

Report on a full announced inspection of

HMP Belmarsh

8–12 October 2007

by HM Chief Inspector of Prisons

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Introduction

Belmarsh is the best-known of the three 'core local' prisons, managed within the high security estate. It is also the most complex, holding a significant number of category A prisoners – including alleged and convicted terrorists – along with a majority of the lower-risk, short-sentenced prisoners who can be found in any local prison throughout the prison estate. It has had a succession of poor inspection reports, reflecting a prison culture that focused only on security and did not adequately grapple with safety, decency or the need to reduce reoffending.

This inspection found that there was considerable change, under the direction of a management team that was determined to promote and embed a different approach and culture. Managers had rightly taken the view that this was an incremental process, rather than a series of quick wins. For that reason, a great deal of effort had gone into negotiating and implementing a new core day, to provide a better platform for time out of cell, activity and resettlement work.

The new regime had been in place for only six months at the time of the inspection, and its effects were still working through. It had resulted in more purposeful activity and more time out of cell, particularly for the 54% of prisoners who were employed: though there was still not enough activity and regular cancellations of association, and poor attendance and punctuality at classes and workshops. Nevertheless, the quality and quantity of education and work was improving. Just before the inspection, a new first night centre had opened, designed to improve prisoners' negative experiences and perceptions of their early days at the prison. These improvements had not been implemented without resistance from some staff; though others welcomed the more positive approach they offered.

Robust attempts were also being made to tackle a staff culture which had been focused on security as an end in itself, rather than a means to an end. A good personal officer scheme had been introduced and was being effectively monitored. Staff were encouraged to be out of offices when prisoners were out of their cells. Again, this had been welcomed by many, but not all, staff; and prisoners continued to place intimidation from staff at the head of their concerns about their safety. Though there had been some improvements in suicide and bullying prevention work, it was not yet evident that all staff understood, or operated, safe and supportive procedures.

It was commendable that Belmarsh's resettlement work had improved considerably, and that it was appropriately focused on the short-term and remand population, as well as longer-sentenced prisoners. Essentially, the prison was operating two parallel schemes: the offender management model, for the small number of prisoners in scope; and a resettlement unit, in one of the house blocks, providing advice and support for the much larger number of short-stay prisoners. There were some gaps – the need for a pre-release course and a greater focus on help with finances – but the approach of staff, and the links with a local community and drugs project, were extremely positive. Unfortunately, the prison population crisis was impacting on the prison's ability to deliver effective resettlement support for long and indeterminate-sentenced prisoners, many of whom languished at Belmarsh for many months, without the ability to engage in the courses and interventions they needed to progress through sentence.

The prison's population was extremely mixed: not only at hugely different levels of security risk, but also in relation to ethnicity and religion. Around 45% of prisoners were from black and minority ethnic communities, and around 20% self-identified as Muslim. Considerable efforts

had been made to bring in effective race relations procedures, as well as two excellent and full-time imams. Nevertheless, as in many prisons, survey responses from black and minority ethnic prisoners were significantly more negative overall than those from white prisoners, and this was even more the case in comparing responses from Muslims and non-Muslims. Muslims responded significantly more negatively to 43 out of 56 key survey questions, and only responded more positively on one. Nearly two-thirds said they had felt unsafe, and less than half believed staff treated them with respect.

Among Muslim prisoners were those held on terrorism charges, or who subscribed to radical interpretations of Islam. There was clearly a concern that these minority views should not spread; but conversely there was a real danger that the alienation of Muslim prisoners in general, and the suspicion with which they perceived they were treated, would in fact feed radicalisation. There is some excellent work being done by Muslim chaplains at Belmarsh, and in other prisons: including other high security prisons. It is important that this network is strengthened and their work is mainstreamed, so that residential staff understand better how to work positively with Muslim prisoners, as well as how to recognise and challenge extremist views.

In all our four key areas – safety, respect, purposeful activity and resettlement – there was evidence of improvement since the last inspection. This was not always sufficient to raise our assessment – partly because these are wide bands, and partly because managers were approaching their task as a long-term, incremental and sustainable process. This inevitably takes longer. Nevertheless, in spite of its complexities and pressures, Belmarsh was now visibly moving in the right direction, and we hope to report on further progress at the next inspection.

Anne Owers
HM Chief Inspector of Prisons

February 2008

Fact page

Task of the establishment

Core local high security prison

Area organisation

Directorate of High Security

Number held

913: on 05 October 2007

Certified normal accommodation

799

Operational capacity

915

Last inspection

October 2005

Brief history

The prison was opened in April 1991, built on land that was previously part of the Royal Arsenal estate. Belmarsh is connected to Woolwich Crown Court by an underground tunnel.

Description of residential units

There are five residential units, house blocks one-four and a high security unit.

House blocks one-four	Three hold a maximum of 213 prisoners and one a maximum of 214
Segregation unit (not on operating capacity)	16 places
Healthcare	33 places
High security unit	maximum of 36 places

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |

- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- performing well against this healthy prison test.

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

- performing reasonably well against this healthy prison test.

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

- not performing sufficiently well against this healthy prison test.

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

- performing poorly against this healthy prison test.

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

Safety

- HP3 Prisoners spent too long in court cells before transfer to Belmarsh. The reception environment was stark and prisoners said they did not feel safe there. There were some delays getting prisoners to the first night centre and in completing the induction process. Management of suicide and self-harm issues was progressing, but there

were gaps in the violence reduction and anti-bullying arrangements. Segregation, prisoner discipline, and use of force were all well managed. Arrangements for prisoners requiring detoxification were good. Overall the prison was performing reasonably well against this healthy prison test.

- HP4 Prisoners were spending lengthy periods in court cells before arrival at Belmarsh and delays moving them back from the nearby Woolwich Crown Court complex, which had a secure underground corridor link to the prison, were particularly hard to understand. Around 50 prisoners were received and discharged every day and good use was made of the video link to courts.
- HP5 Prisoners consistently reported having felt unsafe on arrival and the admission process was conducted without much warmth. Surnames only were used and cell sharing risk assessments were not conducted in privacy. A first night centre had recently been opened and this had improved prisoners' early experiences, though the new management arrangements had not yet bedded in. There were delays getting prisoners moved to the first night centre. The induction programme usually began the day after arrival but was not always completed quickly. Some prisoners were still waiting for induction to finish over a week after arrival.
- HP6 One of the house block principal officers was identified as the violence reduction coordinator although he had no clear job description for this role. The violence reduction strategy was still under development and staff struggled to locate a copy of the strategy. Inadequate information about incidents of violence was passed to the violence reduction coordinator and it was of concern that the senior manager did not consider that there were major problems in this area.
- HP7 In the previous nine months there had been 252 assessment, care in custody and teamwork (ACCT) documents opened. Some of the ACCT documents we examined were short on essential detail. Case reviews were not always attended by all relevant departments. Action plans were being taken forward to address issues arising from recent deaths in custody. There were 40 trained Listeners, but Listener suites were neither appropriately furnished nor properly sited.
- HP8 There were good systems to support those in need of detoxification for both drugs and alcohol and there was a flexible range of provision including methadone and Soboxone. The rate of positive random mandatory drugs tests averaged 10.5% in the year to date.
- HP9 The security department was well managed. Prisoners' assessments included recent custodial behaviour as well as historic information. Security staff told us that prisoners were not excluded from activities solely on the grounds of their security category, although the education department believed there was a limit on the number of category A prisoners who could attend education at any time and labour allocation staff understood that certain work places were not suitable for category A prisoners.
- HP10 Adjudications observed were well conducted with facilities provided for the prisoner to manage his own defence, but not all charges were sufficiently investigated and prisoner mitigation was not always considered. Punishment tariffs were published and made known to prisoners.
- HP11 Staff-prisoner relationships in the segregation unit were good and few prisoners were held in the unit at the time of the inspection. The unit was clean and properly

equipped but was a dark building with little natural light. Apart from some in-cell education there was little to occupy prisoners. Prisoners were fully involved in their care planning and were allowed access to all written reports about them.

- HP12 There had been a continued reduction in the use of force over the last two years and a further 30% reduction this year compared to 2006. Monitoring arrangements were good but opportunities to de-escalate incidents and avoid some uses of force were being missed.
- HP13 Vulnerable prisoners held on the dedicated spur on house block 4 had an adequate regime and generally reported feeling safe. However, the vulnerable prisoners on the temporary overspill unit on another spur experienced a poor regime with inconsistent access to services and facilities.

Respect

HP14 Overcrowding was a significant problem with many cells accommodating more prisoners than they were designed for. Personal officer work was improving. Staff-prisoner relationships were very mixed and prisoners expressed low levels of trust in staff. Surveys of and discussions with prisoners indicated that black and minority ethnic and Muslim prisoners felt a considerable degree of alienation. Services to foreign national prisoners relied heavily on a single member of staff. Staff could not tell if prisoner applications had received a response and some replies to complaints were unhelpful and dismissive. Catering arrangements had improved but prisoner perceptions remained poorer than at other local prisons. Mental health services and the inpatient regime in the healthcare centre were operating well. Overall the prison was not performing sufficiently well against this test of a healthy prison.

- HP15 The house block environment was generally good and most communal areas were clean. There was a high level of overcrowding throughout the main prison. Cells designed for two but occupied by three were particularly cramped. The external areas were well maintained and landscaped but there was litter around the house blocks.
- HP16 Prisoners with mobility problems were located at ground floor level to enable them to reach the serveries but this inhibited their access to off-wing activities, which were all reached from the first floor. When evening association was cancelled there were problems getting a daily shower and we received complaints about the lack of hot water for washing on some house blocks.
- HP17 In specialised units we observed good staff-prisoner relationships, and we saw examples of this elsewhere. However, in general relationships were distant and formal. In surveys and safety interviews, prisoners revealed high levels of mistrust of staff and fear of staff victimisation.
- HP18 Staff and prisoners were aware of the personal officer scheme. Wing files indicated that personal officers knew their individual prisoners; regular entries were made and these were subject to some managerial monitoring.
- HP19 The race equality officer was also the diversity manager. A diversity statement had been produced. Black and minority ethnic prisoners made up 44% of the population. The responses of black and minority ethnic prisoners were significantly more negative

in 34 out of 56 areas and more positive in only three areas. Around 25 racist incident report forms were submitted monthly. The largest single category of complaints was mainly from white prisoners reluctant to share a cell. Around 200 prisoners were Muslims and this group was the most negative across almost all areas of our survey.

- HP20 Around 28% of the population were foreign nationals and this was too heavy a workload for the part-time foreign nationals coordinator. There were links with the Border and Immigration Agency (BIA) and an external immigration advice service visited regularly.
- HP21 A new applications system had been introduced but it did not enable staff to confirm when or whether a prisoner had received an answer to his request. Prisoner perceptions of the adequacy of the complaints system were below the comparator. Some responses to complaints that we examined were unhelpful and dismissive.
- HP22 Overall the survey results about catering were more negative than those at comparator establishments, but, unusually, black and minority ethnic and foreign national prisoners reported higher levels of satisfaction with the food. A breakfast meal was served and prisoners could have five portions of fruit and vegetables each day. Food sampled during the inspection was tasty and served at a reasonable temperature. The prison shop list was reasonably extensive, and prisoners were consulted using meetings and surveys.
- HP23 Almost all prisoners were seen by a legal services officer on reception but those who did not pass through the induction unit could be missed. Prisoners could access legal materials in the library.
- HP24 Faith issues were well handled by a large and mutually supportive chaplaincy team. There was high attendance at corporate worship but Muslims on the vulnerable prisoner unit could not attend Friday prayers.
- HP25 Health services were commissioned by Greenwich primary care trust. The quality of the primary care service was compromised by wing-based nurses' lack of access to triage algorithms. Prisoners were complimentary about the quality of service they received from the GP, the dentist and the optician. Dental waiting lists were short. Mental health services were very good and provided access to specialist medical and nursing staff. The mental health in-reach service gave excellent psychiatric support to prisoners and prisoners were included in multi-disciplinary management meetings. In-patient services were heavily used and time out of cell was dependent on staff numbers and was unpredictable. Care plans were reviewed regularly.

Purposeful activity

- HP26 A new core day had been introduced. Around 54% of prisoners were employed and, when all association opportunities were available, they could spend around 3.5 to 4 hours out of cell a day. However, association was regularly cancelled. At a stand still roll check one mid-morning half of prisoners were locked in their cell. Workshops provided a better mix of work and training opportunities but attendance and punctuality at activities were poor. For those attending activities, standards and achievements were good. The library was well managed but few prisoners used it. The PE timetable offered recreational training courses and sessions for those with

special needs. Overall the prison was not performing sufficiently well against this healthy prison test.

- HP27 Lewisham College had recently taken responsibility for the provision of learning and skills. The quality of the provision was adequate and achievements in education were satisfactory. In total 54% of prisoners were offered activity daily, either full or part-time: 102 activity places were for cleaners. During the week about 200 prisoners spent some time in education. Prisoners were expected to undertake an initial assessment of their literacy, numeracy and English skills and those with low literacy or ESOL (English for speakers of other languages) needs were fast tracked to education. Support for those with very poor English skills was focused on helping them develop a vocabulary to communicate in prison. Prisoners in the high secure unit did not receive a systematic induction into education.
- HP28 Leadership and management of learning and skills were adequate. Workshops had been reorganised to provide more activities linked to vocational training, including construction multi-skills and bricklaying.
- HP29 Attendance and punctuality at activities was an issue. On one day during the inspection, it took an hour to complete the movement of prisoners to activities. Attendance at activities was erratic. On occasions there were too few attendees but sometimes too many arrived and classes were oversubscribed.
- HP30 The management of the library was broadly effective. There was a good range of books in foreign languages and a good selection of newspapers. Library usage was low and it was difficult for prisoners in full-time work to get to the library; 14% of prisoners surveyed said they went to the library at least once a week. Prison Service Orders and legal books including books about immigration law were available.
- HP31 In our survey 32% of prisoners said they were able to go to the gym at least twice a week. A number of vocational courses were offered. There was specific provision for those with special needs including a weight watchers session and remedial PE. There were no outdoor facilities. The high secure unit had a separate gym.
- HP32 The prison was achieving the target of 8.3 hours a week time out of cell but this figure masked a significant range: unemployed prisoners had a maximum of three to four hours out of cell. The roll check conducted during the middle of the morning during the inspection showed that 51% of prisoners were locked in their cells.
- HP33 Although the revised core day specified periods of association every evening there had been cancellations due to staff shortages. Fifteen per cent of prisoners, against a comparator of 48%, said that they went on association more than five times a week.

Resettlement

- HP34 The strategic management of resettlement was sound with good links to community networks. Planning was based on an up-to-date needs analysis and information from a local screening tool. The offender management unit (OMU) was working well with those prisoners in-scope of the offender management model and OASys assessments were completed on other eligible prisoners. There was evidence of good outcomes for shorter-term prisoners although many were unaware of the

resettlement services on offer. Little use was made of prisoner peer support workers. There was no opportunity for those serving long or indeterminate sentences to address their offending behaviour. Arrangements to support family relationships and contact were good. Services for prisoners with substance misuse problems were of a good quality but provision for alcohol and did not meet demand. Overall, the prison was performing reasonably well against this healthy prison test.

- HP35 A reasonable resettlement strategy covered details of key aspects of provision and all seven resettlement pathways. A resettlement needs analysis had been carried out and was complemented by the London Initial Screening Assessment and Referral (LISAR) undertaken on all new arrivals. These two processes were a sound basis on which to identify needs and plan for interventions. The statutory and voluntary agencies coordinator post commended at our last inspection had been retained and this person was working with the new head of interventions to further increase the number and range of resettlement opportunities. Several projects were in the planning stages or about to be introduced at the time of the inspection. Key senior managers attended the quarterly resettlement policy committee. There were good strategic links with the London resettlement forum and work was being undertaken with local boroughs to develop services.
- HP36 Two hundred and sixty-one determinate-sentenced prisoners were subject to the offender assessment system (OASys) of risk assessment and sentence planning. The OMU had been established and the model now worked well for the 99 prisoners identified as being in-scope for phase II of offender management. There were good contacts with offender managers who chaired sentence planning boards. OASys assessments were undertaken on other eligible prisoners who were assessed as constituting a low or medium risk of harm or reoffending.
- HP37 More than a quarter of the population was on remand with a further 20% serving sentences of less than 12 months. High priority had appropriately been given to meeting the reintegration needs of these prisoners. The majority of short-term prisoners were located on house block 2 where key resettlement services were also based. Services were well promoted and it was not clear why, in our survey, so many prisoners professed ignorance of the resettlement services available. Prisoner peer support workers were not being used to raise awareness of resettlement services.
- HP38 Public protection arrangements were robust and prisoners who might be subject to public protection requirements were identified promptly. Responsibility for public protection issues was being transferred from the security department to the OMU and there were uncertainties about who was currently accountable for this work.
- HP39 There were 127 indeterminate-sentenced prisoners including 49 serving indeterminate sentences for public protection. Many of these prisoners were spending excessive periods at Belmarsh. There were no psychology staff and the only accredited offending behaviour programme was the recently introduced short duration drugs programme. This meant there were no real opportunities for indeterminate and long-term prisoners to address their offending behaviour needs. This was a source of concern and frustration for prisoners and managers. Lifer days were offered and lifer liaison officers visited the house blocks to offer advice.
- HP40 Over the previous five months only 28 of 424 prisoners had been released at the end of their sentence without settled accommodation. There was good action to promote employability but insufficient information, advice and guidance to assist resettlement.

Learning and skills records were forwarded to other prisons and probation areas when the prisoner was transferred or discharged. The restart and resettlement programmes were a good resource to assist prisoners prepare for release but not all prisoners attended them and there was no pre-discharge board or equivalent process to check that release plans were in place.

- HP41 The drug strategy document included a needs analysis. The counselling, advice, resettlement, and throughcare (CARAT) team had a high caseload but offered a range of interventions. There was some group work for those with histories of crack cocaine misuse, but the demand was greater than the available resource. Treatment for those with a history of alcohol abuse was available but there was a need to expand the service. Pre-release provision and harm minimisation advice was provided by CARATs and there were good links with local drug intervention programme (DIP) services: the local Greenwich DIP, whose clients formed 25% of the CARAT team caseload, had a base in the prison car park.
- HP42 A number of initiatives helped support the resettlement needs of prisoners who were parents. In addition to the Storybook Dad project, the Family Man programme and associated family visit provided a good opportunity to develop stronger family ties. All-day family visits were available to enhanced level prisoners who had been risk assessed.
- HP43 Prisoner correspondence was dealt with on the day it was received but there was still 100% censorship despite assurance that this had been discontinued. The visitors' centre was among the best we have seen. Visits could be booked during the visit by telephone or email. Social visits lasted for an hour and a half. Security during visits was visible but not overly intrusive. Vulnerable prisoners were allowed fewer opportunities for visits.

Main recommendations

- HP44 Cells designed for two should not be used to accommodate three prisoners.
- HP45 The violence reduction coordinator should be informed of all violent incidents and unexplained injuries and should be involved in all investigations into violent incidents. There should be an immediate review of all data relating to violence in the establishment, and the information should be used to produce an effective violence reduction strategy. Staff should be trained in how to use the strategy.
- HP46 A full-time foreign nationals coordinator should be appointed and administrative support provided for the post.
- HP47 Prisoners should arrive at activity areas on time and attendance should be managed to ensure maximum use of all activity places.
- HP48 The resettlement strategy document should include annual development targets which should be regularly reviewed by the resettlement strategy committee.
- HP49 There should be sufficient purposeful activity for all prisoners.

