

Report on an unannounced inspection of

HMP Brixton

by HM Chief Inspector of Prisons

3–4, 9–13 January 2017

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Brixton in south London is one of the country's oldest and most famous prison establishments. Although historically a traditional local prison it has, in recent years, been operating as a training establishment for category C and D prisoners. The limitations and age of the environment mean that it is always a challenge to run Brixton well, but clarification of its changed function had been a big step forward and the basis for recent improvement. However, progress had not been maintained. Staff shortages, as well as, until recently, managerial drift, had led to a significant decline in outcomes, notably in safety but also in the quality of learning and skills and activity.

Arrangements to receive new prisoners had worsened since we last inspected. Reception was poor, there were failings in some aspects of risk management and first night cells were not equipped or prepared. Induction was just adequate and helped significantly by some good peer support.

Brixton was not a safe prison. Almost a third of prisoners told us they felt unsafe at the time of the inspection and nearly two-thirds had felt unsafe at some point during their stay. Levels of violence had increased and were high, and the prison's response had been wholly inadequate. The number of self-harm incidents had quadrupled since our last inspection. Care for those at risk of self-harm was generally poor and there were dangerous shortcomings in support procedures that needed immediate attention.

Some good work was now being done to increase the security of the establishment but the prison was awash with drugs, undermining everything that was being done to promote prisoner well-being. Well over half of prisoners told us it was easy to get drugs and a quarter had tested positive. Inspectors saw prisoners openly smoking cannabis and the use of new psychoactive substances (NPS) were also having a negative effect on the stability of the prison.

Work to reduce violence, increase support for those vulnerable to self-harm and stop the supply and misuse of drugs were absolute priorities for the establishment, and all are among our main recommendations.

The prison remained a poor, cramped and overcrowded environment with mixed access to the basics of daily living. A new system, using peer supporters to help with simple applications and questions, showed some early promise. Relationships between staff and prisoners needed to improve, and the situation was not helped by severe staff shortages. Not enough prisoners felt respected. Staff were insufficiently engaged and knew too little about those they were supervising. Support from specialist staff was better and formal consultation with prisoners was now improving. Very little was done to promote equality, despite the diversity of the population. Health care provision was reasonable overall.

Time out of cell had deteriorated since we last inspected, although a temporary regime had brought greater predictability to when prisoners would be let out of their cells. There were sufficient activity places but regime restrictions limited attendance and affected punctuality. Nearly a quarter of prisoners were locked up during the working day, which was poor for a training prison and undermined any attempt at a rehabilitative ethos. The quality of teaching, learning and assessment varied. The education provider delivered a reasonable range of courses but prisoners were frustrated at the limited number of important English and mathematics courses. Some vocational training was exceptional, but most prisoners had poor access to constructive activity.

Our colleagues in Ofsted judged the overall effectiveness of learning and skills to be inadequate overall. The failure to respond sufficiently to previous recommendations, limited progression opportunities and restricted access all required urgent attention.

Reasonable work to support resettlement remained in place but greater coordination would have improved outcomes. Contact with offender supervisors was variable and while good efforts had been made to reduce the backlog in offender assessments (OASys), too many were out of date. However, key processes of importance to prisoners, such as home detention curfew (HDC) and parole assessments were completed in a timely fashion, and public protection work was sound. Temporary release was used correctly to support resettlement. Reintegration planning, although variable, demonstrated some good features, notably in respect of preparation for training and employment and the promotion of family ties.

We inspected Brixton at a difficult time. A new governor had been recently appointed and there were signs of new initiatives and developing plans that were beginning to arrest and address the deterioration. There was a candour and openness on the part of managers concerning the problems they faced and optimism about their capacity to improve the prison. We did not consider that the prison had already turned a corner, but there were signs of progress that must be sustained. We leave the prison with a number of recommendations which we hope will aid that process.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

March 2017

Fact page

Task of the establishment

Category C and D resettlement prison

Prison status (public or private, with name of contractor if private)

Public

Region/Department

London

Number held

715

Certified normal accommodation

530

Operational capacity

810

Date of last full inspection

3–7 November 2014

Brief history

HMP Brixton opened in 1819 as the Surrey House of Correction, subsequently becoming a prison for women and then a military prison. In 1898 it became an adult male local prison, serving the whole of the London area and particularly focusing on South London. In July 2012, it was re-roled again, becoming a category C and D resettlement prison for the local area.

Short description of residential units

A wing: 238 category C prisoners, including 34 prisoners on the London Pathways Unit

B wing: 150 prisoners. First night accommodation for category C prisoners.

C wing: 134 category D prisoners

D wing: drug recovery wing, capacity of 48

G wing: 241 category C prisoners

Segregation unit: maximum of seven prisoners

Name of governor

Dave Bamford

Escort contractor

Serco

Health service commissioner and providers

NHS England, Health and Justice, London region

Care UK – physical health

Barnet, Enfield and Haringey NHS Trust – mental health

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Liz Duthie

Community rehabilitation company (CRC)
The London Community Rehabilitation Company

About this inspection and report

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

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

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

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

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

- S1 *Reception risk assessment and first night arrangements were inadequate. The level of violence was high and strategic violence reduction work was poor. The number of self-harm incidents had increased sharply since the previous inspection and we found some dangerous shortcomings in support procedures. Security arrangements were improving but endemic drug use contributed to significant instability in the prison. The segregation unit was a poor environment. Use of force was usually proportionate. Governance of the special cell was weak. Substance use services were good, but limited by the restricted regime. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 *At the last inspection in November 2014, we found that outcomes for prisoners at HMP Brixton were reasonably good against this healthy prison test. We made 21 recommendations in the area of safety. At this inspection we found that three of the recommendations had been achieved, two had been partially achieved and 16 had not been achieved.*
- S3 Most escort journeys to the prison were short and prisoners did not have many concerns about escorts. Early days arrangements had deteriorated since the last inspection. Some areas of reception were in poor condition and there was limited interaction between staff and prisoners. Risk interviews were not carried out in private and some cell-sharing risk assessments were not properly checked before prisoners were allocated to a cell. Risk information was not routinely shared with induction staff. Peer support in reception and on the induction unit was good, but there was no staff supervision of the work. First night cells were not always prepared adequately and some basic equipment, such as pillows and kettles, was missing from cells. Induction was prompt and most prisoners received it.
- S4 In our survey, nearly 30% of prisoners responded that they felt unsafe, more than at similar prisons and the last inspection. The number of violent incidents had increased since our last inspection. While violence had recently started to reduce, it was still high, and about a fifth of all incidents were serious. A wide range of data and intelligence on violence were collected, but not used well enough to identify trends and hotspots, and little subsequent action was taken. Investigations into acts of violence and antisocial behaviour were poor. The management of perpetrators of violence was weak and there was little evidence to suggest that all victims were well supported.
- S5 Incidents of self-harm were almost four times higher than at our last inspection. Care for those on open assessment, care in custody and teamwork (ACCT)² documents was mostly poor. There were dangerous shortcomings in support procedures, including long delays in initial risk assessments and a failure to carry out required checks on men at risk. Prisoners could not easily access Listeners³, who were not present in key areas such as reception and induction. Care suites and constant watch facilities were in poor condition. Contact with the local adult safeguarding board had lapsed. There were no up-to-date procedures to address safeguarding issues for prisoners.
- S6 Good quality intelligence reports were quickly analysed and actioned by the security team. However, security arrangements were not effective enough and far too many drugs and

² Case management of prisoners at risk of suicide or self-harm.

³ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

mobile phones were coming into the prison. Security managers were aware of the problems and had started to implement impressive action plans, although with limited results to date. Mandatory drug testing positive rates were very high and we saw a number of prisoners openly smoking cannabis on the wings.

- S7 The number of adjudication hearings was three times the number in other category C prisons and four times the number at the last inspection. Records and our observations showed that hearings were conducted fairly but there was no oversight or monitoring to ensure consistency.
- S8 The incentives and earned privileges scheme did not appear effective in motivating good behaviour. There was little difference between the incentives for the standard and enhanced levels. All prisoners on basic level spent at least 28 days on this level regardless of individual circumstances, and they had poor access to telephones and showers.
- S9 The number of incidents of use of force had more than doubled since our previous inspection. Video footage of planned incidents showed staff de-escalating situations well. Use of force paperwork was completed adequately but was not reviewed by managers. The use of special accommodation had been recorded eight times in 2016. Prisoners were also inappropriately locked into special accommodation while awaiting adjudication hearings. Special accommodation documents did not justify adequately why a prisoner on an ACCT was held there for over 24 hours.
- S10 There was relatively low use of the segregation unit but the environment was grim and cells were in poor condition, with very dirty toilets. Segregation was not always justified and some prisoners spent too long on the unit. Prisoners spoke of good treatment by unit staff.
- S11 The strategic approach to drugs and alcohol work was weak. The range and quality of psychosocial support remained good, but was severely restricted by the regime. There was little peer support for prisoners with substance use problems on the main wings. The six-month abstinence residential programme on D wing was running well and valued by prisoners. Clinical support remained patient focused and responsive.

Respect

*S12 Residential units were in poor condition. Cells were cramped and many toilets were unscreened. Staffing levels were low and staff-prisoner relationships were characterised by disengagement. Equality work had been neglected. Faith provision was adequate. Responses to complaints were appropriate but too many complaints related to unanswered applications. Health services were reasonably good. The quality of food was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S13 At the last inspection in November 2014, we found that outcomes for prisoners at HMP Brixton were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of respect. At this inspection we found that three of the recommendations had been achieved, three had been partially achieved, 15 had not been achieved and two were no longer relevant.

S14 Outside areas were relatively clean, but large quantities of rubbish were accumulating in cages around some cell windows. Wings and communal areas were shabby and unkempt in many areas. Many prisoners remained in extremely cramped conditions lacking privacy and decency. In many cells there was inadequate or no screening around toilets. Many prisoners could not obtain enough cleaning materials. Cell bells were sometimes not answered for

many hours. New prisoner information desks were a useful initiative, but the work was not yet embedded and there was no staff oversight. There was no tracking system to show whether applications had been answered.

- S15 In our survey, prisoners were more negative than the comparator and the last inspection about most aspects of relationships with staff. Some wing staff appeared disengaged and lacking in ownership of their work. Most of the good interactions that we observed were between specialist staff and prisoners. Staffing levels were low for the size and complexity of most units.
- S16 Equality and diversity structures and support were inadequate, with no focus or direction. There had been no formal meeting since 2015 to identify and address concerns about equality and diversity. Identification of prisoners with protected characteristics was poor and the prison was not aware of the scale and range of need. Consultation with minority groups had lapsed and some prisoner needs were not being met. Emergency evacuation arrangements for prisoners needing assistance were weak.
- S17 Faith provision was good, although the establishment had been without a full-time Anglican chaplain for nearly 18 months. Most chaplains were not very visible around the establishment.
- S18 Prisoners told us they had little confidence in complaints procedures. The number of complaints submitted was high and a significant proportion related to unanswered applications. Most responses were timely, polite and focused. Monitoring and quality assurance processes were adequate.
- S19 Governance of health services was reasonable, but appointment slips containing details of the appointment were inappropriately delivered by other prisoners. We were told that this would be rectified immediately. Access to nurses and GPs was good, with reasonable care for men with long-term conditions. There were no established procedures to support men with social care needs. Regime restrictions increased waiting times for the dentist and compromised an otherwise good service. Waits for the podiatrist and optician were also too long. Management of medicines was good, but supervision of medicine administration by prison officers was poor. The use of professional health trainers⁴ and Certitude peer mentors⁵ to motivate and educate prisoners to improve their health was excellent. Prisoners had good access to a suitable range of mental health interventions, but initial assessments could not be completed promptly because of restrictions on time out of cell. No officers had been trained in mental health awareness. The London Pathways Unit delivered a helpful regime to a few high-risk men with personality difficulties.
- S20 The Care Quality Commission found there were no breaches of the relevant regulations.
- S21 Prisoners were generally positive about the food, but most evening meals consisted of cold food served at the cell door. Breakfast packs were still issued the day before, but were now more substantial than at our last inspection. Canteen arrangements were mostly adequate.

⁴ Health trainers educated and motivated prisoners to improve their health through positive physical health, nutrition, weight management and wellbeing. At Brixton they worked alongside clinical professionals to improve prisoners' health.

⁵ Certitude was a not-for-profit organisation that supported people with mental health needs, autism and learning disabilities. They ran Beyond Prison, a three-month training programme that improved prisoners' wellbeing through confidence building, self-esteem and goal setting. Successful graduates worked as peer mentors supporting other prisoners with problems.

Purposeful activity

S22 *Time out of cell had deteriorated. While the temporary regime had brought more predictability, it was still implemented inconsistently and attendance at many activities was poor. There were enough activity places for the population but unemployment was high and allocation procedures were weak. The standard of teaching and learning was variable. Vocational training was very good and provided opportunities to develop valuable work skills. With the exception of English and mathematics, achievements were good for those who attended education and training. The library was welcoming but too small. PE provision was reasonable but affected by low staffing. **Outcomes for prisoners were poor against this healthy prison test.***

S23 *At the last inspection in November 2014, we found that outcomes for prisoners at HMP Brixton were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of purposeful activity. At this inspection we found that three of the recommendations had been achieved and 14 had not been achieved.*

S24 Time out of cell had reduced for most prisoners since the last inspection. The temporary regime had brought more predictability but was still not consistently adhered to, and many prisoners were unable to go to scheduled activities. During our roll checks, about a quarter of prisoners were locked behind their doors during the core day, too many for a training prison.

S25 The temporary regime had considerably affected attendance at learning and skills and work, and some prisoners had become frustrated and demotivated. In English and mathematics sessions, attendance was often only around 25%. The prison still provided a good range of vocational training with a clear focus on employability. The education provider offered a reasonable range of courses but not enough in English and mathematics. Support for prisoners on Open University and other distance learning courses was good.

S26 There were more activity places - enough to provide at least part-time occupation for the whole population. However, too many prisoners were doing unchallenging work on the wings. Prisoners were not always allocated to the most appropriate activity, and some prisoners continued to be allocated by wing officers without a formal assessment.

S27 The quality of teaching, learning and assessment was variable. Individual learning plans were not always used effectively. Support for prisoners with identified learning support needs was underdeveloped. Not all sessions started on time and the unpredictable regime prevented tutors from planning effectively. Vocational training was well developed and waiting lists were high for the more popular courses. The Clink⁶ continued to be an impressive training area, and there were other innovative and popular initiatives such as BounceBack⁷ and Bad Boys Bakery⁸ which gave prisoners good work skills.

S28 Prisoners were motivated during learning and skills sessions and behaved well. Achievements had improved since the previous inspection and were good for the limited number who were able to attend. However, functional skills achievements were not good enough in English at levels 1 and 2.

⁶ The Clink Charity aimed to reduce reoffending by training prisoners and placing graduates in the hospitality industry on release. The charity's restaurant, located within the prison walls, was staffed by prisoners.

⁷ BounceBack was a charity and social enterprise that aimed to get prisoners into paid employment in the construction industry. The charity ran three training programmes: dry lining, painting and decorating, and scaffolding.

⁸ Bad Boys Bakery was a social enterprise, set up for a Gordon Ramsay TV show in 2012. Prisoners trained and worked in the bakery which supplied a number of outlets in London.

- S29 The library continued to provide a welcoming environment, but was small and did not have enough books to meet prisoners' needs. Access was poor and not enough data were recorded on use.
- S30 The gym was understaffed and accredited training was very limited. Most prisoners could use the gym at least twice a week. Prisoners attended an appropriate induction where healthy living and wellbeing were well promoted. Resources for recreational training were adequate and well maintained.

Resettlement

S31 *Reasonable resettlement work was taking place, but different departments were not sufficiently well coordinated. Offender supervisor contact was variable but key processes of importance to prisoners, such as parole hearings and home detention curfew (HDC), were managed appropriately. Good efforts had been made to reduce the offender assessment system (OASys) backlog, but it remained high and far too many prisoners still arrived without an OASys. Public protection work was sound. Categorisation processes had improved and release on temporary licence (ROTL) was used well to support resettlement. Links with community organisations were good. Reintegration work varied; too many prisoners were still released without accommodation. Some very good work was done to help prisoners into employment and to promote family ties. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S32 *At the last inspection in November 2014, we found that outcomes for prisoners at HMP Brixton were reasonably good against this healthy prison test. We made 16 recommendations in the area of resettlement. At this inspection we found that two of the recommendations had been achieved, one had been partially achieved, 11 had not been achieved and two were no longer relevant.*

- S33 The reducing re-offending strategy and meetings were purposeful, but the reducing reoffending and offender management functions were not well integrated. ROTL was used frequently and appropriately to support resettlement and links with community organisations were good. Some IPP (indeterminate sentences for public protection) prisoners were significantly over their tariffs and were not progressing well enough towards release. Access to available programmes was hindered by the lack of an up-to-date OASys for a number of prisoners.
- S34 Offender supervisor contact with prisoners occurred at key times such as parole hearings or HDC boards, and we saw some very good work taking place. Offender supervisors made good use of P-NOMIS to share information. Overall contact between offender supervisors and prisoners was not frequent enough, caused in part by very significant cross deployment of uniformed staff. Good efforts had been made to reduce the OASys backlog but it was still substantial. About half the prisoners arrived without an up-to-date OASys.
- S35 Initial public protection processes were reasonable and reviewed regularly. MAPPA systems (multi-agency public protection arrangements) were generally robust and appropriately discussed by the interdepartmental risk management team.
- S36 The significant backlog of categorisation reviews at the last inspection had been addressed and none was currently outstanding. Reviews were informed by a range of data. Although category D prisoners were held in more restrictive conditions than those at an open prison, they had access to meaningful work experience, and training and employment opportunities.

- S37 A number of men transferred from other establishments with no basic custody screen and/or resettlement plan completed. When they were completed, quality was variable. While resettlement plans were adequate, some relied too much on information from prisoners rather than a cohesive professional assessment. The community rehabilitation company (CRC) assessed the resettlement needs of nearly all prisoners well before discharge, usually within 10 to 12 weeks of their release date. Information sharing with responsible officers in the community was good.
- S38 Specialist housing advice was available to all prisoners, although about a quarter had been released with no fixed address during the previous six months. The CRC provided a limited signposting service for prisoners who needed help with finance, benefit or debt. Prisoners were helped to open bank accounts before release.
- S39 The National Careers Service provision was good. Many prisoners had obtained jobs on release as a result of attending regular job fairs. Staff provided a weekly list of vacancies and worked well with partners to support opportunities for jobs and training. Links between induction, allocations and the offender management unit were underdeveloped. The virtual campus⁹ was not being used.
- S40 Prisoners with health needs were given appropriate supplies of prescribed medicines and a health care summary before release. There were effective links between the prison and community mental health services. Prisoners who misused substances received appropriate harm reduction advice and support to continue their care after release.
- S41 A good range of services was available to help prisoners maintain contact with their children and families, although relationship courses offered at the previous inspection were no longer available. Visits provision was adequate but visits did not always start at the published time. Visitors were searched sensitively and visits staff were polite. The visitors' centre was too small.

