If at any point during the assessment his continued placement under Rule 46 appears to no longer be necessary the CSCMC can decide, at their monthly meeting, to remove a prisoner from management under Rule 46. That decision will be documented within the minutes of the CSCMC meeting.

Appendix V: Human rights and Expectations

Human rights context

HMIP's role in the UK's NPM⁸ requires us to make recommendations designed to improve treatment and conditions and prevent ill treatment, drawing on relevant human rights standards in doing so. Inspectors needed a set of expectations which captured the key outcomes for prisoners held in the CSC system and the strategic considerations and safeguards required for this extreme form of custody.

As a starting point, we analysed the human rights standards that were relevant to the CSC system, in line with our obligations under OPCAT, identifying those relating to cases and practice in countries with comparable systems. These standards, which recognise that the risk of inhumane treatment is higher when exceptional security management measures are imposed, underpin our expectations.

We identified that distinguishing between prisoners subject to exceptional security measures in bespoke units (such as CSCs), which can be described as administrative segregation⁹, and those subject to other forms of disciplinary or punitive segregation (such as 'ordinary' segregation under prison rules 45 or 55¹⁰) was crucial to our analysis of the human rights standards that should apply.

Existing judgements indicated that measures similar to those found in the CSC system could in themselves constitute inhuman or degrading treatment. So the more stringent the exceptional security measure, the harder it was for a state to justify their necessity.

We identified three main areas of human rights standards that were applicable to CSCs, and have called these basic principles, procedural standards and substantive aspects.

The UK is subject to the scrutiny of all of the bodies whose standards form the basis of our analysis, either through regular monitoring and reviews or through litigation in relation to individual cases. As with other human rights standards, the standards relating to the CSC set out here may develop.

Basic principles

The basic standards relating to how prisoners are treated should apply equally to those within the CSC system as to any other prisoners, although special measures for some could be warranted. Systems designed to categorise prisoners into groups to maintain good order can be justified in exceptional circumstances but must be flexible and regulated by competent authorities.¹¹

Traditional human rights 'tests' arising from the European Convention on Human Rights should be applied to the CSC system and have been comprehensively set out by the European Committee for the Prevention of Torture. Further restrictions on a prisoner's rights imposed through CSC-type

⁸ See paragraph A2

⁹ Administrative segregation is an internal process to take prisoners classified as dangerous out of the mainstream population. It is governed by administrative rules, with a rationale to reduce violence and maintain order and discipline.

¹⁰ Rule 45 permits a prisoner's removal from association and rule 55 permits their segregation as a punishment for a disciplinary offence.

¹¹ United Nations, Standard minimum rules for the treatment of prisoners (1955), 63(1); United Nations Commission on Crime Prevention and Criminal Justice (2015), 'The Mandela Rules' (E/CN.15/2015/L.6/Rev.1), Preliminary observation 3, Rules 37 (d), 89; Council of Europe, Committee of Ministers (1982), Recommendation concerning Custody and Treatment of Dangerous Prisoners (No. R (82) 17); Council of Europe, Committee of Ministers (2014), Recommendation concerning dangerous offenders (CM/Rec(2014)3); Council of Europe, Committee of Ministers (2006), Recommendation on the European Prison Rules (CM/Rec(2006)2).

management should be:

- Proportionate – linked to the actual or potential harm the prisoner has or will cause in the prison setting; the longer the restrictions are imposed, the greater the requirement to ensure they are justified and proportionate.
- Lawful – set out precisely in law and open to challenge and review.
- Accountable – a record should be made of the factors influencing the decision, the process by which it is maintained and the prisoner’s engagement.
- Necessary – the only restrictions permitted are those that are necessary to ensure the prisoner is confined in a safe and orderly way and to meet the requirements of justice.
- Non-discriminatory – measures should not be applied against a particular prisoner or group of prisoners disproportionately without an objective or reasonable justification.¹²

When examining comparable systems in other countries, human rights bodies identified a number of concerns relating to the procedures that govern them. From these, the following standards relevant to CSCs can be identified.

Procedural standards

*Placement decisions and reviews*¹³

Classifying prisoners as dangerous and warranting exceptional security measures is acceptable but must be on an individual basis, adapted to individual requirements and made only in exceptional circumstances.

Regular reviews, which must be objective and meaningful, should be based on the continuous assessment of the individual prisoner by specially trained staff. Reviews should be fair and perceived to be fair, and form part of a process designed to address the prisoner’s attitude and behaviour, allowing them to progress and move towards reintegration. After the initial decision to place a prisoner into the system, a review should take place after the first month and at least every three months thereafter. The longer the person remains in this situation, the more thorough the review should be and the more resources, including those outside the prison, should be made available to attempt to reintegrate the prisoner into the main prison community.

¹² Council of Europe (2011), *21st General Report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment*.

¹³ Council of Europe, Committee of Ministers (1982), *op. cit.*; Council of Europe (2008), *Report to the Croatian Government on the visit to Croatia carried out by the European CPT, 2007*, (CPT/Inf (2008) 29); Council of Europe (2012), *Rapport au Gouvernement de la République française relatif à la visite effectuée en France par le CPT, 2010* (CPT/Inf (2012)13); UN Committee against Torture, *Consideration of reports submitted by states parties under article 19 of the Convention, Concluding observations of the Committee against Torture, France, CAT/C/FRA/CO/4-6*, 20 May 2010; Council of Europe, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2001), *11th General Report on the CPT’s activities*, (CPT/Inf (2001) 16); UN Committee against Torture (2009), *Consideration of reports submitted by States parties under article 19 of the Convention, Concluding observations of the Committee against Torture, Belgium, CAT/C/BEL/CO/2*; Council of Europe (2011), *op. cit.*

*Length of placement and progression*¹⁴

Prisoners should not be subject to exceptional security measures for any longer than the risk they present makes necessary; measures should be approved for a specific period of time and should never be permanent. Prisoners should be aware of the conditions they have to fulfil to progress to an ordinary regime.

*Oversight and challenge*¹⁵

It should be possible to challenge prison authorities' decisions to impose exceptional security measures and prisoners should be aware of how to do this. An independent authority, such as a judge, should participate in the reviews. There should be a right of appeal to an independent authority and interpreters and lawyers should be present at appeal hearings. Independent authorities must have the power to challenge the substantive case for a prisoner's placement as well as its legality.