- HP50 Managers should monitor and support staff in engaging positively with prisoners on wings.
- HP51 Managers should explore the reasons for the alienation of many Muslim prisoners and take appropriate action.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 On average 50 prisoners were discharged and 50 received each day. Good use was made of the video link but not of the secure corridor linking the prison to the nearby court. Prisoners spent too long in court cells after their case had been dealt with and could be kept on the escort van for some time once at the prison. Prisoners' responses to our survey questions about their escort experiences were mixed. While we observed good relationships between reception staff and the escort contract staff we were told that SERCO had not engaged with prison managers in preparing for the inspection. Although there was no guarantee that prisoners released to court would be returned to Belmarsh, their property did not always accompany them.
- 1.2 On average the prison was discharging 50 prisoners and receiving 50 prisoners a day. We were satisfied that best use was being made of the court video link facility to minimise prisoner movement but the secure corridor linking the prison to the nearby Woolwich Crown Court complex was insufficiently used.
- 1.3 An examination of prisoners' escort records (PERs) revealed that prisoners were being held too long in court cells after their hearing. We were informed that this was because SERCO (the private escort company) drivers were required to staff the courts and could not transport prisoners until court had finished. On arrival at Belmarsh, prisoners could also be held on escort vans for long periods, in some cases for over an hour. Prisoners told us this was a regular occurrence and neither escort nor reception staff seemed in a hurry to get them off the van.
- 1.4 SERCO vans did not carry enough refreshments or snacks for prisoners who had spent a long period between meals. In our survey, prisoners' perceptions of the comfort of the escort van; the attention paid to their health needs and the frequency of comfort breaks were significantly better than at other local prisons but personal safety during the journey was rated as less good. Overall, 65% of prisoners thought they were treated well or very well by escort staff.
- 1.5 We observed good working relationships between reception and escort staff. The head of operations told us she had tried to get SERCO to assist in preparations for the inspection, but described the responses she received as unhelpful.
- 1.6 Prisoners complained that their property did not always accompany them to court. Reception staff told us that this was sometimes the case for prisoners going to London courts as it was likely they would return to Belmarsh. However, we found that because of Operation Safeguard and the Estate Planning and Development Unit (EPDU) not releasing cell spaces until after the courts had finished, prisoners were sometimes moved to another establishment without their property.

Recommendations

- 1.7 SERCO should return prisoners to Belmarsh once their court case has been heard.
- 1.8 Greater use should be made of the secure link corridor to return prisoners from court.
- 1.9 Escort vans should carry refreshments and snacks for prisoners who have not had a recent meal.
- 1.10 Prisoners should be removed from the van to an appropriate holding room at the earliest opportunity.
- 1.11 Prisoners' property should accompany them to court.
- 1.12 PECS should release spaces as soon as they become available to minimise the time prisoners spend waiting in cells.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

1.13 The initial holding room contained no relevant information about the prison and the secondary holding room was still referred to as 'the cage'. Prisoners were not put at their ease during the reception process and all prisoners were strip-searched, and occasionally required to squat, without a risk assessment. The cell sharing risk assessment was completed in full view and hearing of other prisoners. Vulnerable prisoners were placed at further risk by being put in a cell in full view of other prisoners. Prisoners spent too long in reception before being moved to the first night centre. Late receptions did not receive a full first night interview. Prisoners' perceptions of their safety during reception and their first night were poor. The two-day induction programme was not routinely delivered on the first two days after arrival. Prisoners were not kept fully occupied during induction and some of the information given to them was inaccurate.

1.14 The small holding room in reception did not contain any up-to-date or relevant information about the prison. Prisoners were called, by their surname only, by the reception senior officer and instructed to stand in a taped-off area to stop them coming near the desk. This was also the case when prisoners were discharged. While in reception we heard inappropriate language being used to and about prisoners, in front of a principal officer. Once senior managers were made aware of this, staff were moved from reception to other tasks.

1.15 At the desk, prisoners were asked in front of everyone what had happened to them at court that day. They waited in a non-secure holding area with other prisoners until a cell sharing risk assessment (CSRA) was undertaken, again in an area inappropriate for gathering personal information.

- 1.16 Prisoners who requested protection did not have the opportunity to do so in private. These prisoners were placed at further risk by staff asking other new arrivals to move away from the cells so that the prisoner requiring protection could enter. Staff we spoke to were unaware of the recently introduced vulnerable prisoner strategy.
- 1.17 All prisoners were strip-searched by two members of staff without any risk assessment and prisoners told us that on occasions they were asked to squat over a mirror. 41% of prisoners surveyed (and just 19% of Muslim prisoners) felt that searching was carried out in a sensitive and understanding way. Prisoners were taken to a second holding room which staff referred to as 'the cage', which, as at our last inspection, still appeared to be a cage with Perspex surroundings. The minutes of the senior management team meeting in January 2007 contained an action point to 'make holding room look less like cages'.
- 1.18 In our prisoner survey, only 14% said they had the opportunity to shower and 19% said they had the opportunity to have a free phone call on the day of arrival. Overall, 40% of prisoners felt they were treated well or very well in reception; this fell to 19% of Muslim prisoners. All these figures were significantly poorer than the comparators. The prison had carried out its own safety survey (see section on violence reduction) which revealed that prisoners felt least safe in reception. The cleaner in reception was also a Listener, but this was not generally advertised and he told us he was rarely used.
- 1.19 Prisoners were held in reception for long periods and meals and refreshments were offered. Both health services and first night centre staff expressed their frustration at waiting for hours in some cases before the first prisoners arrived in their area.
- 1.20 A new first night centre had recently been opened, which provided a more relaxed environment for newly-arrived prisoners and had the capacity to improve prisoners' negative views of their first night in Belmarsh. However, the management arrangements for this unit had not yet become firmly embedded. Some staff were disaffected about the new arrangements, prisoners who arrived late did not have a first night interview and some cells had graffiti in them.
- 1.21 In our survey, 60% of prisoners felt safe on their first night at Belmarsh, against a local prison comparator of 73%.

Induction

- 1.22 In most cases, prisoners were moved off the first night centre the day after arrival. Induction should have started on the day after arrival but this was not always the case. In our survey two-thirds of prisoners reported beginning an induction course in the first week, which was significantly better than the comparator. During induction prisoners were given relevant information including how to make routine requests and complaints. However, induction staff did not check the information they were delivering was correct: we found examples where prisoners were given the wrong location of a service or were told to ask the wrong member of staff for information. There was no prisoner involvement in the delivery of the programme. Prisoners were not kept fully occupied throughout induction and spent lengthy periods locked up. Just over half of prisoners surveyed said the induction course covered everything they needed to know.
- 1.23 The second part of the induction programme did not regularly take place on the second day after arrival and this prevented prisoners from getting involved in activities such as the gym. We spoke to some men who had been in the prison for over a week and still had not begun the second part of induction. The first night centre/induction principal officer was trying to address

the backlog, but her progress was restricted by her other responsibilities and first night centre and induction staff did not share her enthusiasm. We were told of plans for a dedicated first night centre manager to minimise the risk of important information being missed.

Recommendations

- 1.24 Prisoners' poor perceptions of their safety and treatment in reception should be investigated and addressed.
- 1.25 The initial holding room and other holding areas should contain up-to-date relevant information about the prison.
- 1.26 Prisoners should be referred to by their first or chosen name in reception and on the first night centre.
- 1.27 Staff should not use inappropriate language when dealing with prisoners. Managers should challenge inappropriate behaviour and language.
- 1.28 Prisoners should be placed in a secure holding room prior to the cell sharing risk assessment (CSRA) process beginning and the assessment should be completed in private.
- 1.29 Vulnerable prisoners should not be put at risk by being located in an area in full view of new arrivals and reception staff should be made aware of the vulnerable prisoner strategy.
- 1.30 Prisoners should not be strip-searched without an adequate risk assessment, and they should not be required to squat over a mirror during the search.
- 1.31 The secondary holding room should not be referred to as 'the cage' and its appearance should be improved.
- 1.32 The availability of a Listener should be advertised in reception and all prisoners should be offered use of the telephone.
- 1.33 All prisoners including those who arrive late should receive a full first night interview.
- 1.34 Prisoners should be placed in clean, graffiti-free cells on their first night.
- 1.35 Staff should wear name badges that clearly identify them.
- 1.36 A senior manager should be responsible for reception, first night and induction to ensure good procedures are maintained.
- 1.37 The induction programme should always be delivered on the first and second working days after reception and should fully occupy prisoners.
- 1.38 Prisoners should be involved in the delivery of the induction programme, and staff should ensure the information given to prisoners is correct.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

- 2.1 Most house blocks were bright and clean, but some cells and recess areas were in need of redecoration and refurbishment. External areas were pleasant but litter around house blocks was a problem. Some cells designed for two men held three. Disabled prisoners were appropriately located on the ground floor but it was difficult for them to access many regime areas and some staff were unaware of those requiring assistance in an emergency. Prisoner consultation and feedback was taken seriously. Prisoners could wear their own clothes, but restrictions on the amount families could send in caused difficulties for some longer-term prisoners. There were delays gaining access to stored property. Cancellation of evening association without prior notice deprived many prisoners of a daily shower.
- 2.2 The physical environment of house blocks was generally good and most communal areas were clean. All cells had en-suite sanitation and toilet facilities were well screened in double and triple cells. However, a significant number of double cells were being used to house three prisoners, and living conditions were extremely cramped with insufficient storage space (see main recommendation HP44).
- 2.3 There was an ongoing programme of work to refresh cells and recess areas. Some cells were scruffy and in need of redecoration, and some recess areas contained baths and showers which were not functional and had paint peeling from the walls. Problems with damp had caused fly infestations in some recesses. We were also shown a recess toilet that had been blocked for some weeks, resulting in an extremely unpleasant smell. In our survey, 77% of prisoners said they normally got cell-cleaning materials each week, which was significantly better than the comparator of 65%.
- 2.4 Prisoners with mobility problems were appropriately located on the ground floor of house blocks within easy access of food serveries and exercise yards. However, most regime activities took place above ground level. We saw examples of adaptations made to cells to accommodate the needs of prisoners with disabilities but facilities for those with serious mobility impairments were limited (see section on diversity). A total of 13 personal emergency evacuation plans (known as PEEPS) had been drawn up for prisoners who had been identified as in need of assistance, but house blocks did not use the same system to identify those who might need assistance in an emergency so there was a risk that an officer deployed to a different wing might not recognise that an individual had specific needs.
- 2.5 External areas were well laid out and generally pleasant, but litter was left to accumulate around house blocks. We were told that the reintroduction of outside cleaning parties would address this issue.
- 2.6 During our night visit all house blocks were quiet, and this was supported by the positive responses in our prisoner survey to this question.

- 2.7 The offensive display policy was adhered to. Regular prisoner consultation meetings took place, and we saw some evidence of action being taken in response to feedback.
- 2.8 All prisoners on the standard or enhanced levels of the incentives and earned privileges scheme had access to in-cell televisions.

Clothing and possessions

- 2.9 Prisoners were allowed to wear their own clothes, and there were laundry facilities on all house block spurs. However, family members were limited to sending in replacement clothing only once during a prisoner's first 56 days unless authorised by a governor. Prisoners complained about this issue during the inspection, particularly those spending longer periods at the establishment. A supply of prison clothing was available on each house block.
- 2.10 Requests for access to stored property were usually dealt with on Saturdays, but redeployment of reception staff caused delays. In our prisoner survey, 18% against a comparator of 29% said that they could normally get their stored property. Nevertheless, we observed a sensible approach being taken to the in-cell volumetric control of prisoners' property.
- 2.11 A stock of clothing was available to prisoners being discharged, and the bags supplied were appropriate.

Hygiene

- 2.12 Although there were sufficient showers on house blocks, prisoners reported problems in having a daily shower. If evening association was cancelled, which usually happened without prior notice, this was a particular problem. Limited time was available to shower in the morning unlock period, as prisoners also had to eat breakfast and deal with other domestic issues. In our survey, 45% of prisoners said they could normally have a shower each day, which was an improvement on the 2005 figure of 26% but was significantly poorer than the 77% comparator. We also observed problems with a lack of hot water on some house blocks.
- 2.13 No prisoners were allowed to have duvets or, with the exception of the high security unit, curtains.

Recommendations

- 2.14 Cells and recess areas should be redecorated and suitably refurbished.
- 2.15 Staff on house blocks should be able to clearly and quickly identify any prisoner requiring assistance in the event of an emergency evacuation.
- 2.16 Prisoners should be given twice-yearly opportunities to receive additional clothing from their families.
- 2.17 Requests for access to stored property should be dealt with within a week of the application being made.
- 2.18 Prisoners should be given sufficient notice of cancellations to evening association to allow them to shower during the morning unlock period.

- 2.19 Problems in providing hot water for washing on some house blocks should be resolved.

Housekeeping points

- 2.20 External areas should be cleaned on a daily basis to keep them free of litter.
- 2.21 Prisoners should be allowed to have duvets and curtains as earned privileges.

High security unit

2.22 Living conditions on the unit were generally good and facilities on the small spurs were adequate. Relationships between staff and prisoners were positive and entries in personal files were insightful. Although a regime had been published and included daily access to showers, the gym, exercise and association, there was little meaningful purposeful activity offered to keep prisoners occupied.

2.23 The high security unit (HSU) was in a separate secure building within the prison grounds away from the main house blocks. It could accommodate up to 48 high-risk prisoners. At the time of inspection, there were 25 prisoners in single cells in the five separated areas (spurs) over two floors. The HSU was self-contained and provided prisoners with all services. The unit had its own gym, visits area, library, classroom, exercise area and small segregation unit (unoccupied at the time of inspection). Meals were delivered to the unit on a heated trolley from the main kitchen and served from a central hotplate.

2.24 Living conditions on the HSU were generally good. Although the accommodation spurs were small, they were all equipped with adequate association facilities and all had washing machines, toasters and telephones. Cells were of an adequate size, were well ventilated and prisoners had access to cleaning materials every day. Security arrangements were appropriate given the nature and category of prisoners held there.

2.25 A principal officer reporting to a governor grade was responsible for the day to day management of the unit, supported by two senior officers and 15 specially trained prison officers. The atmosphere on all of the spurs was relaxed but appropriately controlled. Relationships between staff and prisoners were very good. Officers engaged with prisoners and entries in personal files gave assurance that staff were fully aware of prisoners' personal circumstances and the security issues affecting their custody.

2.26 Although a daily regime had been published and included daily access to showers, the gym, exercise and association, there was little purposeful activity. Teachers from the education department attended the unit on Monday morning and on Fridays to offer basic education classes. Prisoners we spoke to said that uptake was low because lessons were too basic and not suitable for the population's needs. No needs analysis had been conducted. As a result most prisoners were spending too much time locked in their cells with nothing purposeful to do during the core day.

Recommendation

- 2.27 A regime should be provided that includes daily periods of purposeful activity for all prisoners in the high security unit.

Vulnerable prisoner unit

- 2.28 Living conditions on the dedicated vulnerable prisoner unit were good and prisoners reported feeling generally safe. There was insufficient purposeful activity and many prisoners remained on the wing during the day without anything meaningful to do. Conditions for the vulnerable prisoners held on the overspill spur were poor. It was difficult for them to access the limited regime on spur one and most spent nearly all day locked in their cells. Prisoners on the overspill spur reported feeling unsafe and intimidated by other prisoners on the spur.
- 2.29 At the time of inspection 74 vulnerable prisoners were accommodated in single, double and triple cells on a dedicated unit - spur one on house block four. Living conditions on the unit were generally good. Communal areas were clean, cells were bright and well decorated and prisoners had consistent access to cleaning materials. There was a unit laundry on the ground floor and prisoners had good access to clean prison clothing.
- 2.30 Relationships between staff and prisoners were good. Prisoners said that on the whole, staff treated them with respect and they felt safe when on the unit. The published daily routine included daily exercise, association and some provision for purposeful activity. However the regime was unable to provide most prisoners with consistent out of cell activity. A contract workshop next to the unit offered low-grade work for up to 22 prisoners. A further 12 prisoners could attend education classes; four sessions a week were held in the small classroom on the unit.
- 2.31 Due to lack of space on spur one, some prisoners segregated for their own protection were temporarily accommodated on the top landing of spur three. Conditions here were poor. There was no purposeful activity and association was inconsistent. Although prisoners had been offered evening association on spur one, staff were often not available to provide the extra supervision cover so they were unable to attend. Other prisoners on spur three were aware of their circumstances and although staff ensured that they remained separated, vulnerable prisoners reported feeling intimidated and unsafe.

Recommendations

- 2.32 A full regime including purposeful activity, exercise and daily association should be offered to all vulnerable prisoners.
- 2.33 Vulnerable prisoners temporarily held on spur three should be protected from intimidation from other prisoners.

Staff-prisoner relationships

Expected outcomes:

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

2.34 Staff-prisoner relationships were mixed, and on the main units prisoners, and especially black and minority ethnic and Muslim prisoners, expressed high levels of mistrust of staff. Some staff, and particularly those on the specialist units, related well to prisoners.

2.35 In our survey a significantly low 60% of prisoners, against a comparator of 68%, said that staff treated them with respect, although this figure was slightly better than at the last inspection (60% against 57%). Sixty-three per cent told us that there was a member of staff they could turn to if they had a problem and this was significantly better than at the last inspection. However, black and minority ethnic and Muslim prisoners' responses to both these questions were significantly poorer than those of white and non-Muslim prisoners. (see paragraphs 3.38 and 3.39).

2.36 Our own observations found a mixed picture. Managers were encouraging the modelling of good relationships, and there had been some improvements. On the smaller specialist units, we observed good interactions between staff and prisoners. Elsewhere, we also found some staff engaging positively and willing to help resolve problems. Staff were in general out on the wings when prisoners were on association and the atmosphere was reasonably relaxed. However, we also found a number of staff who were distant and unapproachable, and who appeared to be dismissive both of prisoners and of managers who were trying to encourage a more positive approach. In safety interviews, interactions with, and the response of, staff were the principal issues that contributed to prisoners feeling unsafe. There was a level of mutual distrust between some staff and some prisoners that remained of concern. It was noticeable that only in the small therapeutic units were prisoners referred to by first or preferred names.

Recommendation

2.37 Prisoners should be addressed by their first or preferred name.

2.38 Managers should continue to monitor and model positive and appropriate relationships between staff and prisoners.

Personal officers

Expected outcomes:

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

2.39 There was a personal officer scheme and policy understood by most staff. Prisoners were able to name their personal officers and had a broad understanding of their role. The frequency and quality of entries on prisoner history sheets was sufficient to gain a picture of prisoners' conduct but lacked any reference to their resettlement needs.

2.40 The personal officer policy had been revised in April 2007. The expectations of personal officers, and senior officers' monitoring responsibilities, were clearly outlined, and the document provided the basis for a good scheme.

2.41 Many prisoners were aware who their personal officer was and in some of the house blocks the scheme was clearly advertised. Personal officers were allocated to groups of cells and a

back up system was in operation to cover staff absence. However, some prisoners who had moved cells had met three or four different personal officers over a short period of time, resulting in a lack of meaningful or sustained interaction. In our survey, 37% of respondents said their personal officer was helpful or very helpful, which was significantly better than the comparator of 22%.

- 2.42 In a random sample of 29 wing files, 25 of the files had written entries, in accordance with the policy of at least one every 14 days: most files exceeded this number. There was evidence of a management check in eight of the files; and that action had been taken in the form of verbal and written warnings when the quality of file entries was not acceptable or when 14 days had elapsed. However, written entries related mainly to prisoners' conduct and comments were largely observational and did not suggest a significant level of interaction. The standard varied and generally did not show sufficient understanding of prisoners' resettlement needs.

Recommendations

- 2.43 Training should be provided to all staff in regular contact with prisoners to increase their understanding of prisoners' resettlement needs and associated interventions.
- 2.44 Personal officers should be aware of the particular needs and risks associated with their prisoners and this should be reflected in records of their contact with them.
- 2.45 The personal officer scheme should be clearly displayed in all house blocks.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

3.1 The violence reduction coordinator had no job description, no allocated time to carry out the task and was not informed of all violent or bullying incidents. The violence reduction strategy was still being developed. Attendance at the violence reduction meetings was poor. The responsible senior manager did not think violence was a significant problem although we found evidence to contradict this. The investigation of unexplained injuries was inadequate. The prison's own safety questionnaire had highlighted areas where prisoners felt least safe but no use had yet been made of the information. In our survey, comparatively high numbers of prisoners reported feeling unsafe and our safety interviews highlighted the main issue as staff intimidation. Interventions for bullies and victims of bullies were poor.

3.2 A house block principal officer was the designated violence reduction coordinator. He expressed concern about being able to carry out his tasks effectively as he had no job description and no time set aside to carry out what he saw as an additional task.

3.3 The violence reduction coordinator told us that a full violence reduction strategy was still being developed. If prisoners wanted to see a copy of the strategy they were told to ask staff. However, we tested this by asking an officer who was also the violence reduction representative for his house block and he was unaware of the strategy and could furnish neither us nor prisoners with a copy.

3.4 Prisoner representatives attended the violence reduction meetings; however the management of attendance at these meetings was poor. In some cases apologies for non-attendance outnumbered the staff attending and there was no representation from the security department.