Main concerns and recommendations

- S42 **Concern:** In our survey, almost a third of prisoners said they felt unsafe. Violence had increased since our previous inspection and a fifth of all incidents were serious. Investigations into acts of violence were inadequate and strategic violence reduction work was poor. Management of perpetrators of violence and support for victims were poor.

Recommendation: The high levels of violence should be systematically addressed through a comprehensive violence reduction strategy informed by an up-to-date analysis of data and consultation with prisoners. All violent incidents should be investigated thoroughly, perpetrators should be managed consistently and victims supported.

- S43 **Concern:** Self-harm had risen substantially. Support given to prisoners subject to ACCT processes was often poor and there were serious shortcomings in monitoring and care planning.

Recommendation: Prisoners at risk of self-harm should be given consistent care, attention and supervision. Support should be in line with promptly completed and comprehensive assessment, care in custody and teamwork (ACCT) documentation and processes.

⁹ Internet access for prisoners to community education, training and employment opportunities.

S44 **Concern:** Despite a recent focus on supply reduction, drugs were easily available and were destabilising the prison. There was no overarching drug strategy and the drug and alcohol committee had not met for over six months. The poor regime restricted prisoners' access to drug and alcohol psychosocial support.

Recommendation: There should be a whole prison strategy for managing substance misuse, informed by an up-to-date needs assessment. The drug and alcohol strategy committee should meet regularly to generate and oversee implementation of strategic action plans to reduce drug supply and demand. Prisoners should have easy and timely access to psychosocial support.

S45 **Concern:** Many prisoners lived in very cramped conditions that were lacking in decency and cleanliness. Cells were poorly furnished and uncomfortable, with little or no screening around toilets. Many prisoners could not obtain enough cleaning materials.

Recommendation: Prisoners should not be held in overcrowded conditions. All cells should provide decent, hygienic and well maintained conditions, including effective toilet screening and sufficient furniture.

S46 **Concern:** Equality and diversity provision was neglected and underdeveloped. In our survey, prisoners from minority groups responded negatively across a number of indicators. The needs of prisoners from all minority groups were not being identified or met.

Recommendation: Managers should systematically consult prisoners from minority groups, identify and meet support needs, address negative perceptions, and investigate and act on adverse monitoring data.

S47 **Concern:** A restricted temporary regime affected many aspects of prisoners' daily lives, including attendance at health care appointments. Nearly a quarter of prisoners were locked behind their doors during the working day and unable to engage in constructive work or education. This was particularly poor for a resettlement and training prison, and many prisoners were frustrated and becoming demotivated.

Recommendation: Prisoners should be unlocked and able to attend appointments and engage in constructive activity during the working day.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** During the previous six months, an average of 24 new prisoners had arrived at Brixton each week. Most prisoners travelled short distances from other London prisons and 34 of the 50 most recent arrivals had transferred from establishments less than 40 miles away. Prisoners responded more negatively than the comparator about most aspects of their escort experience. The vans that we inspected were clean and carried adequate first aid equipment and refreshments. We observed polite escort staff, and prisoners were not routinely handcuffed when leaving the vehicles.

Early days in custody

Expected outcomes:

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

- I.2** Early days arrangements had deteriorated since the last inspection. The physical conditions and facilities in reception were poor. There was no dedicated booking-in desk and reception staff met prisoners in a small, poorly equipped corridor where paperwork and warrants were checked. Holding rooms were bare with dirty floors and no information for the prisoners waiting in them. A toilet was out of use and the second toilet and urinal were dirty. Prisoners were not offered a telephone call in reception. The search area did not afford enough privacy. In our survey, 80% of prisoners said that when they were searched in reception it was carried out in a respectful way and 67% that they were treated well in reception against respective comparators of 85% and 76%. The staff office was some distance from the holding rooms and we saw limited interaction between reception staff and prisoners.
- I.3** Risk interviews did not take place in private. New arrivals were interviewed by staff and asked personal questions at a desk adjacent to where other prisoners waited for their health care interviews. Reception staff did not check cell-sharing risk assessments rigorously even when significant changes to a prisoner's circumstances were evident.
- I.4** Reception staff escorted new arrivals to the induction unit but there was no handover with wing staff and risk information was not shared routinely with staff on the induction unit. Support from peer orderlies in reception and the induction unit was good. The three reception peer support workers interviewed all new arrivals and offered advice and guidance which was valued by prisoners. The team of peer workers on the induction unit met all new arrivals as a group and provided detailed information about visiting arrangements, food, purchases, telephone calls and induction. They also spoke to new arrivals individually and offered support before they were locked in their cells on the first night. The oversight by staff of these peer workers was inadequate.

- I.5** Some first night cells were not prepared properly. Not all prisoners were given a pillow or a kettle before they were locked up on their first night. Some prisoners did not have a working television on the day after their arrival because of a shortage of aerials.
- I.6** Induction was delivered promptly for most prisoners on the first full day following reception, an improvement since the last inspection. Although the induction presentation was comprehensive, it was not delivered by induction staff or attended by a multidisciplinary team. Induction peer support workers used a checklist to deliver a talk to a group of new arrivals. This was a relaxed session where questions were answered promptly and courteously. Staff did not routinely contribute to or attend the wing induction.

Recommendations

- I.7 Reception staff should engage proactively with newly arrived prisoners, and both they and induction staff should effectively support and supervise prisoner peer workers.**
- I.8 Risk interviews in reception should be carried out in private and risk information should be routinely shared with induction staff.**
- I.9 First night cells should be prepared in advance for newly arrived prisoners.**

Bullying and violence reduction

Expected outcomes:

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

- I.10** There was little focus on the strategic management of violence and suicide and self-harm. The number of reported violent incidents had increased since our last inspection and was higher than in similar prisons, although there had been a gradual reduction over the previous three months. There had been 57 assaults on prisoners, 21 fights and 37 assaults on staff in the previous six months, with 17 of the assaults reported as serious. Systems and practices for identifying violence were adequate but not all incidents were reported centrally through the incident reporting system (see main recommendation S42).
- I.11** In our survey, almost a third of prisoners said that they felt unsafe at the time of the inspection and 60% said they had felt unsafe at some time. In both respects, this was significantly higher than at our last inspection and at similar prisons.
- I.12** Monitoring and analysis of the wide range of data collected by the safer custody team on violence and suicide and self-harm were inadequate and safer custody meetings had taken place infrequently since February 2016. A violence reduction strategy had been developed but was not based on an up-to-date analysis of violent incidents or informed by a survey or detailed consultation with prisoners. A safer custody action plan had been implemented in December 2016 but it was too early to see any changes in practice.
- I.13** Investigations into acts of violence and antisocial behaviour were poor and often consisted of little more than an account of the incident. Recommendations for action and targets set for perpetrators were not always followed up by wing staff and we were not confident that all perpetrators of violence were challenged or monitored well enough. Some victims had

received good support, but many support plans were incomplete and not monitored by wing staff (see main recommendation S42).

Self-harm and suicide prevention

Expected outcomes:

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

- I.14** The number of acts of self-harm had increased fourfold since the last inspection, with 122 recorded incidents. Some incidents of serious self-harm were investigated well but it was unclear if recommendations were followed up. There had been a self-inflicted death shortly before the previous inspection and a natural causes death since then. Subsequent action plans relating to these deaths had not been fully implemented.
- I.15** During the previous six months, 126 assessment, care in custody and teamwork (ACCT)¹⁰ documents had been opened and 33 were open at the start of our inspection. The quality of most documents was poor, although those on D wing were better. There were some dangerous shortcomings in the support and management of those on ACCT documents. All initial assessments that should have been carried out within 24 hours were late. We found one that had not been completed for four months. Observations of prisoners at risk were not always carried out at the prescribed times. Prisoners on open ACCTs often blocked the observation panel in their door. This practice was rarely challenged by staff who accepted a verbal response from prisoners. In one worrying case, a prisoner at risk blocked his observation panel. His cell mate refused to remove it, shouted abuse at the staff and told them that his fellow prisoner was all right. Staff accepted this and did not see the prisoner for another 12 hours. Managers carried out quality checks on ACCT documents; some issues had been identified but not addressed (see main recommendation S43).
- I.16** We spoke to some prisoners on open ACCTs who were complimentary about the care they received and there were a few examples of excellent support. However, many said they felt uncared for and did not receive the support that was promised.
- I.17** Prisoners who isolated themselves were discussed at a weekly meeting. At the meeting we attended, not enough information was provided and assumptions were made about prisoners. Recorded actions were carried over from week to week with no action taken. Not all prisoners who isolated themselves were identified. One prisoner said he had not been out of his cell for three weeks and this was confirmed by wing staff, but the weekly meeting was not aware of this.
- I.18** The care suite and constant observation cells were dirty and unprepared for immediate occupation. The segregation unit, where a gated constant watch cell was located, remained an inappropriate place for prisoners in crisis.
- I.19** In our survey, prisoners were less positive than at the last inspection and against comparator prisons about access to Listeners¹¹. Listeners told us that the rota was not always adhered to and in some cases they had not been called out to attend prisoners who had asked for a Listener. Listeners did not attend safer custody meetings and were not involved in reception and induction.

¹⁰ Case management of prisoners at risk of suicide or self-harm.

¹¹ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

Recommendations

- I.20** Death in custody action plans should be fully implemented and monitored over time.
- I.21** The constant supervision cell for those at risk of self-harm should not be located in the segregation unit. (Repeated recommendation I.39)
- I.22** All prisoners, including those in reception and on the induction unit, should have easy access to a Listener. Listeners should attend safer custody meetings.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.¹²

- I.23** The links previously made with Lambeth Safeguarding Adults Board had lapsed. There was a policy in place to make safeguarding referrals but staff were unaware of this and there was no overarching safeguarding policy for the prison.
- I.24** The Rehabilitation of Addicted Prisoners' Trust (RAPt), a psychosocial services provider, employed a dedicated family support worker to act as their safeguarding lead. RAPt had separate adult and child safeguarding policies and maintained a database of safeguarding concerns and actions taken. This was positive but did not mitigate the lack of an overarching approach to safeguarding in the prison.

Recommendation

- I.25** The governor should re-establish contact with the local director of adult social services and the local safeguarding adults board to develop safeguarding processes.

Security

Expected outcomes:

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

- I.26** The flow of intelligence to the security team was good; about 410 intelligence reports were submitted each month from a wide range of departments. Many reports were of good quality and were quickly analysed and actioned by the security team. Despite this, there were large quantities of drugs and mobile phones in the prison, which affected the stability of the establishment and undermined prisoner safety. During the previous six months, 24% of mandatory drug tests had proved positive. This figure did not include positive results for new

¹² 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).

psychoactive substances¹³. In our survey, 58% of prisoners said it was easy to get illegal drugs and 20% said they had developed a problem with drugs since they had been in the prison. We saw prisoners openly smoking cannabis on wing landings (see main recommendation S44).

- I.27** The security team were aware of these challenges and were implementing an impressive action plan to address them. The proportion of prisoners randomly tested for drugs had increased from 5% to 10%. A team of six officers, including two dog handlers, focused on searching and mandatory drug testing (MDT). Intelligence-led strip-searching and cell searches had led to finds of large quantities of phones, drugs and other banned items. Prisoners who tested positive for drugs were not referred to the substance misuse service but this was about to start. There was no overall drug and alcohol strategy (see paragraph I.48 and main recommendation S44). During the inspection we were told of plans to remove the category D prisoners' unit, partly to help restrict opportunities for drugs and phones to enter the prison (see paragraph 4.1).
- I.28** At the start of our inspection, 57 prisoners were on closed visits, some for non-visits related activity. This restriction should have been reviewed every month but reviews had not taken place for many months. When we pointed this out during our inspection, reviews were conducted and the number of prisoners on closed visits reduced to 22.
- I.29** Monthly security meetings were reasonably well attended and informed by a detailed security report. The team regularly briefed custodial managers on key security issues.
- I.30** Physical security features resembled those of a local prison rather than a category C training prison, with many fences, gates and razor wire. Prisoners were not able to move freely around the prison as we see in other category C establishments. Security arrangements for category D prisoners had been relaxed slightly since our last inspection. They now had good access to the exercise yard on C wing and were locked in their cells from 8pm, half an hour later than previously. This was still too restrictive.
- I.31** The security department was aware of some prisoners who were part of organised criminal networks. Relationships with the local police had deteriorated since the last inspection. During the previous year, there had been no prosecutions and only one charge for drug trafficking.

Recommendations

- I.32 Visits restrictions should only be imposed in response to visits-related activities.**
(Repeated recommendation I.51)
- I.33 The strategic management of security risks should include stronger links with the police.**

¹³ Drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

Incentives and earned privileges

Expected outcomes:

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

- I.34** The London male incentives and earned privileges (IEP) scheme was in operation, in line with the rest of the region. Prisoners retained their enhanced status from previous prisons. In our survey, only 29% of prisoners against the comparator of 48% said they had been treated fairly in their experience of the scheme. The differentials between the standard and enhanced levels were inadequate and prisoners said that the only incentive on enhanced level that they valued was the extended weekend visit.
- I.35** Prisoners on the basic level were allowed telephones and showers three times a week at most, which was not sufficient. They were not restricted from attending purposeful activity. In the cases that we examined, prisoners remained on basic level for at least 28 days despite the policy allowing for earlier removal if behaviour had improved. Few targets were recorded to help them improve their behaviour. Quality checks by managers were not evident in any of the case notes we examined.

Recommendation

- I.36** The IEP scheme should encourage prisoners to improve their behaviour and not interfere with their ability to maintain basic hygiene and contact with families.

Discipline

Expected outcomes:

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

Disciplinary procedures

- I.37** During the previous six months, 2,481 adjudications had been heard, three times the number at other category C prisons and four times the number at the last inspection. The charges brought were appropriate and referred to the independent adjudicator or police if necessary. We observed some hearings, all of which were conducted fairly. Paperwork sometimes lacked detail but demonstrated fairness. Some adjournments could have been avoided with better preparation of cases; for example, CCTV footage and reporting officers were not present at all first hearings. Punishments were generally appropriate. Prisoners who failed a drug test received additional days on their sentence. Senior managers no longer reviewed and monitored adjudications to ensure fair and consistent outcomes.

Recommendation

- I.38** Senior managers should quality assure adjudication hearings and outcomes to ensure fairness and consistency.

The use of force

- I.39** Staff had used force on 58 occasions in the previous six months, less than at other category C training prisons but more than double the number at our last inspection. Video footage of planned incidents showed officers de-escalating difficult situations skilfully. Officers remained professional in the face of extreme provocation. For example, an officer remained calm after a prisoner spat in his face. Records showing that force was justified were completed adequately. However, managers did not routinely review videos or records to learn lessons or monitor trends. During our inspection, a senior manager reviewed the last three months' video footage.
- I.40** Special accommodation had been used eight times in 2016. Shortly before our inspection, a prisoner on an ACCT was held in the segregation unit special cell on three occasions, once for over 24 hours. Special accommodation documents did not show that holding the prisoner in such deep and prolonged custody was justified (see suicide and self-harm section). Prisoners awaiting adjudication hearings were also inappropriately locked in the special cell.

Recommendations

- I.41** **There should be effective management oversight of the use of force, including special accommodation, and any emerging trends should be identified through systematic data analysis.**
- I.42** **Every use of special accommodation should be comprehensively documented to demonstrate that it is used legitimately and proportionately. It should not be used for anything other than serious refractory behaviour.**

Segregation

- I.43** During the previous six months, 83 prisoners had been segregated, more than at our last inspection but less than at similar establishments. The environment on the unit remained grim with little natural light. Cells were in poor condition with broken taps, graffiti and damaged windows. Toilets were very dirty and lacked seats and lids. The shower unit was old and decrepit.
- I.44** Segregated men were given a shower, exercise and telephone call every day. Health care staff and members of the Independent Monitoring Board visited daily but did not record all their visits in the observation books. Prisoners on the unit told us of good treatment by staff.
- I.45** Senior managers no longer monitored use of the unit systematically. The segregation monitoring and review group had only met twice in 2016 and not since April. Managers could not, therefore, determine that the unit was being used appropriately. Documents that we reviewed did not always indicate that the use of segregation was justified and some prisoners spent too long on the unit.

Recommendations

- I.46** The segregation unit should be maintained to a high standard and the cells should be clean, free of graffiti and well lit. Toilets, showers and windows should be in full working order.
- I.47** Senior managers should monitor the use of the segregation unit to ensure it is used appropriately.

Substance misuse

Expected outcomes:

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

- I.48** Substance misuse services liaised effectively with other departments, including security, on an ad hoc basis, but this was not coordinated within an effective strategic approach. There was no substance misuse strategy or up-to-date needs assessment, although a strategy which included supply reduction was in an advanced stage of development. Drug and alcohol strategy meetings had not been held for six months (see main recommendation S44).
- I.49** In our survey, 38% of prisoners said they had a drug problem when they came into the prison against the comparator of 26% and 30% at our previous inspection. RAPt delivered a range of individual, group and family support interventions but regime restrictions affected access by prisoners and outcomes were poor (see main recommendation S44). RAPt had lost 42 hours of intervention time a month and their induction slot had not run since July 2016. Frequent lock downs further reduced access and prisoners often chose association or a shower over an intervention. Consequently, they experienced delays in assessment and extended gaps between appointments. Prisoners were appropriately prioritised for interventions according to their release date.
- I.50** RAPt ran a six-month residential abstinence programme for up to 47 prisoners on D wing. Successful graduates could become peer mentors. Prisoners spoke very positively of the programme but said they would find it hard to stay off drugs in the main prison because they were too easily available.
- I.51** Narcotics Anonymous and Alcoholics Anonymous groups did not meet in the main prison, but D wing prisoners had good access. Access to the three RAPt peer supporters in the main prison was restricted by the regime.
- I.52** RAPt supported 240 prisoners at the time of the inspection. Regular feedback from service users informed service improvement. RAPt workers made entries on electronic medical notes (SystemOne), which supported continuity of care. Most records were good. Joint working with clinical substance misuse services and health care was effective.
- I.53** Care UK delivered clinical substance misuse services. A consultant addictions psychiatrist provided effective clinical oversight and ran a monthly clinic for prisoners with complex needs. A nurse prescriber and pharmacist prescriber reviewed patients frequently and prescribing was flexible. RAPt workers attended all prescribing reviews and prisoners were involved in their treatment planning. Forty-one of the 55 prisoners on opiate substitution treatment (OST) were maintained, a high number for a training prison, but prescribing was clinically justifiable and patient focused.

- I.54** The administration of OST on most wings lacked privacy, and there was poor observation by wing staff. The A wing OST hatch afforded privacy, but the area did not meet required infection control standards (see paragraph 2.62). Support for prisoners with mental health and substance use problems was satisfactory.