*Involvement of prisoners*¹⁶

Prisoners must receive information on the reasons why they are being subjected to exceptional security measures. They should be present at the placement decision and review and have the opportunity to express their views during the proceedings. Prisoners must be kept fully informed in writing of the reasons for their placement, receive a copy of the decision to impose or renew such measures, and be requested to sign a form stating they have received the decision.

Substantive aspects

Human rights standards relating to conditions of imprisonment are broadly applicable, but given the nature of exceptional security measures imposed under the CSC system, there are other specifics that should also apply. These include:

*Mitigating the effects of separation, solitary confinement*¹⁷ *or isolation*¹⁸

The conditions imposed as a result of exceptional security measures should be less strict than those for disciplinary punishment. The regime should be relatively relaxed to compensate for the severity of the custodial situation. The health problems that may result from reinforced security should be addressed and efforts made to counteract any possible adverse effects of reinforced security conditions on the prisoner and their community on release from prison.

¹⁴ Council of Europe, Committee of Ministers (1982), *op. cit.*; Council of Europe (2012), *op. cit.*; Council of Europe, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2001), *op. cit.*; Council of Europe (2009), *Report to the Swedish Government on the visit to Sweden carried out by the European CPT*, (CPT/Inf (2009) 34).

¹⁵ European Court of Human Rights, *Csüllög v. Hungary (and Szél v. Hungary)*, Application No. 30042/08, 07-06-2011; Council of Europe (2011), *op. cit.*; UN Committee against Torture (2009), *op. cit.*; Council of Europe (2009), *op. cit.*

¹⁶ European Court of Human Rights, *Csüllög v. Hungary and Szél v. Hungary*, Application No. 30042/08, 07-06-2011; Council of Europe (2009), *op. cit.*; Council of Europe, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2001), *op. cit.*; Council of Europe, *Report to the German Government on the visit to Germany carried out by the European CPT, 2005*, (CPT/Inf (2007) 18).

¹⁷ The confinement of prisoners for 22 hours a day or more, without meaningful human contact. United Nations Commission on Crime Prevention and Criminal Justice (2015), *op. cit.* Rule 44.

¹⁸ Council of Europe, Committee of Ministers (1982), *op. cit.*; Council of Europe, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2001), *op. cit.*; United Nations Commission on Crime Prevention and Criminal Justice (2015), *op. cit.* Rule 38.

*Regime*¹⁹

Prisoners should have an individual regime plan geared to addressing the reasons for their being subject to exceptional security measures. The overall objective throughout their time in restricted conditions should be to persuade the prisoner to re-engage with the normal regime.

*Staff-prisoner relationships*²⁰

Special efforts should be made to develop a good internal atmosphere and positive staff-prisoner relationships. They should be based on the spirit of communication and assistance, without neglecting supervisory and staff safety measures.

*Purposeful activity*²¹

Prisoners should have access to a constructive structured programme of preferably out-of-cell activities that offer diversity and choice. Appropriate stimulation should be provided regardless of the prisoner's offence and/or level of assessed risk (or presumed dangerousness). Although security considerations can preclude certain types of work, this should not mean only mundane work is offered.

Educators and psychologists should proactively encourage prisoners to participate in activities and to interact safely with other prisoners for at least a part of each day. Daily outdoor exercise of at least one hour, and longer when possible, must be available.

*Health care*²²

Medical staff should pay particular attention to prisoners subject to exceptional security measures. If it amounts to solitary confinement, they should be informed of every placement and should visit the prisoner immediately after they arrive and thereafter on a regular basis, at least once a day, providing them with prompt medical assistance and treatment as required. They should report to the prison governor whenever a prisoner's health is seriously at risk by any condition of imprisonment including solitary confinement.

Finalising our expectations

This work showed us that the CSC system needed to balance the requirement for exceptional security measures against the potential effects on the individual. In this context we developed an initial draft of expectations, which was shared with NOMS and a range of external experts. The draft was then refined following their contributions and an expert advisory working group was formed to further support the work; members included psychiatrists, academics and representatives from the Independent Monitoring Board (IMB) and key statutory agencies. (See Appendix III.)

¹⁹ Council of Europe (2011), *op. cit.*

²⁰ Council of Europe, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2001), *op. cit.*; Council of Europe, Report to the Spanish Government on the visit to Spain carried out by the European CPT, 2003, (CPT/Inf (2007) 28).

²¹ Council of Europe, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2001), *op. cit.*; Council of Europe (2005), *op. cit.*; Council of Europe, Report to the Polish Government on the visit to Poland carried out by the European CPT, 2009, (CPT/Inf (2011) 20); Council of Europe (2011), *op. cit.*; Report to the Spanish Government on the visit to Spain carried out by the European CPT, 2012, (CPT/Inf (2013) 8); Council of Europe, Committee of Ministers (2006), European Prison Rules, 27.1.

²² Council of Europe (2011), *op. cit.*; United Nations Commission on Crime Prevention and Criminal Justice (2015), *op. cit.* Rules 33, 46.

The expectations we used are reproduced below. They will be revised further in the light of our experience of this inspection, and will be formally published to NOMS and on our website in due course.

Expectations: Criteria for assessing the treatment and conditions for CSC prisoners

Overarching statement

Prisoners are only held in dedicated close supervision centre (CSC) units or managing challenging behaviour strategy (MCBS) central units as a last resort. Governance structures meet standards elaborated by official human rights bodies, including independent scrutiny and regular reviews. Conditions are safe and respectful and prisoners have opportunities to engage in appropriate progression and reintegration activities, which meet their individual needs and risks. They are supported to make progressive moves into more normalised mainstream secure settings.

Section 1: CSC strategic management

Prisoners are appropriately selected for CSCs and receive individual support to reduce their risk of harm and work towards de-selection.

- Strategy, selection and review
- Individual care and management

Strategy, selection and review

Prisoners are only held in dedicated close supervision centre (CSC) units as a last resort. Governance processes are strong and prisoners have clear rights of appeal. Prisoners are allocated to units which meet their individual needs.

1. The purpose of the CSC system and each unit within it is clear and based on a needs assessment.

Indicators

- A comprehensive national strategy shapes the role and purpose of each CSC with a clear focus on selection, progression and reintegration.
 - The strategy is reviewed regularly and kept up to date by regular analysis of the needs of the population
 - The analysis of needs is based on an adequate range of sources, and sufficient attention is paid to all protected characteristics, as well as specific groups such as long-term prisoners.
2. CSC governance structures are strong and protect the rights of individuals.