3.5 The establishment had recently carried out its own safety survey to identify where prisoners felt least safe at Belmarsh. This was a good initiative, but at the time of the inspection nothing had been done with the information. In our prisoner survey, 49% (against a local prison comparator of 38%) said they had felt unsafe at some time and 27% (compared to 21%) said they felt unsafe at the moment. Significantly more black and minority ethnic and Muslim prisoners reported feeling unsafe. During the inspection we carried out a number of safety interviews with prisoners that highlighted that they were most concerned about the way staff behaved with prisoners. They described verbal intimidation and bullying; being treated poorly by reception staff and said that officers could be very rude. One of the prisoners we interviewed informed us he was placed on the vulnerable prisoner unit even though his offence meant he was completely unsuitable for that location.

3.6 The head of residence was the senior manager responsible for safer custody and violence reduction. He told us that violence reduction was not his major priority as prisoners had not

informed him that there was a problem with violence in the establishment. This surprised us, as in the minutes of the senior management team meetings records of injuries to prisoners, security information reports, the Prison Service's incident reporting system (IRS), and our discussions with prisoners we found evidence that violence was occurring. The violence reduction coordinator was unaware of how many violent incidents had taken place as he was not always informed when such incidents occurred. The prison had recorded six unexplained injuries in the year to date but we found more than this in the records of injuries (form 213s) that had been submitted. Further, unexplained injuries were not being investigated thoroughly (see also health services section). While we acknowledge some investigation would take place during adjudications (for those incidents that led to a prisoner being placed on report) this was not robust enough to establish the reasons why violence had occurred. The senior management team minutes for January 2007 identified that the establishment was under-reporting assaults (see main recommendation HP45).

- 3.7 Forty-one prisoners were being monitored through the anti-bullying scheme at the time of the inspection. The violence reduction coordinator monitored the bullying incidents he was informed about but again was aware he was not receiving all the information he should. The only pattern emerging from the information he had collated was that victims had in some cases become bullies themselves.
- 3.8 There were no interventions to make the bully address his anti-social behaviour and no self-esteem support courses for victims. The bullying documents we examined lacked evidence of any interactions and in one case staff were unaware that prisoners on their wing were being monitored for bullying.

Recommendations

- 3.9 The violence reduction coordinator should be given a job description and be allocated sufficient time for the role. The coordinator should be tasked with collating all incident data.
- 3.10 Interventions for both bullies and victims of bullying should be introduced. Bullies should be made aware of how to address their anti-social behaviour and victims should be individually supported.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.11 Two hundred and fifty-two assessment, care in custody and teamwork (ACCT) documents had been opened in the year to date. Those we examined lacked effective interactions, care maps were not consistently completed, and on one occasion sufficiently prompt action was not taken. Case reviews were not always attended by relevant agencies. There were 40 trained Listeners but the Listeners' suites were not appropriately furnished or located. Anti-ligature

knives were not carried by all day staff. The death in custody action plan was being addressed, but there were still some matters outstanding and the area office was not regularly reviewing progress.

- 3.12 The safer custody strategy was being reviewed. The safer custody information spread across the prison was not up to date. Safer custody meetings were taking place, but, as with violence reduction, attendance was poor and in some cases health services staff did not send a representative. Prisoners were allowed to attend. The minutes of these meetings lacked detailed analysis of trend data for prisoners at risk.
- 3.13 The full-time safer custody coordinator collated all instances of self-harm effectively, but instances of self-harm were not always reported on the correct documentation. There had been 252 ACCT documents opened during the year – the majority by induction staff. We examined the quality of current ACCT documents across the establishment. The quality varied between house blocks, but the main issue was the lack of multidisciplinary attendance at case reviews. This was a particular problem when healthcare issues were relevant and no health services staff attended the review. Our examination of some closed ACCT documents revealed few or minimal interactions with prisoners; poor observations by staff; reviews which did not cover all issues of concern for the prisoner; and care maps that were of limited value.
- 3.14 In one document the prisoner had stated 'I want to kill myself' and this was noted during the evening treatments session in the ACCT document. The safer custody coordinator was of the opinion that the prisoner should have been regularly checked or possibly moved to the healthcare centre. Neither of these actions were taken and the prisoner still had not been interviewed by mid-morning the next day. The coordinator informed us that prisoners' families were not used as a source of information or assistance when prisoners self-harmed.
- 3.15 The Belmarsh suicide prevention task force had developed an action plan to address the matters arising from the recent deaths in custody at the prison. However, there were still action points outstanding and the head of residence told us that the area office had not reviewed their progress for more than three months.
- 3.16 The prison currently had 40 trained Listeners including category A prisoners. Listeners were only used on their own house block and a dog was required to escort them when they were requested during the night. We were told risk assessments were checked before Listeners were allowed to assist prisoners. There were Listener suites on a number of house blocks but these were poorly furnished, not located in an appropriate area and prisoners in distress were unable to spend periods of rest in these cells.
- 3.17 During our night visit staff we spoke to were aware of what actions to take in the event of an emergency. All the night staff carried anti-ligature knives, but not all day staff.

Recommendations

- 3.18 The safer custody strategy should be published and staff should be made aware of its contents.
- 3.19 All areas of the prison should be represented at safer custody meetings. A deputy for each area should attend if the nominated individual is unable to do so.
- 3.20 Detailed analysis of the trend data for prisoners at risk should take place at the safer custody meetings.

- 3.21 The safer custody coordinator should quality check current and closed ACCT documents to establish best practice and should ensure this information is included in staff training and in staff notices and briefings.
- 3.22 The death in custody action plan should be completed within target dates. The area office should quality check the plan and inform the Prison and Probation Ombudsman when it is satisfied that all action points have been appropriately addressed.
- 3.23 All staff should carry anti-ligature knives at all times.
- 3.24 There should be a protocol to assist prisoners who express an imminent intention to self-harm.
- 3.25 All instances of self-harm should be reported in the appropriate self-harm documentation.
- 3.26 Listeners' suites should be located in an area that offers reasonable privacy. The suites should be furnished to allow prisoners who are in distress for long periods to rest there.

Diversity

Expected outcomes:

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

3.27 A principal officer was the nominated disability liaison officer. Staff redevelopment meant that the work of liaison officers on the house blocks was not routinely covered. Health services and education staff screened prisoners during induction. Some provision had been made for hearing-impaired prisoners but there were few facilities for the mobility-impaired.

3.28 The establishment's diversity policy was being constructed at the time of the inspection although a diversity policy statement had been issued around nine months before. All of the required key issues were referred to in the policy statement. The diversity manager was also the race equality officer.

3.29 The disability liaison officer (a principal officer) was also in charge of the house block where new receptions were held and the induction programme took place, which made the identification and referral of those prisoners with disabilities easier. During induction, health services staff saw all new arrivals and passed on details of any observed or disclosed disability. The basic skills assessment highlighted issues around dyslexia and dyspraxia and prisoners with these needs were fast-tracked to education to provide assistance. A database had been created that listed all those identified with disabilities. At the time of the inspection 43 prisoners were listed.

3.30 Each house block had a designated liaison officer but these posts chiefly focused on disability issues. The house blocks' shift systems allocated facility time for disability liaison work. However, if a number of officers from the complement were absent this work was not routinely covered.

- 3.31 Facilities for those with serious mobility impairments were limited. The cells on the main house blocks were not suitable for a prisoner with mobility problems. Doorways were too narrow to permit wheelchair access and the communal showers were not fitted with grab rails or other adaptations. Bathing or showering needed to be organised in the healthcare centre and moving a prisoner there was a complicated operation involving nursing staff and an accompanying dog handler.
- 3.32 There were relatively few older prisoners: at the time of the inspection 24 were aged over 60. Hearing-impaired prisoners could watch a text television, and induction information had been translated into Braille. There was little evidence that gay or transgender prisoners were actively supported during their time in custody.

Recommendations

- 3.33 A comprehensive diversity policy should be issued.
- 3.34 Facilities should be put in place to accommodate mobility-impaired prisoners on normal location.

Race equality

Expected outcomes:

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

- 3.35 Around 44% of the population were from black and minority ethnic backgrounds. In our survey, black and minority ethnic prisoners' responses were significantly more negative than those of other prisoners across a range of subjects, but particularly about safety. The work of the race equality officer (REO) was well known around the prison and there was an effective race equality action team. Around 25 racist incident report forms were submitted monthly, mainly from white prisoners reluctant to share a cell. Impact assessments were under way. Ethnic monitoring was well used and there was a programme to celebrate diversity. The Muslim population felt alienated from the rest of the prison and answered negatively across nearly all our survey areas.
- 3.36 There was a full-time REO, an assistant race relations liaison officer (RRLO) and a member of staff who provided administrative support. The identities of the REO and those staff who acted as wing race liaison officers were advertised on posters around the prison.
- 3.37 The race equality action team (REAT) was chaired by the governor and met bi-monthly. In between each REAT meeting the RRLO met three or four prisoner representatives from each house block to feed back news and decisions from the REAT. Issues that needed to be resolved were taken forward to the REAT, which acted as an executive body for decision taking. The ongoing efforts to involve representatives from the local (Greenwich) Race Equality Council had met with little success.
- 3.38 At the time of the inspection, 44% of the population considered that they came from a black or minority ethnic community. In our survey we compared the responses from black and minority ethnic prisoners with those from white prisoners across 56 different questions: in 34 of the questions black and minority ethnic prisoners' responses were significantly more negative than

white prisoners'; and more positive than white prisoners' in only three areas. Prisoners reported particularly negative feelings about safety and victimisation by staff (see also section on violence reduction).

- 3.39 In our survey, Muslim prisoners responded more negatively than non-Muslims in response to 43 out of 56 key questions (see Appendix IV). Two-thirds of them said they had felt unsafe, and the same proportion claimed to have been victimised by staff. Whereas 70% of non-Muslim prisoners said they could turn for help to a member of staff, this was the case for only 40% of Muslims. Very few Muslim prisoners felt that their training, education or other interventions would help them on release. These figures are troubling, and suggest a high degree of alienation among these prisoners, and a distrust between them and staff.
- 3.40 Belmarsh held nearly 200 Muslim prisoners. Among them were a few who were awaiting trial for offences linked to terrorism, and who were committed to and influenced by a radical interpretation of Islam that affected their outlook on all issues they encountered, both within and outside custody. This group provided a challenge to staff and managers, both in relation to their own approach and behaviour, and the risk that they might influence other disaffected prisoners. There were concerns that some prisoners might be pressured into conversion, and these were being handled, correctly, under anti-bullying arrangements.
- 3.41 Any intervention by staff risked being interpreted, by disaffected Muslims, as deliberately provocative; and there were also claims of inappropriate behaviour by them towards female staff. However, the converse was also true: that any conversion to Islam, or any gathering of Muslim prisoners to pray or associate, could be interpreted wrongly by staff as threatening and evidence of radicalisation, with the perverse effect of alienating the great majority of practising Muslims.
- 3.42 These are very important and difficult issues, which have a resonance far outside Belmarsh. The Belmarsh imams were aware of, and sensitive to, their importance, and had the support of prison managers in trying to manage them. However, it was not apparent that all staff understood the complexities within and around their Muslim population, or were able to establish effective and appropriate relationships with them. This is something that requires attention throughout the Prison Service, though it is particularly acute at Belmarsh.
- 3.43 Staff training in diversity issues was continuing. All new staff were seen by the REO during their induction period and briefed on the practical cultural issues and sensitivities that were likely to be particularly significant in their work with prisoners.
- 3.44 Ethnic monitoring data were reviewed each month. It was clear that the information was taken seriously and used to try to understand the issues occurring within the prison.

Managing racist incidents

- 3.45 Around 20-25 racist incident report forms (RIRFs) were submitted each month. The largest single topic was prisoners referring to prisoners from other ethnic origins in disparaging terms, usually in response to the initial cell-sharing risk assessment process. These reports were overwhelmingly submitted by staff following the responses they had received from white British prisoners, and it was not clear to what extent prisoners gave these answers in the hope of being allocated a single cell. All RIRFs received were acknowledged in writing and investigations were conducted well. Complainants were interviewed and received a typewritten response. Where appropriate, mediation had been used to help participants in an event to see each other's point of view.

Race equality duty

- 3.46 Impact assessment of all locally-determined policies was underway and the REO thought that this had been a helpful exercise in requiring managers to grasp the implications of their policies. There were a number of examples given: for example, how requiring visitors to give an address as confirmation of identity might affect those from the travelling community, which had been useful in altering practice.
- 3.47 Induction staff identified any prisoners with convictions for racially motivated offending and the security department passed on to the REO any additional information or issues that emerged later during a prisoner's time at Belmarsh. The REO attended the violence reduction meetings and a number of other meetings to ensure he was kept fully briefed. All security information reports (SIRs) with race equality implications were routinely passed to the REO.
- 3.48 A number of events were scheduled throughout the year to celebrate the diversity of races, cultures and faiths represented in the prison. Most, but not all, of these were linked to religious celebrations but there were also events around Black History Month.

Foreign national prisoners

Expected outcomes:

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

3.49 The published policy document described procedures and protocols to help meet the needs of foreign national prisoners and was well understood by staff. There were foreign national prisoner representatives. Foreign nationals made up 28% of the total population and although the foreign national coordinator was motivated and had good knowledge of prisoners' needs, she was allocated insufficient time for the role. Procedures to ensure that prisoners had consistent access to international telephone calls were not effective. There was no formal administrative support to deal with the identification of prisoners.

- 3.50 At the time of inspection, 253 (28%) foreign national prisoners were held at Belmarsh, six of whom were detainees held solely under immigration powers. A foreign nationals' policy/strategy document had been published and was distributed throughout the prison. It clearly set out protocols, procedures and entitlements for foreign national prisoners and described the strategic direction of the prison and the expected outcomes. It also contained information for staff about how cultural differences among groups of foreign national prisoners might motivate behaviour. Staff we spoke to said that they were aware of the policy's content and during the inspection we saw staff clearly focused on supporting foreign nationals. In our survey, 74% of foreign national respondents said that their religious beliefs were respected and 19% said that they felt unsafe. Both figures were significantly better than results from British national prisoners at 48% and 28% respectively.
- 3.51 A well-attended multidisciplinary foreign nationals committee met monthly to ensure that the needs of prisoners were represented and that the policy was correctly implemented. The minutes showed that important issues were discussed and appropriate action was taken and monitored.

- 3.52 Foreign national prisoners and detainees were identified at reception, or during the induction process. Effective local systems were in place to ensure that immediate needs were identified and addressed. Prisoner representatives saw all new arrivals to help deal with potential feelings of anxiety and isolation. Language and legal needs were identified. Translation services were used and lists of staff and prisoners who spoke languages other than English were kept in a central office. A list of legal advisers specialising in immigration law was made available to prisoners during the induction process and overseas telephone calls were offered as a matter of routine on the day of arrival.
- 3.53 A part-time foreign national coordinator had been appointed and worked three days a week. Her profile in the prison was high; all staff and prisoners knew of her role and how to make contact. She had a good knowledge of the prisoners' needs and ensured that prisoners feeling isolated were supported. Bi-weekly prisoner forums were held; the Detention Advice Service (DAS) attended to offer independent legal advice, and the facilitated return scheme for detainees was being implemented properly.
- 3.54 Paid prisoner representatives had been appointed on all residential house blocks and met the foreign nationals coordinator regularly. These formal meetings were minuted and issues raised were discussed by the foreign nationals committee.
- 3.55 However, given the large number of foreign national prisoners, the coordinator was allocated insufficient time for her to continue to maintain all of the services she was providing (see main recommendation HP46). If she was absent, some of the meetings were cancelled and she received no formal administrative support to deal with the identification of prisoners and to manage contact with immigration authorities.
- 3.56 Contact arrangements between the prison and the Border and Immigration Agency (BIA) were good. Two immigration officers attended each month to provide prisoners with information about the legality of their status as foreign prisoners.
- 3.57 Although overseas phone calls were offered to new arrivals, procedures to ensure that prisoners had regular and consistent access to international telephone calls were not effective. Applications were not processed quickly and prisoners told us that the system was over complicated.

Contact with the outside world

Expected outcomes:

Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

- 3.58 Mail was dealt with quickly but 100% of incoming and outgoing correspondence was still being censored. Prisoners complained about access to telephones when evening association was cancelled. Social visits for most prisoners were available seven days a week, though only twice a week for vulnerable prisoners. The visitors' centre was very well run and welcoming. Prisoner holding rooms were in need of redecoration and the private visitor search room was too small.

Mail

- 3.59 There were no restrictions on the number of letters that could be sent or received. The censor's office dealt with correspondence on the day it was received, including registered and recorded mail. Foreign language correspondence was translated, although this led to delays of up to a week. We were surprised that 100% of incoming and outgoing correspondence was being censored, despite acceptance of a recommendation made after our last inspection that censoring should be random.

Telephones

- 3.60 There were sufficient telephones on house blocks and we saw no queues to use them during association; all had privacy hoods. However, prisoners told us that cancellation of association meant they could not rely on being able to make a daily telephone call. This was reflected in our prisoner survey where 44% against the local prison comparator of 33% reported they had problems accessing telephones. We were concerned that telephones on spur 3 of house block 4 could not easily be observed, and staff told us that it was a potential area for bullying.

Visits

- 3.61 Social visits were available seven days a week and booking clerks kept some visit slots free to allow new receptions to have their first visit within a week of arrival. Visits lasted approximately one and a half hours and remand and sentenced prisoners were allowed two or three each week depending upon their incentive scheme level. Visits could be booked during working hours by telephone, by email and at the end of a visit. Visits for vulnerable prisoners only took place on Wednesday afternoons and Saturday morning, giving them far fewer opportunities than the main population.
- 3.62 Security during visits was visible but proportionate, and on the day we observed visits staff were clearly trying to be unobtrusive and respectful. This was reinforced by a number of positive comments made to us by visitors about their experience.
- 3.63 The bright and welcoming visitors' centre provided a positive introduction to a visit, and the environment was comfortable and accessible. It was run by staff employed by the Prison Advice and Care Trust (PACT) and provided a range of services including hot and cold refreshments, indoor and outdoor child play areas and a range of information in several languages. Centre staff attended various relevant meetings. The centre was open before visits started and after they finished, and there was a suggestions and complaints book.
- 3.64 The layout of the main visits hall appeared somewhat regimented with tables and chairs in straight lines, although chairs were upholstered, and a low level coffee table placed between prisoners and their visitors gave an informal feel. The main visits crèche area was also run by PACT and appropriately staffed and equipped. A range of reasonably priced snacks and refreshments was available from the Samaritans shop. Both prisoners and their visitors had access to a toilet during the visit.
- 3.65 Prisoner holding rooms were sparse and in need of redecoration, and there was some graffiti on the walls, some of which was offensive. The visitors' private search room was extremely lacking in space and not suitable.

- 3.66 On the day we checked there were only seven prisoners on closed visits. These were regularly reviewed. However, closed visits were offered after a positive drug dog indication without additional security intelligence. The closed visits facilities were adequate.
- 3.67 With the exception of the HSU, legal visits for all prisoners took place in a number of private rooms above the main visits hall. All legal visits were booked by fax, with slots available Monday to Friday morning and afternoon, and Tuesday and Wednesday evenings. Bookings could be made up to two weeks in advance and were usually very busy. Some prisoners, particularly category A prisoners with a limited allocation of places, experienced difficulties obtaining legal visits: in our prisoner survey, 54% against a comparator of 63% said it was easy to attend legal visits (see also legal rights section).

Recommendations

- 3.68 Prisoners' mail should only be opened to carry out legitimate or targeted censorship.
- 3.69 Prisoners should be given sufficient notice of cancellations to evening association to allow them to make a telephone call during the morning unlock period.
- 3.70 Telephones on spur 3 of house block 4 should be relocated to an area where staff can better observe them.
- 3.71 Vulnerable prisoners should have the same opportunities to receive visits as other prisoners.
- 3.72 Prisoner holding rooms should be redecorated and brightened by more use of displayed information or posters. Managers should inspect them on a weekly basis and ensure graffiti is noted and removed.
- 3.73 An adequate private search room should be provided.
- 3.74 Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence.

Applications and complaints

Expected outcomes:

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

- 3.75 Staff and prisoners were still getting used to a recently introduced applications system. Applications were now logged but house block staff could not easily determine when or if a prisoner had received a response. Half of the prisoners surveyed thought applications were sorted out fairly. Prisoner perceptions of the complaints system had improved since our last inspection but were still poorer than the comparators. Management of complaints on a paper-based system severely limited the analysis and use of data. The quality of responses was variable and some were curt and dismissive. Complaints against staff were not always fully investigated. Interim or deferred replies were not followed up to ensure a satisfactory conclusion had been reached.