Recommendation

- I.55 All prisoners with substance misuse concerns should have easy access to mutual aid groups and peer support.**

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 Prisoners were held in cramped conditions in residential units, where many cells designed for one held two prisoners. The cells did not have enough furniture and some prisoners stored their possessions in bags on cell floors. A number of toilets were not properly screened or not screened at all (see main recommendation S45).
- 2.2 Prisoners could usually access cleaning materials, but the quality of equipment was poor and the same tools were used to clean a number of areas. Much of the better quality cleaning equipment was kept in cells and used only by a few prisoners. In our survey, only 55% of prisoners said that they normally got cleaning materials every week against the comparator of 64% and 75% at our previous inspection (see main recommendation S45).
- 2.3 Most communal areas were in a poor state, particularly on G wing, much of which was shabby and unkempt. Much of the limited association equipment was in a poor state of repair. At the time of our inspection, prisoners were not allowed to use some recreational items such as pool tables.
- 2.4 Shower units were screened, but most did not provide enough privacy and had damaged flooring and peeling paint. In our survey, 61% of prisoners against the comparator of 91% said that they were able to take a shower every day. The temporary regime often limited the time prisoners spent out of their cells to attend to domestic and personal needs (see paragraph 3.1).
- 2.5 There were a reasonable number of telephones in all residential areas, although the limited time prisoners spent out of their cells reduced telephone access. Some telephones did not have privacy screening hoods.
- 2.6 In our survey, only 14% of prisoners said that their cell bell was answered within five minutes against the comparator of 34% and 30% at our previous inspection. We witnessed a number of occasions when emergency cell bells were left unanswered for more than 30 minutes. There was no procedure for managers to monitor the cell call bell system.
- 2.7 External areas were in reasonable condition and most exercise yards had equipment. Cell windows were covered with cages but several had large quantities of rubbish trapped between the window and the cage.
- 2.8 A new prisoner information desk (PID) to deal with routine and non-confidential applications had been implemented shortly before the inspection. The prisoners involved were enthusiastic and it showed promising signs of development. Nevertheless, some prisoners did not know about the PID or were concerned about confidentiality.
- 2.9 On units where the PID was not yet fully embedded, prisoners were more negative about the application system. Many felt that applications were not dealt with or, if they were, responses were not fair. We found a number of applications which had been left in offices for several days with no prison-wide tracking system to ensure appropriate governance. The

exception to this was in reception, where the operations manager had introduced a much more effective tracking system for property applications, with little backlog.

Recommendations

- 2.10 All showers should be clean, well maintained and screened to provide full privacy.** (Repeated recommendation 2.10)
- 2.11 Emergency cell bells should be answered promptly at all times.**
- 2.12 The prisoner information desks (PIDs) should be embedded on all units and PID workers should be supported and adequately supervised by staff. All applications should be effectively tracked.**

Staff-prisoner relationships

Expected outcomes:

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

- 2.13** Prisoners in our survey were more negative than the comparator and at our previous inspection about their interactions with and treatment by staff. Only 65% of prisoners said most staff treated them with respect against the comparator of 79% and 75% at the previous inspection. Prisoners were often addressed just by their surnames.
- 2.14** Staff did not know enough about prisoners in their care which affected the management of the most vulnerable (see paragraph 1.17). There was no effective personal officer scheme. Some staff were disengaged and lacked ownership of their work, which contributed to poor relationships with prisoners. On the residential units, most of which were large, busy and complex wings, the more proactive staff were hampered by low staffing levels.
- 2.15** More positive relationships were evident between prisoners and specialist staff such as workshop instructors, health care and PE staff who all displayed encouragement and positive role modelling.
- 2.16** The prisoner council operated reasonably effectively and its members were positive about its impact in the prison. However, many other prisoners were unaware of it and the regular wing meetings at the time of the previous inspection had lapsed.

Recommendation

- 2.17 Managers should ensure that there are sufficient staff and that they engage positively with prisoners and act as positive role models.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic¹⁴ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.18** There was no focus or drive to address equality and diversity and formal structures had lapsed since our previous inspection. A local policy remained in place but there had been no recent needs analysis and little was done to address the diverse needs of the population. There had been no equality and diversity meeting at all in 2016. There had been no survey of prisoners, visitors or staff and there was no equality action plan. Equality monitoring data were either not available or not used to identify concerns or risks (see main recommendation S46).
- 2.19** Only 14 discrimination incidents had been reported in 2016, indicating a lack of confidence in and promotion of the system. We were only provided with records of investigations into 10 of these incidents. The investigations were not thorough nor had the issues raised been followed up. There had been no quality assurance of the investigations until the week before the inspection. External scrutiny had also lapsed since the previous inspection.
- 2.20** There were no prisoner equality representatives at the time of the inspection. One prisoner who had been identified as keen to take on the role told us he had been waiting for more than two months for further information.

Recommendation

- 2.21 Reports of discrimination should be thoroughly and promptly investigated. Timely quality control measures should be taken by a senior manager with external scrutiny in place.**

Protected characteristics

- 2.22** At the time of the inspection, 60% of prisoners were from a black and minority ethnic background and 30% were Muslim. In our survey, 29% of prisoners considered themselves to have some form of disability. Prisoners aged 50 or over accounted for 9% of the population. All these groups responded more negatively in our survey across a range of indicators. Procedures to identify and assess the needs of prisoners with protected characteristics were inadequate. The identification of need was limited to a question at reception about disability; the answer was entered on to P-NOMIS records but little was done with the information. There were no regular consultations, although there had been some ad hoc meetings with limited outcomes (see main recommendation S46). Celebrations such as Black History Month had taken place.

¹⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.23** The number of foreign national prisoners had decreased since our last inspection to 45 of whom four were detained beyond the end of their sentence. Home Office immigration officers visited regularly. Foreign nationals could not easily access legal advice. Interpretation services were available, although most prisoners were able to communicate well in English. Foreign national prisoners were allowed to make a monthly telephone call to their family abroad in lieu of visits.
- 2.24** Gypsy, Romany and Traveller prisoners accounted for about 2% of the population at the time of the inspection. A well attended meeting had been arranged in June 2016 supported by the Travellers' equality project and including a celebration of Irish food. This had not been followed up.
- 2.25** Despite screening at reception, the prison was not aware of the number of prisoners with disabilities or their needs. Eight prisoners who required a personal emergency evacuation plan (PEEP) had been identified. We found other prisoners with disabilities who required a PEEP but had not been identified. Very few residential staff were aware of prisoners who were on a PEEP and the documents either could not be found or lacked detail. There was no appropriate accommodation for prisoners with disabilities.
- 2.26** Provision for older prisoners had deteriorated. The local policy was for these prisoners to be left unlocked during the day including during the temporary regime (see paragraph 3.1). The policy was implemented intermittently depending on which staff were on duty. Older prisoners could attend the library on Fridays and engage in more relaxed PE, but this was poorly promoted. A forum had taken place in November 2016 for older and disabled prisoners. The minutes of the meeting were brief and there was no evidence of actions being taken.
- 2.27** There had been no transgender prisoners since the previous inspection. A local transgender policy was in place, but was out of date. In our survey, two prisoners had identified themselves as gay or bisexual. There was little evidence of support in this area to give prisoners the confidence to talk to staff.

Faith and religious activity

Expected outcomes:

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

- 2.28** Faith support was generally good. High levels of pastoral care were offered and there was good support during bereavement, with family contact arranged if required. Four Sycamore Tree programmes¹⁵ were delivered in 2016 and a range of support groups and religious study classes were available. The prison had been unable to recruit a full-time Anglican chaplain since 2015; some initiatives had been curtailed pending recruitment and the full-time 'faith in the future' resettlement class had been suspended.
- 2.29** Chaplains made daily visits to new prisoners and those on the segregation unit, but some staff and prisoners told us that most chaplains were not visible enough. This was reflected in our survey where only 43% of prisoners said that they were able to speak to a religious leader of their faith in private against the comparator of 58% and 52% at the previous inspection.

¹⁵ Victim awareness programme that teaches the principles of restorative justice.

- 2.30** Faith facilities, including a large chapel, were reasonable, although they were all upstairs with potential access difficulties. The managing chaplain had secured funding for redecoration which had led to a more welcoming environment in the group rooms.

Recommendation

- 2.31 A full-time Anglican chaplain should be recruited without delay.**

Complaints

Expected outcomes:

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

- 2.32** In our survey, only 49% of prisoners said it was easy to make a complaint against the comparator of 59% and 57% at the previous inspection. Only 19% of prisoners who had complained said that they were dealt with fairly and quickly. Complaint forms were easily accessible on all wings. There had been 1,347 complaints in the previous six months, more than at the previous inspection and at similar prisons. Most complaints that we sampled were timely, courteous and focused, although responses to the few complaints about staff often did not address all the issues raised. A sizeable minority of the complaints that we sampled concerned unanswered applications and could have been addressed more informally. Staff said that the introduction of prisoner information desk workers had reduced complaints, although it was too early to confirm this (see paragraph 2.9 and recommendation 2.12).
- 2.33** During the previous six months, at least 85% of complaints had been responded to within five days, with the exception of September 2016 when it had reduced to 65%. Since then, improved systems had restored timeliness. Complaint monitoring and quality assurance were good and analysis of complaints had led to service improvements. The manager responsible for complaints attended the prisoner council to get feedback but prisoners were still not informed of complaint analysis and actions taken to address identified problems.

Legal rights

Expected outcomes:

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

- 2.34** There was no single dedicated resource to help prisoners with their legal problems. Prisoners appealing their sentence or conviction could book research time in the library and work on stand-alone computers where they could save their work and print letters. Prisoners could not borrow 'access to justice' laptops. The library stocked a good range of legal text books and Prison Service Instructions and staff printed off additional copies if requested. Information about the Criminal Casework Review Commission and the Legal Ombudsman was not displayed around the prison. Arrangements for legal visits were generally sound, but visits did not always start on time.

Health services

Expected outcomes:

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

2.35 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Governance arrangements

2.36 The CQC found there were no breaches of the relevant regulations.

2.37 Health services were provided by Care UK and Barnet, Enfield & Haringey Mental Health Trust. We were told that there was an effective working relationship between NHS England commissioners and the prison, but were not provided with minutes of partnership meetings during 2016. A bimonthly contract meeting was well attended by relevant stakeholders and reflected appropriate service focus. A monthly quality assurance and governance meeting included appropriate agenda items and evidence of follow through, although attendance in the previous two months had been limited. Reporting of untoward incidents reflected relevant actions and learning from events.

2.38 Nursing cover extended between 8am and 6.30pm on weekdays, weekends and bank holidays. The nursing workforce was being developed to fulfil primary care service needs such as long-term conditions, but it was too early to see all the benefits. The permanent team largely covered nursing vacancies.

2.39 Health services staff training fulfilled essential requirements, including intermediate life support. Some nursing staff had not received regular management and clinical supervision; this had started to be addressed before our inspection.

2.40 The complaints process now allowed prisoners to make a confidential health care complaint with timely and focused responses. There were very few responses to a monthly prisoner survey and there was no prisoner health forum. Prisoner health care representatives were used to promote services and help men to access services.

2.41 A helpful information leaflet about all health services was routinely given to prisoners on reception and consent to share medical information was sought on arrival. Appointment slips with details of the nature of the appointment were inappropriately delivered by other prisoners; we were assured this would be addressed immediately.

2.42 There was no designated lead for the small population of older prisoners. Simple mobility aids were provided through the pharmacy department. Care planning to support evidence-based care and treatment was rarely used.

2.43 The innovative Health Trainer¹⁷ programme provided men with support and motivation to understand their state of health and make sustainable lifestyle changes through individual

¹⁶ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

work and targeted NHS health checks. The Certitude¹⁸ initiative enabled men with lower level mental health difficulties to support each other while gaining self-confidence and new skills. There was a good range of meaningful health literature in the main health care department and on some of the wings.

- 2.44** There was good identification of and immunisation arrangements for blood-borne viruses. There was a suitable range of policies and protocols. Clinical staff had been trained in safeguarding and an alert had been raised appropriately during the previous year.
- 2.45** Emergency equipment, including automated defibrillators, was strategically located, and was regularly checked and accessible to prison staff. However, too few prison staff had been trained in basic life support and there were often lengthy delays in responding to cell bells (see paragraph 2.6).
- 2.46** The treatment rooms in the main department were suitably clean and equipped but wing treatment rooms were not clinically clean or infection control compliant. Cleaning arrangements were poor with no clear schedules.

Recommendations

- 2.47** **Designated leads should be introduced for older people and long-term conditions to support a systematic and evidence-based approach to care.**
- 2.48** **Prison staff should be trained in resuscitation skills to ensure they can respond appropriately to medical emergencies.**
- 2.49** **Wing treatment rooms should be cleaned regularly and fulfil national infection control requirements.**

Good practice

- 2.50** *The Health Trainer and Certitude programmes provided a structure and focus to enable men to improve their own physical and mental health and learn new skills.*

Delivery of care (physical health)

- 2.51** Initial health screening on arrival addressed key issues, with relevant referrals to GP, substance misuse and mental health services. The screening template did not identify social care needs or learning disability and there was inadequate communication of health risks between nursing and prison staff.
- 2.52** In our survey, 39% of prisoners who had used health services said that the overall quality was good, similar to the comparator but worse than at the previous inspection when 51% had reported positively. We found that health services were reasonably good overall. Prisoners had good access to nurses and the GP, and urgent needs were prioritised appropriately. The prison regime had affected primary care and hospital appointments adversely: during November and December 2016, the 'did not attend' rate for the GP clinic

¹⁷ Health trainers educated and motivated prisoners to improve their health through positive physical health, nutrition, weight management and wellbeing. At Brixton they worked alongside clinical professionals to improve prisoners' health.

¹⁸ Certitude was a not-for-profit organisation that supported people with mental health needs, autism and learning disabilities. They ran Beyond Prison, a three-month training programme that improved prisoners' wellbeing through confidence building, self-esteem and goal setting. Successful graduates worked as peer mentors supporting other prisoners with problems.

had been 28% with most appointments lost because of the regime. Hospital appointments were regularly rescheduled and in October and December 2016, a quarter of hospital appointments were rescheduled because of regime constraints (see main recommendation S47).

- 2.53** Sixty-four prisoners were awaiting an optician appointment and 38 men were waiting for a first podiatrist appointment; one man had been waiting to see a podiatrist for 20 weeks. Additional podiatry sessions were being arranged to resolve this. Access to physiotherapy appointments was reasonable with a clinical priority system to support effective pain management.
- 2.54** Care of long-term conditions was reasonable and largely provided by the GP; care plans were underused. Clinical records were detailed and supported effective communication of key issues.
- 2.55** The use of telemedicine for specialist neurology, cardiology and dermatology appointments reduced the need for escorts and supported prisoner privacy and dignity. Prisoners could have plain chest x-rays in the prison and wider access was under consideration.
- 2.56** Out of hours, prison staff could contact a GP directly for medical advice with a faxed summary sent to health care. The service had been used infrequently.

Recommendations

- 2.57 Reception screening should include identification of key issues such as social care needs and learning disabilities. Nursing staff should be proactive in their communication with reception staff in relation to key health indicators.**
- 2.58 Prisoner access to primary care, dental and hospital appointments should reflect community waiting times.**

Good practice

- 2.59** *Telemedicine enabled prisoners to access specialist services with privacy and dignity.*

Pharmacy

- 2.60** A comprehensive pharmacy service included two pharmacists who were independent prescribers. Medicines were supplied in a timely and appropriate way. It was commendable to see a wide range of pharmacy-led clinics, including minor ailments, substance misuse and a pain clinic.
- 2.61** About three-quarters of prisoners were able to keep their medicines in possession. Risk assessment was used proportionately and appropriately, but some prisoners did not have lockable cabinets in their cells.
- 2.62** Prisoners collected and received their medicines from nurses at wing treatment rooms. Supervision by prison staff of medicines administration was poor and nursing staff were not always sufficiently vigilant when observing prisoners taking supervised medicines. Internal doors on wing treatment rooms were not always appropriately secured by nursing staff and, on C and D wings, administration was through a prison gate rather than a medicines hatch. Medicines were appropriately recorded, although there was no system of follow-up when a prisoner missed multiple medicine administrations.

- 2.63** A range of over-the-counter medicines, including simple pain relief, was available using patient group directions¹⁹. There was a clear evidence-based approach to prescribing pain relieving medicines, complemented by written information, a pain management clinic and good use of physiotherapy to address musculoskeletal pain. Prescribing of most tradable medicines was comparatively infrequent. The number of men (96) prescribed Mirtazapine (an anti-depressant often used to aid sleep) had increased since our last inspection and was relatively high. However, it was rarely initiated at the prison and many men had arrived with a longstanding prescription.
- 2.64** There were regular medicines management committee meetings which had suitable focus and representation. Storage of medicines was good and medicines needing refrigeration were stored appropriately and safely. Controlled drug deliveries were taken through prisoner areas with a single officer escort.

Recommendation

- 2.65 Medication administration should be consistently and adequately supervised by prison staff, to ensure privacy and compliance, and reduce the risk of bullying and diversion.** (Repeated recommendation 2.89)

Good practice

- 2.66** *A wide range of pharmacy-led clinics was delivered regularly from the wing treatment rooms.*

Dentistry

- 2.67** Despite concerted efforts to maximise clinical time, prisoners waited up to eight weeks for a routine dental appointment which was a marked deterioration since the previous inspection and largely attributable to the restricted regime. Prioritisation of men with oral pain or infection was reasonable and there were plans to train nurses in dental triage. Detailed dental records on SystemOne²⁰ provided other clinicians with helpful information, including evidence of oral health education. The dental suite was clean with clearly identified clean/dirty flows to support effective infection control. Equipment was maintained and serviced appropriately. The adjacent decontamination room was still awaiting formal commissioning.

Delivery of care (mental health)

- 2.68** A multidisciplinary mental health team comprised psychiatrists, psychologists, occupational therapists and nurses. The team provided a good range of support for prisoners with primary and secondary care needs. A community equivalent stepped care model facilitated suitable needs based assessments and interventions. An effective multidisciplinary team approach ensured that prisoners were appropriately allocated. Face-to-face contact with prisoners, in particular completion of timely initial assessments, was limited by the current prison regime.
- 2.69** The team offered a range of interventions, mostly one to one with individual care plans. Wellbeing groups were run by the occupational therapist to help men acquire coping skills

¹⁹ Patient group directions authorise appropriate health care professionals to supply and administer prescription-only medicine.

²⁰ SystemOne is an electronic clinical information system.

while in prison and for life on release. Particular attention was paid to prisoners with learning disabilities. Some groups also involved education, health trainers and peer mentors.

- 2.70** Effective joint working with other prison functions included substance misuse to support dual diagnosis, the Improving Access to Psychological Therapies team and the London Pathways Unit (LPU) for men with personality disorders. There was a positive focus on prisoners with special needs, such as deaf prisoners, with weekly sessions delivered by a specialist counsellor.
- 2.71** Between March and December 2016, four prisoners with mental health problems had been placed in the segregation unit before transfer to an inpatient unit at another prison. The decisions to hold these men in segregation appeared appropriate in the presenting circumstances, but conditions in the unit were poor and it provided an untherapeutic environment (see section on segregation). All the men stayed there for less than a week and on each occasion there was evidence of collaborative decision-making by the mental health team and the prison. They were supported by the mental health team. However, during the previous year, there had been one direct transfer under the Mental Health Act 1983 to a mental health placement which had taken three months from identification of need to transfer.
- 2.72** There had been no recent mental health awareness training for prison staff. A planned training event by the LPU had recently been cancelled because very few staff were able to attend.