Indicators

- Governance structures include personnel without a direct operational role or responsibility for the system and provide regular and robust scrutiny based on reliable data and regular visits.
- Decision making processes are clearly recorded.
- Staff and prisoners, including those being considered for referral understand the governance structures.
- There is a clear rationale for the management of prisoners in the MCBS central units, and a process that matches that of the CSCs in terms of safeguards.

3. Prisoners are selected to be managed within the CSC system using a laid down set of criteria and only after all other relevant options have been considered.

Indicators

- Following a referral to the CSC system, and prior to full selection, prisoners undergo a period of pre-selection assessment in a purposeful and suitable environment to determine whether placement within the CSC system is required.
- Prisoners are selected for management in the CSC system only after all other relevant options have been considered, and following a thorough risk assessment against clear publicised criteria.
- An independent authority is involved in the selection process to provide meaningful scrutiny and that has genuine power to challenge the decision making process.
- Unless there are valid security reasons, prisoners are able to receive a copy of all reports produced.
- Selection is for a specified period only after which it is reviewed.
- Allocation to the CSC system is made using the appropriate prison rule, is not a disciplinary or punitive measure and is properly authorised.
- Prisoners are given written reasons for their allocation to the close supervision centre system.
- Prisoners are allocated to individual units using clear criteria.
- Prisoners are able to submit representations or to appeal against allocation to the CSC system.

4. There is effective oversight of decisions to continue to hold prisoners in the CSC system.

Indicators

- Formal reviews of the need for continuing administrative segregation take place at least annually. Prisoners have the opportunity to express their views in person.
- An independent authority is involved in the formal review process to provide meaningful scrutiny and has genuine power to challenge the decision making process.
- Prisoners have access to support to present their case.
- Prisoners are able to submit representations or to appeal against the continued allocation to the CSC system.

(Cross reference to individual care and management section)

5. Prisoners are held in units which are designed to take account of their psychological needs and emotional well-being.

Indicators

- CSC units adhere to the principles of a psychologically informed physical environment (PIPE).
- The environment encourages safe and supportive relationships.
- There is a focus on understanding the psychological and emotional needs of prisoners.
- There are a range of interventions to support prisoners to mitigate the impact of prolonged isolation and or/psychological deterioration.
- All staff are clear about the role of the CSC and their responsibilities to support progression and reintegration
- Staff are specifically selected, trained and equipped to work with CSC prisoners and have good interpersonal skills.
- Staff receive regular supervision

(Cross reference to S-P relationships)

Individual care and management

All CSC prisoners have a robust individual assessment of risk and need, which is regularly reviewed and implemented. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans. Progression and reintegration are clearly promoted and processes are rigorously applied. There are a range of interventions to ensure the psychological and emotional well-being of prisoners. Prisoners are able, and expected, to engage in activity that is likely to benefit them and support their progression.

6. Each prisoner's risk of harm to others is kept to a minimum and risk reduction work is undertaken.

Indicators

- All formally selected prisoners have a care and management plan, developed by a multidisciplinary team, which aims to reduce risk of harm to others and of reoffending.
- Prisoners are able to contribute to the development of this plan
- The plan includes specific steps needed to achieve progression and reintegration rather than purely containment or compliance with the regime. Attention is given to individual wellbeing, psychological welfare, behavioural management and the impact of prolonged and deep custody.
- Prisoners are actively encouraged to participate with progression planning and a constructive regime, including educational achievement.
- Daily and weekly logs are comprehensive and linked to the targets in the care and management plan.
- Reports are provided to support reviews and decisions regarding the location, placement and de-selection of each prisoner. Reports are based on good quality feedback from all relevant staff and daily/weekly logs
- Reviews of the care and management plan are undertaken at appropriate intervals and following a significant change/event.
- There is a clear link to the OASys sentence plan with good and regular communication with the offender supervisor and offender manager.
- Prisoners are provided with prompt and detailed individual written feedback from the local CSC manager after each review.
- There is good quality, routine management oversight of the quality of the care and management plan, daily recording and monthly and annual reviews.
- A central case record holds up to date details of contact with the prisoner and work done to achieve objectives.

(Cross reference Behavioural management)

References

BPTP 4, 10; EPR 16, 51.3, 52.1–3, 72.3, 83(b), 102.1, 103, 104.2; SMR 69, 80

7. Prisoners understand and are motivated to meet progression targets and are supported in their efforts to achieve them.

Indicators

- Contact with personal officers, psychologists, offender supervisors and other staff is regular and meaningful and supports the delivery of the care and management plan.
- Prisoners are encouraged to participate meaningfully in the care and management plan process as well as sentence planning boards. Prisoners understand what they need to achieve and are given opportunities to achieve their targets
- Potentially discriminatory or disadvantaging factors and any other individual needs are fully assessed at an early stage. If identified, actions to minimise their impact are taken.
- When appropriate, prisoners are moved promptly to a more appropriate CSC, special hospital or mainstream prison location to drive forward the plan.

(Cross reference E&D)

8. Any public protection restrictions or requirements placed on prisoners are proportionate to managing their risk of harm. Prisoners are appropriately assessed and decisions are clearly communicated.

Indicators

- Where relevant, MAPPA levels are confirmed well in advance of release into the community. CSC staff are aware of plans to manage risk of harm on release into the community and where relevant participate in or contribute to MAPP meetings
- Restrictions on participation in association, activities or interventions protect others and are proportionate to the risk the prisoner presents, justifiable and subject to regular review and appropriate oversight.
- Prisoners are informed of the arrangements for managing the risk of harm they pose to others, the implications for them personally and the avenues available to them for challenge.
- The best interests of the child are paramount when a prisoner's access to his/her children is being assessed.

9. Prisoners have access to interventions that produce a positive and demonstrable change in attitudes, thinking and behaviour.

Indicators

- Prisoners can access an appropriate type and range of risk reduction and offending behaviour work and programmes, including individual work when appropriate.
- Constructive interventions encourage and challenge prisoners to accept responsibility for their behaviour.
- Prisoners have access to programmes/interventions for improving parenting skills and relationships.
- The prisoner is encouraged and motivated to engage with interventions, and prepared thoroughly. Preparation takes account of learning styles, motivation and capacity to change.
- All staff positively reinforce prisoners' learning and progress. Prisoners are enabled to consolidate any learning and practise newly acquired skills.