- 3.76 A new applications system had been in operation for about two months and staff and prisoners were still adjusting to it. Prisoners submitted applications in the morning rather than the evening as this gave staff a better chance of contacting relevant people during the working day and increased the likelihood that the same member of staff would track the progress of an application. Application forms were readily available on house blocks and 89% of prisoners surveyed said it was easy or very easy to get an application form, which was significantly better than the local prison comparator of 84%.
- 3.77 All applications were logged and prisoners received a tear-off acknowledgement slip advising them to talk to a member of staff if they did not receive a response within five working days. This standard response time did not take into account the fact that some staff were not available every day and that some processes, such as labour allocation, might take longer than five days from the date of application. There was space to record the date the prisoner received a response but as most departments replied directly to the prisoner, often using a sealed envelope, house block staff had no easy way of checking when or whether the application had been dealt with. It was therefore difficult for staff and managers to counter prisoners' perceptions, in our groups and survey, that applications were not dealt with promptly. Only 33% of prisoners thought that they were dealt with promptly, which was significantly poorer than the 39% comparator. However, 50% of prisoners against the comparator of 40% thought that applications were sorted out fairly.
- 3.78 Prisoner perceptions of the formal complaint procedure had improved significantly since our last inspection; the number who thought complaints were dealt with promptly (13%) and fairly (17%) had more than doubled since 2005 but still fell well below the comparators, in each case, of 28%. Prisoners had access to the full range of complaint and appeal forms and some information about applications and complaints was available in languages other than English. Night orderly officers collected completed forms from the complaints boxes and left them for the complaints clerk to record and process the following working day.
- 3.79 Records for the previous six months showed an average of 172 complaints were submitted each month although this often included multiple complaints from one prisoner. A member of the Performance Management Unit quality controlled 15 completed complaints each month. Although there were well-advanced plans to introduce a computer database, at the time of the inspection the complaints clerk was still operating a paper-based recording system. This severely restricted the monitoring and analysis of complaints and trends.
- 3.80 We read a random sample of 50 completed complaint forms and found the content and quality of the replies was very variable. Although all were written in the first person, none actually addressed the reply to the prisoner. Some of the handwritten responses were hard to read but there were an increasing number of typed responses. Some responses were curt or dismissive and did not show respect for the prisoner's right to use the complaint procedure. There was no separate system for managing complaints against staff and responses that simply said the member of staff had been spoken to and denied the issue raised by the prisoner were unsatisfactory. Where the prisoner had received an interim reply, or the matter had been referred to another person, no record was kept of the eventual outcome of that investigation.

Recommendations

- 3.81 Regular reviews of the applications system should take the views of staff and prisoners into account in order to correct any shortcomings and improve prisoner satisfaction with the process.

- 3.82 A computerised database should be introduced to manage and analyse prisoner complaints.
- 3.83 Responses to prisoners' complaints should be legible, address the issues raised and respect the prisoner's right to use the complaints process.
- 3.84 Complaints against staff should be monitored and fully investigated by a senior manager.
- 3.85 The complaints clerk should follow up interim and deferred replies to ensure that all investigations are concluded and that a record of the response is sent to the prisoner.

Legal rights

Expected outcomes:

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

3.86 The legal services officer was proactive and met new receptions but those prisoners who did not pass through the induction unit could be missed. No cover was provided during periods of absence. Prisoners without finances could contact their legal representatives by letter only. Bail services had improved with access to the police national computer, but services for recalled prisoners were inadequate.

3.87 The legal services officer interviewed all new receptions and informed them of the services he could assist with. However, when he was absent a backlog quickly developed. Some prisoners who had not passed through the induction unit were not picked up. Posters advertising the legal services officer contained incorrect information about his location and did not display his photograph.

3.88 There were legal books in the library and prisoners could get computer print outs of relevant information from these books.

3.89 Prisoners who had no finances were unable to make a legal phone call and only a letter was offered. Men who chose to represent themselves were discouraged by the legal services officer, although they were given free stationery.

3.90 Recalled prisoners were given the address of the recall section but little other information. A bail officer actively pursued prisoners' enquiries and was proactive in contacting relevant agencies to ensure, when applicable, prisoners were released as soon as possible. The bail officer had access to the police national computer (PNC) which enhanced the service she was able to deliver.

Recommendations

- 3.91 Cover should be provided when the legal services officer is absent.
- 3.92 All new receptions should be seen by the legal services officer.

- 3.93 Posters advertising legal services should contain correct information, and a photograph of the legal services officer.
- 3.94 Prisoners who need to contact their solicitor and have no finances should be given a legal phone call at the establishment's expense.
- 3.95 Legal services for recalled prisoners should be improved.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.96 There was a low level of drug misuse and a reasonably high number of prisoners received clinical support each month. Good support and a flexible range of clinical provision were offered although there was no joint care planning or structured psychosocial programme. The introduction of substance misuse officers was a good initiative. Prisoners subject to clinical interventions were located across the prison.

Clinical management

- 3.97 A detailed clinical policy and series of procedures underpinned the integrated clinical support programme. The service was provided in partnership with the Seagrave Trust in conjunction with Greenwich PCT. Two dedicated detoxification nurses and a specialist GP were provided by the Seagrave Trust and two further nurses were provided by the PCT. Clinical responsibility rested with the Seagrave Trust, which offered supervision and support.
- 3.98 Prisoners were screened at reception and, if drug and/or alcohol misuse was disclosed, one of the substance misuse nurses undertook a provisional assessment, usually in the first night centre. Prisoners spoken to throughout the inspection who had been offered clinical support confirmed that they had received symptomatic relief, although in our survey a significantly lower number than in comparator establishments said they had received such support within the first 24 hours.
- 3.99 Most prisoners had a comprehensive assessment the day after arrival, and could see the GP to begin clinical support. A reasonably flexible range of provision was available. If it could be confirmed that a prisoner had been prescribed methadone before coming into prison, this treatment could be continued. If the prisoner was likely to be in custody for up to 16 weeks he was offered the option of a maintenance programme or alternatively a reducing or detoxification regime. However, there was some flexibility around the 16-week rule.
- 3.100 Suboxone was also provided as an alternative to methadone. Suboxone is a combination of subutex (an opiate alternative) and naloxone (an opiate antagonist). In recent years some concerns had been expressed at Belmarsh about the misuse of subutex and suboxone was an effective alternative; giving the same support as subutex but if misused would activate the naloxone antagonist component. This provision was a popular alternative with both the prison and prisoners. Where clinically determined, lofexidine support for detoxification was also offered, mostly at the latter end of a suboxone programme. In the three months before the

inspection an average of 80 clinical programmes were offered each month of which around 15 were for alcohol. We were told that these numbers reflected a fairly consistent picture and in 2006-07, 865 clinical programmes were provided, of which approximately 10% were for alcohol.

- 3.101 The use of substance misuse officers was a good initiative. At the time of the inspection nine officers were in post and six were on duty at any given time. Their role was multi-faceted and included joint group work with counselling, assessment referral, advice and throughcare (CARAT) staff and the facilitation of contact by clinical staff with those prisoners receiving clinical support and/or subject to review.
- 3.102 There were reasonable links between CARATs and the Seagrave Trust but there was no system of joint care planning or formal programme of psychosocial support for those on a detoxification programme. Although the Wilson centre (see resettlement pathways section) offered group work sessions, such work covered general aspects of substance and alcohol misuse rather than the specific issues relevant to initial withdrawal.
- 3.103 Prisoners undertaking the clinical programme were generally scattered across the prison with their allocation determined primarily by their legal status and/or length of sentence or availability of space. The prison had not been identified as part of the national programme of development under the integrated drug treatment system (IDTS). The lack of a dedicated area reduced opportunities for greater integration of provision and links between clinical and psychosocial support.

Drug testing

- 3.104 The year to date positive random mandatory drug testing (MDT) rate was 10.5%, including subutex. Procedures and facilities for testing were appropriate. Weekend testing targets were regularly met. However, there were often long gaps of up to a week when no testing was undertaken.
- 3.105 Prisoners testing positive for a class A drug could be placed on a frequent testing programme although this provision was used rarely – once in the previous six months. The number of suspicion tests was also quite low, given the size of the establishment. In nine months only 43 tests had been completed with a positive rate of 46.5%. Nevertheless it was apparent the system to evaluate information prior to testing was appropriate. Risk testing was carried out on prisoners undertaking trusted jobs across the prison, although the number tested (19 in six months) was low given the range of employment. Compliance testing (under the voluntary testing programme) was also undertaken on the same group and appeared to duplicate provision. In our survey a significantly low 26% against a comparator of 32% said that illegal drugs were easy or very easy to get at the prison.

Recommendations

- 3.106 The clinical support team and CARATs should develop a mechanism of joint care-planning to provide an effective integrated service.
- 3.107 A programme of psychosocial support should be developed for those subject to clinical support.
- 3.108 Prisoners subject to clinical support, detoxification or maintenance should, as far as practicable, be accommodated on the same wing.

- 3.109 Risk testing under mandatory drug testing should not duplicate voluntary testing.
- 3.110 Mandatory drug testing should be provided on a regular basis, without long periods of non-testing.

Young adult prisoners

3.111 There was a comprehensive assessment of young prisoners' maturity at the point of reception but no evidence of any subsequent assessment. There were no specific regime or interventions provided for this small group of prisoners.

3.112 There were eight prisoners aged under 21, all of whom were in security category A. The youngest was 18 years old. They were dispersed on three of the four house blocks. We read five of the young prisoners' wing files and three of the five were interviewed. The wing files contained young prisoners' maturity assessments, which had been completed upon reception to determine the impact of being among adult prisoners. All of the maturity assessments had been fully completed and no concerns were identified that might impact upon their placement among adults. However, there was no evidence that these assessments were repeated at regular intervals thereafter, even though young men could be held at Belmarsh for many months.

3.113 All of the young adults interviewed said that they had no concerns about being among adult prisoners and were able to identify prison staff that they could go to if they had concerns. Only one of the young adults interviewed had a job – as a spur cleaner. Generally, there was no appropriate regime for these young prisoners and in the absence of education or employment they had limited purposeful activity and their daily routine did not differ from that of their older counterparts.

Recommendations

- 3.114 There should be regularly updated maturity and needs assessments of all young adults.
- 3.115 Young adults should have a structured and rigorous regime, with access to education, employment and the gym.

Section 4: Health services

Expected outcomes:

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

4.1 Health services were commissioned by Greenwich primary care trust (PCT) and, in the main, provided by the Prison Service through a prison health delivery plan. A health needs assessment had been conducted in February 2007. Clinical leadership was poor in some areas, infection control was inadequate and there was a lack of training in resuscitation. Documentation and record-keeping were inadequate. Most primary care services were wing-based and of a good standard but prisoners complained that getting to see a GP was difficult. Mental health services were good with excellent clinical expertise and leadership and prisoners with primary mental health problems were well served by the in-reach team. Inpatients all had care plans; time out of cell for patients was good, but was dependent on the number of discipline staff on duty. There were too few nursing staff to provide a full range of therapeutic interventions.

General

- 4.2 A health needs assessment had been carried out by the PCT in February 2007. It had identified the need to move towards a primary care-led health service; to address non-attendance at clinics and to develop health promotion activities as well as strengthening mental health services. The Prison Partnership Board met bi-monthly. Staff seemed unaware of national service frameworks (NSFs) and quality and outcomes framework (QoF) data were not collected. It was not clear that all prisoners had equal access to health services; prisoners in the HSU had appointments for primary care services cancelled for a variety of reasons. There was no monitoring of access by ethnicity.
- 4.3 There was a large treatment room on each of the four main house blocks; they were all clean but carpeted. A variety of rooms were used for clinical activities within the healthcare centre. An audit of infection control and decontamination standards had been carried out in August 2006, which had highlighted a number of areas of concern, including a lack of infection control measures in the dental suite, alcohol hand rub not being available for staff use, and the fact that nursing staff were wearing watches and wrist jewellery when on duty. We were concerned about the amount of jewellery that some nursing staff were wearing during the inspection and we also observed staff administering hepatitis B vaccinations without wearing gloves. There was no up-to-date action plan for the audit.
- 4.4 The inpatient unit was generally very clean but in need of redecoration. There were 33 bed spaces configured as two six-bed wards and 21 single cells which included one safe cell and one disabled cell. Some patients had begun a painting programme for the whole department. Some modifications were being made to the structure of the unit to improve facilities for patients. As there was only one safe cell, disused cells on the ground floor were taken back into use when more patients needed to be on a constant watch. This had severe implications in terms of workforce distribution and work to convert additional cells into safe cells was in hand, although not yet started. All cells except the safe cell had in-cell sanitation and basins. The association room was adequately furnished with a billiard table, comfortable seating and

television, but there was no dining table. As a result all patients had to dine in-cell. We were told that a dining table had been requested but not yet delivered. The exercise area was inadequate and unappealing. The area was walled in on all sides and there was limited natural light. Money had been secured from the King's Fund to improve facilities in the exercise yard and other areas.

- 4.5 We heard staff referring to prisoners as 'bodies' and addressing prisoners by their surname only. Staff did not wear name badges and the majority of nursing staff wore a variation of a navy blue uniform, so it was not easy to distinguish registered nurses from health care assistants. There were 24 prisoners over the age of 60 (2.62% of the population) but there was no lead nurse with responsibility for the care of older prisoners.

Clinical governance

- 4.6 A staffing plan clearly identified line management and accountability arrangements. The head of health services was a registered nurse and his immediate deputy was a prison governor. There were two clinical lead posts, one for primary care and one for inpatients. The department was fully staffed; some new band 5 nurses had been recruited some time previously but security clearance had delayed their start date. Some were still undergoing an orientation and induction programme. Two senior hospital officers were on extended leave as they were taking nurse training courses. A recent PCT moratorium on healthcare officers who were not nurse qualified undertaking medication administration and care planning as well as other tasks had hampered the delivery of care to prisoners. There were a number of administrative staff although some were in effect singleton posts with no cover for leave or other absences. The department supported various student placements for nurses, specialist registrars, and medical students as part of their elective; the latter placement had proved extremely popular and there was a waiting list.
- 4.7 Not all primary care staff had received resuscitation training within the previous 12 months nor had all those who administered immunisations and vaccinations been trained in the care of anaphylaxis. The PCT had identified training needs and continual professional development to meet them was planned.
- 4.8 There was an automated external defibrillator on each of the house blocks, in the HSU and inpatient unit, which were checked regularly. The prison did not have any formal arrangements with the local health and social care agencies for the loan of occupational therapy equipment; it had its own store of aids such as crutches, frames and raised toilet seats but did not get additional specialist advice for patients when the equipment was used.
- 4.9 Every prisoner had a clinical record, but we found examples of poor record-keeping. Each of the allied health professionals kept their own clinical records so there was no one contemporaneous record of health interventions. There was no electronic clinical information system at the time of our inspection although we were told that the cabling was in place for a system to be installed imminently. The records were kept in filing cabinets in a dedicated room; there was one member of the administrative staff who managed the records store and tried to ensure that records were kept in accordance with data protection requirements and Caldicott principles. However, staff appeared not to be cooperating with the tracer system for clinical records and a significant backlog of clinical information had not been filed. In one case, which we brought to the manager's attention, a letter written by a consultant over 10 weeks previously detailing actions to be taken had not been filed, nor had the actions been carried out. If a prisoner left Belmarsh his clinical records were archived, but if he returned his previous notes were only retrieved if requested.

- 4.10 There was some confusion about whether prisoners were able to complain to the PCT about clinical aspects of their care. A leaflet describing who they could complain to was available on the house blocks but there were no data available about whether the system had been used.
- 4.11 Staff used the Marsden manual for clinical protocols. The prison had a pandemic flu plan and there were plans for the outbreak of any communicable diseases. There was no information sharing protocol with any other agencies.

Primary care

- 4.12 New arrivals were interviewed by a registered nurse and a first night health screen was undertaken. Though the interview was conducted in private we saw discipline officers walking in on the interviews without permission. Prisoners underwent a secondary well man screen the following day which included a hepatitis B vaccination if requested. Prisoners who transferred to Belmarsh were also given the secondary health screen, and some basic health promotion literature and a leaflet that outlined the services provided by health services in English only.
- 4.13 During the first screen immediate health needs were identified and if necessary the prisoner was referred to a substance use nurse or the GP as appropriate. Arrangements had been made for the initial screening to take place once the prisoner arrived in the first night centre, but problems with the throughput of prisoners from reception to the first night centre had resulted in confusion among staff, including the GP, about where they needed to see the patient. If the prisoner stated that he had any past medical history, including prescribed medication, he signed a consent form so that information could be sought from his GP.
- 4.14 A local GP service also provided the out of hours service. No life-long condition clinics were held although the GPs had plans to provide GP-led clinics with primary care nurses for patients with long term conditions.
- 4.15 Prisoners on the house blocks queued to obtain their medication at three treatment times. The queues were well controlled by discipline staff as part of the overall security measures on each house block. However, prisoners in the high security unit (HSU) or segregation unit had medication delivered to their cells by a nurse. There was no fixed time for these visits, which were often carried out by nurses with other tasks to complete so medication was not received at the same time each day.
- 4.16 If prisoners wanted to see a GP they had to attend the treatment room on their house blocks to see a nurse and then their name was added to the GP waiting list if required. Nurses did not use triage algorithms and were only permitted to administer two paracetamol on a 'see to take' basis up to four times a day if the patient needed them unless they were prescribed. In our survey, 32% of prisoners stated that it was easy or very easy to see a GP, against a comparator of 25% for local prisons, but during the inspection prisoners told us that as there were only 10 appointments per GP clinic, with two clinics per week per block on a first come, first served basis, it often took several days to make an appointment. As appointments were not made by written application it was not possible to verify this. Prisoners in the HSU also had access to a GP twice a week as well as quarterly reviews of their care.
- 4.17 There were two nurses on duty at night, but prisoners we spoke to were surprised when we gave them this information, and told us they had never been able to see a nurse during the night.

- 4.18 Prisoners who had suffered an accident or injury were seen by a member of health services staff and a report was completed. However, we were concerned by the number of unexplained injuries nursing staff had not been alerted to (see also bullying and violence reduction).
- 4.19 A variety of primary care services were provided, including dentistry, physiotherapy, chiropody and genitourinary medicine. Each health professional maintained their own waiting lists and several staff we spoke to seemed unaware of how long individual patients might have waited. Not all allied health professionals had arrangements for cover when they were on leave. The clinical lead for primary care collected waiting list data for the PCT; waiting times for the optician had been up to 80 days in the three months before our inspection, and waits for other allied health professionals were between one and three weeks.
- 4.20 Genitourinary medicine (GUM) services were provided three times each week with a consultant-led session once a month to oversee the care of any patients with HIV. These patients were automatically put on a medical hold (with their consent) to ensure continuity of care while they were in prison and their medications were brought in by the GUM staff to avoid unnecessary delays. Prisoners could only obtain barrier protection by attending the GUM clinic, although it was unclear how they would know to do so.
- 4.21 Smoking cessation services were provided by the PCT, although a pharmacy technician coordinated them; uptake was very low mainly due to the lack of pharmacy support staff. At the time of the inspection only two prisoners were receiving nicotine replacement therapy.

Pharmacy

- 4.22 There was an in-house pharmacy in the healthcare unit, which was clean, tidy and secure at all times. It was managed by a full time locum pharmacist with support from a full time technician. A recent staffing review had identified the need for additional pharmacy support. The pharmacy could be accessed by health services staff out of hours following strict guidelines. Medicines held in the pharmacy were appropriately stored.
- 4.23 In general, medicine stocks in the house blocks were appropriately stored but there was evidence that discontinued medicine was being stored with stock. There did not appear to be any system for regular checks of house block stock medications. Nursing staff assessed stock levels and ordered medication based on these assessments.
- 4.24 Some records for fridges holding thermolabile medicines showed deviation from the normal temperature range.
- 4.25 Discipline officers were present during the administration of medicines but there was little confidentiality for prisoners as other prisoners were in earshot.
- 4.26 Administration and prescription charts were written up usually for up to 28 days in-possession. Some charts were not completed correctly and had blank spaces in the boxes which were used for annotating that medication had been administered.
- 4.27 Because of the shortage of pharmacy staff, prisoners were unable to have any contact with the pharmacist. Prisoners on long term medication requested additional supplies using a repeat prescription form, and on the whole this worked well, but some prisoners reported delays in getting their prescriptions. Patient information leaflets (PILs) were usually supplied but there were no notices informing prisoners to request medication information if they did not have a PIL.