Recommendations

- 2.73 Prisoners with significant mental health problems should be transferred to hospital without delay.**
- 2.74 Prison officers should receive mental health awareness training to help them to recognise when a prisoner requires assistance from mental health practitioners.**

Social care

- 2.75** There was no systematic procedure for identifying and responding to social care needs and there was no formal agreement between the prison and Lambeth Borough Council. Four referrals for social care assessment had been made during the previous year. No prisoners had yet been assessed as eligible for care.

Recommendation

- 2.76 There should be a formal agreement between the prison and the local authority which reflects a shared approach to the identification and referral of prisoners with social care needs.**

London Pathways Unit

- 2.77** The LPU was a jointly funded partnership between HM Prison and Probation Service (HMPPS) and the NHS delivered by four NHS mental health trusts, the prison and the National Probation Service in London. The 36-cell unit was located on A wing and separated from the rest of the wing. At the time of our inspection, 27 men were held there, all deemed at high risk of harm and with identified complex personality and psychological difficulties. All the men had been selected because they had a realistic prospect of release within two years,

which was complicated by their personality difficulties. All were located in single cells on the unit.

- 2.78** The unit had opened in April 2016, when 12 men were transferred from the previous London Pathway Progression Unit at HMP Belmarsh. Further prisoners had joined the cohort subsequently. Prisoners engaged in a range of intensive therapeutic and challenging work to help them address their thinking and patterns of behaviour. They had access to the normal regime for some of the time and were able to use all prison services. It was too early to judge the success of the unit. Staff constraints across the prison had affected the LPU adversely during 2016 and some unit group work had been cancelled, which was disappointing.
- 2.79** A clinical psychologist led a team of forensic psychologists from Oxleas NHS Foundation Trust and selected prison officers. A consultant forensic psychiatrist from South London and Maudsley NHS Foundation Trust took the medical lead. Each prisoner had a key worker (uniformed officer) and a psychologist. Prison staff had been selected and trained for the role and received regular supervision.

Catering

Expected outcomes:

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

- 2.80** In our survey, 38% of prisoners said the food was good against the comparator of 30%. Most prisoners spoke positively about the quality of the food. The primarily cold evening meal options, brought in as a consequence of the restricted regime, were not popular. Most hot meals were provided at lunchtime. Breakfast packs continued to be served the day before they were eaten, but had been supplemented with two small bread rolls.
- 2.81** The main kitchen remained well equipped, clean and organised. Prisoners working in the kitchen could still complete national vocational qualifications at levels one and two. Consultation with prisoners about the food was satisfactory.
- 2.82** Most wing serveries required refurbishment, including replacement of missing doors on the hot cabinets. The hot trolleys used to transport food from the kitchen to the wings were not cleaned properly and food temperatures were not recorded consistently on the wings. The food services were supervised well. Most prisoners ate in cramped cells next to an unscreened toilet, which was unsanitary (see main recommendation S45). Prisoners had access to microwaves and toasters.

Recommendations

- 2.83** **Wing serveries, hotplates and trolleys should meet required food hygiene standards and food should be served at the required temperature.**
- 2.84** **Prisoners on the main wings should be able to eat out of their cells.** (Repeated recommendation 2.106)

Purchases

Expected outcomes:

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

- 2.85** Canteen arrangements were adequate. In our survey, 36% of prisoners said the canteen sold a wide enough range of goods for their needs; fewer black and minority ethnic prisoners than white prisoners were satisfied (25% against 48%). New arrivals could buy a smoker or grocery pack in reception, but waited up to 11 days for their first canteen order. Money could be sent in electronically as well as by cheque or postal order. The price of goods through the national contract remained too high.
- 2.86** Orderlies were involved in the distribution of canteen, but there were arrangements to reduce the potential for intimidation. A system was being introduced to improve outcomes for prisoners by checking all canteen received and rectifying errors or issuing refunds before distribution. Goods could be ordered from a small range of catalogues with no local administration charges. The distribution of catalogue orders through reception had improved.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.²¹

- 3.1** The time that prisoners in full-time employment could spend out of their cells had reduced since the last inspection from 10 hours to eight hours 15 minutes on weekdays. Unemployed prisoners on the basic level of the incentives and earned privileges scheme had three hours 45 minutes out of cell, which was poor. Most prisoners did not have evening association and were locked up at 6.15pm. Outdoor exercise periods for most prisoners were too short at 30 minutes. A temporary regime implemented in November 2016 had brought more predictability, but it was still not delivered consistently. When staffing levels fell below the minimum required, an alternative regime was implemented which involved the rotational locking down of wings. During our roll checks, 23% of prisoners were locked up during the working day, which was high, especially for a training prison (see main recommendation S47). Some wing staff could not give us precise roll counts or tell us what activities prisoners were undertaking. Prisoners held on the category D unit had good time out of cell (see paragraph 4.16).

Recommendation

- 3.2 All prisoners should have the opportunity of evening association and at least one hour of exercise outside each day.**

²¹ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

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

3.3 Ofsted²² made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work:	Inadequate
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Inadequate</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>
<i>Personal development and behaviour:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

Management of learning and skills and work

- 3.4** The management of learning, skills and work was inadequate. Senior managers had not responded quickly and effectively to the recommendations of the previous inspection. The prison continued to provide a good range of vocational training which enabled prisoners to acquire useful employability skills. However, there were too few opportunities to progress to levels two and three.
- 3.5** Senior managers had introduced a restricted regime and too many prisoners were unable to work, learn and gain skills. Attendance and allocations were not well managed. Uniformed wing officers often allocated wing workers and prisoners felt the allocations process was unfair. In our survey, fewer prisoners than at similar prisons and our last inspection said it was easy to get a prison job, vocational or skills training, or education.
- 3.6** Senior managers continued to develop the self-assessment process and identify strengths and weaknesses, but progress had been slow in bringing about improvements. A few activities had not been included in the self-assessment, for example, the chaplaincy, induction and work allocations. This omission had been recognised.
- 3.7** A new education provider, Novus, had been appointed since the previous inspection and joint working with the prison had developed well. Vocational training was subcontracted to other agencies and Novus staff managed the subcontractors effectively. Novus managers had improved performance management in teaching and learning, but there was more work to be done. The education and training provided by Novus required improvement.

²² Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Recommendations

- 3.8 The allocations process should be equitable and not carried out by wing staff.**
- 3.9 Education and vocational training programmes should provide relevant progression for prisoners to improve their chances of getting into jobs, further education and training.**

Provision of activities

- 3.10** Senior prison managers had increased the number of activity places and part-time occupation was available for the whole population. The range of work opportunities remained limited. Many places were unfilled because of the restricted regime and too many prisoners were occupied in unchallenging work on the wings. An average of only 40% of places were occupied and English and mathematics sessions were less than a third full and often around 25%. At the time of the inspection, about 170 prisoners were classified as unemployed.
- 3.11** Induction into purposeful activity was adequate and staff relied mainly on prisoners to provide information. Despite long waiting lists for the more popular training places, such as scaffolding and construction programmes, many places remained unfilled. Careers staff gave clear advice and guidance to most prisoners to meet resettlement needs. However, not enough information was available for the few prisoners who wanted to undertake higher level learning. Links between induction, allocations and the offender management unit were weak.
- 3.12** Novus provided about 150 part-time education places. The range of programmes was reasonable and included English and mathematics, a wellbeing programme, Open University and distance learning courses, information and communications technology, and information, advice and guidance. Prisoners were frustrated by the limited number of English and mathematics courses. Approximately 40 prisoners were enrolled on Open University and distance learning courses.
- 3.13** There were about 220 accredited vocational training places, including construction, cleaning, horticulture, barbering and fashion. Additional accredited training in hard landscaping, waste management and contract services was planned in the near future. Some particularly innovative training opportunities were offered (see paragraph 3.17).

Recommendation

- 3.14 A wider range of work should be provided and places should be filled according to prisoners' resettlement needs.**

Quality of provision

- 3.15** Since the previous inspection, the quality of teaching, learning and assessment had not improved sufficiently. Standards had risen and prisoners' experience and achievements on most programmes had improved, but the quality was too variable and areas for further development remained. Tutors were often unsure which prisoners were going to attend sessions and were unable to plan effectively. Tutors sometimes did not start sessions on time. Prisoners' written work was corrected constructively. Most tutors used effective strategies to monitor learning in sessions and ensure that most prisoners made appropriate progress.

- 3.16** The quality of teaching, learning and assessment in vocational training was mostly good and good one-to-one coaching enabled prisoners to develop their skills. In some training sessions, peer mentors with good vocational experience provided effective support for tutors and prisoners. Staff recorded non-accredited skills development more effectively than at the previous inspection.
- 3.17** Prisoners appreciated the excellent training in the Clink²³ restaurant and Bad Boys Bakery,²⁴ which provided good accredited training in catering, baking, and customer service skills in realistic commercial settings. The bakery supplied external companies and the restaurant was open to members of the public. BounceBack²⁵ provided good construction training and good post-release employment opportunities for prisoners.
- 3.18** Tutors and trainers used individual learning plans inconsistently to plan learning and to help prisoners to identify targets. In education, general group targets were used which were not focused on the individual. Staff used individual learning plans more effectively in vocational training.
- 3.19** At the previous inspection, education managers had started to improve the amount and quality of learning support for prisoners with additional learning support needs. Since then, there had been slow progress and managers recognised that this area was underdeveloped.

Recommendations

- 3.20** **The standard of teaching and learning in education and vocational training should be raised further, learning sessions should start and finish on time and be effectively planned.**
- 3.21** **Tutors should ensure that, in setting targets in individual learning plans and in the assessment of prisoners' work, they refer to the specific skills and knowledge that prisoners need to develop.** (Repeated recommendation 3.36)
- 3.22** **The prison should increase support for prisoners with additional learning needs, particularly in English and mathematics, to ensure that they achieve.**

Good practice

- 3.23** *Some aspects of vocational training were excellent and highly valued by prisoners. The Clink restaurant and Bad Boys Bakery provided accredited training in realistic commercial settings. BounceBack provided construction training and valuable post-release employment opportunities.*

Personal development and behaviour

- 3.24** Prisoners were keen to attend education and training sessions but the restricted regime prevented many from doing so. Prisoners showed good levels of respect towards prison, teaching and training staff and to each other.

²³ The Clink Charity aims to reduce reoffending by training prisoners and placing graduates in the hospitality industry on release. The charity's restaurant, located within the prison walls, is staffed by prisoners.

²⁴ Bad Boys Bakery is a social enterprise, set up for a Gordon Ramsay TV show in 2012. Prisoners train and work in the bakery which supplies a number of outlets in London.

²⁵ BounceBack is a charity and social enterprise that aims to get prisoners into paid employment in the construction industry. The charity runs three training programmes: dry lining, painting and decorating, and scaffolding.

- 3.25** Prisoners behaved well and took pride in their work. Standards of written work were satisfactory. Work in music technology, catering and the bakery were of a particularly good standard. Prisoners took pride in their work as peer mentors and commented that the work had increased their self-esteem and confidence.

Education and vocational achievements

- 3.26** Education and vocational achievements of qualifications had improved since the previous inspection, but not enough. Too few prisoners achieved the English and mathematics qualifications they worked for, particularly in English at levels one and two. Prisoners' achievements in information and technology qualifications and music technology were poor over the previous year. Novus had recognised this and implemented plans to improve prisoners' outcomes. It was too soon to measure their impact.

Library

- 3.27** The library was run by Lambeth Borough Council library services. Library staff continued to be supported by a well-trained orderly. The facility was welcoming but too small and cramped.
- 3.28** There was a good range of quick-read books, books in foreign languages, periodicals and newspapers. The range of books was too limited to meet the needs of all prisoners and book losses were high. There were a few computers for prisoners to use. Family centre staff worked well with library staff to help prisoners record stories for their children.
- 3.29** Library staff did not make a contribution to prisoners' induction. Prisoners' access to the library was inadequate and there was an over-reliance on library staff collecting prisoners from the wings. There were a few evening sessions, but the library remained closed at weekends. Library staff did not collect enough data on use of the library. In our survey, 13% of prisoners said they went to the library at least once a week, compared with 42% in similar establishments and 27% at the previous inspection.

Recommendations

- 3.30 All prisoners should be able to use the library at least once a week, including at weekends.**
- 3.31 Managers should analyse data on non-library users and implement strategies to increase use, including making the library available at weekends.** (Repeated recommendation 3.47)

Physical education and healthy living

Expected outcomes:

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

- 3.32** Physical education was well run by a much reduced team of three physical training instructors rather than the seven required. Prisoners attended the gym for recreational activities. About 60% of the population were actively engaged and participated at least twice

a week. Those at work also had good access to the gym. Staff delivered a very limited range of accredited learning programmes.

- 3.33** All prisoners completed a timely induction to the gym. This included information on lifting techniques and advice on healthy living, diet and nutrition which was supported by posters and useful information around the prison. Prisoners completed an appropriate pre-activity readiness questionnaire and any health concerns were passed to health care.
- 3.34** The weight training area and cardiovascular suite were well maintained and provided a good range of isometric and free weight training equipment. The outdoor all-weather pitch was heavily used for a range of sports, but the surface remained in a poor condition. Prisoners used extensively the isometric training equipment located in several exercise yards. Showers and training facilities were satisfactory and kept clean by a small team of orderlies.

Recommendations

- 3.35** Prisoners should be able to undertake an appropriate range of accredited vocational PE training courses.
- 3.36** The outside all-weather surface should be resurfaced to the latest standards, to ensure that continued use is made of the facility. (Repeated recommendation 3.54)

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1** At the time of the inspection, release on temporary licence (ROTL) was used frequently and appropriately for a number of category D prisoners to support resettlement, including attending work and voluntary placements. Links with community organisations were good. However, there were plans to transfer these prisoners to other establishments and to accommodate only category C prisoners at Brixton (see paragraph 1.27).
- 4.2** Reasonable resettlement work was taking place and the reducing re-offending strategy and meetings were purposeful. However, there was little cohesion between the reducing reoffending and offender management functions. The offender management unit (OMU) was not represented at the meetings and did not drive all planning and service delivery for prisoners.

Recommendation

- 4.3** There should be effective strategic integration between the reducing re-offending and offender management functions, which places offender management at the centre of service delivery to prisoners.

Offender management and planning

Expected outcomes:

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

- 4.4** In our survey, 53% of prisoners said they had a named offender supervisor in the prison and 44% that they had a sentence plan, against respective comparators of 76% and 62%. Thirty per cent of respondents said that an offender supervisor was working with them to achieve their sentence plan against the comparator of 38%.
- 4.5** There were seven probation offender supervisors in post with one vacancy and a full-time senior probation officer. There were eight uniformed offender supervisor posts, of which 5.5 were filled. Contact between offender supervisors and prisoners was not frequent enough, in part because of the very significant cross deployment of uniformed staff. In previous weeks up to 1,000 hours a month had been lost. All higher risk cases were allocated to probation staff who were able to maintain better contact with prisoners.
- 4.6** The quality of work undertaken by offender supervisors in our case sample varied; not all prisoners had an up-to-date OASys (offender assessment system), but in those cases that did the sentence plans were generally appropriate. However, less than a third had adequate risk

management plans, including high-risk cases managed by probation offender supervisors. The practice of accepting an incoming OASys as up to date as long as it was less than a year old was not appropriate.

- 4.7** Contact with offender supervisors peaked towards key events such as a parole hearing, sentence plan review or home detention curfew (HDC) board. We saw some very good work at these times. Offender supervisors made good use of P-NOMIS to share information. There was little regular ongoing contact with prisoners to keep sentence planning on track and maintain motivation.
- 4.8** Good efforts had been made to reduce the OASys backlog by paying for additional staff hours, but it was still high at 187; three-quarters of these cases had no OASys at all. The majority were the responsibility of the prison to complete rather than a community offender manager, but not all uniformed offender supervisors had completed OASys training. About half the prisoners arrived without an up-to-date OASys. Probation staff countersigned OASys for uniformed offender supervisors, and there was good evidence of oversight across cases by the senior probation officer.
- 4.9** During the previous six months, 70 prisoners had undertaken 4,095 episodes of ROTL. All the ROTL cases that we reviewed had been approved by the ROTL board chaired by the head of the OMU. In most cases there was an appropriate risk assessment with full supporting documentation. The board had also considered 169 well-informed assessments for release on HDC in the same period. There was no longer a backlog of cases and releases were prompt.

Recommendations

- 4.10 All prisoners should have an up-to-date OASys assessment, sentence plan and an effective risk management plan.**
- 4.11 Offender supervisors should have regular planned contact with prisoners allocated to them.** (Repeated recommendation 4.17)

Public protection

- 4.12** There were 266 MAPPAs (multi-agency public protection arrangements) nominal cases at the prison, where the MAPPA level had yet to be determined by the community offender manager, 69 level one cases, 28 level two cases and one level three case. There were 19 child protection cases, 15 harassment and child protection cases and 53 harassment cases.
- 4.13** Initial public protection processes were sound; a public protection clerk was responsible for identifying all new public protection cases and sharing this information with the allocated offender supervisor. Monitoring restrictions were appropriately reviewed at the interdepartmental risk management team (IRMT) meeting. At the time of the inspection, two prisoners were on mail and telephone monitoring.
- 4.14** MAPPA systems were generally robust and cases were appropriately discussed by the IRMT. We found one exception, a man identified as a MAPPA level two on the case management system about whom the OMU was unaware until he came to their attention by luck. At this point action was taken to secure the requisite multi-agency input before release.

Categorisation

- 4.15** There were 625 category C prisoners and 90 Category D prisoners. The significant backlog of categorisation reviews at the last inspection had been addressed and there were no reviews outstanding. Reviews we looked at were informed by a range of data and decisions were appropriate.
- 4.16** Most category D men were held together on C wing, which provided more restrictive conditions than at an open prison. However, they were allowed freedom of movement on the unit during the day and had access to meaningful work experience and training and employment opportunities.

Indeterminate sentence prisoners

- 4.17** There were 40 indeterminate sentence prisoners (ISPs), 19 of whom were subject to a life sentence and 21 to an indeterminate sentence for public protection (IPP). Some IPP prisoners were significantly over their tariffs and not making enough progress towards release. For example, we met one man given a 17-month tariff who was still in custody 10 years later.
- 4.18** All ISPs were case managed by probation offender supervisors. The senior probation officer visited all newly arrived prisoners who had received an indeterminate sentence to discuss progression and outstanding sentence plan objectives, set expectations and explain the services available in the prison. There were no other specific services for ISPs.