Section 2: Progression and Reintegration

Prisoners benefit from a purposeful regime which supports efforts to address problematic behaviour, and clearly focuses on progression and reintegration.

- Purposeful activity
- Re-integration and resettlement planning
- Children and families and contact with the outside world

Purposeful activity

All prisoners can engage in activities that are purposeful, of benefit to them, reduce the risk of psychological deterioration and encourage progression and reintegration.

1. Prisoners have regular and equitable access to a range of purposeful in and out of cell activities.

Indicators

- Prisoners have a daily opportunity to spend a reasonable amount of time out of cell including association and a minimum of one hour in the open air.
- The daily regime is followed consistently, staffing levels are adequate and activities are not cancelled unnecessarily. Reasons for cancellation are explained to prisoners.
- Prisoners have the use of properly equipped areas for association and exercise.

- Prisoners are encouraged to engage safely with other prisoners for at least part of each day.
- Any restrictions placed upon a prisoner's access to an out-of-cell regime and interactions with others are proportionate, based on a thorough risk assessment and the reasons are communicated to the prisoner.

2. Purposeful activities should specifically encourage and facilitate personal and social interactions.

Indicators

- Prisoners are occupied in activities that benefit them, mitigate any psychological deterioration, improve their wellbeing, self-esteem and chances of successful progression in line with their individual care and management plans.
- Out of cell activities are supervised effectively and actively by staff, prisoners feel safe and there are opportunities for both staff and prisoners to interact positively.
- A range of 'normalising' activities are offered in addition to general association, for example watching TV, cooking, sports, music, arts and crafts.

3. Prisoners benefit from regular access to library materials and additional learning resources that meet their needs.

Indicators

- The quantity and quality of library materials is sufficient to meet the needs of CSC prisoners.
- Library materials are reflective of the diverse needs of the CSC population.
- Relevant, comprehensive and up to date legal textbooks and Prison Service Orders (PSOs) are readily available to prisoners.
- Prisoners have appropriate access to a range of additional learning resources, such as information technology.

4. Prisoners benefit from physical education and fitness provision that meets their needs.

Indicators

- Prisoners engage safely in a range of physical education, fitness and associated activities, based on an effective assessment of their needs.
- Physical education, fitness facilities, resources and activities meet the needs of individuals in the CSC.
- Physical education and fitness staff engage with prisoners and have appropriate qualifications and expertise.
- Opportunities for physical education to happen in association with others should be provided, subject to risk assessment.
- All prisoners are able to use the physical education facilities at least twice a week and are able to shower in safety after each session.
- Health promotion information and material is provided to prisoners and this is incorporated into an individualised programme.

Reintegration and resettlement planning

Prisoners are supported when they are moved to other units within the CSC system, to mainstream prison locations or to secure NHS facilities. At the point of release, adequate support is provided.

5. Moves within the CSC system, progressive moves elsewhere or releases from custody are well planned; where needed prisoners views are considered and appropriate support is provided.

Indicators

- Prisoners being transferred know where they are going and the purpose of their move.
- Prisoners meet representatives of the receiving unit in advance of transfer.
- Staff in the receiving unit are thoroughly briefed about the prisoner's risks and needs

- Staff from both sites collaborate to agree transfer arrangements and the initial care and management plan for the new location
- Transfer arrangements are appropriate and all property travels with the prisoner.
- At the point of release, suitable clothes and bags are available to discharged prisoners who do not have them.
- Facilities are available before discharge to launder clothes that have been in storage for long periods.
- Prisoners receive all their property, including their money, and any grants owed to them.
- There is a comprehensive support plan to maximise the likelihood of successful reintegration into the community.
- Where relevant, prisoners are provided with appropriate individualised support in the following areas:
 - Accommodation
 - Education, training and employment
 - Health and mental health
 - Drugs and alcohol
 - Finance, benefit and debt

Children, families and contact with the outside world

Prisoners are encouraged and supported to maintain contact with family and other supporters in the community, and to involve them in key decisions.

6. Prisoners can maintain access to the outside world through regular and easy access to visits.

Indicators

- Prisoners are able to receive at least one visit a week for a minimum of one hour. The visits booking system is accessible, visits start and finish at the published time, and entry procedures for visitors are respectful and efficient.
- Visit areas are adequately private, furnished and comfortable and meet the needs of prisoners and their visitors, including children.
- Where appropriate, prisoners receive support to maintain their role as a parent.
- Prisoners can request a visit from a volunteer prison visitor who is trained and well supported.
- Visitors are able to give the prison feedback about visits arrangements, and report concerns about prisoners.
- At all points when waiting for, during and after a visit all prisoners and visitors have access to toilet facilities.
- Closed or non-contact visits are only imposed as a result of an up to date individual risk assessment including, where possible, consultation with the visitor(s). Prisoners are given a written explanation for such decisions, which are reviewed monthly, including information on how to appeal.
- Visitors and prisoners can access refreshments during visits.
- Prisoners are not deprived of their entitlement to visits as a punishment.

7. Prisoners are encouraged to re-establish or remain in contact with their family/supporters in the community.

Indicators

- Care and management plans contain specific targets to encourage prisoners to re-establish or remain in contact with their family/supporters in the community.
- With appropriate consent staff should actively engage with prisoners families about how they can support work to facilitate their management, progression and reintegration.
- Efforts are made to assist prisoners who have family living far away to maintain good family contact. Prisoners can received accumulated visits, and can request additional visits in compassionate circumstances.

8. Prisoners can maintain contact with the outside world through regular and easy access to mail, telephones and other communications.

Indicators

- Prisoners can send and receive as many letters as they can afford, and mail is processed within 1 working day
- Prisoners' mail is only opened to check for unauthorised enclosures or to carry out legitimate censorship.
- Arrangements for privileged mail and telephone calls are clearly understood by prisoners. Legally privileged correspondence is not opened by staff.
- There are sufficient telephones and prisoners have daily access in private.
- Unused visiting orders can be exchanged for phone credit.
- Prisoners are provided with electronic mail, where applicable.