- 4.28 Pharmacy policies were not well defined. Standard operating procedures (SOP) were available to cover most eventualities but they had neither been signed by pharmacy staff nor did they have any formal date for review. An in-possession policy stated that it was the responsibility of the prescribing doctor to decide which prisoners could have medication in-possession. There was no evidence of a risk assessment tool. A new in-possession policy had been drafted and was being submitted to the medicines and therapeutic committee later this year. A medication compact was signed by the prisoner prior to him receiving in-possession medication.
- 4.29 Prisoners going to court were given a supply of their medication to take with them. However, delays occurred because medication had not been ordered in time.
- 4.30 Controlled drugs (CDs) were stored appropriately but there were insufficient lockable boxes to transport CDs to the house blocks.
- 4.31 The medicines and therapeutics committee tried to meet bi-monthly but this was not always achievable. The head of healthcare chaired the meeting with representation from the GPs, house blocks and outpatients, but there was no representation from the PCT.

Dentistry

- 4.32 Dental services were very good; this was supported by our survey in which 16% said it was easy to see the dentist compared to the comparator of 7%. Furthermore 25% of prisoners said that the overall quality of care delivered by the dentist was good or very good compared to the 19% comparator. A private dentist held 10 sessions a week and patients were generally seen at the next clinic. However, the poor condition of the dental equipment, which broke down regularly, and did so during the inspection, had an impact on waiting times.
- 4.33 Infection control procedures were satisfactory but there was a deficiency in some hand-held equipment such as air rotors and 3-in-1 tips. Infection control measures were in danger of being compromised by the frequent failure of important equipment. The aspiration system was poor, and leakage from the dental unit was damaging the floor. Clinical waste bags cluttered the floor. There was no oxygen available in the dental suite.
- 4.34 Few prisoners failed to attend for treatment. There was no out of hours cover but in the event of a dental emergency, prisoners were taken to external dental facilities. Dental records were of a satisfactory standard but patients' clinical records were not routinely checked prior to commencement of treatment and medical records were not copied to dental records. Oral health advice was given to patients but literature relating to oral hygiene was sketchy. The dentist was working to improve the quality of dental supplies available through the prison shop.

Secondary care

- 4.35 One of the administrative staff coordinated outside hospital appointments, but neither she nor security staff recorded when appointments were cancelled and then rebooked due to security issues or staff shortages. Some use was also made of the tele-medicine links that existed between the prison and the local acute trust.

Inpatients

- 4.36 The inpatient manager had been seconded from the mental health trust and had wide experience of managing mental health inpatient units. She was supported by two charge nurses. However, they were regularly redeployed to primary care duties, which compromised continuity for patients and staff. Staffing levels were generally inadequate and an average shift comprised a senior officer and two registered nurses, leaving little room for any meaningful therapeutic activity for patients. Another area of considerable concern was that staff were not permanently allocated to the inpatient unit so the same nurse was rarely on duty for two days running. There was no named nurse system because of the inconsistency in nursing staff. The PCT had completed a skill mix review, which if implemented would dramatically improve quality as well as quantity.
- 4.37 The unit was full at the time of the inspection with constant, usually daily, pressure on beds. The majority of patients held there had mental health needs or were at risk of suicide or self-harm. There were some inappropriate admissions to the unit but this was generally resolved quickly and without any adverse effect on other patients. All patients admitted to the unit had an initial care plan to cover their first 48 hours during which a comprehensive admission assessment covering physical and mental health was completed by a registered nurse and signed by the patient. A psychiatrist was on the unit every day so that any admissions were seen without any delay. GPs were called to the unit whenever a patient with physical needs was admitted. The GP undertook an assessment and managed their care until they were well enough to return to the house blocks.
- 4.38 There was a significant improvement in the overall ambience of the unit since our last inspection and we observed good communication between staff and patients. The number of discipline staff had increased and officers ensured that patients had the opportunity to shower every day and encouraged them to keep their cells clean and tidy. The published regime for patients was very good but dependent on staffing levels; it was difficult to provide association in the mornings, but those prisoners well enough to go to the gym or education were able to do so. It was prison policy that no less than three discipline officers were required in the area before prisoners could be unlocked, which was not always necessary, did not work in the best interests of patients, and was not based on individual risk assessment.
- 4.39 Discipline staff had volunteered to work on the unit and their relationships with patients were very respectful and friendly. The majority of patients appeared relaxed and generally at ease.
- 4.40 A patient consultative committee had been formed and first met in June, though it had not been possible to meet since. However, allowing patients a constructive say in their overall management was a good initiative.
- 4.41 All patients were reviewed at a weekly multi-disciplinary management meeting which included the psychiatrists, the mental health in-reach team, the inpatient and the principal discipline officer. Patients were invited to attend the meeting to discuss their care and treatment. Many said they were keen to return to normal location as soon as possible and if this was agreed a plan to manage their continuing care was agreed at the meeting. Patients we spoke to were appreciative of the opportunity to participate in their own management.

Mental health

- 4.42 A robust and progressive mental health support system was delivered by a mental health in-reach team (MHIRT) from the Oxleas NHS Foundation Trust. We saw evidence throughout

the prison of good collaborative working with external mental health providers and the approach taken to the care of mentally ill prisoners was a model for other prisons. The team was led by a consultant psychiatrist with extensive experience in forensic psychiatry. He was supported by two staff grade psychiatrists who provided clinical support on a daily basis to the inpatient team as well as prisoners managed on the house blocks. Other staff included a clinical psychologist, four community psychiatric nurses (CPNs) one of whom was an independent nurse prescriber, a mental health social worker, two counsellors, a transfer coordinator and administrative support staff.

- 4.43 All prisoners were given a mental health assessment as part of the initial reception health screen. Any prisoner disclosing mental health needs or requesting support was referred to the doctor who determined his future clinical management whether it be by the GPs or by referral to the MHIRT. Those referred to the team were discussed at a weekly referral meeting and assigned to named CPNs who had responsibility for individual house blocks. Any member of staff could make a referral to the team as could prisoners themselves. The referral form was well structured and asked staff what action they had taken to manage the prisoner in the period between referral and him being seen by the MHIRT.
- 4.44 One of the CPNs carried a bleep and if there were urgent referrals or a crisis with a prisoner the CPN could be contacted to provide specialist assistance within minutes. There were approximately 50 prisoners on the MHIRT caseload but they also supervised the delivery of primary mental health support by nurses on the house blocks. The system appeared to be well structured with clear benefits for patients who were seen regularly, based on individual need. A psychological therapy service with two counsellors provided additional support.
- 4.45 The senior CPN attended all reviews of prisoners held in the segregation unit to provide professional advice on their continuing management. The team was keen to ensure that, where appropriate, clinical information was shared with those discipline staff who were responsible for caring for prisoners on the house blocks. A self-directed mental health awareness training workbook was provided but some staff we spoke to were completely unaware of it. MHIRT staff also provided training to new officers.
- 4.46 At the time of the inspection there were six patients awaiting transfer to external secure units.
- 4.47 Day care was provided by the Cass unit which was open from Monday to Friday from 9am-5pm. The unit was staffed by a full time senior occupational therapist supported by another full time therapist and a part time technical instructor. Two officers were detached from health service to provide discipline support but many sessions had been curtailed because of lack of discipline support.
- 4.48 Prison staff and prisoners were able to make referrals to the unit and all prisoners were individually assessed. Those with mental health needs had an additional functional assessment. Individual treatment programmes were designed and some one-to-one work was offered but most prisoners were seen in a group. Information about the unit was available in 15 languages and given to prisoners as well as being available in induction workshops. There were up to 100 outpatients on the caseload and the majority of prisoners completed two to three sessions each week. Courses offered included relaxation, mood management and art classes as well as education.

Recommendations

- 4.49 The joint working arrangements between the prison and the PCT should adhere to Department of Health quality and regulatory frameworks such as national service frameworks (NSFs) and quality and outcomes framework (QoF) data.
- 4.50 All prisoners, including those in the HSU, should have equal access to health services.
- 4.51 An action plan to address the 2006 audit of infection control and decontamination standards should be devised and implemented immediately.
- 4.52 Prisoners should be able to easily recognise the different grades of clinical staff. Nurses should wear badges stating their name and grade.
- 4.53 The Partnership Board should review the PCT's decision that hospital officers without a registerable qualification cannot carry out clinical duties and should implement a competency-based approach instead.
- 4.54 All staff should receive annual resuscitation training and all those administering immunisations and vaccinations should be trained in anaphylaxis.
- 4.55 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist advice as required.
- 4.56 All clinical records should conform to professional guidance from the regulatory bodies.
- 4.57 Clinical records should provide a contemporaneous record of care and should be filed promptly.
- 4.58 There should be information sharing protocols to ensure efficient sharing of relevant health and social care information.
- 4.59 The protocol for the use of the first night centre should be clearly explained to all clinical staff to ensure that prisoners' care is not compromised.
- 4.60 There should be regular review clinics for those with life-long conditions.
- 4.61 Triage algorithms should be used to ensure consistency of care.
- 4.62 It should be possible to book an appointment with the GP and this should be auditable.
- 4.63 Barrier protection should be freely available to all prisoners.
- 4.64 Priority should be given to a refurbishment programme for the inpatient unit.
- 4.65 The number of safe cells should be increased to ensure patients are nursed in the main inpatient unit and not elsewhere in the prison.
- 4.66 Privacy hoods should be provided at all medicine administration points.

- 4.67 Prescription and administration charts should always be completed properly and should include records of when patients refuse medication or fail to attend. All failures to attend should be recorded and followed up without delay.
- 4.68 The pharmacist should introduce pharmacy clinics and medication reviews.
- 4.69 The in-possession policy should include a documented risk assessment of individual patients.
- 4.70 Pharmacy staff should monitor the use of special sick medication.
- 4.71 The pharmacist should control the medicine which is provided to prisoners from stock.
- 4.72 A dual-labelling system should be introduced to ensure that stock supplied is audited.
- 4.73 Controlled drugs should be transported throughout the prison in locked boxes.
- 4.74 The PCT should be represented on the medicines and therapeutics committee.
- 4.75 Equipment in the dental surgery should be reviewed by the PCT dental adviser and faulty equipment should be replaced urgently.
- 4.76 The purchase of additional hand-held equipment for the dental surgery should be expedited.

Housekeeping points

- 4.77 Where medicine fridge temperatures exceed acceptable limits remedial action should be taken and documented appropriately.
- 4.78 Emergency oxygen equipment should be in the dental surgery whenever patients are being treated.
- 4.79 Clinical waste should be removed from the dental surgery at the end of each session.
- 4.80 An oral hygiene programme for patients should be introduced.
- 4.81 A dining table should be provided for inpatients.
- 4.82 The inpatient exercise area should be redesigned, cleaned and provided with adequate facilities to enhance patient care.
- 4.83 The tracer system for clinical notes should be enforced by managers.
- 4.84 Information on health services should be available in a variety of languages.

Good practice

- 4.85 *The management of prisoners with mental health needs by one cohesive mental health team ensured continuity of care for all prisoners. The team was committed and thorough in its work and prisoners benefited from the excellent leadership displayed by the lead consultant psychiatrist.*

- 4.86 *The training offered to medical students, specialist registrars and others provided opportunities to experience the delivery of healthcare in a custodial setting that they would not otherwise have had.*
- 4.87 *Patients were invited to the weekly patient management meetings which allowed them to discuss their overall management and future care.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 The quality of teaching and learning and the range of provision had improved. In some areas, progress towards the introduction of accredited learning and skills provision had been slow. Most prisoners, except those in the high security unit, completed an initial assessment of their needs. There was insufficient purposeful activity during the core working day and insufficient work and activities spaces. There was no overarching employment policy. A new pay policy was about to be introduced. Labour allocation was insufficiently structured and offered limited choices for certain groups of prisoners. Punctuality and attendance at activities was poor, but when prisoners did attend the standards of work and levels of achievement in many activities were good. The prison library was well managed and responsive to prisoners' needs, but it was not included in the induction programme and use was low.
- 5.2 Learning and skills was provided by both the prison and external partners. Lewisham College was the main education provider and the London Advice Partnership provided information, advice and guidance (IAG). Effective strategic planning underpinned development of learning and skills provision. There was a strong relationship between the prison and Lewisham College and collaboration had opened up access to the college's employment projects. There were plans to further develop the range of learning and skills interventions on offer, for example work with Camden Garden Centre and Driving Standards Agency courses related to driving offences. However, in some areas, progress towards the introduction of accredited learning and skills provision had been slow.
- 5.3 The prison, together with Lewisham College and other key internal and external partners, had developed a self-assessment and action planning process. The quality of teaching and learning and range of provision had improved. Education provision included information communications technology (ICT), art, music, social and life skills, literacy, numeracy and English for speakers of other languages (ESOL). Facilities and resources were generally satisfactory, although computers, purchased for use in the classrooms, were not yet operational and interactive white boards were not yet installed.
- 5.4 There were insufficient arrangements to meet the needs of prisoners serving long sentences, which may have accounted for our survey result in which 27% of prisoners (against a comparator of 36%) thought their education would help them on release. Insufficient higher level vocational education was available. Although plans had been in place for some time to offer higher level ICT qualifications, this had not yet happened. Learning and skills did not feature specifically in the strategy for foreign national prisoners. There was limited access to some areas in the main education centre for those with restricted mobility.

- 5.5 The prison workshops included training for construction multi-skills, bricklaying, and design and embroidery. There was one contract workshop which was typically used for preparing breakfast packs. Vulnerable prisoners had their own contract workshop. Other training opportunities included industrial cleaning and horticulture. A planned catering course had not yet started and its designated location was inappropriate. The cookery classroom was not being used.
- 5.6 Prisoners received satisfactory information and guidance about prison activities but it was not effectively linked to sentence plans. A good range of IAG materials were available in the main library. The provision of IAG to support prisoners' education, training and employment needs through to resettlement was insufficient (see section on resettlement pathways). Although prisoners who received it got good support, for many it was inaccessible.
- 5.7 Most prisoners completed an initial assessment of their needs during the induction programme. However, prisoners in the high security unit (HSU) did not receive a sufficient induction to learning and skills or an initial assessment of their needs. Prisoners attending education had a diagnostic assessment of their literacy, numeracy and ESOL needs. Staff used this assessment to set targets in individualised learning plans (ILPs): these targets were regularly monitored and reviewed to check prisoners' progress. For some prisoners, targets were insufficiently specific, measurable, achievable, realistic and timed or were not used effectively at progress reviews. Links between ILPs and sentence plans were weak.
- 5.8 Plans were well advanced to provide specialist support for prisoners with dyslexia. Prisoners with poor literacy and English skills were fast tracked to education, although other prisoners had to wait some time before they were cleared to attend. Support for those with very poor English skills was focused on helping them develop a vocabulary to communicate in prison.
- 5.9 It was difficult to determine the exact proportion of full- and part-time activity places. Figures provided to us and confirmed by managers suggested a total of 554 available workspaces, but this included double counting of some workshop places (to ensure adequate cover for prisoner absences). This reduced the actual number of workplaces to 494, equivalent to 54% of the total population. The 102 cleaners accounted for over a fifth of available workspaces. About 198 prisoners attended education full- or part-time, once or up to 10 times a week.
- 5.10 There was no overarching employment policy which set out how access to the limited number of activity places was to be prioritised. Allocation to activity mainly followed prisoner application and was poorly integrated with sentence planning. A weekly labour board was held, but education staff did not attend; there was a separate education allocation board. Both were insufficiently structured and appropriate waiting lists were not well maintained. The main task of the labour board was to ensure that all available workspaces were filled and we were told that the number of applications for work usually exceeded the number of spaces available.
- 5.11 Certain groups of prisoners had restricted access to activities. There were different interpretations of the policy for category A prisoners. Security staff told us all prisoners were individually risk assessed and that category A prisoners were not automatically excluded from certain activity areas. Education staff believed that a maximum of 18 category A prisoners were allowed to attend education at any one time and labour allocation staff told us that category A prisoners (which included the small number of young adult prisoners) could only be assigned to work as unit cleaners or in one of the workshops. Vulnerable prisoners were only able to access two sessions each week in the main education centre, although other provision was available on the vulnerable prisoner unit. In the HSU the curriculum was unstructured and classes were frequently cancelled.

- 5.12 The prisoner pay policy had been reviewed and a new pay structure was to be introduced in the week following the inspection. This provided a fairer and more transparent way of paying prisoners for the sessions they actually attended rather than a flat weekly rate. There were no disincentives to participation in education, training or interventions. The system for providing bonuses had been revised and it was likely that some prisoners would face a reduction in their weekly wage as a result. Under this new scheme all prisoners (except sentenced prisoners who refused to work) would receive a minimum wage of £2.50 per week (before deduction for in-cell television). However, we were concerned that between 40% and 50% of prisoners could have less than £2 per week expendable income, with implications for contact with families and legal representatives, bullying and getting into debt, and the ability to make provision for release.
- 5.13 Despite the introduction of a new core day to try and increase prisoners' time out of cell and to facilitate their attendance at activities, prisoners' punctuality and attendance was unpredictable and generally poor. In some instances we observed prisoners arriving up to an hour after the prescribed start time. Although the prison operated the computerised prisoner activity management system (PAMS), too often prisoners were allocated to activities that they could not attend due to other commitments. On other occasions, too many prisoners turned up for an activity and some had to be turned away; there was no agreed system governing the selection of prisoners in these circumstances (see main recommendation HP47). Poor punctuality was disruptive to lessons, and teaching and learning was adversely affected particularly where group work was an integral part of the learning experience. Where attendance was good, over-recruitment to education courses often resulted in prisoners being refused access to their chosen learning sessions. These prisoners were reallocated to other lessons, which for some was inappropriate. Prisoners and staff were locked in classrooms during lessons.
- 5.14 Achievement levels were generally satisfactory. Prisoners undertaking employability training developed useful and transferable skills and those in the vocational workshops got insight into a range of vocational skills. Prisoners in ICT developed an understanding of the use of computers within industry and how they could use their new skills to support any future business or employment. Achievement and progress in physical education was good. There was a work ethic in the contract workshop for vulnerable prisoners. Many prisoners made progress in literacy, numeracy and ESOL. Achievement and standards in personal development and social integration skills were satisfactory and the standard of work in entry level art was good. In our survey, the number of prisoners who thought their job, vocational or skills training would help them on release had improved significantly since our last inspection.

Library

- 5.15 The prison library was managed by Greenwich Library and Information Service and was responsive to prisoners' needs. The main library was in the education department and small collections of recreational books were sited in five other locations, including the healthcare centre, and segregation and high security units. The stocks of books in these satellite libraries were replenished fortnightly by the library and request forms were used to further extend access for prisoners in these locations.
- 5.16 The library was managed by two part-time staff, supported by a full-time prisoner orderly. Two further part-time staff were in the process of being recruited. A qualified librarian oversaw the work of staff in the library. The library was open for eight sessions a week during daytime only. Information about the library was not included in the induction programme.
- 5.17 Use of the library was routinely monitored. It had steadily increased from a very low starting point in January but remained low at 37% of the prisoner population. In our survey only 14% of

prisoners said that they went to the library at least once a week. Prisoners in education had timetabled access and each house block had set library times; prisoners wishing to visit the library had to make an application and prison officers were not always available to provide the necessary escort. Prisoners in full-time employment in the workshops had no access to the library. Changes in processes by library staff had resulted in a significant reduction in book losses. A user perception survey had been carried out in spring 2007 but the rate of return of questionnaires was very low.

- 5.18 The library contained a good range of reference books and recreational reading books. There was a small range of books to support the workshop activities and a good range of reference books to support prisoners' personal and social development. Easy reader books were effectively promoted and used, but talking books were only available for category C prisoners.
- 5.19 There were two computers in the library that prisoners could use to access learning and information CDs such as Prison Service orders and driving theory. There were few CDs for loan to prisoners. There were books in 40 different foreign languages and the library provider effectively monitored and adjusted stock according to needs and requests. A good range of foreign language newspapers was available.
- 5.20 The library contained the full range of mandatory legal textbooks and Prison Service Orders but many of these were kept in the library office and were only available on request. Prisoners in the HSU could request photocopies or extracts from these books and manuals.

Recommendations

- 5.21 The range of learning and skills provision should increase to meet the needs of prisoners.
- 5.22 All prisoners, irrespective of their location, should receive a thorough initial assessment of their needs and induction to learning and skills.
- 5.23 Prisoners' allocation to education and work should be better integrated and linked to sentence planning.
- 5.24 The proportion of prisoners who are able to earn more than the minimum weekly wage of £2.50 should be increased.
- 5.25 Prisoners and teachers should not be locked in classrooms or the library.