Recommendation

- 4.19 Resettlement frameworks should support and enable IPP prisoners to progress effectively towards release.**

Reintegration planning

Expected outcomes:

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

- 4.20** A number of men arrived from other establishments with basic custody screen and/or resettlement plan not completed. Some men still arrived just before their release date, and there was not enough time to undertake meaningful work. However, the London Community Rehabilitation Company (CRC) assessed the resettlement needs of nearly all men well before discharge, usually within 10 to 12 weeks of their release date, and routinely shared resettlement plans with responsible officers in the community. The resettlement plans we inspected were adequate, although some relied too much on information from the prisoner rather than a rounded professional assessment. In some cases, CRC staff did not use the prisoner's OASys to inform their assessment.
- 4.21** In our survey, prisoners responded more negatively than the comparator across most pathways on awareness of anybody in the prison who could help them on release. This may have been due in part to the fact that resettlement interventions were not delivered until prisoners were nearing release.

Recommendation

- 4.22 Basic custodial screenings and resettlement plans should be fully completed and use all relevant information, including OASys where it is available.**

Accommodation

- 4.23** The CRC assessed prisoners' housing needs shortly after arrival and referred prisoners with identified needs to St Mungo's, a homelessness charity. St Mungo's also responded directly to housing applications made by individual prisoners during their sentence. Three months before release, St Mungo's saw all men with an identified housing need referred to them by the CRC. There was one full-time St. Mungo's housing adviser and one part-time tenancy sustainment adviser. This team was supported by two peer housing advisers based on B and G wings.
- 4.24** Nevertheless, nearly a quarter of prisoners were released without accommodation. During the previous six months, 406 prisoners were released, of whom 98 left with no fixed address. St Mungo's offered support to those who were homeless on release and tried to obtain temporary accommodation for them in the community. The St Giles through-the-gate service also supported the most vulnerable prisoners. Twenty prisoners had been referred to the service during the previous six months.

Recommendation

- 4.25 The CRC and housing advice providers should establish why prisoners are being released without settled accommodation and take concerted action to address the problem.**

Education, training and employment

- 4.26** The quality of the careers advice and guidance provided by the National Careers Service and contracted to Prospects was good. Staff worked effectively with prisoners throughout their sentence. Timely interviews were held when prisoners arrived and their needs were clearly identified. However, offender supervisors did not routinely use prisoners' skills action plans to inform resettlement plans. Prisoners developed a range of good work related skills and had a strong work ethic. Advisers provided good pre-release support to deal with disclosure and write CVs but access to job search resources was limited to weekly printed updates prepared by Prospects. Prospects supported frequent successful job fairs. Links with local employers were good and several employers had offered work trials, placements, ROTL opportunities and jobs. About half the promised jobs were filled by prisoners on release. The London Community Rehabilitation Company provided some support during the last 12 weeks of sentence but the support often came too late to be of great benefit. Work between the OMU, CRC and Prospects was disjointed. Prison staff worked well with category D prisoners and 30% were out on ROTL during the inspection. The virtual campus²⁶ was not available for prisoners' use.

²⁶ Internet access for prisoners to community education, training and employment opportunities.

Recommendations

- 4.27** Validated data on education, training and employment places when prisoners are released should be collected and analysed to measure the effectiveness of the resettlement work.
- 4.28** All prisoners should be able to use the virtual campus to research employment opportunities.

Health care

- 4.29** Prisoners were not routinely seen by health care staff before release but were given a suitable supply of prescribed medicines and a printed health summary. Positive links were made with community mental health teams, both for men subject to the Care Programme Approach and those with lower level needs. Some excellent work by the occupational therapist included use of ROTL to introduce prisoners to local community support networks.

Good practice

- 4.30** *The work done to enable prisoners to attend pre-release Care Programme Approach meetings and link with community support networks was a positive initiative to support men on release.*

Drugs and alcohol

- 4.31** Liaison among the OMU, the CRC and community services was good. Attendance at initial community appointments was monitored and was reasonably good. Individual harm reduction input was provided before release for prisoners engaged with the Rehabilitation for Addicted Prisoners' Trust (RAPt). Overdose management training and Naloxone (an opiate reversal agent) were not available, which increased the risk of overdose after release.

Recommendation

- 4.32** Prisoners should be able to access training on overdose management, including the use of Naloxone, before release.

Finance, benefit and debt

- 4.33** The CRC signposted prisoners to organisations which could help with financial issues before release. Debt packs were provided but not followed up by the CRC. There was no finance course but prisoners were able to open bank accounts before release. Job Centre Plus were still providing assistance with benefits claims.

Recommendation

- 4.34** Prisoners' financial needs should be assessed on arrival and there should be services which meet the needs of all prisoners. (Repeated recommendation 4.51)

Children, families and contact with the outside world

- 4.35** There was a good range of services to help prisoners to maintain or renew contact with their children and families. PACT (Prison Advice and Care Trust) employed a full-time family engagement worker in the prison. PACT offered a range of programmes, including one-to-one case work with prisoners, Storybook Dads²⁷ and the Family Literacy in Prison programme. During the previous six months, the family engagement project had received an average of 25 referrals a month and carried a caseload of 15 prisoners at the time of the inspection. The family engagement worker provided individual support to facilitate renewed contact with children, advice on family law and supervised child contact arrangements.
- 4.36** Eighteen prisoners had taken part in the Storybook Dads programme in the previous six months. The last two family literacy programmes had included 19 fathers, 27 children and 15 partners. However, it was disappointing that the relationship courses, Time to Connect and Building Better Relationships, were no longer available. The RAPt team continued to provide family support to men addressing substance use (see paragraph 1.49.) Five family days took place each year supported by Spurgeons²⁸ and PACT. Although the family days were well attended and applications were monitored to ensure fair allocation, they were not promoted or publicised well enough on the wings and some prisoners were unsure of the application process.
- 4.37** The visits hall was a bright area, in reasonably good decorative order. The closed visits booths were still located in open view of visitors in the visits hall, with no privacy screening. The children's play area was clean and well equipped and funding had been secured to enhance this facility in the coming months. The tea bar in the visits hall was run by the Bad Boys Bakery (see paragraph 3.17) which employed prisoners and offered a wide range of high quality products, including hot and cold refreshments. There was not enough space between the visits tables in the hall to allow privacy during busy periods. The tables were in poor condition. Although most prisoners and visitors spoke positively about the visits experience, too many visits did not start at the published time. Data provided by the establishment showed that the first morning visit started on time on only eight occasions between September and December 2016.
- 4.38** The team of officers working in visits were specifically trained and consistently allocated to supervise social visits. This generated a supportive and relaxed atmosphere in the visits hall where staff provided supervision and challenged any inappropriate behaviour confidently. Visitors and children in particular were searched sensitively before entering the visits hall.
- 4.39** The visitors' centre was run by Spurgeons who offered advice, support and guidance to visitors before and after their visit. A wide range of written information provided by trained staff and volunteers was available in the centre. The centre was too small for the number of people attending social visits. There were too few lockers to store personal belongings and no refreshments were available for families who had travelled long distances. Although a survey of visitors had been conducted by Spurgeons, it was still not wide ranging enough to inform the development of the provision.

²⁷ Project for prisoners to record stories for their children.

²⁸ Spurgeons is a charity providing support to children and families.

Recommendations

- 4.40 Family days should be widely promoted on induction and on the wings.**
- 4.41 Social visits should start on time.**
- 4.42 The visitors' centre should be expanded to meet the needs of the population.**
(Repeated recommendation 4.60)

Attitudes, thinking and behaviour

- 4.43** Two accredited programmes were available, the Thinking Skills Programme (TSP) and RESOLVE. Since June 2016, three courses of TSP had been delivered with a fourth to start in February 2017 for 36 prisoners. Since April 2016 two courses of RESOLVE had been delivered with 18 prisoners expected to complete it.
- 4.44** Access to available programmes was hindered by the lack of an up to date OASys for a number of prisoners (see recommendation 4.10). There was no detailed needs analysis using OASys data to inform the provision of offending behaviour programmes.

Recommendation

- 4.45 A detailed needs analysis of the population should be undertaken to inform the provision of offending behaviour programmes which meet the needs of prisoners.**

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- 5.1** The high levels of violence should be systematically addressed through a comprehensive violence reduction strategy informed by an up-to-date analysis of data and consultation with prisoners. All violent incidents should be investigated thoroughly, perpetrators should be managed consistently and victims supported. (S42)
- 5.2** Prisoners at risk of self-harm should be given consistent care, attention and supervision. Support should be in line with promptly completed and comprehensive assessment, care in custody and teamwork (ACCT) documentation and processes. (S43)
- 5.3** There should be a whole prison strategy for managing substance misuse, informed by an up-to-date needs assessment. The drug and alcohol strategy committee should meet regularly to generate and oversee implementation of strategic action plans to reduce drug supply and demand. Prisoners should have easy and timely access to psychosocial support. (S44)
- 5.4** Prisoners should not be held in overcrowded conditions. All cells should provide decent, hygienic and well maintained conditions, including effective toilet screening and sufficient furniture. (S45)
- 5.5** Managers should systematically consult prisoners from minority groups, identify and meet support needs, address negative perceptions, and investigate and act on adverse monitoring data. (S46)
- 5.6** Prisoners should be unlocked and able to attend appointments and engage in constructive activity during the working day. (S47)

Recommendation

To HMPPS

Offender management and planning

- 5.7** Resettlement frameworks should support and enable IPP prisoners to progress effectively towards release. (4.19)

Recommendations

To the governor

Early days in custody

- 5.8** Reception staff should engage proactively with newly arrived prisoners, and both they and induction staff should effectively support and supervise prisoner peer workers. (1.7)

- 5.9** Risk interviews in reception should be carried out in private and risk information should be routinely shared with induction staff. (1.8)
- 5.10** First night cells should be prepared in advance for newly arrived prisoners. (1.9)

Self-harm and suicide

- 5.11** Death in custody action plans should be fully implemented and monitored over time. (1.20)
- 5.12** The constant supervision cell for those at risk of self-harm should not be located in the segregation unit. (1.21, repeated recommendation 1.39)
- 5.13** All prisoners, including those in reception and on the induction unit, should have easy access to a Listener. Listeners should attend safer custody meetings. (1.22)

Safeguarding

- 5.14** The governor should re-establish contact with the local director of adult social services and the local safeguarding adults board to develop safeguarding processes. (1.25)

Security

- 5.15** Visits restrictions should only be imposed in response to visits-related activities. (1.32, repeated recommendation 1.51)
- 5.16** The strategic management of security risks should include stronger links with the police. (1.33)

Incentives and earned privileges

- 5.17** The IEP scheme should encourage prisoners to improve their behaviour and not interfere with their ability to maintain basic hygiene and contact with families. (1.36)

Discipline

- 5.18** Senior managers should quality assure adjudication hearings and outcomes to ensure fairness and consistency. (1.38)
- 5.19** There should be effective management oversight of the use of force, including special accommodation, and any emerging trends should be identified through systematic data analysis. (1.41)
- 5.20** Every use of special accommodation should be comprehensively documented to demonstrate that it is used legitimately and proportionately. It should not be used for anything other than serious refractory behaviour. (1.42)
- 5.21** The segregation unit should be maintained to a high standard and the cells should be clean, free of graffiti and well lit. Toilets, showers and windows should be in full working order. (1.46)
- 5.22** Senior managers should monitor the use of the segregation unit to ensure it is used appropriately. (1.47)

Substance misuse

- 5.23** All prisoners with substance misuse concerns should have easy access to mutual aid groups and peer support. (1.55)

Residential units

- 5.24** All showers should be clean, well maintained and screened to provide full privacy. (2.10)
- 5.25** Emergency cell bells should be answered promptly at all times. (2.11)
- 5.26** The prisoner information desks (PIDs) should be embedded on all units and PID workers should be supported and adequately supervised by staff. All applications should be effectively tracked. (2.12)

Staff-prisoner relationships

- 5.27** Managers should ensure that there are sufficient staff and that they engage positively with prisoners and act as positive role models. (2.17)

Equality and diversity

- 5.28** Reports of discrimination should be thoroughly and promptly investigated. Timely quality control measures should be taken by a senior manager with external scrutiny in place. (2.21)

Faith and religious activity

- 5.29** A full-time Anglican chaplain should be recruited without delay. (2.31)

Health services

- 5.30** Designated leads should be introduced for older people and long-term conditions to support a systematic and evidence-based approach to care. (2.47)
- 5.31** Prison staff should be trained in resuscitation skills to ensure they can respond appropriately to medical emergencies. (2.48)
- 5.32** Wing treatment rooms should be cleaned regularly and fulfil national infection control requirements. (2.49)
- 5.33** Reception screening should include identification of key issues such as social care needs and learning disabilities. Nursing staff should be proactive in their communication with reception staff in relation to key health indicators. (2.57)
- 5.34** Prisoner access to primary care, dental and hospital appointments should reflect community waiting times. (2.58)
- 5.35** Medication administration should be consistently and adequately supervised by prison staff, to ensure privacy and compliance, and reduce the risk of bullying and diversion. (2.65)
- 5.36** Prisoners with significant mental health problems should be transferred to hospital without delay. (2.73)

- 5.37** Prison officers should receive mental health awareness training to help them to recognise when a prisoner requires assistance from mental health practitioners. (2.74)

Social care

- 5.38** There should be a formal agreement between the prison and the local authority which reflects a shared approach to the identification and referral of prisoners with social care needs. (2.76)

Catering

- 5.39** Wing serveries, hotplates and trolleys should meet required food hygiene standards and food should be served at the required temperature. (2.83)
- 5.40** Prisoners on the main wings should be able to eat out of their cells. (2.84)

Time out of cell

- 5.41** All prisoners should have the opportunity of evening association and at least one hour of exercise outside each day. (3.2)

Learning and skills and work activities

- 5.42** The allocations process should be equitable and not carried out by wing staff. (3.8)
- 5.43** Education and vocational training programmes should provide relevant progression for prisoners to improve their chances of getting into jobs, further education and training. (3.9)
- 5.44** A wider range of work should be provided and places should be filled according to prisoners' resettlement needs. (3.14)
- 5.45** The standard of teaching and learning in education and vocational training should be raised further, learning sessions should start and finish on time and be effectively planned. (3.20)
- 5.46** Tutors should ensure that, in setting targets in individual learning plans and in the assessment of prisoners' work, they refer to the specific skills and knowledge that prisoners need to develop. (3.21)
- 5.47** The prison should increase support for prisoners with additional learning needs, particularly in English and mathematics to ensure that they achieve. (3.22)
- 5.48** All prisoners should be able to use the library at least once a week, including at weekends. (3.30)
- 5.49** Managers should analyse data on non-library users and implement strategies to increase usage, including making the library available at weekends. (3.31)

Physical education and healthy living

- 5.50** Prisoners should be able to undertake an appropriate range of accredited vocational PE training courses. (3.35)

- 5.51** The outside all-weather surface should be resurfaced to the latest standards, to ensure that continued use is made of the facility. (3.36)

Strategic management of resettlement

- 5.52** There should be effective strategic integration between the reducing re-offending and offender management functions, which places offender management at the centre of service delivery to prisoners. (4.3)

Offender management and planning

- 5.53** All prisoners should have an up-to-date OASys assessment, sentence plan and an effective risk management plan. (4.10)
- 5.54** Offender supervisors should have regular planned contact with prisoners allocated to them. (4.11)
- 5.55** Resettlement frameworks should support and enable IPP prisoners to progress effectively towards release. (4.19)

Reintegration planning

- 5.56** Basic custodial screenings and resettlement plans should be fully completed and use all relevant information, including OASys where it is available. (4.22)
- 5.57** The CRC and housing advice providers should establish why prisoners are being released without settled accommodation and take concerted action to address the problem. (4.25)
- 5.58** Validated data on education, training and employment places when prisoners are released should be collected and analysed to measure the effectiveness of the resettlement work. (4.27)
- 5.59** All prisoners should be able to use the virtual campus to research employment opportunities. (4.28)
- 5.60** Prisoners should be able to access training on overdose management, including the use of Naloxone, before release. (4.32)
- 5.61** Prisoners' financial needs should be assessed on arrival and there should be services which meet the needs of all prisoners. (4.34)
- 5.62** Family days should be widely promoted on induction and on the wings. (4.40)
- 5.63** Social visits should start on time. (4.41)
- 5.64** The visitors' centre should be expanded to meet the needs of the population. (4.42)
- 5.65** A detailed needs analysis of the population should be undertaken to inform the provision of offending behaviour programmes which meet the needs of prisoners. (4.45)

Examples of good practice

- 5.66** The Health Trainer and Certitude programmes provided a structure and focus to enable men to improve their own physical and mental health and learn new skills. (2.50)
- 5.67** Telemedicine enabled prisoners to access specialist services with privacy and dignity. (2.59)
- 5.68** A wide range of pharmacy-led clinics was delivered regularly from the wing treatment rooms. (2.66)
- 5.69** Some aspects of vocational training were excellent and highly valued by prisoners. The Clink restaurant and Bad Boys Bakery provided accredited training in realistic commercial settings. BounceBack provided construction training and valuable post-release employment opportunities. (3.23)
- 5.70** The work done to enable prisoners to attend pre-release Care Programme Approach meetings and link with community support networks was a positive initiative to support men on release. (4.30)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Karen Dillon	Inspector
Colin Carroll	Inspector
Fionn Gordon	Inspector
Bev Alden	Inspector
Ian Dickens	Inspector
Tamara Pattinson	Inspector
Majella Pearce	Inspector
Nicola Rabjohns	Health services inspector
Catriona Reeves	CQC inspector
Gary Turney	CQC inspector
Martyn Griffiths	HMI Probation inspector
Simon Denton	Pharmacy inspector
Bob Cowdrey	Ofsted inspector
Tracey Zimmerman	Ofsted inspector
Martin Hughes	Ofsted inspector
Catherine Shaw	Head of research, thematics and development
Alissa Redmond	Research officer
Patricia Taflan	Research officer
Emma Seymour	Research officer

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2014, the reception environment and processes had improved. Good new first night arrangements had been introduced, with increased support and attention to vulnerability and risk issues. Induction processes took too long. More prisoners than at similar prisons felt unsafe. Reported levels of violence had increased with the change in population. Levels of self-harm were relatively low, but there had been two recent deaths in custody. Care for those in crisis was reasonable but we were not assured that case management was effective. Security was mostly good. Drug availability was similar to that at other prisons but the availability of new psychoactive substances, particularly spice, was a growing concern. Use of segregation and force was low. Substance misuse arrangements were good and enhanced by the new drug recovery wing. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The physical security and regime arrangements should be revised to reflect conditions which are appropriate to category D prisoners. (1.50)

Not achieved

Visits restrictions should only be imposed in response to visits-related activities. (1.51)

Not achieved

Intelligence reports should be processed within 48 hours of receipt by the security department. (1.52)

Achieved

The drug and alcohol strategy should be informed by an up-to-date needs assessment and reflect the current challenges of drug availability, including new psychoactive substances such as spice. The supply reduction meeting should be held regularly, to ensure an appropriate focus on the current substance misuse challenges. (1.53)

Not achieved

The prison should ensure that all measures identified in the supply reduction strategy are in place. (1.54)

Not achieved

Recording and management oversight of the use of force, including special accommodation, should be effective. (1.67)