Section 3: Safety

Prisoners, particularly the most vulnerable, are held safely

- Escorts and Early days
- Behaviour management
- Use of force
- Self-harm and suicide prevention
- Safeguarding (protection of adults at risk)
- Security
- Substance misuse

Escorts and early days

CSC prisoners transferring to, between and from CSC units are treated safely, decently and efficiently

Expectations

1. Prisoners travel in safe, decent conditions during escort and are treated with respect. Individual needs are recognised and given proper attention.

Indicators

- Prisoners are escorted in vehicles that are safe, secure, clean and comfortable, with adequate storage for prisoners' property and with suitable emergency supplies
 - Prisoners are given adequate comfort breaks and meals/drinks before and during transfer.
 - Prisoners are treated with respect by escort staff throughout the duration of their journey/transfer
 - Prisoners travelling to or between CSC units travel with staff known to them, and who are familiar with the detail of their care and management plans.
 - All relevant information travels with the prisoner
 - Methods of restraint are justified by individual risk assessment
2. Prisoners are treated respectfully on arrival at the CSC unit.

Indicators

- Prisoners are treated respectfully by staff at the receiving establishment.
- Searching arrangements are proportionate
- Religious/cultural needs are taken into account.
- Prisoners are offered drinks and hot food on their arrival at the unit.

- Prisoners receive essential support, regardless of their arrival time.
3. Officers ensure that individuals' needs or immediate anxieties are addressed before prisoners are locked away for the night.

Indicators

- Individual needs are identified in a meeting with staff before first night lock up.
 - Prisoners have a confidential interview with health services staff on arrival, and their immediate physical, mental and substance misuse needs are met.
 - Information about prisoners' needs is communicated between staff with discretion.
 - Prisoners are provided with a free telephone call in private on arrival and this is documented
 - Prisoners are able to shower prior to lock up on their first night.
 - Night staff speak to any new prisoners and are aware of any specific needs they might have.
4. Orientation to the CSC unit takes place promptly and on its completion all prisoners understand the units routines and how to access available services

Indicators

- Orientation to the CSC unit is comprehensive, structured and delivered in a format to meet individual need. Following orientation, prisoners understand:
 - CSC rules and individual care and management planning
 - how to submit representations or to appeal against allocation to the CSC system
 - expected regime
 - how to get information and deal with problems
 - how to make routine applications and formal complaints
 - the incentives and earned privileges scheme
 - health services/health and safety
 - health promotion and gym induction
 - their entitlements to visits, letters, private money and own clothes
 - equality and diversity arrangements
 - pay
 - safer custody arrangements including available support

Behaviour management

Prisoners feel 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. Appropriate and proportionate disciplinary processes and methods of managing refractory behaviour are in place. The use of designated and high control cells is proportionate.

Expectations

5. There is an individualised approach to keeping prisoners and others safe, which is reviewed regularly.

Indicators

- The individualised care and management plan outlines how prisoners and others will be kept safe. The behavioural management elements of this are reviewed at least monthly, or more frequently if noticeable changes of behaviour occur.
- The plan identifies factors and events which are known to trigger high risk behaviours.
- The plan identifies strategies to promote constructive behaviours and to reduce the likelihood of high risk behaviours.

- Staff are familiar with these individual behaviour management strategies.
- Staff monitor specific behavioural and risk concerns and feed these into the individual care and management planning review.

(Cross reference with individual care and management)

6. Any additional restrictions beyond those set out in published guidelines are proportionate, properly authorised and reviewed regularly.

Indicators

- Any additional restrictions are proportionate and are authorised by a governor grade.
- Prisoners are not deterred or prevented from accessing a full regime through any unofficial punishments or restrictions.
- Unlock levels and use of personal protective equipment (PPE) are proportionate to the risk posed, and properly risk assessed on a daily basis.
- High control cells are only be used in their full capacity for the shortest period possible and for appropriate reasons.
- Reviews of use of high control cells take place on a daily basis to ensure their continued use is proportionate.
- The use of CCTV for prisoners is properly authorised and only used subject to a rigorous risk assessment
- Cardboard furniture is only be used as a last resort, subject to a risk assessment

(Cross reference with: security, daily living, S,P&R)

7. Prisoners are only held in designated cells under prison rule 46 for appropriate reasons, a minimum time and are kept safe and their individual needs are recognised and given proper attention.

Indicators

- Decisions to move prisoners to designated cells are based on a risk assessment and be for a specific purpose and timescale.
 - Prisoners moved to designated cells are given the reasons for this in writing.
 - Prisoners are held in appropriately designed, well maintained and clean cells.
 - Unlock protocols are based on individualised risk assessments and are reviewed every day.
 - Prisoners are held in designated cells for the minimum time possible and only exceptionally for longer than three months.
 - Prisoners held in designated cells have equivalent care planning to that available in main CSC units.
 - Prisoners held in designated cells have a predictable daily regime which mitigates the impact of isolation and psychological deterioration.
8. Prisoners are subject to reasonable disciplinary procedures, which are applied fairly and for good reason.

Indicators

- There are clear policies that are reasonable and fair and encourage staff to use disciplinary procedures only when necessary.
- Disciplinary procedures are used sparingly, are tailored to the population held and take account of the restrictive nature of the regime already applied.
- No unofficial or collective punishments are used, either individually or systematically.
- Prisoners are never punished twice for the same offence.
- Adjudication proceedings, whether conducted by the Prison Service or district court judges, are conducted in non intimidating surroundings in a clear and fair manner.

- Adjudication hearings are always properly written out and recorded.
 - Adjudication findings and punishments are made fairly and consistently based on the evidence available. Mitigating circumstances are considered.
 - Procedures have been impact-assessed and there are quality control measures in place.
 - Adjudication data is monitored on a routine basis and covers all protected characteristics, in order to ensure emerging trends are identified and acted on if necessary. Adjudication data is also monitored by the Independent Monitoring Board.
9. Prisoners subject to disciplinary procedures understand the charges and procedures they face.

Indicators

- Where appropriate, charges of a serious nature are referred to an independent adjudicator and heard within 28 days of the referral.
- All prisoners facing disciplinary charges are given time to prepare their case and can receive legal advice.
- Information on the adjudication process is available to prisoners in a format and language they understand.
- During adjudication hearings prisoners are provided with materials to make notes.
- Prisoners play an active role during adjudication hearings.
- Findings and punishments are fully explained to the prisoner.
- Prisoners are made aware of the appeals procedure during their adjudication hearing.