Housekeeping points

- 5.26 The induction programme should include an introduction, and where possible, a visit, to the library to improve prisoners' access.
- 5.27 A CD loan service, including music, should be made available to meet the diverse needs of all prisoners.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.28 The physical education timetable covered recreational PE, training courses and sessions for prisoners with special needs. Access to the gym had not improved since the last inspection and, despite a new allocation system, was not equitable. There were no outdoor facilities.
- 5.29 The physical education (PE) department was staffed by a team of nine officers including one senior PE officer. The timetable for both recreational PE and structured courses had been regularly reviewed and changed to accommodate the changing needs of the prison population. The programme included suitable provision for prisoners with special needs with a weight watchers session and remedial gym opportunities.
- 5.30 Health services staff assessed the prisoner's suitability for exercise when he arrived. A gym induction was provided on the second day of induction and prisoners were given suitable gym kit.
- 5.31 Physical exercise was promoted on each house block but the system by which prisoners accessed the gymnasium had not improved since our 2003 inspection. Two of the four daily gym sessions involved house block staff identifying 12 prisoners to be taken to the gym. The responsible senior manager told us about a new rota system, where prisoners from a certain number of cells were given the option to attend the gym; he was disappointed to learn that this was not being used and that there was no consistent approach across the house blocks. Insufficient data were collected and take-up was insufficiently monitored to identify which prisoners gained access and how often. PE staff estimated that around 50% of the prison population used the gym. In our survey, 32% of prisoners said they went to the gym at least twice a week which was significantly lower than the 38% comparator. Only 16% of prisoners surveyed said they did not want to go to the gym.
- 5.32 Prisoners' access to the gym depended on where they were employed. Unemployed prisoners had access several times a week but prisoners in education had difficulty getting more than one session. There were no early morning or evening sessions. Prisoners could shower before leaving each session and those prisoners who required more privacy were offered the opportunity for an earlier shower.
- 5.33 In the main prison, there was a well equipped fitness room, and an indoor sports hall. The high security unit had a small multi-gym facility. For security reasons the outdoor pitch had been out of use for some time but there were plans to develop a new outdoor facility by the summer of 2008.
- 5.34 Some short courses PE were available including first aid, referees awards, healthy living, the community sports leader award and football coaching (see section on resettlement pathways). Retention and success rates were good. The PE department had a useful facility in the workshop area which was used for the healthy living course. Classroom accommodation was good and there was a selection of cardio-vascular equipment.

Recommendation

- 5.35 There should be better monitoring of the take-up of PE to ensure fair access.

Faith and religious activity

Expected outcomes:

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

- 5.36 The large chaplaincy team worked well together and described improved responses from prison officers to its work. A second full-time Muslim chaplain post had been created. Muslim prisoners on the vulnerable prisoners unit were not able to join corporate worship, and Roman Catholic prisoners could experience delays in getting to Sunday mass.
- 5.37 There was a large chaplaincy team with five full-time members and administrative support. In addition to full-time Christian chaplains (including the coordinating chaplain) there were two full-time Muslim chaplains. The second post had been created to enable prayers to be held in the high security unit (HSU) as prisoners there were not permitted to join the general corporate worship. The second Muslim chaplain also trained staff and assisted in Muslim prisoner resettlement issues.
- 5.38 Members of the chaplaincy team were mutually respectful and supportive. All chaplains were able to draw keys and shared generic duties. They held regular team meetings and joined other meetings within the prison. The chaplains we spoke to described more positive responses to their work from other staff than at our last inspection. Staff were more likely to unlock prisoners wishing to see chaplains than in the past, when it had been necessary for chaplains to speak to prisoners through their cell doors.
- 5.39 All new prisoners were given information about the chaplaincy during induction. There were good facilities for corporate worship and the main faith groups represented in the prison shared the main chapel. Artefacts were covered when a different faith group was using the space. The Hindu chaplain was appreciative of a newly installed shrine. There were very limited facilities for prisoners attending Friday prayers to wash at the area of worship. The Muslim chaplain said that arrangements to wash on the wing before attendance were just about adequate, although newer prisoners might not know about this before their first attendance at prayers.
- 5.40 Prisoners from the vulnerable prisoner unit could attend Christian worship but were not able to attend Muslim prayers. The reasons given were that the space used for prayers was suitable for up to 150 people, and this number was almost reached by prisoners from standard location. It was also more difficult to separate Muslim worshippers who were not seated during the prayers.
- 5.41 It was difficult for those who wished to attend early morning mass on a Sunday to arrive promptly as a cooked breakfast was provided at weekends, which took longer to serve.
- 5.42 There were arrangements for chaplains to be notified about any member of a prisoner's family who was dying or had died and a bereavement group was run through the chaplaincy team. Prisoners who were not able to attend the funeral were offered the opportunity for quiet reflection in the chapel at the time of the funeral and on key anniversaries and dates.

- 5.43 In our survey, 52% of prisoners felt their religious beliefs were respected (which was not significantly different from the local prison comparator) but only 26% of Muslim prisoners surveyed felt their religious beliefs were respected. Some Muslim prisoners cited searches of property as one issue that demonstrated lack of respect by staff for their religious beliefs. Thirty-three per cent of Muslim prisoners in our survey reported having been victimised because of their religion compared to 9% of the general population.

Recommendations

- 5.44 Muslim prisoners held in the vulnerable prisoner unit should have the opportunity to attend corporate worship.
- 5.45 Better washing facilities should be provided outside the main area for Muslim worship.

Housekeeping point

- 5.46 Sunday routines should be reviewed to ensure that Catholic prisoners who wish to attend mass can do so without having to miss their breakfast.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 5.47 The prison was achieving its target of 8.3 hours out of cell as an average but this masked the fact that the high number of unemployed prisoners received considerably less. A roll check carried out in the middle of the core day showed that 51% of prisoners on the main house blocks were locked in their cells with nothing purposeful to do. Although a new core day had been published that specified periods of association every evening, this was regularly cancelled due to staff shortages. Significantly more prisoners than the comparator had access to daily outdoor exercise.
- 5.48 A schedule of the prisoners' core day had been published and was found on all house blocks, workshops and education areas. Copies had also been issued to some prisoners. It set out the activities offered to prisoners from 7.45am to 8.15pm and therefore the amount of time that they could spend out of their cells each day. Timings of daily association, exercise, movement to and off unit activities, meal times and domestic periods were given.
- 5.49 Records of the amount of time prisoners spent unlocked according to the core day were, on the whole, accurate and appropriate governance was in place. Figures were collected daily from house blocks and other activity areas, collated centrally and presented on an easily understood spreadsheet. Information was passed to the Governor and the senior management team to enable them to monitor regime activities.
- 5.50 The prison was reporting that the average amount of time prisoners were spending out of their cells was 8.4 hours against a modest target of 8.3 hours. This figure masked broad differences between working prisoners and the large number of those unemployed (see section on learning and skills and work activities). Prisoners who were not allocated to an activity spent

most of the core day locked in their cells, which mean they could expect less than four hours each day out of cell if all other scheduled activities took place. During the inspection we conducted a roll check in the middle of the core day and found that of the 796 prisoners located on the main house blocks, 409 (51.4%) were locked in their cells without scheduled activity.

- 5.51 Evening association was regularly cancelled because of staff shortages. Prison records showed that from 27 July to 28 September 2007 there had been 132 instances where association did not take place on residential spurs compared to the 720 planned for. This represented a closure rate of 18%. Apart from four occasions, evening association was cancelled on at least one spur every weekday evening. In our survey, the number of prisoners who said they went on association more than five times a week had increased from 7% in 2005 to 15%, but this was still significantly worse than the local prison comparator of 48%. Areas were well supervised and recreational facilities were adequate.
- 5.52 Prisoners confirmed they were normally offered daily exercise in the open air and in our survey 51% of respondents reported going outside for exercise three or more times a week, which was significantly better than the 41% comparator.

Recommendations

- 5.53 All prisoners should be allowed to spend at least 10 hours out of their cells on weekdays, except in exceptional circumstances.
- 5.54 Prisoners should be able to have association every weekday evening.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 The security department was well managed and properly integrated. The security committee meeting was well attended but links with the violence reduction committee were not fully developed. Risk management had improved and assessments included information about the prisoner's recent custodial behaviour as well as historic information. Most prisoners were not excluded from activities because of their security status alone. However, a limit had been put on the number of category A prisoners permitted to attend education classes at one time. Categorisation and allocation decisions were made quickly and communicated to prisoners, although they were not always consulted. Population pressure was severely limiting longer-term prisoners' progress through their sentence.

6.2 The security committee was properly constructed and attended by representatives from appropriate internal departments and external agencies, including police liaison officers, prison managers and staff from all areas within the prison. The monthly meetings were chaired by the deputy governor and the comprehensive standing agenda included security reports from all residential areas. An analysis of security information reports (SIRs) was presented by the security manager. Security objectives were agreed following appropriate consideration of intelligence and progress was monitored and recorded. However, links with the violence reduction committee were not fully developed: representatives from the committee did not always attend security meetings and the security department was often not represented on the violence reduction committee.

6.3 The security department was split into three distinct areas: procedural security, intelligence (the Watson unit) and category A prisoner management. All areas were effectively managed, overall, by principal and senior officers responsible to a senior operational governor. Information was processed effectively and intelligence was used to inform risk assessments. The large number of SIRs (6,249 from January to September 2007) was processed and categorised by nominated security collators based in the discrete intelligence unit. Communication was effective: a monthly security bulletin was published and regular security briefings were held. Staff were aware of the prison's security priorities.

6.4 Risk assessment and management were also effective. Information about the prisoner's recent custodial behaviour as well as historic information was considered. A risk register was in place to identify all risks associated with education areas and workshops in terms of the type of prisoner that could safely attend and what measures were needed to manage identified risks. On the whole it was assumed by the department that all prisoners could attend activities unless specific risks to safety or security could be identified that would reasonably preclude them. We saw examples where following thorough risk assessments category A prisoners were allowed to attend activities such as the bricklaying course and had become Listeners.

However, not all category A prisoners who wished to attend education sessions could do so as the number was capped at 16.

- 6.5 Routine cell searches were conducted by staff on the house blocks and targets for searching all cells every quarter and all areas monthly were being met. A list of cells for searching was sent out to house block managers and progress against targets was monitored by the security department and reported to the security committee.
- 6.6 A modified free-flow system was in operation to allow supervised prisoner movement during the beginning and end of planned regime activities. Prisoner movement was effectively controlled by officers at strategic points along the route to work and education classes. Supervision was unobtrusive and allowed prisoners to walk freely within limited areas in the secure corridors.
- 6.7 Prison Service and local rules were published and displayed on notice boards on all house blocks. Prisoners were required to sign compacts acknowledging receipt and understanding of the published rules.
- 6.8 Categorisation and allocation decisions were made promptly and all newly sentenced prisoners, along with relevant staff, were consulted. However, when recategorisation review decisions were made, staff were consulted but prisoners were not. Decisions were communicated to prisoners in writing, but not verbally. Prisoners could challenge decisions and we saw examples of when this had happened.
- 6.9 Categorisation and allocation staff were part of the offender management unit, and all were offender assessment system (OASys) trained. This meant that consideration of sentence planning issues was factored into allocation decisions. However, overcrowding in the prison estate resulted in problems moving many longer-term prisoners to prisons where resettlement work could be carried out, or when they had been recategorised. This problem was particularly acute for sex offenders and those serving indeterminate sentences. Nevertheless, details were held of prisoners who had requested transfers to other prisons and attempts were made to facilitate such moves when spaces were available.

Recommendations

- 6.10 The number of category A prisoners allowed in education should be based solely on individual risk assessment.
- 6.11 Representatives of the security committee and violence reduction committee should attend each others' meetings.
- 6.12 Prisoners should be consulted when recategorisation review decisions are made.
- 6.13 Categorisation and allocation decisions should be communicated to prisoners, both verbally and in writing.
- 6.14 Once categorisation decisions are made there should be sufficient places in the system for prisoners to be quickly moved to a prison which meets their individual needs.

Discipline

Expected outcomes:

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

6.15 Adjudication hearings we observed were well conducted, fair and consistent, although some records did not give assurance that all charges had been sufficiently investigated. Staff had been made aware of the importance of using force as a last resort and there were signs that the number of incidents requiring full control and restraint techniques were reducing. The quality of spontaneous use of force records was mixed and many examples provided little evidence that meaningful attempts to de-escalate situations had taken place. Cells in the segregation unit were properly equipped, but conditions in the special cells were poor. There were good relationships between staff and prisoners, all of whom had care management plans and were allowed access to their written records.

Disciplinary procedures

6.16 There had been 727 formal adjudications from January to September 2007 with a predicted 969 for 2007 if present trends continued. This represented an overall reduction of 59 when compared to the total number recorded in 2006. Charges were appropriate, adhered to Prison Service rules and were not overly petty.

6.17 The adjudication room, located in the segregation unit, was large, with windows that provided adequate natural light. It was furnished with a large table and comfortable chairs for the prisoner, adjudicating governor, assisting senior officer and two escorting officers. Hearings we observed were well conducted; the prisoner was put at ease and referred to by his preferred name. The adjudicating officer took time to ensure the prisoner fully understood the process before moving on and all prisoners were offered the opportunity to seek legal advice. Throughout the hearing the prisoner was given the opportunity to challenge the evidence and put across his version of events. Punishment tariffs had been published and were made known to prisoners prior to adjudication. During the hearing, a copy of prison rules and writing material were available.

6.18 Results of proven offences were noted, categorised and communicated to the senior management team for analysis. Information was used to inform changes in relevant strategies and allowed the team to identify trends in order to deal with particular problem areas as they arose.

6.19 Regular standardisation meetings took place each month and were well attended by adjudicating governors. We found that, on the whole, punishments were awarded consistently and there were examples where adjudicating governors had dismissed charges due to lack of evidence or anomalies in process. However, the quality of some records we examined was poor and did not always show that a full investigation of the charges had taken place. Written descriptions of incidents were limited and adjudicators' records did not record probing questions. When prisoners had pleaded guilty to charges, the reason or cause was not followed through and it was not clear that mitigation was taken into consideration in all cases.

Recommendation

- 6.20 The quality of the records of adjudication should be improved and show that sufficient investigation into charges has taken place.

Use of force

- 6.21 Since 2005 there had been a year-on-year reduction in incidents involving the use of force. There had been 247 incidents from January to September 2007, representing a reduction of 87 when compared to the same period in 2006. The governor had given the area a high profile and had called a full staff meeting in February 2007 to bring staff's attention to the importance of using force as a last resort and to promote the routine use of alternative techniques. Since the meeting, the average number of incidents involving force had dropped from 54 (in February) to an average of 17 each month by the end of September. These included 23 incidents involving the same difficult and violent prisoner.
- 6.22 Information including the nature of the incident, its location and the ethnicity of the prisoner involved was collated each month and presented to the governor. The information was used to identify trends and to inform changes in strategy.
- 6.23 Planned interventions were well organised, and properly carried out and documentation was completed correctly. Proper authority was recorded and all incidents were appropriately supervised by senior staff. Accident report forms were completed in all cases regardless of the injuries sustained. Prisoners were seen by health services staff immediately following an incident. Searching of prisoners following an incident was done sensitively and strip-searches were carried out only after risk assessment.
- 6.24 The quality of records concerning the use of force following spontaneous incidents was mixed. Although there were examples that showed that de-escalation was used to good effect in some cases, overall officers' written reports did not give sufficient assurance that de-escalation was always used as a first response. Of the 47 forms we examined, only 12% gave explicit assurance that robust attempts to de-escalate incidents without using force had been made.

Recommendation

- 6.25 Use of force documentation should describe attempts at de-escalation to ensure that force is used as a last resort.

Segregation

- 6.26 The segregation unit was located on the central secure corridor near to the main house blocks. As well as providing secure accommodation for Belmarsh prisoners, the unit was occasionally used as a facility for other London local prisons and the high security estate, to hold sentenced prisoners needing high levels of control, particularly those from the close supervision centre (CSC) at Woodhill.
- 6.27 The accommodation, on two floors, consisted of 14 normal cells; two cells used to manage prisoners on dirty protest; two for CSC prisoners; two holding rooms and two special cells. Living conditions in the unit were, on the whole, acceptable. Communal corridors were clean, up to date information notices were displayed on notice boards, prisoner showers were working and screening provided appropriate levels of privacy. Normal segregation cells were of

an adequate size, clean, well ventilated and appropriately furnished. However, the unit was dark with low ceilings and little natural light. There were no displays of art or any other normalising features.

- 6.28 Conditions in the two special cells were poor. They were dark, dirty and lacked furniture of any kind. There were no beds, chairs or benches and strip blankets were placed on the floors. However, use of the special accommodation was rare, with five separate instances from January to September 2007. The average time prisoners were kept in these cells was about five hours; this included two instances when prisoners had been held there for more than eight hours. There was evidence that the cells were being used exclusively for de-escalation in extreme circumstances and prisoners were moved to normal cells as soon as possible. Proper authority was recorded in all cases and documents showed that the prisoner's mood and general condition were regularly monitored.
- 6.29 A segregation unit policy document had been published that set out the management arrangements, expected working practices and guiding principles of the unit. Copies were found in the unit office and staff were aware of its content. There was a published staff selection policy: selected officers had been personally authorised by the governor and their certificates were displayed in the unit office.
- 6.30 A published basic regime included daily showers, exercise and access to telephones for all prisoners. However, apart from some in-cell education provided by the education department upon request, longer stay prisoners were offered little purposeful activity out of their cells.
- 6.31 At the time of the inspection, five prisoners were held on the unit under Rule 45 (good order or discipline). New arrivals were searched thoroughly and respectfully. Strip-searches were conducted only following risk assessment and were authorised by the senior officer in charge. All prisoners were informed of the reasons for their segregation in writing. Prisoners had daily access to a governor and the chaplain in private and a record of these visits was kept.
- 6.32 Relationships between staff and prisoners were particularly good. Officers dealt with difficult individuals respectfully using appropriate levels of care. All prisoners were allocated a personal officer and entries in personal files showed a high level of engagement and that officers knew their prisoners' personal circumstances.
- 6.33 Care management plans had been opened for all prisoners segregated under good order or discipline. Behavioural issues were identified, and improvement targets were set and monitored each week in direct consultation with the prisoner. Prisoners were also allowed access to written reports concerning their segregation, including the entries in their personal files.

Recommendations

- 6.34 Conditions in the special cells should be improved and seating and a bed installed.
- 6.35 The regime for prisoners held in the segregation unit for longer periods should be improved to include some purposeful activity out of cell.

Good practice

- 6.36 *Prisoners in segregation had care management plans and were allowed access to written reports, including entries in their personal files.*

Incentives and earned privileges

Expected outcomes:

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

- 6.37 Prisoners could maintain their enhanced status on transfer from another prison. Promotions and demotions were based on behaviour over a period of time. There was no automatic review of prisoners' progress and prisoners had to apply to be considered for enhanced status. Prisoners on the basic level had their status reviewed weekly. The link between voluntary drug testing and the incentives and earned privileges (IEP) scheme was inappropriate.
- 6.38 The current incentives scheme was due to be reviewed in November 2007. The scheme allowed prisoners who transferred to Belmarsh from another prison to maintain their enhanced status. The documents we examined showed that staff were not demoting prisoners for one act of anti-social behaviour and that a pattern of behaviour determined status changes. Prisoners could appeal review decisions. In our survey, 45% of prisoners felt they had been treated fairly in their experience of the IEP scheme, which was close to the comparator for similar prisons.
- 6.39 The policy stated that prisoners would have their status reviewed if they failed a voluntary drug test. We expressed our concern to managers that this was unfair as participation in a voluntary testing scheme should not be linked to the IEP scheme.
- 6.40 There was no automatic review of a prisoner's progress on the standard level and those who wished to be considered for enhanced status had to make an application. Prisoners we spoke to on the standard IEP level were unclear about the criteria for promotion and when and how they could apply for enhanced status.
- 6.41 Prisoners on the basic IEP level were given clear targets to encourage them to demonstrate improvement in their behaviour. They were reviewed weekly and appropriate observations were made to justify maintaining them on the basic level or promoting them to standard. Some principal officers were allowing senior officers to manage IEP boards.