Not achieved

The use of force committee should regularly review video recordings of all planned use of force incidents and should analyse data to establish emerging trends and areas of particular concern. (I.68)

Not achieved

Sufficient investment should be made to resolve the structural and decorative issues in the segregation unit accommodation. (I.74)

Not achieved

The regime for prisoners in the segregation unit should be improved. (I.75, repeated recommendation I.64)

Achieved

All first night cells should be clean and fully prepared for occupation. (I.14)

Not achieved

All newly arrived prisoners should be offered a free telephone call to inform family or friends of their arrival at the establishment (subject to public protection measures). (I.15)

Achieved

The time taken to complete induction should be reduced, to avoid unnecessary periods of inactivity. (I.16)

Partially achieved

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

Not achieved

The safer custody and violence reduction strategy and action plan should be specific to Brixton and be clearly based on an analysis of data on violent incidents which includes the characteristics of those involved. (I.26)

Partially achieved

Prisoners should feel confident in reporting incidents of bullying and victimisation. All incidents should be investigated thoroughly. (I.27)

Not achieved

An effective tool for managing perpetrators and supporting victims should be fully implemented, and trained bullying and violence reduction representatives should be in post. (I.28)

Not achieved

Trend analysis should be used to inform a localised suicide and self-harm prevention strategy. (I.36, repeated recommendation I.30)

Not achieved

The quality of assessment, care in custody and teamwork (ACCT) case management recording should be improved and reviews should be sufficiently multidisciplinary. (I.37)

Not achieved

Prisoners' poor perception of access to Listeners when they need it should be explored and addressed. (I.38)

Not achieved

The constant supervision cell for those at risk of self-harm should not be located in the segregation unit. (I.39)

Not achieved (Recommendation repeated, I.21)

An effective referral process should be in place to safeguard vulnerable adults. (I.43)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2014, the cleanliness of internal areas had greatly improved and they were better maintained but many cells were poor and prisoners lived in unacceptably overcrowded conditions. Most prisoners said that staff generally treated them respectfully but were sometimes unhelpful. Attention to diversity and equality had improved, as had some outcomes for minority groups, but black and minority ethnic and Muslim prisoners, and those with disabilities in our survey reported more negatively about their treatment across many areas. Faith provision was good. The number of complaints submitted was not high and they were generally well managed. Health services had improved and were of high quality. The food provided had improved and was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Cells designed for single occupancy should not be used to hold two prisoners. (S50)

Not achieved

Staff training and supervision processes should support staff in developing relationships with prisoners appropriate to a category C/D resettlement regime. (S51, repeated recommendation S55)

Not achieved

Recommendations

Toilets in cells on A, B and G wings should be appropriately screened. (2.9)

Not achieved

All showers should be clean, well maintained and screened to provide full privacy. (2.10)

Not achieved (Recommendation repeated, 2.10)

Prisoner applications should be tracked to ensure completion and to raise prisoner confidence in the system. (2.11)

Partially achieved

Personal officers should contribute to sentence planning boards and offender assessment system (OASys) reviews where appropriate. (2.18, repeated recommendation 2.20)

Not achieved

Equality monitoring data should include foreign nationals and be assessed promptly to help ensure equality of outcomes for different minority groups. (2.26)

Not achieved

The prison should hold regular forums and consultation with prisoners across each of the main diversity strands. (2.27)

Not achieved

All discrimination incident report forms should be monitored effectively and checked by a senior manager to ensure a full and prompt investigation. (2.28)

Not achieved

Foreign national prisoners liable to deportation should have effective access to independent legal representation. Those who cannot afford to pay for it should be offered free advice. (2.40)

Partially achieved

The Home Office should serve all decisions to detain a person under immigration powers at least one month before the end of a prisoner's custodial sentence expiry date. (2.41)

Not achieved

Prisoners with disabilities should have an up-to-date personal emergency evacuation and care plans where necessary, and all wing staff should be aware of them. (2.42)

Not achieved

The prison should explore prisoner's limited confidence in the discrimination incident and general complaints processes and take action to address it. This should include informing prisoners of the results of regular analysis of the patterns and trends of complaints and the response to them. (2.55)

Partially achieved

Prisoners should be able to report health care complaints confidentially. (2.69)

Achieved

Did-not-attend rates and waiting times should be subject to sustained management action to drive them down. (2.80)

Achieved

The out-of-hours medical cover should emulate the service provided in the community. (2.81)

No longer relevant

The X-ray facility should be available to patients as required by clinicians. (2.82)

No longer relevant

Medication administration should be adequately supervised, to ensure privacy and compliance, and reduce the risk of bullying and diversion (2.89)

Not achieved (Recommendation repeated, 2.65)

Prison officers should be trained to recognise when a prisoner requires assistance from mental health practitioners. (2.98)

Not achieved

Breakfast packs should be issued on the day they are meant to be eaten. (2.105)

Not achieved

Prisoners on the main wings should be able to eat out of their cells. (2.106)

Not achieved (Recommendation repeated, 2.84)

The cost of items in the prison shop list, including telephone credit, should be in line with that in the community (2.111)

Not achieved

The prison should ensure that arrangements for the distribution of shop goods do not increase the risk of victimisation. (2.112)

Achieved

Purposeful activity

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

At our last inspection in 2014, the amount of time out of cell had improved and was mostly good. The management of learning and skills and work had improved but was still a work in progress. There were sufficient activity places available but attendance was poor and a third of the population was not actively engaged at any one time. There was a good focus on employability and a wide range of vocational training and release on temporary licence placements. Education provision was broadly appropriate but provided too few opportunities to progress and too many prisoners were under-employed in low-skilled wing work. The quality of teaching and learning and achievements required further improvement. Library provision was adequate but access was limited. PE facilities had improved but staff shortages limited the range of provision. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Processes for allocating work and monitoring attendance should be improved to ensure that all prisoners are purposefully engaged in learning and skills and work. (S52)

Not achieved

Recommendations

Evening association should be available to all, to promote family contact. (3.6)

Not achieved

All category D prisoners should have privacy keys to their cells and they should not be locked in their cells during the evening and night. (3.7)

Not achieved

All prisoners should have at least one hour of outdoor exercise each day, in yards which are adequately equipped. (3.8)

Not achieved

Prison managers should develop further the self-assessment and quality assurance process to ensure that actions to improve the provision are prioritised, specific and measurable, and aimed at improving further prisoners' outcomes. (3.17)

Achieved

Managers should analyse participation and achievement data to identify variations in performance and set targets for improvement. (3.18)

Achieved

Managers should ensure that there are enough relevant progression opportunities in education and vocational training to level 2 and above. Sufficient English and mathematics provision should be available to meet all prisoners' assessed needs. (3.27)

Not achieved

Prisoners' acquisition of work and employment skills should be systematically recognised and recorded to ensure that they are aware of their progress in the development of their employability skills. (3.28)

Not achieved

The standard of teaching and learning in education and vocational training should be raised further through effective and more extensive use of the observation of teaching and learning arrangements and through planned professional development for staff. (3.35)

Achieved

Tutors should ensure that, in setting targets in individual learning plans and in the assessment of prisoners' work, they refer to the specific skills and knowledge that prisoners need to develop. (3.36)

Not achieved (Recommendation repeated, 3.21)

The prison should increase the amount of support for prisoners with additional learning needs, particularly in English and mathematics. The number of peer mentors should be increased and they should be used throughout the learning, skills and work provision, to support teaching and learning. (3.37)

Not achieved

Prisoners achievements in vocational training and educational qualifications should be improved particularly in English and mathematics. (3.41)

Not achieved

Attendance in education and vocational training should be better managed to ensure that prisoners allocated to these activities attend regularly and that the use of places is maximised. (3.42)

Not achieved

Managers should analyse data on non-library users and implement strategies to increase usage, including making the library available at weekends. (3.47)

Not achieved (Recommendation repeated, 3.31)

Additional PE staff should be recruited as a matter of urgency, to ensure that all prisoners are able to access PE. (3.53)

Not achieved

The outside all-weather surface should be resurfaced to the latest standards, to ensure that continued use is made of the facility. (3.54)

Not achieved (Recommendation repeated, 3.36)

An appropriate range of accredited vocational PE training courses should be provided, with opportunities for progression (3.55)

Not achieved

Resettlement

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

At our last inspection in 2014, the strategic management of resettlement was reasonably good. The use of temporary release had developed well and there were good opportunities for category D prisoners. The offender management unit was struggling to meet the needs of prisoners as a result of recent changes in the population but had processes in place to resolve the temporary issues. Too many prisoners did not have an up-to-date offender assessment system (OASys) assessment, and home detention curfew and recategorisation decisions were often late, which seriously affected prisoners' ability to progress. Public protection arrangements were good. Prisoners knew where to go for help with resettlement, and this provision was mostly good. Children and families work, and education, training and employment had improved. The interventions available needed to be reviewed in light of the new population. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Prisoners should not be transferred to Brixton with insufficient time left to serve to benefit from the regime. (S53)

Not achieved

All prisoners should have an up-to-date OASys assessment and sentence plan. Recategorisation and home detention curfew decisions should be made on time. (S54)

Partially achieved

The range of accredited interventions should be reviewed in the light of the new population, and provision should match identified need. (4.66)

Not achieved

Recommendations

The reducing reoffending strategy should be informed by a needs analysis that reflects the current population and uses offender assessment system (OASys) data to provide more evidence of offending related need. It should be used to inform development objectives in the strategy. (4.7)

Not achieved

Objectives in sentence plans should address all risk and reoffending needs identified and not be restricted to those for which interventions are available at the establishment. (4.16)

Achieved

Offender supervisors should have regular planned contact with prisoners allocated to them. (4.17)

Not achieved (Recommendation repeated, 4.11)

Allocation to work and interventions should be informed by assessments and planning by the offender management unit. (4.18)

Not achieved

All prisoners should have an assessment of their resettlement needs when they arrive and there should be a process to ensure that their needs are met in a timely fashion. (4.32)

Not achieved

The outstanding resettlement needs of prisoners should be checked in good time for these to be addressed before release. (4.33)

Achieved

Senior managers should review the induction process and identify clear roles and responsibilities for the Prospects and A4e Justice staff, to provide clarity to prisoners and avoid duplication of effort. (4.41)

No longer relevant

The current 'work ready' programme should be reviewed and an appropriate programme that meets all prisoners' employment preparation needs should be introduced. (4.42)

No longer relevant

Prisoners' financial needs should be assessed on arrival and there should be services which meet the needs of all prisoners. (4.51)

Not achieved (Recommendation repeated, 4.34)

Financial education should be available to all prisoners. (4.52)

Not achieved

The visitors' centre should be expanded to meet the needs of the population. (4.60)

Not achieved (Recommendation repeated, 4.42)

A survey of visitors should be undertaken to inform the development of provision. (4.61)

Not achieved

There should be better privacy for those on closed visits. (4.62)

Not achieved

The range of accredited interventions should be reviewed in the light of the new population, and provision should match identified need. (4.66)

Not achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	-	625	87.4%
Recall	-	57	8%
Convicted unsentenced	-	-	-
Indeterminate Sentence	-	33	4.6%
Remand	-	-	-
Civil prisoners	-	-	-
Detainees	-	-	-
Total		715	100%

Sentence	18–20 yr olds	21 and over	%
Unsentenced	-	1	0.1%
Less than six months	-	-	-
six months to less than 12 months	-	11	1.5%
12 months to less than 2 years	-	71	9.9%
2 years to less than 4 years	-	283	39.6%
4 years to less than 10 years	-	282	39.4%
10 years and over (not life)	-	27	3.8%
ISPP (indeterminate sentence for public protection)			
Life non-ISPP		19	2.7%
Life ISPP		21	2.9%
Total		715	100%

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years	-	-
21 years to 29 years	246	34.4%
30 years to 39 years	267	37%
40 years to 49 years	135	19%
50 years to 59 years	61	8.5%
60 years to 69 years	5	0.7%
70 plus years	1	0.1%
Please state maximum age here:	70	
Total	715	100%

Nationality	18–20 yr olds	21 and over	%
British	-	668	93.4%
Foreign nationals	-	45	6.3%
Not stated	-	2	0.3%
Total		715	100%

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	-	-	
Uncategorised sentenced	-	-	
Category A	-	-	
Category B	-	-	
Category C	-	625	87.4%
Category D	-	90	12.6%
Other	-	-	
Total		715	100%

Ethnicity	18–20 yr olds	21 and over	%
White			
British	-	224	31.3%
Irish	-	15	2.1%
Gypsy/Irish Traveller	-	-	-
Other white	-	29	4.1%
Total		280	39.2%
Mixed			
White and black Caribbean	-	26	3.6%
White and black African	-	9	1.3%
White and Asian	-	1	0.1%
Other mixed	-	19	2.7%
Total		55	7.7%
Asian or Asian British			
Indian	-	25	3.5%
Pakistani	-	11	1.5%
Bangladeshi	-	20	2.8%
Chinese	-	1	0.1%
Other Asian	-	30	4.2%
Total		87	12.2%
Black or black British			
Caribbean	-	156	21.8%
African	-	73	10.2%
Other black	-	44	6.2%
Total		273	38.2%
Other ethnic group			
Arab	-	2	0.3%
Other ethnic group	-	13	1.8%
		15	2.1%
Not stated	-	5	0.7%
Total		5	0.7%

Religion	18–20 yr olds	21 and over	%
Baptist	-	4	0.6%
Church of England	-	114	15.9%
Roman Catholic	-	127	17.8%
Other Christian denominations	-	115	16.1%
Muslim	-	213	29.8%
Sikh	-	13	1.8%
Hindu	-	7	1%
Buddhist	-	11	1.5%
Jewish	-	4	0.6%
Other	-	8	1.1%
No religion	-	99	13.8%
Total		715	100%

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

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	-	-	84	11.7%
1 month to 3 months	-	-	196	27.4%
3 months to six months	-	-	158	22.1%
six months to 1 year	-	-	189	26.4%
1 year to 2 years	-	-	74	10.3%
2 years to 4 years	-	-	13	1.8%
4 years or more	-	-	-	-
Total			714	99.9%

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	-	-	-	-
1 month to 3 months	-	-	-	-
3 months to six months	-	-	-	-
six months to 1 year	-	-	-	-
1 year to 2 years	-	-	1	100%
2 years to 4 years	-	-	-	-
4 years or more	-	-	-	-
Total			1	0.1%

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

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment²⁹. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 3 January 2017 the prisoner population at HMP Brixton was 709. Using the method described above, questionnaires were distributed to a sample of 213 prisoners.

We received a total of 173 completed questionnaires, a response rate of 81%. This included one questionnaire completed via interview. Fourteen respondents refused to complete a questionnaire, and 26 questionnaires were not returned.

²⁹ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/unit	Number of completed survey returns
A	59
B	34
C	15
D	13
G	52

Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences³⁰ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Brixton in 2017 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 38 category C training prisons since April 2013.
- The current survey responses from HMP Brixton in 2017 compared with the responses of prisoners surveyed at HMP Brixton in 2014.
- A comparison within the 2017 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2017 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2017 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2017 survey between those who are aged 50 and over and those under 50.

³⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See survey methodology.	
Q1.2	How old are you?	
	Under 21	1 (1%)
	21 - 29.....	55 (32%)
	30 - 39.....	64 (37%)
	40 - 49.....	33 (19%)
	50 - 59.....	18 (10%)
	60 - 69.....	1 (1%)
	70 and over	0 (0%)
Q1.3	Are you sentenced?	
	Yes.....	157 (91%)
	Yes - on recall	15 (9%)
	No - awaiting trial.....	0 (0%)
	No - awaiting sentence	0 (0%)
	No - awaiting deportation	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced.....	0 (0%)
	Less than 6 months	6 (4%)
	6 months to less than 1 year	14 (8%)
	1 year to less than 2 years	22 (13%)
	2 years to less than 4 years	48 (28%)
	4 years to less than 10 years.....	61 (36%)
	10 years or more	6 (4%)
	IPP (indeterminate sentence for public protection)	8 (5%)
	Life.....	6 (4%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes.....	14 (8%)
	No.....	157 (92%)
Q1.6	Do you understand spoken English?	
	Yes	171 (99%)
	No.....	1 (1%)
Q1.7	Do you understand written English?	
	Yes	169 (99%)
	No.....	2 (1%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	59 (36%)	Asian or Asian British - Chinese 0 (0%)
	White - Irish	3 (2%)	Asian or Asian British - other..... 2 (1%)
	White - other.....	9 (5%)	Mixed race - white and black Caribbean 8 (5%)
	Black or black British - Caribbean.....	35 (21%)	Mixed race - white and black African ... 2 (1%)
	Black or black British - African	19 (11%)	Mixed race - white and Asian 1 (1%)
	Black or black British - other	6 (4%)	Mixed race - other..... 1 (1%)
	Asian or Asian British - Indian	4 (2%)	Arab..... 0 (0%)
	Asian or Asian British - Pakistani.....	3 (2%)	Other ethnic group 3 (2%)
	Asian or Asian British - Bangladeshi.....	11 (7%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		5 (3%)
	No.....		159 (97%)
Q1.10	What is your religion?		
	None.....	29 (18%)	Hindu 4 (2%)
	Church of England	44 (27%)	Jewish 2 (1%)
	Catholic	26 (16%)	Muslim 42 (25%)
	Protestant.....	0 (0%)	Sikh 3 (2%)
	Other Christian denomination	6 (4%)	Other 8 (5%)
	Buddhist.....	1 (1%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/Straight.....		168 (99%)
	Homosexual/Gay.....		1 (1%)
	Bisexual.....		1 (1%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?		
	Yes		49 (29%)
	No.....		120 (71%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		3 (2%)
	No.....		166 (98%)
Q1.14	Is this your first time in prison?		
	Yes		54 (32%)
	No.....		116 (68%)
Q1.15	Do you have children under the age of 18?		
	Yes		93 (54%)
	No.....		78 (46%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	Less than 2 hours	99 (58%)
	2 hours or longer	65 (38%)
	Don't remember	8 (5%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	99 (58%)
	<i>Yes</i>	54 (32%)
	<i>No</i>	18 (11%)
	<i>Don't remember</i>	0 (0%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	99 (58%)
	<i>Yes</i>	3 (2%)
	<i>No</i>	69 (40%)
	<i>Don't remember</i>	1 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	84 (49%)
	<i>No</i>	74 (43%)
	<i>Don't remember</i>	13 (8%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	121 (70%)
	<i>No</i>	50 (29%)
	<i>Don't remember</i>	2 (1%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	35 (20%)
	<i>Well</i>	81 (47%)
	<i>Neither</i>	44 (26%)
	<i>Badly</i>	5 (3%)
	<i>Very badly</i>	3 (2%)
	<i>Don't remember</i>	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	88 (51%)
	<i>Yes, I received written information</i>	23 (13%)
	<i>No, I was not told anything</i>	65 (38%)
	<i>Don't remember</i>	1 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	124 (73%)
	<i>No</i>	44 (26%)
	<i>Don't remember</i>	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	90 (53%)
	<i>2 hours or longer</i>	74 (44%)
	<i>Don't remember</i>	6 (4%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	135 (80%)
	<i>No</i>	23 (14%)
	<i>Don't remember</i>	10 (6%)