(Cross reference with: equality and diversity).

Use of force

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

Expectations

10. Prisoners will only be subject to force which is legitimate, used as a last resort and subject to rigorous governance.

Indicators

- All staff are trained in and promote de-escalation techniques.
- Any incidents of force are properly authorised and correctly and comprehensively recorded.
- Use of force is monitored and any emerging patterns are identified and acted on.
- Monitoring includes all protected characteristics.
- Handcuffs are only used when there is evidence to support their use and with the proper authority.
- Video cameras are used to record planned interventions. Segregation staff are not routinely used for planned removals. Video recordings are promptly reviewed.
- Any CCTV footage relating to use of force incidents is reviewed and retained.

11. When prisoners are physically restrained, it is for the minimum amount of time necessary, by trained staff using approved techniques. Following restraint, prisoners are appropriately monitored and supported.

Indicators

- An appropriately qualified health service professional attends all planned control and restraint (C&R) removals occurring within normal working hours.

- Prisoners subject to spontaneous C&R procedures or those outside normal working hours are seen by an appropriately qualified health service professional as soon as possible after force is removed.
 - Use of force documentation is routinely scrutinised by a senior manager to ensure force is, reasonable, necessary and lawful and only used as a last resort.
12. Prisoners are located in special or unfurnished accommodation, or placed in mechanical restraints or strip clothing, only as a last resort and are subject to measures which protect their human dignity.

Indicators

- The use of special accommodation and mechanical restraints is properly authorised, as a last resort, and only until the prisoner is no longer violent and refractory.
- Initial authorisation is for a period not exceeding two hours and then, if necessary, for subsequent two-hour periods.
- Prisoners are always released as soon as it is no longer justified and are seen by a health service professional.
- The use of any cell from which normal furniture, bedding or sanitation has been removed or in which a person is held in strip clothing, is authorised and recorded as use of special accommodation.
- Prisoners are not automatically strip searched or deprived of their normal clothing on placement into special or unfurnished accommodation. In circumstances where such actions prove necessary, reasons are recorded and normal clothing is returned at the earliest opportunity.
- Suicidal or self-harming prisoners are only held in special/unfurnished accommodation in exceptional circumstances with appropriate authorisation, and after all other methods, including continuous supervision, have failed.
- Monitoring of prisoners in special or unfurnished accommodation is carried out at frequent and irregular intervals and at a minimum of 5 times per hour unless more frequent checks are authorised.
- Staff interact with prisoners to encourage their location into a normal cell at the earliest time.
- A full record of monitoring checks is maintained.

(Cross reference with: suicide and self-harm).

Self harm and suicide prevention

The CSC unit 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 individual vulnerability issues, are appropriately trained and have access to proper equipment and support

Expectations

13. An individualised approach is taken to reducing the risk of self-harm and suicide.

Indicators

- A safer custody strategy is in place which recognises the specific risks to prisoners in the CSC/MCBS system and sets out procedures to help reduce the risks of self harm
- The individualised care and support plan outlines how prisoners deemed vulnerable to self harm and suicide will be kept safe.
- The plan identifies factors and events which are known to trigger self-harming behaviours.

- The plan identifies strategies and activities to promote constructive behaviours and to reduce the likelihood of self-harming behaviours.
- Staff are familiar with these care and support strategies and activities and make regular good quality entries in the plan which evidence interaction and engagement with the prisoner.
- Staff monitor specific behavioural and risk concerns and feed these into the individual reviews.
- Prisoners have access to appropriate and consistent support including: counselling, the chaplaincy team, the Samaritans, their named officer/key worker, mental health professionals and relevant psychiatric support.
 - The use of constant supervision, CCTV, unfurnished or special accommodation and strip clothing to manage self harming behaviour is used only as a last resort, for the shortest time possible and its use is justified in writing and monitored.
- Prisoners subject to constant supervision are only be located in high control cells/special accommodation in exceptional circumstances. Strip searches and the removal of own clothing are not routine.
- Arrangements are in place for following up after a care and support plan has been closed.
- All staff, including night staff, are appropriately trained in suicide prevention and are clear about what to do in an emergency and its aftermath. A programme of refresher training is in place.
- Serious incidents are thoroughly investigated to establish what lessons can be learned to promote good practice.
- An action plan is devised and acted on promptly as a result of an apparent self-inflicted death. This is reviewed following the subsequent findings of an inquest jury and/or Prisons and Probation Ombudsman investigation.

(Cross reference with: substance misuse; behaviour management; health)

Safeguarding (protection of adults at risk)²³

The CSC promotes the welfare of all prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²⁴

Expectations

14. Prisoners, particularly adults at risk, are provided with a safe and secure environment which protects them from harm and neglect. They receive safe and effective care and support.

Indicators

- The safeguarding policy and any prison codes of conduct are informed by the underlying five
- principles of the Mental Capacity Act 2005:
 - a presumption of capacity
 - the right for individuals to be supported to make their own decisions
 - that individuals must retain the right to make what might be seen as unwise decisions
 - best interests
 - least restrictive intervention
- The risks to prisoners are recognised and there are guidance and procedures to help reduce and prevent harm or abuse from occurring.
- An individual care plan is in place to address a prisoner's assessed needs.

²³ 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).

- Up to date government and local guidance about safeguarding adults is accessible and
- Safeguarding procedures are known and used by all staff, including how to make referrals.

(Cross reference with: bullying and violence reduction; health services; early days in custody; equality and diversity).

Security

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

Expectations

15. Prisoners' wellbeing is safeguarded by effective security intelligence. Prisoners are subject to searching measures which are appropriately assessed and proportionate.