Recommendations

- 6.42 The incentives and earned privileges (IEP) scheme should not be linked to voluntary drug testing.
- 6.43 Prisoners who have clearly demonstrated an acceptable level of behaviour should be automatically reviewed for progression to enhanced status.
- 6.44 IEP boards should be managed by staff of a consistent grade throughout the prison.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 Prisoners received a proper breakfast and were able to eat five portions of fruit and vegetables a day. Consultation processes had improved but prisoner perceptions of the food remained generally poor. Black and minority ethnic and foreign national prisoners were more satisfied with the food than other prisoners. After the first night, all meals were eaten in-cell, including in cramped trebled cells. The time between hot food being prepared and served was too long. Training opportunities for prisoners working with food were inadequate.
- 7.2 New catering arrangements had improved the service to prisoners. Instead of being issued with breakfast packs the day before, prisoners were served a proper breakfast each morning with cooked options at the weekend. A packed lunch was provided during the week and although unemployed prisoners started collecting this at 11.15am they had the choice of when to eat it. There were three hot meal options each evening supplemented by two vegetable side dishes. Catering staff told us prisoners could have two portions of vegetables but prisoner servery workers told us they only served one choice of vegetable with each meal. Despite this, the menu choices made it easy for prisoners to achieve the recommended intake of five portions of fruit and vegetables a day. The meals we observed and tasted provided acceptable portion sizes and were tasty.
- 7.3 We did not see any food comments books on the house blocks and on one house block staff admitted it had been missing for several weeks. However, consultation had improved: food issues were raised routinely at prisoner consultative meetings and full surveys were conducted twice a year. The last survey in June 2007 of 800 prisoners had generated a 47% response rate. Our survey showed that prisoner satisfaction with the food was slightly better than in 2005 but significantly worse than in other local prisons: against the comparator of 25%, 14% of prisoners at Belmarsh rated the food as good or very good with 56% rating it as bad or very bad. Unusually, responses from black and minority ethnic and foreign national prisoners were significantly better than from other prisoners.
- 7.4 The first night centre on house block 3 had a dining table for newly arrived prisoners on their first evening. Otherwise there was no opportunity for prisoners to dine in association. All meals were eaten in-cell: in trebled cells this meant very cramped conditions while many single cells had inadequate toilet screening. Prisoners had kettles in their cells and those on the basic level of the incentives and earned privileges scheme were provided with a flask overnight.
- 7.5 At the time of the inspection, 160 Muslim prisoners were observing Ramadan. They had been given a thermal bag to keep their hot meal warm and were provided with a cold lunch meal and breakfast pack every evening. Prisoners' views had been sought about the menu choices during Ramadan and we received no complaints about the arrangements. We were surprised to hear that catering staff had not been approached to provide special menus for anything other than Christian or Muslim religious festivals.

- 7.6 Up to 21 prisoners could be employed in the kitchen but the number varied depending on the menu and the availability of catering staff. Kitchen workers were placed on a six-month hold to prevent them being transferred to another prison and they were allowed to take four half-days off each week in order to attend other activities such as gym or visits. The working day was comparatively short, especially in the afternoon when most kitchen workers were sent back to the house blocks between 4.30 and 4.45pm.
- 7.7 On the afternoon we visited the kitchen, hot food was being loaded on to heated trolleys at 3.45pm, some of which would not be served until 6pm. Our two last inspection reports made recommendations relating to the storage of cooked food. Catering staff acknowledged that this exceeded the target of 45 minutes between food being cooked and served and told us it was a consequence of having to get meals to several locations over an extended period – for example the evening meal was served on the HSU at 4.30pm. Additional arrangements for Ramadan were said to have placed extra demands on the kitchen.
- 7.8 An instructor had been employed in July to set up NVQ training for kitchen workers but no training was offered and we were told that the instructor had resigned. This would inevitably result in further delay to the provision of training programmes. Kitchen workers were offered basic health and hygiene courses and the BICS cleaning course. Catering staff were responsible for providing basic food hygiene training for all servery workers and staff working as cleaning officers on the house blocks but they were not always notified of personnel changes and could not provide evidence that all prisoners and staff working with food had been trained.

Recommendations

- 7.9 There should be continued efforts to improve prisoner satisfaction with the food and to meet religious, cultural and special dietary requirements.
- 7.10 Prisoners should have the opportunity to dine in association. Where they are required to eat their meals in their cells they should be able to sit at a table with the cell toilet fully screened off.
- 7.11 Food should not be stored in heated trolleys for more than 45 minutes.
- 7.12 Prisoners and staff should complete basic food hygiene training before working with food.
- 7.13 Prisoners working in the kitchen should be able to gain relevant qualifications.

Housekeeping point

- 7.14 Managers should clarify whether one or two portions of vegetables can be served with the evening meal.

Prison shop

Expected outcomes:

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

- 7.15 Prisoners could order items from the shop once a week. There was a good level of consultation with prisoners, although the range of goods for black and minority ethnic prisoners did not meet their needs. Products for specific dietary needs were clearly displayed and the canteen list was regularly updated.
- 7.16 The shop was managed and run by Aramark. At the time of the inspection 384 products were available. Prices had been agreed by the Prison Service and the provider and were high in relation to the population's means. A product range review had resulted in 10 products being deleted (with an average price of £2.47) and a further 12 additions (with the average price of £1.13)
- 7.17 Prisoners could order and receive items from the shop once a week. The first delivery was made on a Tuesday to spur one in all house blocks and to the segregation and high secure units. The remainder of the house blocks received deliveries throughout the week. Deliveries were safely made to prisoners and if they were unavailable their order was locked in a secure cupboard or returned to the shop.
- 7.18 Prisoners had to prioritise items on their canteen order form. Some prisoners did not know how much money they had prior to submitting an order and if there was a shortfall, items would be cancelled. Staff told us that a system in which all prisoners had knowledge of the amount available to them would allow prisoners to make informed choices.
- 7.19 The canteen list was updated three times each year, but only produced in English. Products which met relevant dietary requirements were clearly marked on the list. Canteen staff used surveys to consult prisoners about the product range; however the response rate was very low with only 40 responding to the last survey. Prisoner consultation meetings were held across the four house blocks and the shop was a standing agenda item. There was also a prisoners' consultation meeting, attended by relevant functional heads, the shop manager and prisoner representatives.
- 7.20 The canteen list did not reflect the diverse population of the prison although basic products for black and minority ethnic skin and hair care were available. In our survey, 52% of respondents said the shop sold a wide enough range of goods to meet their needs which was significantly higher than the local prison comparator of 43%: the highest satisfaction rate was shown by foreign nationals at 64%. However, the number of black and minority ethnic and Muslim prisoners who thought the range met their needs was significantly lower (47% and 43% respectively).

Recommendations

- 7.21 Prisoners should have ready access to their account details so they can make informed choices from the shop list.
- 7.22 The range of products for black and minority ethnic prisoners should be increased.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 There was a comprehensive resettlement strategy though it lacked developmental objectives for the year. It was overseen by an effective policy committee and delivery group. Good strategic links with the London resettlement forum had been established and work with local boroughs ensured appropriate service development.
- 8.2 A fairly comprehensive resettlement policy and strategy document had been approved by the senior management team the month before the inspection. The document outlined the prison's broad strategic approach and the roles of all key departments. Along with information about the seven resettlement pathways, the document also attempted to visualise resettlement as a continuous journey from reception throughout sentence. Although the document identified broad developmental areas and baseline performance measures it did not include an annual development plan or specific development objectives (see main recommendation HP48).
- 8.3 A needs analysis had been commissioned from London Metropolitan University and was published in December 2006. Based on a sample of prisoners across the establishment, the paper highlighted key issues for the prison which were broadly reflected in the resettlement policy. However, it was accepted that information gained in this evaluation could not reflect individual needs and the prison had also adopted the London Initial Screening Assessment and Referral (LISAR). This was undertaken at reception and collated key information about resettlement needs, especially for those on short sentences or on remand. The combination of these two approaches gave a good overall picture of need.
- 8.4 A resettlement policy committee and resettlement delivery group supported the implementation of the prison's resettlement strategy. The former group met quarterly and comprised senior managers from across the establishment: its key function was the development of strategy, evaluation and coordination of resettlement. The resettlement delivery group met bi-monthly and was primarily responsible for the day to day implementation of resettlement. Leads for the seven pathways were represented as were voluntary agencies involved in various community projects. The statutory and voluntary agencies coordinator post commended at our last inspection had been retained and this person was working with the new head of interventions to further increase the number and range of resettlement opportunities.
- 8.5 Good external strategic links with the London resettlement forum had also been developed via the government office for London as a means of developing support through local crime and disorder partnerships. A protocol had been agreed outlining the expectations and minimum standards of those organisations involved in developing and coordinating effective resettlement and in particular work with Lewisham and Greenwich boroughs.

Offender management and planning

Expected outcomes:

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

8.6 The offender management unit (OMU) was appropriately resourced. The level of contribution to sentence planning reviews was variable. Limited offending behaviour programmes and lack of access to alternatives at other prisons continued to hamper sentence planning. Assessments were appropriate for those serving less than 12 months, but there was no coordination of their resettlement needs. Little use was made of early and temporary release and no pre-release boards were held to confirm release plans. Public protection work was well managed but there were some delays in family contact arrangements. Only basic lifer management work was carried out. Many indeterminate-sentenced prisoners were left without a risk assessment and sentence plan, despite in some cases spending years at the prison. Lifer days and drop in sessions were offered.

8.7 Established in October 2006, the offender management unit (OMU) had developed good links across the establishment and was generally well integrated. At the time of the inspection, 261 prisoners were serving sentences of more than 12 months and were subject to the offender assessment system (OASys) of risk assessment and sentence planning; of these, 58 did not have a current OASys assessment. Ninety-nine prisoners were identified as falling within phase II of the offender management roll-out and 18 of these were still awaiting an OASys assessment. Written information regarding offender management was available for prisoners but was in English only.

8.8 All 99 in-scope prisoners had an offender supervisor and good links and communication had been established with the community-based offender manager. Although it was formally the offender managers' responsibility to complete OASys assessments, the prison had, like many others, taken the pragmatic decision to have trained assessors in the OMU also undertaking assessments. A comprehensive database had been compiled and was used daily to identify and consider all new receptions: in-scope prisoners were allocated an offender supervisor and those that were not were passed to the OASys clerk for allocation to an OASys assessor. Given the anticipated introduction of phase III of offender management in 2008 there were concerns about the resource implications of OASys assessment and the need to ensure that offender managers undertook this task.

8.9 The OMU's approach to liaison with offender managers was flexible and it could negotiate with them when sentence planning meetings would be held, although those prisoners not in scope did not benefit from the same flexibility. Given the prison's catchment area, the majority of prisoners were from London and attendance by offender managers for in-scope prisoners was rarely a problem, although, again, prisoners not in scope were not so well served. We were told that there were sometimes difficulties getting offender managers from further away to attend sentence planning boards. Video conferencing could be used as an alternative in such cases but to date had not been arranged.

8.10 We looked at a number of files and recording of information was generally good; with five offender supervisors in post (four officers and one probation service officer) caseloads were not excessive. There was evidence that file information was regularly updated by offender

supervisors but we were told that such information was usually drawn from a review of wing files. In our survey of 10 in-scope prisoners, none indicated that they met their offender supervisor at least monthly to discuss sentence plan targets. Sentence planning reports were appropriately completed but there was continued frustration on the part of both offender supervisors and prisoners about the limited number of offending behaviour programmes (see section on attitudes, thinking and behaviour).

- 8.11 Attempts were made to prioritise in-scope prisoners for transfers to appropriate prisons but this continued to be a problem (see section on categorisation). During the week of the inspection 24 transfers had been arranged, of which four were in-scope prisoners, but we were told that this number of transfers was unusual.
- 8.12 Sentence planning boards were arranged once assessments were completed. The boards were held every two weeks for non-in-scope prisoners. Those in-scope had their boards arranged for whenever the external offender supervisor could attend, with between six and twelve prisoners reviewed each time. The level of input from non OMU staff across the prison was variable as there was no formal system for those departments likely to be involved with the prisoner to make a contribution. Written reports or attendance by CARATs staff were fairly regular and as a consequence the sequencing of offending behaviour work was invariably weighted in favour of drug and alcohol provision. No specific interventions were available with regard to victim work and this topic was rarely if ever identified in sentence planning reviews. In our prisoner survey, 8% (against a comparator of 14%) said they were involved or very involved in the development of their sentence plan and only 5% (against a comparator of 12%) said they could meet all or some of their sentence planning targets at Belmarsh.
- 8.13 Use of early or temporary release schemes was relatively rare. In the six months prior to the inspection there had been a total of 32 applications for home detention curfew (both presumptive and standard) with a further 23 awaiting reports for consideration. No prisoners had been released on temporary licence although three applications were being considered at the time of the inspection.
- 8.14 Approximately a third of the sentenced population were serving sentences of less than 12 months and were therefore not subject to sentence planning or offender management. This group had been the primary focus of resettlement provision by the prison and where possible these prisoners were located on house block 2 where the key resettlement services were based. Induction staff completed the London Initial Screening Assessment and Referral (LISAR) on short-term and remand prisoners. Data from these assessments were forwarded to the area office and also used for monthly reports relating to needs and referrals for each of the seven resettlement pathways.
- 8.15 This model offered a good basic assessment of need but prisoners did not have individual resettlement plans. No one was responsible for tracking progress to ensure that agreed targets were prioritised, implemented and achieved, and some needs could be missed. Despite this, prisoners on house block 2 were significantly more likely than those on other house blocks to believe that that they were involved or very involved in the development of their sentence plan (18% against 5%) and that they could meet their sentence plan targets (14% against 2%). No pre-release boards or equivalent were in place to pick up any outstanding issues and no exit interviews were completed to inform ongoing development of resettlement services.
- 8.16 Public protection management arrangements were robust. Newly arrived prisoners who might be subject to public protection arrangements were identified promptly and the information was quickly circulated and acted upon. Much of this work was taken forward at a monthly public protection panel meeting and key people involved in the work also met regularly.

- 8.17 However, there were significant problems investigating the detailed issues relevant to some of these prisoners. This was resulting in delays of up to six weeks before contact between the prisoner and appropriate friends and family could be authorised. During this time the prisoner concerned was neither provided with information about possible restrictions nor given the opportunity to challenge them. Staff told us that these delays resulted from a shift of primary responsibility for public protection work from the security department to the OMU.
- 8.18 Only one of the staff in the public protection unit had received training in extracting pre-conviction information from the police national computer (PNC), which caused difficulties when she took annual leave. This information was crucial to the effective identification of prisoners with potential public protection concerns.

Indeterminate sentence prisoners

- 8.19 The systems used to identify potential indeterminate-sentenced prisoners were not working effectively and some men were missed. This meant that they were not offered appropriate advice and information about what receiving such a sentence would mean.
- 8.20 At the time of the inspection there were 127 indeterminate-sentenced prisoners, of which 49 had indeterminate sentences for public protection (ISPP). Basic life sentence planning work was being carried out with these men, including meeting them shortly after sentencing to explain the life sentence process. However, in many cases this was the extent of input and issues around the assessment of risk and sentence planning were not adequately addressed, despite some prisoners spending years at the prison.
- 8.21 Significant problems were experienced in transferring prisoners to appropriate stage 1 lifer centres, where this more detailed work would normally be carried out. In the absence of such moves, prisoners complained to us that they were unable to fully understand what they had to do to progress through their sentence, which was a source of real frustration for many. Nevertheless, the prison had run lifer days which stage 1 prison staff had attended and lifer liaison officers were regularly deployed to house blocks to offer a drop in advice service.

Recommendations

- 8.22 Information about offender management and planning should be available in a range of languages.
- 8.23 When offender managers are unable to attend sentence planning boards, video conferencing should be used.
- 8.24 Sentence planning boards should include contributions from all departments to ensure all appropriate needs are considered in preparing sentence plan objectives.
- 8.25 Short-term and remand prisoners should have individual resettlement plans based on the London Initial Screening Assessment and Referral (LISAR) assessment, with contributions from each of the seven resettlement pathways.
- 8.26 Pre-release boards should take place to ensure resettlement needs have been addressed.
- 8.27 Exit questionnaires should be completed to inform ongoing resettlement developments.

- 8.28 Work to identify any restrictions for public protection reasons should be carried out promptly, and prisoners notified of the outcomes.
- 8.29 More staff in the public protection unit should be trained to access pre-conviction information from the police national computer.
- 8.30 All prisoners facing a potential indeterminate sentence should be identified and seen by a lifer trained officer.
- 8.31 Indeterminate-sentenced prisoners should be quickly moved to a stage 1 lifer centre. If this does not happen then a full risk assessment should be carried out and a sentence plan agreed and communicated to the prisoner within four months of sentencing.
- 8.32 An agreed sentence plan should be used to inform subsequent prison allocation decisions for indeterminate-sentenced prisoners.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

- 8.33 Very few prisoners were released to no fixed abode. Education and training provision had expanded as had the range of links with local employers. A number of preparation for work and release courses were provided and more were being developed. Not all prisoners attended a pre-release course and no prisoners attended work or education in the community. Information, advice and guidance (IAG) was not well linked to sentence plans. Finance, benefit and debt work was underdeveloped and prisoners were not helped to access health and social services on release.

Accommodation

- 8.34 The housing advice provider Crime Reduction Initiative (CRI) also ran the CARATs service (see section on substance use) and had been awarded the contract in May 2006. We were told a small number of Nacro-trained officers had provided cover during a gap of several months in 2006 while CRI staff were appointed and security cleared. Since February, there had been two full time CRI workers. One saw all new receptions to try and help them keep or appropriately terminate existing housing arrangements, the other concentrated on finding accommodation for prisoners approaching release, with a caseload of between 45 and 50 prisoners at any time. This two-pronged approach meant that the prison had consistently met its target of releasing 68% of prisoners into settled accommodation. Figures for the five months before the inspection showed that just 28 of the 424 prisoners released at the end of their sentence were of no fixed abode.

- 8.35 However, CRI staff acknowledged that prisoners could slip through the net and while communication between resettlement staff and agencies was described as improving, individual workers did not always know which other agencies or departments were involved with a particular prisoner. Although the housing advice services were well promoted, our survey and discussions with prisoners revealed a lack of awareness of the help on offer. Fifty-three per cent of prisoners surveyed thought they would have a problem finding accommodation on release yet just 27% said they knew who to contact within the prison for help with accommodation: both figures were significantly worse than the local prison comparators. However, the responses from prisoners on house block 2, the resettlement unit, were significantly better, with 36% saying they knew who to contact for help with accommodation.
- 8.36 Housing advice workers told us they had limited involvement in sentence planning but, having identified an area of unmet need, they now attended the foreign national committee. A pilot scheme to allow prisoners to obtain copies of birth or adoption certificates to use as proof of identify was running at the time of the inspection.
- 8.37 A prisoner housing orderly worked with the housing advice workers and was generally available to prisoners on house block 2. However, the use of prisoner peer workers or advisers was underdeveloped in this and most other resettlement pathway work.

Education, training and employment

- 8.38 A resettlement needs analysis and review of education and skills had resulted in an expansion of opportunities (see activities). An area-wide consultation on employment had provided the prison with good opportunities to identify skills gaps and further develop links with local employers.
- 8.39 In our survey, the number of prisoners who thought they would have a problem finding a job or arranging a place at college was similar to the local prison comparator but, as with accommodation, awareness of where to go for help was significantly poorer. The responses from house block 2 were also poor with just 14%, compared to 23% of prisoners elsewhere, knowing who to contact for help with finding a job. There were no opportunities for the substantial number of category C prisoners to attend work or education in the community as part of their formal resettlement plan.
- 8.40 Information, advice and guidance (IAG) for the education, training and employment resettlement pathway was insufficient to meet the needs of most prisoners who required the service: one member of staff had been allocated two and a half days for IAG support from the London Advice Partnership. This was soon due to increase to four days. Although prisoners received satisfactory information, advice and guidance about their courses, it was not well linked to their sentence plans. Prisoners we spoke to valued the support provided by the local further education college in easing their transition through advice and guidance to vocationally relevant courses on release. The college paid careful attention to ensuring prisoner records followed them when they transferred to other prisons or were released under the supervision of the Probation Service.
- 8.41 There were a number of courses and projects aimed at helping improve prisoners' employability and/or prepare them for release but, due mainly to issues of eligibility or motivation, not all prisoners attended a structured pre release programme.
- 8.42 Prisoners within 12 months of release and returning to south east London had access to the Beyond programme (see section on attitude, thinking and skills). The Restart work preparation

programme was available to all prisoners with less than seven months to serve and was designed to offer practical help and advice. Attendance was voluntary and 67 prisoners had so far taken part. Lewisham College ran a six-week preparation for release programme on house block 2 for prisoners with three months left to serve. A maximum of nine prisoners could attend each course, which included classroom and in-cell work and links had been established with employers in the community. Retention rates were high.