Q3.3	Overall, how were you treated in reception?	
	Very well.....	31 (18%)
	Well.....	83 (49%)
	Neither.....	40 (23%)
	Badly.....	11 (6%)
	Very badly.....	4 (2%)
	Don't remember.....	2 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property.....	41 (24%)
	Housing problems.....	41 (24%)
	Contacting employers.....	4 (2%)
	Contacting family.....	48 (28%)
	Childcare.....	4 (2%)
	Money worries.....	33 (20%)
	Feeling depressed or suicidal.....	39 (23%)
	Physical health.....	32 (19%)
	Mental health.....	47 (28%)
	Needing protection from other prisoners.....	18 (11%)
	Getting phone numbers.....	23 (14%)
	Other.....	10 (6%)
	Did not have any problems.....	34 (20%)
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes.....	33 (20%)
	No.....	97 (59%)
	Did not have any problems.....	34 (21%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	Tobacco.....	140 (82%)
	A shower.....	25 (15%)
	A free telephone call.....	38 (22%)
	Something to eat.....	85 (50%)
	PIN phone credit.....	63 (37%)
	Toiletries/ basic items.....	60 (35%)
	Did not receive anything.....	15 (9%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	Chaplain.....	66 (39%)
	Someone from health services.....	108 (64%)
	A Listener/Samaritans.....	20 (12%)
	Prison shop/ canteen.....	28 (17%)
	Did not have access to any of these.....	35 (21%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you.....	49 (29%)
	What support was available for people feeling depressed or suicidal.....	38 (22%)
	How to make routine requests (applications).....	40 (24%)
	Your entitlement to visits.....	29 (17%)
	Health services.....	64 (38%)
	Chaplaincy.....	51 (30%)
	Not offered any information.....	68 (40%)
Q3.9	Did you feel safe on your first night here?	
	Yes.....	110 (64%)
	No.....	52 (30%)
	Don't remember.....	9 (5%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	24 (14%)
	<i>Within the first week</i>	64 (37%)
	<i>More than a week</i>	76 (44%)
	<i>Don't remember</i>	8 (5%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	24 (14%)
	<i>Yes</i>	64 (38%)
	<i>No</i>	71 (42%)
	<i>Don't remember</i>	10 (6%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	22 (13%)
	<i>Within the first week</i>	54 (31%)
	<i>More than a week</i>	78 (45%)
	<i>Don't remember</i>	18 (10%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	<i>Communicate with your solicitor or legal representative?</i>	20 (12%)	33 (20%)	23 (14%)	31 (18%)	32 (19%)
	<i>Attend legal visits?</i>	14 (9%)	44 (29%)	29 (19%)	12 (8%)	10 (7%)
	<i>Get bail information?</i>	3 (2%)	11(8%)	28 (19%)	13 (9%)	21 (14%)
						70 (48%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					53 (31%)
	<i>Yes</i>					57 (34%)
	<i>No</i>					59 (35%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					60 (36%)
	<i>No</i>					13 (8%)
	<i>Don't know</i>					95 (57%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	99 (59%)	61 (36%)	8 (5%)		
	<i>Are you normally able to have a shower every day?</i>	104 (61%)	65 (38%)	1 (1%)		
	<i>Do you normally receive clean sheets every week?</i>	106 (63%)	54 (32%)	7 (4%)		
	<i>Do you normally get cell cleaning materials every week?</i>	94 (55%)	74 (43%)	3 (2%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	24 (14%)	134 (79%)	11 (7%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	89 (54%)	73 (45%)	2 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	19 (11%)	110 (65%)	39 (23%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					7 (4%)
	<i>Good</i>					58 (34%)
	<i>Neither</i>					40 (23%)
	<i>Bad</i>					29 (17%)
	<i>Very bad</i>					37 (22%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	1 (1%)
	Yes	60 (36%)
	No.....	108 (64%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	51 (30%)
	No.....	32 (19%)
	<i>Don't know</i>	87 (51%)
Q4.8	Are your religious beliefs respected?	
	Yes	88 (53%)
	No.....	31 (19%)
	<i>Don't know/ N/A</i>	48 (29%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	73 (43%)
	No.....	22 (13%)
	<i>Don't know/ N/A</i>	75 (44%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	14 (8%)
	<i>Very easy</i>	40 (24%)
	<i>Easy</i>	52 (31%)
	<i>Neither</i>	23 (14%)
	<i>Difficult</i>	9 (5%)
	<i>Very difficult</i>	7 (4%)
	<i>Don't know</i>	25 (15%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes	122 (72%)		
	No	40 (24%)		
	<i>Don't know</i>	7 (4%)		
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)			
		Not made one		
		Yes		
		No		
	Are <i>applications</i> dealt with fairly?	11 (7%)	72 (44%)	80 (49%)
	Are <i>applications</i> dealt with quickly (within seven days)?	11 (7%)	27 (17%)	119 (76%)
Q5.3	Is it easy to make a complaint?			
	Yes	82 (49%)		
	No	41 (25%)		
	<i>Don't know</i>	44 (26%)		
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)			
		Not made one		
		Yes		
		No		
	Are <i>complaints</i> dealt with fairly?	59 (35%)	21 (12%)	90 (53%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	59 (36%)	20 (12%)	87 (52%)

Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	31 (19%)
	No.....	132 (81%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	41 (25%)
	Very easy.....	11 (7%)
	Easy	22 (14%)
	Neither	40 (25%)
	Difficult.....	34 (21%)
	Very difficult.....	13 (8%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	13 (8%)
	Yes	49 (29%)
	No	88 (52%)
	<i>Don't know</i>	18 (11%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	13 (8%)
	Yes	61 (37%)
	No.....	82 (49%)
	<i>Don't know</i>	11 (7%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	17 (10%)
	No.....	148 (90%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	129 (82%)
	Very well.....	2 (1%)
	Well.....	8 (5%)
	Neither	9 (6%)
	Badly.....	3 (2%)
	Very badly	6 (4%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	107 (64%)
	No.....	59 (36%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	99 (61%)
	No.....	64 (39%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	33 (20%)
	No.....	134 (80%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	2 (1%)
	<i>Never</i>	44 (26%)
	<i>Rarely</i>	59 (35%)
	<i>Some of the time</i>	43 (26%)
	<i>Most of the time</i>	14 (8%)
	<i>All of the time</i>	6 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	138 (83%)
	<i>In the first week</i>	11 (7%)
	<i>More than a week</i>	13 (8%)
	<i>Don't remember</i>	5 (3%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/her</i>	138 (83%)
	<i>Very helpful</i>	8 (5%)
	<i>Helpful</i>	4 (2%)
	<i>Neither</i>	6 (4%)
	<i>Not very helpful</i>	6 (4%)
	<i>Not at all helpful</i>	4 (2%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	100 (60%)		
	<i>No</i>	66 (40%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	47 (29%)		
	<i>No</i>	115 (71%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	66 (41%)	<i>At meal times</i>	21 (13%)
	<i>Everywhere</i>	42 (26%)	<i>At health services</i>	14 (9%)
	<i>Segregation unit</i>	7 (4%)	<i>Visits area</i>	15 (9%)
	<i>Association areas</i>	39 (24%)	<i>In wing showers</i>	30 (19%)
	<i>Reception area</i>	7 (4%)	<i>In gym showers</i>	9 (6%)
	<i>At the gym</i>	19 (12%)	<i>In corridors/stairwells</i>	30 (19%)
	<i>In an exercise yard</i>	20 (13%)	<i>On your landing/wing</i>	31 (19%)
	<i>At work</i>	13 (8%)	<i>In your cell</i>	23 (14%)
	<i>During movement</i>	35 (22%)	<i>At religious services</i>	15 (9%)
	<i>At education</i>	11 (7%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	62 (38%)		
	<i>No</i>	103 (62%)		

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	14 (8%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (8%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	35 (21%)
	<i>Having your canteen/property taken</i>	10 (6%)
	<i>Medication</i>	3 (2%)
	<i>Debt</i>	14 (8%)
	<i>Drugs</i>	17 (10%)
	<i>Your race or ethnic origin</i>	12 (7%)
	<i>Your religion/religious beliefs</i>	9 (5%)
	<i>Your nationality</i>	7 (4%)
	<i>You are from a different part of the country than others</i>	9 (5%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	7 (4%)
	<i>You have a disability</i>	7 (4%)
	<i>You were new here</i>	18 (11%)
	<i>Your offence/ crime</i>	6 (4%)
	<i>Gang related issues</i>	13 (8%)
Q8.6	Have you been victimised by staff here?	
	Yes	67 (42%)
	No	94 (58%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	18 (11%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	4 (2%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	25 (16%)
	<i>Medication</i>	11 (7%)
	<i>Debt</i>	4 (2%)
	<i>Drugs</i>	8 (5%)
	<i>Your race or ethnic origin</i>	11 (7%)
	<i>Your religion/religious beliefs</i>	8 (5%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others</i>	4 (2%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	9 (6%)
	<i>You have a disability</i>	6 (4%)
	<i>You were new here</i>	11 (7%)
	<i>Your offence/ crime</i>	4 (2%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	68 (46%)
	Yes	20 (13%)
	No	61 (41%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	14 (9%)	13 (8%)	43 (27%)	25 (16%)	39 (24%)	27 (17%)
	The nurse	11 (7%)	26 (16%)	63 (40%)	21 (13%)	19 (12%)	18 (11%)
	The dentist	26 (16%)	5 (3%)	12 (8%)	14 (9%)	46 (29%)	56 (35%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	20 (13%)	18 (12%)	47 (30%)	32 (21%)	23 (15%)	16 (10%)
	The nurse	17 (11%)	19 (12%)	51 (33%)	30 (19%)	21 (14%)	17 (11%)
	The dentist	58 (37%)	13 (8%)	21 (13%)	23 (15%)	21 (13%)	20 (13%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						9 (6%)
	<i>Very good</i>						14 (9%)
	<i>Good</i>						43 (28%)
	<i>Neither</i>						42 (27%)
	<i>Bad</i>						28 (18%)
	<i>Very bad</i>						18 (12%)
Q9.4	Are you currently taking medication?						
	Yes						95 (59%)
	No						65 (41%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						65 (40%)
	<i>Yes, all my meds</i>						46 (29%)
	<i>Yes, some of my meds</i>						26 (16%)
	<i>No</i>						24 (15%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						76 (48%)
	No						82 (52%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>						82 (53%)
	Yes						46 (30%)
	No						27 (17%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	61 (38%)
	No	100 (62%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	28 (17%)
	No	134 (83%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	68 (43%)
	Easy.....	25 (16%)
	Neither.....	12 (8%)
	Difficult.....	0 (0%)
	Very difficult.....	4 (3%)
	Don't know.....	51 (32%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	33 (21%)
	Easy.....	29 (18%)
	Neither.....	19 (12%)
	Difficult.....	3 (2%)
	Very difficult.....	8 (5%)
	Don't know.....	68 (43%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	32 (20%)
	No.....	128 (80%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	16 (10%)
	No.....	142 (90%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	92 (60%)
	Yes.....	42 (27%)
	No.....	19 (12%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	134 (84%)
	Yes.....	19 (12%)
	No.....	7 (4%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	106 (71%)
	Yes.....	30 (20%)
	No.....	14 (9%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	21 (13%)	9 (5%)	31 (19%)	28 (17%)	52 (31%)	26 (16%)
	Vocational or skills training	26 (18%)	10 (7%)	31 (21%)	33 (23%)	28 (19%)	18 (12%)
	Education (including basic skills)	24 (16%)	17 (11%)	51 (34%)	30 (20%)	21 (14%)	7 (5%)
	Offending behaviour programmes	47 (31%)	2 (1%)	15 (10%)	32 (21%)	31 (21%)	23 (15%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				39 (25%)
	Prison job				74 (48%)
	Vocational or skills training.....				20 (13%)
	Education (including basic skills).....				39 (25%)
	Offending behaviour programmes				18 (12%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	29 (21%)	39 (29%)	46 (34%)	21 (16%)
	Vocational or skills training	36 (31%)	39 (33%)	22 (19%)	21 (18%)
	Education (including basic skills)	26 (20%)	52 (41%)	32 (25%)	18 (14%)
	Offending behaviour programmes	41 (35%)	33 (28%)	20 (17%)	24 (20%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				27 (17%)
	<i>Never</i>				61 (38%)
	<i>Less than once a week</i>				50 (31%)
	<i>About once a week</i>				14 (9%)
	<i>More than once a week</i>				7 (4%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				66 (43%)
	<i>Yes</i>				50 (32%)
	<i>No</i>				38 (25%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				37 (23%)
	<i>0</i>				47 (30%)
	<i>1 to 2</i>				51 (32%)
	<i>3 to 5</i>				22 (14%)
	<i>More than 5</i>				2 (1%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				18 (11%)
	<i>0</i>				20 (13%)
	<i>1 to 2</i>				50 (31%)
	<i>3 to 5</i>				45 (28%)
	<i>More than 5</i>				26 (16%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				3 (2%)
	<i>0</i>				6 (4%)
	<i>1 to 2</i>				15 (10%)
	<i>3 to 5</i>				66 (42%)
	<i>More than 5</i>				66 (42%)

Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	44 (28%)
	<i>2 to less than 4 hours</i>	45 (28%)
	<i>4 to less than 6 hours</i>	26 (16%)
	<i>6 to less than 8 hours</i>	16 (10%)
	<i>8 to less than 10 hours</i>	7 (4%)
	<i>10 hours or more</i>	16 (10%)
	<i>Don't know</i>	6 (4%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	39 (24%)
	<i>No</i>	121 (76%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	71 (46%)
	<i>No</i>	85 (54%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	49 (31%)
	<i>No</i>	110 (69%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	29 (18%)
	<i>Very easy</i>	23 (14%)
	<i>Easy</i>	36 (23%)
	<i>Neither</i>	23 (14%)
	<i>Difficult</i>	28 (18%)
	<i>Very difficult</i>	16 (10%)
	<i>Don't know</i>	4 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	93 (60%)
	<i>No</i>	61 (40%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	61 (39%)
	<i>No contact</i>	44 (28%)
	<i>Letter</i>	20 (13%)
	<i>Phone</i>	20 (13%)
	<i>Visit</i>	28 (18%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	80 (53%)
	<i>No</i>	70 (47%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	68 (44%)
	<i>No</i>	87 (56%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	87 (57%)
	<i>Very involved</i>	22 (14%)
	<i>Involved</i>	13 (8%)
	<i>Neither</i>	5 (3%)
	<i>Not very involved</i>	12 (8%)
	<i>Not at all involved</i>	14 (9%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	87 (56%)
	<i>Nobody</i>	33 (21%)
	<i>Offender supervisor</i>	20 (13%)
	<i>Offender manager</i>	14 (9%)
	<i>Named/ personal officer</i>	5 (3%)
	<i>Staff from other departments</i>	14 (9%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	87 (56%)
	<i>Yes</i>	37 (24%)
	<i>No</i>	18 (12%)
	<i>Don't know</i>	12 (8%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	87 (55%)
	<i>Yes</i>	24 (15%)
	<i>No</i>	31 (20%)
	<i>Don't know</i>	15 (10%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	87 (56%)
	<i>Yes</i>	28 (18%)
	<i>No</i>	22 (14%)
	<i>Don't know</i>	19 (12%)
Q13.10	Do you have a needs-based custody plan?	
	<i>Yes</i>	15 (10%)
	<i>No</i>	71 (46%)
	<i>Don't know</i>	68 (44%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	19 (12%)
	<i>No</i>	137 (88%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	22 (15%)	31 (22%)	91 (63%)
Accommodation	22 (15%)	29 (20%)	93 (65%)
Benefits	23 (16%)	29 (20%)	91 (64%)
Finances	23 (17%)	16 (12%)	96 (71%)
Education	27 (19%)	29 (21%)	83 (60%)
Drugs and alcohol	37 (26%)	41 (29%)	63 (45%)

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

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	79 (51%)
<i>No</i>	75 (49%)

Main comparator and comparator to last time



Prisoner survey responses HMP Brixton 2017

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

Key to tables

		HMP Brixton 2017	Category C Training Prisons Comparator	HMP Brixton 2017	HMP Brixton 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		173	6,548	173	177
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	2%	1%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	9%	9%	9%	4%
1.4	Is your sentence less than 12 months?	12%	6%	12%	6%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	8%	5%	3%
1.5	Are you a foreign national?	8%	11%	8%	4%
1.6	Do you understand spoken English?	99%	99%	99%	100%
1.7	Do you understand written English?	99%	98%	99%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	57%	25%	57%	58%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%	3%	4%
1.1	Are you Muslim?	25%	13%	25%	20%
1.11	Are you homosexual/gay or bisexual?	1%	4%	1%	3%
1.12	Do you consider yourself to have a disability?	29%	22%	29%	16%
1.13	Are you a veteran (ex-armed services)?	2%	6%	2%	5%
1.14	Is this your first time in prison?	32%	39%	32%	38%
1.15	Do you have any children under the age of 18?	54%	51%	54%	51%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	38%	46%	38%	36%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	75%	74%	75%	64%
2.3	Were you offered a toilet break?	4%	8%	4%	4%
2.4	Was the van clean?	49%	61%	49%	59%
2.5	Did you feel safe?	70%	79%	70%	73%
2.6	Were you treated well/very well by the escort staff?	67%	73%	67%	68%
2.7	Before you arrived here were you told that you were coming here?	51%	60%	51%	51%
2.7	Before you arrived here did you receive any written information about coming here?	13%	13%	13%	24%
2.8	When you first arrived here did your property arrive at the same time as you?	73%	85%	73%	85%

Main comparator and comparator to last time

Key to tables

		HMP Brixton 2017	Category C Training Prisons Comparator	HMP Brixton 2017	HMP Brixton 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	53%	53%	53%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	85%	80%	81%
3.3	Were you treated well/very well in reception?	67%	76%	67%	68%
	When you first arrived:				
3.4	Did you have any problems?	80%	61%	80%	75%
3.4	Did you have any problems with loss of property?	24%	19%	24%	18%
3.4	Did you have any housing problems?	24%	13%	24%	24%
3.4	Did you have any problems contacting employers?	2%	2%	2%	3%
3.4	Did you have any problems contacting family?	28%	18%	28%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%	2%	1%
3.4	Did you have any money worries?	20%	13%	20%	21%
3.4	Did you have any problems with feeling depressed or suicidal?	23%	15%	23%	15%
3.4	Did you have any physical health problems?	19%	13%	19%	14%
3.4	Did you have any mental health problems?	28%	19%	28%	14%
3.4	Did you have any problems with needing protection from other prisoners?	11%	5%	11%	7%
3.4	Did you have problems accessing phone numbers?	14%	16%	14%	24%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	25%	36%	25%	25%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	82%	75%	82%	66%
3.6	A shower?	15%	28%	15%	10%
3.6	A free telephone call?	22%	42%	22%	16%
3.6	Something to eat?	50%	57%	50%	31%
3.6	PIN phone credit?	37%	51%	37%	23%
3.6	Toiletries/ basic items?	35%	48%	35%	28%