Indicators

- Security arrangements are proportionate to the risks presented by the men held.
- Prisoners' access to regime activities is not impeded by an unnecessarily restrictive approach to security.
- There are effective liaison arrangements in place with the local police.
- The elements of 'dynamic security' are in place to maintain security and good order which include:
 - staff-prisoner relationships which are positive and professional
 - constructive activity to occupy prisoners
 - established and effective procedures in place for resolving complaints, grievances and conflicts.
- Required outcomes from security information reports (SIRs), such as targeted searches and reasonable suspicion mandatory drug testing (MDT), are routinely completed.
- MDT is conducted consistently in line with protocols which ensure the fairness and validity of procedures, and takes place in a suitable environment. Target testing is based on evidence and conducted within the required timeframe. Prisoners testing positive are referred to the substance misuse service.
- Strip and squat searching of prisoners is intelligence-led and only carried out when deemed necessary. Authorisation is clearly recorded alongside sound reasoning.
- Prisoners are strip or squat searched only when in the presence of more than one member of staff, of their own gender.
- Prisoners are informed that their cells or personal property are being searched and cells/property are left in the same condition in which they were found.
- Prisoners are able to receive open visits in a comfortable environment that affords as much privacy as possible. Closed visits are only used where there is evidence of significant risk, and this decision is reviewed monthly.
- The criteria to ban or otherwise restrict visitors are linked only to activity relating to visiting procedures. The criteria are visible and unambiguous, with an appeal process available. Those visitors subject to bans or restrictions are reviewed every month.
- Effective processes are in place to protect prisoners from misconduct or illegal conduct by staff.

(Cross reference with: substance misuse; behaviour management; C&FP)

Substance misuse

Prisoners with drug and/or alcohol problems have access to clinical and psycho-social services that are equitable to the services offered to non-CSC prisoners.

16. Prisoners with drug and/or alcohol problems have unhindered access to clinical services, treatment and psycho-social support that meets individual needs.

Indicators

- Prisoners with drug and/or alcohol problems have prompt access clinical and psycho-social services that diagnose, treat and support patients based on assessments of individual needs.
- Unless individual risk assessment indicates otherwise clinical and psycho-social meetings are conducted in private in a manner that preserves confidentiality.
- Pertinent information about the patient's individual treatment is shared with other departments within the CSC on a consensual or best interest basis as necessary.
- Patients are able to commend/comment on/complain about their care using the same systems as non-CSC patients.
- Treatment and support plans commenced prior to entering or on leaving the CSC are not discontinued until re-assessment has occurred.

Section 4: Respect

Prisoners are treated with respect for their human dignity.

- Daily living arrangements
- Staff-prisoner relationships
- Equality and diversity
- Faith and religious activity
- Complaints
- Legal rights
- Healthcare

Daily living arrangements

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 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. Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs.

Expectations

- I. Prisoners live in a safe, clean and decent environment which is in a good state of repair and fit for purpose.

Indicators

- Cells and communal areas are light, well decorated and are suitable for the purpose. Accommodation is properly certified and in accordance with CSC criteria. Prisoners have adequate furniture which reflects any risk assessment carried out. All in cell toilets have lids and are screened.
- Prisoners have access to drinking water, a toilet and washing facilities at all times.
- Residential units are as calm and quiet as possible at night to enable rest and sleep.
- Notices are displayed in accessible and suitable ways for the population.
- All prisoners have access to an in-cell emergency call bell that works and is responded to within five minutes.

- Observation panels in cell doors remain free from obstruction.
2. Prisoners are encouraged, enabled and expected to keep themselves, their cells and communal areas clean.

Indicators

- Prisoners have access to showers and communal and in-cell toilets, in private.
 - Prisoners have access to necessary supplies of their own personal hygiene items
 - Prisoners are able to shower daily, and immediately following physical exercise or work, before court appearances and before visits.
 - Freshly laundered bedding is provided for each new prisoner on arrival and then on at least a weekly basis. A system for the replacement of mattresses is in operation.
3. Prisoners can easily apply for available services.

Indicators

- Staff and prisoners are encouraged to resolve requests informally, wherever possible, before making a formal, written application.
 - Prisoners can easily and confidentially access and submit an application form which are dealt with fairly and responded to promptly and appropriately.
4. Prisoners have enough clean clothing of the right kind, size, quality and design to meet individual needs and can access their stored property.

Indicators

- Prisoners are given the option of wearing their own clothes.
- Prisoners have at least weekly access to laundry facilities to wash and iron their clothes.
- Prisoners are provided with enough clean underwear and socks to be able to change them daily.
- All prisoners are issued with enough warm weatherproof clothing and shoes to go out in all weather conditions.
- Prison issue clothing is not undignified, fits and is in good repair.
- Prisoners' property held in storage is secure, and prisoners can access their stored property on request.

5. Prisoners have a varied, healthy and balanced diet which meets their individual needs, including religious, cultural or other special dietary requirements. Prisoners' food and meals are stored, prepared and served in line with religious, cultural and other special dietary requirements and prevailing safety and hygiene regulations.

Indicators

- Prisoners have a choice of meals including an option for vegetarian, vegan, religious, cultural and medical diets. All menu choices are provided to the same standard. Religious, cultural or other special dietary requirements relating to all aspects of food preparation and storage are fully observed and conform to the relevant food and safety hygiene regulations. Menu options take account of:
 - specific religions
 - foreign nationals
 - prisoners with medical requirements
- Daily menu options are advertised and are available to meet the needs of minorities.
- Prisoners' meals are healthy and nutritional and always include one substantial hot meal each day. Prisoners on transfer do not miss out on their main meal.
- Prisoners have the means of making a hot drink after evening lock up.

- Prisoners are consulted about the menu and can make comments about the food. The variety of options is broadly representative of the population.
- Lunch and dinner are served at normal meal times and can be collected by the prisoner.

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

Indicators

- Prisoners have access to a wide range of advertised products.
- Prisoners are able to buy items within 24 hours of arrival and prisoners arriving in the unit without private money are offered an advance to use for purchases, with repayment staged over a period of time.
- If prisoners are away from the unit on any form of authorised absence on the day they would normally purchase goods, they are able to order purchases on the same day.
- Prisoners can place orders at least once a week.
- All prisoners are able to access accurate and up to date records of their finances, and to do so free of charge.
- Staff consult with prisoners about what items they would like to see on the purchases list.

Staff-prisoner relationships

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. Staff facilitate an environment which supports safe and supportive relationships.

Expectations

7. Prisoners are treated with humanity and respect for their human dignity at all times. Relationships between prisoners and staff are positive and courteous.

Indicators

- Staff are fair and courteous. Senior managers lead by example and regularly engage with prisoners on the unit
- When staff need to relay sensitive or unwelcome news to prisoners, this is done in private and with compassion.
- Staff address prisoners using their preferred name or title and never use insulting nicknames or derogatory or impersonal terms.
- Staff actively engage with prisoners, including during association and exercise time, and contribute to the quality of prisoners' free time

8. Prisoners are encouraged and supported to take responsibility for their actions and decisions.

Indicators

- Prisoners are enabled and encouraged to take responsibility for their own needs and activities.
- Prisoners are encouraged by staff to engage in all activities and routines, supporting punctuality, attendance and responsible behaviour.
- Prisoners are effectively consulted about the routines and facilities of the unit. Prisoners are informed of the outcome of the consultation and provided with justifiable reasons for any decision made.
- Inappropriate conduct by prisoners is challenged.
- Prisoners can challenge decisions appropriately and are confident that their views are taken seriously.

(Cross reference to Behaviour management)

9. Prisoners have a member of staff they can turn to on a day to day basis who is aware of their individual needs, and provides support as needed.

Indicators

- Prisoners know the name of a designated member of staff and are able to access them as an initial point of reference.
- Designated staff know the personal circumstances of their prisoners, are open to contact with their families/supporters and encourage effective links with them.
- Designated staff provide input and advice on all matters relating to prisoners care planning and progression.
- Staff can easily access information relating to individual prisoners which is based on comprehensive and up to date information about the prisoner's needs.

(Cross reference with: care and management and C&FP)

Equality and diversity

Staff demonstrate 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 characteristic are recognised and addressed.

Expectations

10. There is a coordinated approach to eliminating all forms of discrimination.

Indicators

- Clear systems are in place to minimise all forms of discrimination or disadvantage.
- Arrangements in place can identify and distinguish the different forms of discrimination, including unconscious and covert discrimination. Staff are appropriately trained to identify and respond to various forms of discrimination.
- Effective monitoring is in place, covering all the protected characteristics to ensure fair treatment and access to services.
- Incident reporting systems are in place to facilitate the reporting of all types of diversity and equality incidents. Prisoners have access to, and are aware of how to use these systems.
- Responses to complaints are based upon full consideration of the facts, are timely and deal directly with the concern raised.
- There is independent scrutiny of equality and diversity process.

11. Prisoners of all racial groups, nationalities, religious groups, ages, genders, sexuality and those with disabilities, are treated equitably and according to their individual needs.

Indicators

- There are arrangements to educate and raise staff awareness of all protected characteristics, to enable them to understand and respond appropriately to equality and diversity issues.
- Action is taken to identify protected characteristics, and adverse outcomes and appropriate interventions and support are in place.

Faith and religious activity

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.

Expectations

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

Indicators

- All prisoners have access to worship/faith meetings each week and subject to risk assessment, to chaplains in private. Prisoners are able to celebrate all major religious festivals.
- Worship areas are equipped with facilities and resources for all faiths and are accessible for all prisoners. .
- Prisoners are able to obtain, keep and use artefacts that have religious significance, provided they do not pose a risk to safety or security.
- Searches of prisoners and their property are conducted in a religiously and culturally sensitive manner.
- Chaplains work closely with other staff in the unit for the benefit of prisoners and maintain links with faith communities outside the prison and family members according to prisoners' individual needs.
- Chaplains are consulted about prisoners they are involved with, for example when reviewing individual care and management plans.
- Staff and chaplains are aware of issues related to radicalisation, have appropriate training in how to manage this and take proactive steps to minimise its occurrence or impact.

Complaints

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.

Expectations

13. Prisoners have confidence in complaints procedures, which are effective, timely, well understood and they are aware of an appeal procedure.

Indicators

- Prisoners are encouraged, where appropriate, to solve areas of dispute informally, before making official complaints.
- All complaints, whether formal or informal, are dealt with fairly and responded to promptly, with either a resolution or comprehensive explanation of future action.
- Prisoners receive responses to their complaints that are respectful, easy to understand and address the issues raised. Complaints are signed and dated by the respondent.
- Prisoners are not pressurised to withdraw any complaints.
- Prisoners who make complaints against staff and/or other prisoners are protected from possible recrimination. Protection measures are in place and put into practise.
- Complaints against staff are taken seriously and restrictions on involvement from staff who are the subject of a complaint are implemented where necessary.
- Complaints are investigated by staff at an appropriate level.
- Prisoners know how to appeal against decisions. Appeals are dealt with fairly and responded to within five days.

Legal rights

Prisoners held in CSCs have access to legal advice and receive visits and communications from their representatives without difficulty.

Expectations

14. Prisoners are supported by the prison staff to freely exercise their legal rights.

Indicators

- All prisoners can readily access effective legal services advice.
- Prisoners can freely and confidentially communicate with their lawyers by telephone, fax and letter.
- Prisoners requiring help with reading/writing legal correspondence are offered help.
- Prisoners who choose to represent themselves in court are given stamps and writing materials free of charge as needed to pursue their case. They have access to a computer and printer to type court correspondence and documents.
- Private legal visits are permitted, and suitable facilities are provided to accommodate them.
- Prisoners can complain about lawyers who provide an insufficient level of service. Notices, leaflets and complaints forms in relation to the Legal Ombudsman are available.

Health services

Prisoners have access to health services that are equitable to the services offered to non-CSC prisoners.

15. Prisoners with health care problems have unhindered access to clinical services that meet individual needs.

Indicators

- Prisoners with health care problems have prompt access clinical services that diagnose, treat and support patients based on assessments of individual needs.
- Unless individual risk assessment indicates otherwise clinical consultations are conducted in private in a manner that preserves dignity and medical confidentiality.
- Clinicians and health service personnel attend/contribute to Enhanced Case Review meetings as necessary.
- Pertinent information about the patient's individual treatment is shared with other departments within the CSC on a consensual or best interest basis as necessary.
- Patients requiring it have access to access to health care outside of the CSC as would non-CSC patients.
- Patients are able to commend/comment on/complain about their care using the same systems for doing so as non-CSC patients.
- The environment and regime of the CSC are used to encourage physical and psychological well-being of the prisoners.
- Patients requiring support for emotional, mental health or serious and enduring mental problems have prompt access to caring, supportive or specialist mental health services as appropriate.
- Mental health/psychiatric reports required for any purpose e.g. de-selection are delivered in a timely manner.
- Treatment and care plans commenced prior to entering or on leaving the CSC are not discontinued until re-assessment has occurred.