Key to tables

Main comparator and comparator to last time

	Any percentage highlighted in green is significantly better	HMP Brixton 2017	Category C Training Prisons Comparator	HMP Brixton 2017	HMP Brixton 2014
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	39%	53%	39%	37%
3.7	Someone from health services?	64%	70%	64%	57%
3.7	A Listener/Samaritans?	12%	33%	12%	13%
3.7	Prison shop/ canteen?	17%	25%	17%	14%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	29%	50%	29%	29%
3.8	Support was available for people feeling depressed or suicidal?	22%	40%	22%	19%
3.8	How to make routine requests?	24%	44%	24%	23%
3.8	Your entitlement to visits?	17%	39%	17%	18%
3.8	Health services?	38%	52%	38%	32%
3.8	The chaplaincy?	30%	48%	30%	25%
3.9	Did you feel safe on your first night here?	64%	80%	64%	69%
3.10	Have you been on an induction course?	86%	90%	86%	88%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	44%	60%	44%	53%
3.12	Did you receive an education (skills for life) assessment?	87%	84%	87%	86%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	32%	43%	32%	34%
4.1	Attend legal visits?	38%	45%	38%	37%
4.1	Get bail information?	10%	14%	10%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	34%	39%	34%	29%
4.3	Can you get legal books in the library?	36%	41%	36%	33%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	59%	66%	59%	53%
4.4	Are you normally able to have a shower every day?	61%	91%	61%	94%
4.4	Do you normally receive clean sheets every week?	64%	69%	64%	72%
4.4	Do you normally get cell cleaning materials every week?	55%	64%	55%	75%
4.4	Is your cell call bell normally answered within five minutes?	14%	34%	14%	30%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	69%	54%	61%
4.4	Can you normally get your stored property, if you need to?	11%	23%	11%	15%
4.5	Is the food in this prison good/very good?	38%	30%	38%	43%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	36%	48%	36%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	30%	56%	30%	37%
4.8	Are your religious beliefs respected?	53%	52%	53%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	58%	43%	52%
4.10	Is it easy/very easy to attend religious services?	54%	49%	54%	57%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Brixton 2017	Category C Training Prisons Comparator	HMP Brixton 2017	HMP Brixton 2014
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints				
5.1 Is it easy to make an application?	72%	81%	72%	75%
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	47%	56%	47%	46%
5.2 Do you feel applications are dealt with quickly (within seven days)?	19%	38%	19%	26%
5.3 Is it easy to make a complaint?	49%	59%	49%	57%
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	19%	33%	19%	37%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	19%	28%	19%	27%
5.5 Have you ever been prevented from making a complaint when you wanted to?	19%	19%	19%	18%
5.6 Is it easy/very easy to see the Independent Monitoring Board?	21%	29%	21%	27%
SECTION 6: Incentives and earned privileges scheme				
6.1 Do you feel you have been treated fairly in your experience of the IEP scheme?	29%	48%	29%	29%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	45%	37%	35%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	10%	9%	10%	5%
6.4 In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	36%	37%	36%	33%
SECTION 7: Relationships with staff				
7.1 Do most staff, in this prison, treat you with respect?	65%	79%	65%	74%
7.2 Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	61%	73%	61%	71%
7.3 Has a member of staff checked on you personally in the last week to see how you were getting on?	20%	29%	20%	27%
7.4 Do staff normally speak to you most of the time/all of the time during association?	12%	21%	12%	14%
7.5 Do you have a personal officer?	17%	63%	17%	52%
For those with a personal officer:				
7.6 Do you think your personal officer is helpful/very helpful?	43%	62%	43%	51%

Main comparator and comparator to last time

Key to tables

		HMP Brixton 2017	Category C Training Prisons Comparator	HMP Brixton 2017	HMP Brixton 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	60%	38%	60%	37%
8.2	Do you feel unsafe now?	29%	17%	29%	18%
8.4	Have you been victimised by other prisoners here?	38%	28%	38%	22%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	8%	12%	8%	8%
8.5	Hit, kicked or assaulted you?	8%	8%	8%	5%
8.5	Sexually abused you?	1%	1%	1%	1%
8.5	Threatened or intimidated you?	21%	16%	21%	14%
8.5	Taken your canteen/property?	6%	8%	6%	6%
8.5	Victimised you because of medication?	2%	4%	2%	4%
8.5	Victimised you because of debt?	8%	5%	8%	3%
8.5	Victimised you because of drugs?	10%	5%	10%	3%
8.5	Victimised you because of your race or ethnic origin?	7%	4%	7%	4%
8.5	Victimised you because of your religion/religious beliefs?	6%	3%	6%	1%
8.5	Victimised you because of your nationality?	4%	3%	4%	3%
8.5	Victimised you because you were from a different part of the country?	5%	4%	5%	3%
8.5	Victimised you because you are from a Traveller community?	0%	1%	0%	1%
8.5	Victimised you because of your sexual orientation?	0%	2%	0%	1%
8.5	Victimised you because of your age?	4%	3%	4%	4%
8.5	Victimised you because you have a disability?	4%	3%	4%	2%
8.5	Victimised you because you were new here?	10%	5%	10%	7%
8.5	Victimised you because of your offence/crime?	4%	4%	4%	1%
8.5	Victimised you because of gang related issues?	7%	5%	7%	7%

Main comparator and comparator to last time

Key to tables

		HMP Brixton 2017	Category C Training Prisons Comparator	HMP Brixton 2017	HMP Brixton 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	42%	28%	42%	29%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	11%	11%	7%
8.7	Hit, kicked or assaulted you?	2%	4%	2%	4%
8.7	Sexually abused you?	0%	1%	0%	1%
8.7	Threatened or intimidated you?	16%	11%	16%	12%
8.7	Victimised you because of medication?	7%	4%	7%	6%
8.7	Victimised you because of debt?	2%	2%	2%	1%
8.7	Victimised you because of drugs?	5%	2%	5%	4%
8.7	Victimised you because of your race or ethnic origin?	7%	4%	7%	6%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%	5%	3%
8.7	Victimised you because of your nationality?	3%	3%	3%	3%
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	2%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	0%
8.7	Victimised you because of your age?	6%	2%	6%	3%
8.7	Victimised you because you have a disability?	4%	3%	4%	1%
8.7	Victimised you because you were new here?	7%	3%	7%	9%
8.7	Victimised you because of your offence/crime?	2%	4%	2%	3%
8.7	Victimised you because of gang related issues?	2%	2%	2%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	25%	40%	25%	29%

Main comparator and comparator to last time

Key to tables

		HMP Brixton 2017	Category C Training Prisons Comparator	HMP Brixton 2017	HMP Brixton 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	35%	28%	35%	46%
9.1	Is it easy/very easy to see the nurse?	56%	49%	56%	60%
9.1	Is it easy/very easy to see the dentist?	11%	13%	11%	25%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	48%	48%	48%	57%
9.2	The nurse?	51%	57%	51%	60%
9.2	The dentist?	35%	43%	35%	56%
9.3	The overall quality of health services?	39%	42%	39%	51%
9.4	Are you currently taking medication?	59%	50%	59%	45%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	75%	83%	75%	74%
9.6	Do you have any emotional well being or mental health problems?	48%	34%	48%	29%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	63%	50%	63%	58%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	38%	26%	38%	30%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	16%	17%	15%
10.3	Is it easy/very easy to get illegal drugs in this prison?	58%	44%	58%	35%
10.4	Is it easy/very easy to get alcohol in this prison?	39%	25%	39%	21%
10.5	Have you developed a problem with drugs since you have been in this prison?	20%	11%	20%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	7%	10%	4%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	69%	60%	69%	77%
10.8	Have you received any support or help with your alcohol problem while in this prison?	73%	62%	73%	70%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	68%	76%	68%	73%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Brixton 2017	Category C Training Prisons Comparator	HMP Brixton 2017	HMP Brixton 2014
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	24%	48%	24%	33%
11.1	Vocational or skills training?	28%	42%	28%	45%
11.1	Education (including basic skills)?	45%	56%	45%	62%
11.1	Offending behaviour programmes?	11%	24%	11%	23%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	48%	60%	48%	44%
11.2	Vocational or skills training?	13%	16%	13%	16%
11.2	Education (including basic skills)?	25%	22%	25%	27%
11.2	Offending behaviour programmes?	12%	11%	12%	15%
11.3	Have you had a job while in this prison?	79%	84%	79%	78%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	37%	44%	37%	48%
11.3	Have you been involved in vocational or skills training while in this prison?	69%	75%	69%	77%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	48%	57%	48%	60%
11.3	Have you been involved in education while in this prison?	80%	80%	80%	85%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	51%	58%	51%	55%
11.3	Have you been involved in offending behaviour programmes while in this prison?	65%	71%	65%	71%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	43%	50%	43%	61%
11.4	Do you go to the library at least once a week?	13%	42%	13%	27%
11.5	Does the library have a wide enough range of materials to meet your needs?	33%	45%	33%	23%
11.6	Do you go to the gym three or more times a week?	15%	33%	15%	20%
11.7	Do you go outside for exercise three or more times a week?	45%	54%	45%	45%
11.8	Do you go on association more than five times each week?	42%	63%	42%	63%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	17%	10%	20%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	24%	33%	24%	26%
12.2	Have you had any problems with sending or receiving mail?	46%	43%	46%	37%
12.3	Have you had any problems getting access to the telephones?	31%	21%	31%	21%
12.4	Is it easy/ very easy for your friends and family to get here?	37%	27%	37%	38%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Brixton 2017	Category C Training Prisons Comparator	HMP Brixton 2017	HMP Brixton 2014
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	60%	82%	60%	67%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	47%	36%	47%	47%
13.2	Contact by letter?	21%	33%	21%	20%
13.2	Contact by phone?	21%	26%	21%	16%
13.2	Contact by visit?	30%	31%	30%	33%
13.3	Do you have a named offender supervisor in this prison?	53%	76%	53%	60%
For those who are sentenced:					
13.4	Do you have a sentence plan?	44%	62%	44%	37%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	53%	54%	53%	60%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	49%	46%	49%	48%
13.6	Offender supervisor?	30%	38%	30%	32%
13.6	Offender manager?	21%	28%	21%	18%
13.6	Named/ personal officer?	8%	13%	8%	5%
13.6	Staff from other departments?	21%	15%	21%	21%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	55%	61%	55%	69%
13.8	Are there plans for you to achieve any of your targets in another prison?	34%	20%	34%	11%
13.9	Are there plans for you to achieve any of your targets in the community?	41%	28%	41%	37%
13.10	Do you have a needs based custody plan?	10%	6%	10%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	15%	12%	13%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	25%	34%	25%	40%
13.12	Accommodation?	24%	36%	24%	45%
13.12	Benefits?	24%	38%	24%	41%
13.12	Finances?	14%	28%	14%	24%
13.12	Education?	26%	34%	26%	30%
13.12	Drugs and alcohol?	39%	42%	39%	44%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	51%	54%	51%	52%

Diversity analysis



Key question responses (ethnicity and religion) HMP Brixton 2017

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		95	71	42	123
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	9%	6%	2%	9%
1.6	Do you understand spoken English?	99%	100%	100%	99%
1.7	Do you understand written English?	99%	99%	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			93%	44%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	7%	0%	4%
1.1	Are you Muslim?	42%	4%		
1.12	Do you consider yourself to have a disability?	25%	34%	37%	26%
1.13	Are you a veteran (ex-armed services)?	0%	3%	0%	2%
1.14	Is this your first time in prison?	36%	25%	36%	31%
2.6	Were you treated well/very well by the escort staff?	62%	77%	63%	71%
2.7	Before you arrived here were you told that you were coming here?	52%	48%	55%	50%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	87%	79%	83%
3.3	Were you treated well/very well in reception?	59%	76%	64%	69%
3.4	Did you have any problems when you first arrived?	79%	84%	81%	79%
3.7	Did you have access to someone from health care when you first arrived here?	66%	64%	56%	67%
3.9	Did you feel safe on your first night here?	60%	72%	52%	69%
3.10	Have you been on an induction course?	85%	87%	88%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	36%	22%	36%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	55%	66%	52%	63%
4.4	Are you normally able to have a shower every day?	55%	70%	52%	65%
4.4	Is your cell call bell normally answered within five minutes?	12%	19%	7%	17%
4.5	Is the food in this prison good/very good?	38%	38%	48%	37%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	25%	48%	31%	38%
4.7	Are you able to speak to a Listener at any time, if you want to?	27%	37%	32%	30%
4.8	Do you feel your religious beliefs are respected?	58%	46%	69%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	38%	50%	43%	44%
5.1	Is it easy to make an application?	73%	72%	67%	74%
5.3	Is it easy to make a complaint?	51%	46%	54%	47%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	27%	35%	26%	30%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	44%	36%	37%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	11%	15%	9%
7.1	Do most staff, in this prison, treat you with respect?	62%	72%	61%	68%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	61%	55%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	15%	5%	15%
7.4	Do you have a personal officer?	18%	18%	19%	18%
8.1	Have you ever felt unsafe here?	60%	57%	64%	57%
8.2	Do you feel unsafe now?	32%	21%	35%	26%
8.3	Have you been victimised by other prisoners?	35%	39%	36%	36%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	23%	26%	19%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	8%	7%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	4%	7%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	6%	2%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	8%	5%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	42%	40%	39%	41%
8.7	Have you ever felt threatened or intimidated by staff here?	12%	19%	10%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	8%	5%	8%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	3%	10%	3%
8.7	Have you been victimised because of your nationality? (By staff)	3%	3%	3%	3%
8.7	Have you been victimised because you have a disability? (By staff)	3%	4%	8%	3%
9.1	Is it easy/very easy to see the doctor?	30%	44%	27%	38%
9.1	Is it easy/ very easy to see the nurse?	51%	64%	45%	62%
9.4	Are you currently taking medication?	54%	68%	66%	58%
9.6	Do you feel you have any emotional well being/mental health issues?	43%	56%	48%	49%
10.3	Is it easy/very easy to get illegal drugs in this prison?	49%	71%	46%	63%
11.2	Are you currently working in the prison?	48%	49%	51%	46%
11.2	Are you currently undertaking vocational or skills training?	13%	14%	7%	15%
11.2	Are you currently in education (including basic skills)?	26%	24%	20%	27%
11.2	Are you currently taking part in an offending behaviour programme?	10%	14%	5%	14%
11.4	Do you go to the library at least once a week?	11%	16%	7%	14%
11.6	Do you go to the gym three or more times a week?	16%	15%	20%	13%
11.7	Do you go outside for exercise three or more times a week?	43%	49%	43%	47%
11.8	On average, do you go on association more than five times each week?	40%	49%	34%	46%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	9%	12%	5%	11%
12.2	Have you had any problems sending or receiving mail?	42%	47%	49%	44%
12.3	Have you had any problems getting access to the telephones?	31%	29%	29%	31%

Diversity Analysis



Key question responses (disability and age over 50) HMP Brixton 2017

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		49	120	19	153
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	11%	7%	10%	8%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	96%	100%	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	49%	60%	22%	61%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	3%	0%	4%
1.1	Are you Muslim?	32%	23%	15%	27%
1.12	Do you consider yourself to have a disability?			47%	26%
1.13	Are you a veteran (ex-armed services)?	2%	2%	0%	2%
1.14	Is this your first time in prison?	18%	38%	32%	31%
2.6	Were you treated well/very well by the escort staff?	71%	68%	68%	68%
2.7	Before you arrived here were you told that you were coming here?	58%	48%	53%	51%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	81%	90%	79%
3.3	Were you treated well/very well in reception?	73%	65%	80%	65%
3.4	Did you have any problems when you first arrived?	96%	73%	85%	80%
3.7	Did you have access to someone from health care when you first arrived here?	69%	62%	73%	62%
3.9	Did you feel safe on your first night here?	59%	69%	73%	63%
3.10	Have you been on an induction course?	84%	87%	89%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	39%	29%	34%	31%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
4.4	Are you normally offered enough clean, suitable clothes for the week?	47%	65%	80%	56%	
4.4	Are you normally able to have a shower every day?	73%	57%	73%	59%	
4.4	Is your cell call bell normally answered within five minutes?	19%	13%	27%	12%	
4.5	Is the food in this prison good/very good?	33%	42%	47%	37%	
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	29%	58%	32%	
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	25%	47%	27%	
4.8	Do you feel your religious beliefs are respected?	55%	54%	68%	50%	
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	40%	53%	41%	
5.1	Is it easy to make an application?	75%	73%	80%	71%	
5.3	Is it easy to make a complaint?	55%	47%	47%	49%	
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	25%	32%	32%	28%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	39%	21%	38%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	9%	0%	12%	
7.1	Do most staff, in this prison, treat you with respect?	62%	67%	68%	64%	
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	57%	73%	59%	
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	13%	12%	5%	13%	
7.4	Do you have a personal officer?	15%	19%	21%	17%	
8.1	Have you ever felt unsafe here?	72%	55%	58%	61%	
8.2	Do you feel unsafe now?	38%	25%	15%	31%	
8.3	Have you been victimised by other prisoners?	52%	31%	42%	37%	
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	17%	15%	22%	
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	5%	5%	8%	
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	5%	0%	6%	
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	3%	5%	4%	
8.5	Have you been victimised because of your age? (By prisoners)	8%	3%	15%	3%	
8.5	Have you been victimised because you have a disability? (By prisoners)	13%	1%	10%	4%	

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	39%	41%	34%	43%
8.7	Have you ever felt threatened or intimidated by staff here?	24%	12%	16%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	8%	11%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	5%	5%	5%
8.7	Have you been victimised because of your nationality? (By staff)	2%	4%	11%	2%
8.7	Have you been victimised because of your age? (By staff)	6%	6%	22%	4%
8.7	Have you been victimised because you have a disability? (By staff)	11%	1%	5%	4%
9.1	Is it easy/very easy to see the doctor?	33%	35%	66%	30%
9.1	Is it easy/ very easy to see the nurse?	60%	55%	83%	53%
9.4	Are you currently taking medication?	87%	49%	90%	55%
9.6	Do you feel you have any emotional well being/mental health issues?	84%	34%	47%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	67%	55%	55%	59%
11.2	Are you currently working in the prison?	43%	48%	28%	51%
11.2	Are you currently undertaking vocational or skills training?	6%	16%	11%	13%
11.2	Are you currently in education (including basic skills)?	33%	23%	45%	23%
11.2	Are you currently taking part in an offending behaviour programme?	13%	11%	11%	12%
11.4	Do you go to the library at least once a week?	15%	12%	22%	12%
11.6	Do you go to the gym three or more times a week?	4%	20%	11%	16%
11.7	Do you go outside for exercise three or more times a week?	38%	48%	50%	44%
11.8	On average, do you go on association more than five times each week?	41%	43%	55%	40%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	10%	22%	9%
12.2	Have you had any problems sending or receiving mail?	47%	44%	23%	49%
12.3	Have you had any problems getting access to the telephones?	30%	31%	11%	34%