- 8.43 A partnership with Charlton Athletic football club offered 12 prisoners on each course the opportunity to achieve a Football Association coaching qualification and a written offer of an interview with the football club. We were also made aware of a number of other imaginative projects that were due to start within the next few months or were in development.

Finance, benefit and debt

- 8.44 In our survey, the number of prisoners who thought they would have a problem with money and finances (57%) and claiming benefits (38%) on release was similar to the local prison comparators. Those who knew where to go for help with these problems fell well below the comparators. Prisoners' financial situations were not thoroughly assessed at induction. Resettlement staff and managers we spoke to openly acknowledged that this pathway was one of the least well developed.
- 8.45 Two Jobcentre Plus workers were available to help prisoners close down benefit claims following imprisonment and provide advice and appropriate appointments for those claiming benefits on release. Housing advice workers also provided an element of financial advice and a member of the Plumstead Law Centre team attended the prison one day a week to offer advice on a range of subjects including debt and benefits: prisoners accessed this service by application and it was recognised that demand exceeded the current level of provision. The preparation for work and pre-release courses contained only basic information and managers hoped to introduce a financial literacy programme in the near future.
- 8.46 In common with many other local, training and indeed resettlement prisons, Belmarsh had tried with little success to engage banks or building societies in providing prisoners with bank accounts.

Mental and physical health

- 8.47 The mental health in-reach team liaised with local and national community mental health teams to ensure that continuity of care was provided for those prisoners with ongoing mental health needs once they left prison.
- 8.48 There was a policy for discharge clinics on all house blocks, but staff we spoke to were unaware of it and told us that any pre-release health interventions were carried out in reception immediately before release, although we found that this was not the case.
- 8.49 The health services staff had developed good links with local palliative care services through the GPs, and we were told of instances when palliative care staff had attended patients at the prison.

Recommendations

- 8.50 Suitable, trained and supported prisoners should be recruited to act as resettlement peer workers or advisers to support and enhance the work of resettlement staff.
- 8.51 Information, advice and guidance (IAG) should be sufficient to meet the needs of the population.
- 8.52 Subject to risk assessment and identified need as part of a formal resettlement plan, category C prisoners should have the opportunity to apply for work or education in the community during at least their last three months of sentence.
- 8.53 All prisoners should undertake a pre-release resettlement course tailored to their needs.
- 8.54 Prisoners' financial situation should be assessed on induction and specialist assistance with debt management or reduction provided.
- 8.55 All prisoners should be able to access courses on budgeting and finance if required and financial management should be a key element of the preparation for work and pre-release courses.
- 8.56 National arrangements should be made with suitable financial institutions to enable prisoners to open a bank account before their release.
- 8.57 All prisoners being released from Belmarsh should be given information about how to access health and social care services on release and support in accessing the services if required.

Housekeeping point

- 8.58 Managers should explore the reported low levels of awareness of resettlement services to ensure information is appropriately conveyed and reinforced to prisoners.

Good practice

- 8.59 *The education provider ensured prisoner records followed them when they transferred to other prisons or were released under the supervision of the Probation Service.*

Drugs and alcohol

- 8.60 Good treatment options were provided for substance misuse but not for alcohol misuse. There were good links with local DIP teams. Voluntary drug compact targets were usually exceeded but staff working on the unit had not been trained.
- 8.61 The prison drug strategy group met monthly and was generally well supported by representatives from key departments. The substance misuse strategy document gave a detailed outline of each aspect of provision. It was based on a needs analysis and drew on

information from both clinical services and a survey of CARAT clients, but did not include annual developmental objectives.

- 8.62 The CARAT team comprised 10 workers, a team leader provided by Crime Reduction Initiative (CRI) and an overall manager who also covered the housing initiative. At the time of the inspection three members of the team were awaiting security clearance. There was a caseload of 360 prisoners, approximately 80 of whom were suspended, and an assessment target of 110 per month, which was consistently achieved. Provision of treatment was generally good.
- 8.63 A comprehensive database of clients provided a good range of information on which to base and evaluate provision. Suspended CARAT cases were resurrected prior to discharge to ensure appropriate community links could be made. One-to-one work was provided through care plans, and a wide range of in-cell packs covering key aspects of treatment formed the mainstay of most individual work. Once CARAT clients had completed this work, sessions were arranged to manage individual needs.
- 8.64 A prisoner consultation forum consisting of CARAT representatives from each of the four house blocks had been developed about six months previously. Prisoner representatives also acted as supporters to potential or actual CARAT clients, offering information and advice as well as a direct link to CARAT workers. To further publicise the provision a recent monthly newsletter, Chains'n'Change, had been launched. Prisoners we spoke to were positive about their CARATs contact.
- 8.65 A range of further treatment was available through the Wilson centre including auricular acupuncture, creative writing and group work. Two CARAT group work programmes, one in harm minimisation and relapse prevention and the other in alcohol awareness, each offered eight two-hour sessions. A crack cocaine group work programme had been developed but ran infrequently, even though 22% of CARAT clients identified crack cocaine as their drug of choice. The substance misuse officers were generally viewed positively by prisoners. At the time of the inspection three of the nine officers were studying for a university certificate in substance misuse and offending behaviour.
- 8.66 The short duration drug (SDP) programme had started the week of the inspection and was delivered in the Wilson centre five mornings a week. Three officers, including a treatment manager, had been trained and another facilitator was due. Prisoners we spoke to believed that the programme was of benefit and were enthusiastic about participating. CARAT workers were expected to undertake post-programme follow-up work with graduates for up to 12 weeks although there was a lack of training for workers and a lack of clarity about the post-programme role. In our survey almost the same number as the local comparator said they felt that drug or alcohol programmes would help them on release but this was more than twice the number who said so in the 2005 inspection (23% against 10%).
- 8.67 Informal pre-release work was undertaken on a one-to-one basis. Links had been established with appropriate DIP (drug intervention programme) teams in the area, although the CARAT team did not allocate prisoners to workers specifically linked to given DIP areas. Approximately a quarter of all released CARAT clients were referred to Greenwich DIP. The drug strategy principal officer attended the Greenwich DIP steering group and the CARAT manager attended the practitioners' group. The Greenwich DIP service also had a satellite office in the prison car park to contact prisoners when they were initially released. In our survey only 15% against a comparator of 21% said they would have difficulty accessing external drug or alcohol agencies upon release. On house block 2 this figure was 14%.

- 8.68 The expected figure of 220 voluntary drug compacts at any given time was usually exceeded. Prisoners could access the programme from anywhere in the prison, including the vulnerable prisoner unit. A voluntary testing unit had been created on house block 4 and the majority of those on this unit had a history of drug misuse. Although it was an acceptable environment in which to address drug-related issues, staff on the unit did not receive any specific training. While no specific provision was offered on the unit, prisoners had access to the range of programmes available through CARATs and the Wilson centre. Prisoners with key jobs in the establishment were also expected to sign up to regular compliance testing as a condition of employment but this testing appeared to duplicate mandatory drug testing (see section on substance use).
- 8.69 Separate compacts were in place for voluntary and compliance testing. We were told that prisoners were only ever strip-searched when there was specific intelligence to indicate a problem, but the compacts stated that strip-searching would be undertaken on a random basis.
- 8.70 Treatment of alcohol misuse was limited. Treatment provision was available through the CARAT service, on both a one-to-one and group work basis. Alcoholics Anonymous attended the prison weekly but the SDP was not available for alcohol-only users. There was no specific alcohol policy or specifically identified element in the substance misuse policy. Information from CARATs indicated that over 20% of clients identified alcohol as their drug of choice. It was therefore encouraging that the prison was considering the adoption of the COVAID (control of violence for angry impulsive drinkers) programme recently started at HMP Woodhill.

Recommendations

- 8.71 The drug strategy document should include annual developmental targets and objectives.
- 8.72 Appropriate training should be implemented for CARAT staff undertaking post-programme support for the short duration programme.
- 8.73 An alcohol strategy should be developed and alcohol treatment provision extended.
- 8.74 Staff working on the voluntary testing unit should be given specific drugs awareness training to support other treatment options provided.
- 8.75 Prisoners subject to voluntary testing should not be strip-searched unless security information indicates potential breaches of the process.

Children and families of offenders

- 8.76 The Family Man programme and Storybook Dad scheme were offered. Accumulated visits were used creatively to enable prisoners to keep in contact with their families.
- 8.77 The accredited Family Man course had been run at the prison since 2006, and during the week of our inspection the eighth course was completed. It was offered to up to 17 prisoners at a time and provided the opportunity for them to focus on a range of issues relevant to improving family life and parenting skills, culminating in participants presenting what they had learned on the course to their families. We received positive feedback from prisoners completing the course, and from their visitors who attended the final presentation.

- 8.78 The Family Man presentation day was combined with a full-day visit for the families of men completing the course. We observed part of this day which took place in the main visits hall and provided informal opportunities for prisoners and their families to meet, talk and play. The day was well run by prison, PACT and Samaritan volunteers, in a positive atmosphere.
- 8.79 Separate family visit days were available to prisoners on the enhanced level of the incentives and earned privileges scheme. We were told that six or seven such visits were organised each year, usually to coincide with school holidays.
- 8.80 The Storybook Dad scheme had been offered to approximately 80 prisoners in the year to date, and there were plans to expand this further.
- 8.81 Accumulated visits were used creatively to enable contact with families. This included providing daily visits for a prisoner whose father was in the UK for just two weeks. We were also made aware of other examples of family contact being supported by prison staff, including organising telephone calls to reassure a prisoner's family who not had contact with him for some time, and facilitating a visit between a prisoner and his previously estranged child. Much of this work was being undertaken by the Family Man and Storybook Dad team.
- 8.82 A range of information about the resettlement services available at the prison was available in the visitors' centre.

Good practice

- 8.83 *The Family Man and Storybook Dad team worked proactively to facilitate positive contact between prisoners and their families.*

Attitudes, thinking and behaviour

- 8.84 Some interventions were being used to good effect but the prison was unable to meet the majority of offending behaviour needs, especially those of long-term and high risk prisoners.
- 8.85 As identified in our 2003 and 2005 inspections, the lack of accredited offending behaviour interventions severely hampered the prison's ability to help prisoners reduce their risk of reoffending. In 2007 the problem had become more severe as a result of the greater number of indeterminate-sentenced prisoners, the introduction of the offender management model for high-risk prisoners and the increasing difficulty of moving prisoners to more suitable prisons. Our previous recommendation on this issue to the Director General had been accepted in principle and had resulted in the introduction of the accredited short duration drug programme (see section on drugs and alcohol section above).
- 8.86 The non-accredited programmes tackling aspects of a prisoner's attitudes, thinking and behaviour were used to good effect to introduce prisoners to important concepts or different experiences. For example, the objectives of the Beyond course included 'raising awareness of the personal and social factors relevant to offending and positive change; to provide participants with an opportunity to reflect on their lifestyles and the possibility of positive change'. It also offered mentoring for a period of at least six months after release. There had been little staff training to raise awareness of the selection criteria and objectives of these programmes or of other resettlement services, and therefore staff were unable to positively reinforce prisoners' learning or encourage them to practise newly acquired skills.

- 8.87 Generally, prisoner perceptions of offending behaviour work had improved since our last inspection: 17% of prisoners (compared to 3% in 2005) thought their offending behaviour programme would help them on release. Thirty per cent of all prisoners surveyed and 46% of those on house block 2 said they had done something or had something happen to them at Belmarsh that they thought would make them less likely to offend in the future; in 2005 the figure was 18%. However, throughout the inspection we received many complaints from long-term and high-risk prisoners who believed, with some justification, that they were being held back from progressing through their sentence. Too many prisoners were stagnating at Belmarsh without access to the structured interventions (via group work or one-to-one work with psychologists) that they had been assessed as needing.

Recommendations

- 8.88 Prisoners with identified offending behaviour treatment needs should either be transferred within a reasonable period to a prison able to meet those needs or should be able to access suitable interventions at Belmarsh.
- 8.89 All staff coming into regular contact with prisoners, and especially house block officers, should be aware of the selection criteria and objectives of key resettlement interventions so that they are able to properly advise prisoners and positively reinforce prisoners' learning and progress.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations to the Governor

- 9.1 Cells designed for two should not be used to accommodate three prisoners. (HP44)
- 9.2 The violence reduction coordinator should be informed of all violent incidents and unexplained injuries and should be involved in all investigations into violent incidents. There should be an immediate review of all data relating to violence in the establishment, and the information should be used to produce an effective violence reduction strategy. Staff should be trained in how to use the strategy. (HP45)
- 9.3 A full-time foreign nationals coordinator should be appointed and administrative support provided for the post. (HP46)
- 9.4 Prisoners should arrive at activity areas on time and attendance should be managed to ensure maximum use of all activity places. (HP47)
- 9.5 The resettlement strategy document should include annual development targets which should be regularly reviewed by the resettlement strategy committee. (HP48)
- 9.6 There should be sufficient purposeful activity for all prisoners. (HP49)
- 9.7 Managers should monitor and support staff in engaging positively with prisoners on wings. (HP50)
- 9.8 Managers should explore the reasons for the alienation of many Muslim prisoners and take appropriate action. (HP51)

Recommendations to the Chief Executive of NOMS

- 9.9 Once categorisation decisions are made there should be sufficient places in the system for prisoners to be quickly moved to a prison which meets their individual needs. (6.14)
- 9.10 National arrangements should be made with suitable financial institutions to enable prisoners to open a bank account before their release. (8.56)
- 9.11 Prisoners with identified offending behaviour treatment needs should either be transferred within a reasonable period to a prison able to meet those needs or should be able to access suitable interventions at Belmarsh. (8.88)

Recommendation

to NOMS and the Governor

- 9.12 Indeterminate-sentenced prisoners should be quickly moved to a stage 1 lifer centre. If this does not happen then a full risk assessment should be carried out and a sentence plan agreed and communicated to the prisoner within four months of sentencing. (8.31)

Recommendation

to the Prisoner Escort and Custody Service

- 9.13 SERCO should return prisoners to Belmarsh once their court case has been heard. (1.7)
- 9.14 PECS should release spaces as soon as they become available to minimise the time prisoners spend waiting in cells. (1.12)

Recommendations

to the Governor

Arrival in custody

- 9.15 Greater use should be made of the secure link corridor to return prisoners from court. (1.8)
- 9.16 Escort vans should carry refreshments and snacks for prisoners who have not had a recent meal. (1.9)
- 9.17 Prisoners should be removed from the van to an appropriate holding room at the earliest opportunity. (1.10)
- 9.18 Prisoners' property should accompany them to court. (1.11)

Reception and first night

- 9.19 Prisoners' poor perceptions of their safety and treatment in reception should be investigated and addressed. (1.24)
- 9.20 The initial holding room and other holding areas should contain up-to-date relevant information about the prison. (1.25)
- 9.21 Prisoners should be referred to by their first or chosen name in reception and on the first night centre. (1.26)
- 9.22 Staff should not use inappropriate language when dealing with prisoners. Managers should challenge inappropriate behaviour and language. (1.27)
- 9.23 Prisoners should be placed in a secure holding room prior to the cell sharing risk assessment (CSRA) process beginning and the assessment should be completed in private. (1.28)
- 9.24 Vulnerable prisoners should not be put at risk by being located in an area in full view of new arrivals and reception staff should be made aware of the vulnerable prisoner strategy. (1.29)
- 9.25 Prisoners should not be strip-searched without an adequate risk assessment, and they should not be required to squat over a mirror during the search. (1.30)

- 9.26 The secondary holding room should not be referred to as 'the cage' and its appearance should be improved. (1.31)
- 9.27 The availability of a Listener should be advertised in reception and all prisoners should be offered use of the telephone. (1.32)
- 9.28 All prisoners including those who arrive late should receive a full first night interview. (1.33)
- 9.29 Prisoners should be placed in clean, graffiti-free cells on their first night. (1.34)
- 9.30 Staff should wear name badges that clearly identify them. (1.35)
- 9.31 A senior manager should be responsible for reception, first night and induction to ensure good procedures are maintained. (1.36)
- 9.32 The induction programme should always be delivered on the first and second working days after reception and should fully occupy prisoners. (1.37)
- 9.33 Prisoners should be involved in the delivery of the induction programme, and staff should ensure the information given to prisoners is correct. (1.38)

Residential units

- 9.34 Cells and recess areas should be redecorated and suitably refurbished. (2.14)
- 9.35 Staff on house blocks should be able to clearly and quickly identify any prisoner requiring assistance in the event of an emergency evacuation. (2.15)
- 9.36 Prisoners should be given twice-yearly opportunities to receive additional clothing from their families. (2.16)
- 9.37 Requests for access to stored property should be dealt with within a week of the application being made. (2.17)
- 9.38 Prisoners should be given sufficient notice of cancellations to evening association to allow them to shower during the morning unlock period. (2.18)
- 9.39 Problems in providing hot water for washing on some house blocks should be resolved. (2.19)

High security unit

- 9.40 A regime should be provided that includes daily periods of purposeful activity for all prisoners in the high security unit. (2.27)

Vulnerable prisoners unit

- 9.41 A full regime including purposeful activity, exercise and daily association should be offered to all vulnerable prisoners. (2.32)
- 9.42 Vulnerable prisoners temporarily held on spur three should be protected from intimidation from other prisoners. (2.33)

Staff–prisoner relationships

- 9.43 Prisoners should be addressed by their first or preferred name. (2.37)
- 9.44 Managers should continue to monitor and model positive and appropriate relationships between staff and prisoners. (2.38)

Personal officers

- 9.45 Training should be provided to all staff in regular contact with prisoners to increase their understanding of prisoners' resettlement needs and associated interventions. (2.43)
- 9.46 Personal officers should be aware of the particular needs and risks associated with their prisoners and this should be reflected in records of their contact with them. (2.44)
- 9.47 The personal officer scheme should be clearly displayed in all house blocks. (2.45)

Bullying and violence reduction

- 9.48 The violence reduction coordinator should be given a job description and be allocated sufficient time for the role. The coordinator should be tasked with collating all incident data. (3.9)
- 9.49 Interventions for both bullies and victims of bullying should be introduced. Bullies should be made aware of how to address their anti-social behaviour and victims should be individually supported. (3.10)

Self-harm and suicide

- 9.50 The safer custody strategy should be published and staff should be made aware of its contents. (3.18)
- 9.51 All areas of the prison should be represented at safer custody meetings. A deputy for each area should attend if the nominated individual is unable to do so. (3.19)
- 9.52 Detailed analysis of the trend data for prisoners at risk should take place at the safer custody meetings. (3.20)
- 9.53 The safer custody coordinator should quality check current and closed ACCT documents to establish best practice and should ensure this information is included in staff training and in staff notices and briefings. (3.21)
- 9.54 The death in custody action plan should be completed within target dates. The area office should quality check the plan and inform the Prison and Probation Ombudsman when it is satisfied that all action points have been appropriately addressed. (3.22)
- 9.55 All staff should carry anti-ligature knives at all times. (3.23)
- 9.56 There should be a protocol to assist prisoners who express an imminent intention to self-harm. (3.24)

- 9.57 All instances of self-harm should be reported in the appropriate self-harm documentation. (3.25)
- 9.58 Listeners' suites should be located in an area that offers reasonable privacy. The suites should be furnished to allow prisoners who are in distress for long periods to rest there. (3.26)

Diversity

- 9.59 A comprehensive diversity policy should be issued. (3.33)
- 9.60 Facilities should be put in place to accommodate mobility-impaired prisoners on normal location. (3.34)

Contact with families and friends

- 9.61 Prisoners' mail should only be opened to carry out legitimate or targeted censorship. (3.68)
- 9.62 Prisoners should be given sufficient notice of cancellations to evening association to allow them to make a telephone call during the morning unlock period. (3.69)
- 9.63 Telephones on spur 3 of house block 4 should be relocated to an area where staff can better observe them. (3.70)
- 9.64 Vulnerable prisoners should have the same opportunities to receive visits as other prisoners. (3.71)
- 9.65 Prisoner holding rooms should be redecorated and brightened by more use of displayed information or posters. Managers should inspect them on a weekly basis and ensure graffiti is noted and removed. (3.72)
- 9.66 An adequate private search room should be provided. (3.73)
- 9.67 Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence. (3.74)

Applications and complaints

- 9.68 Regular reviews of the applications system should take the views of staff and prisoners into account in order to correct any shortcomings and improve prisoner satisfaction with the process. (3.81)
- 9.69 A computerised database should be introduced to manage and analyse prisoner complaints. (3.82)
- 9.70 Responses to prisoners' complaints should be legible, address the issues raised and respect the prisoner's right to use the complaints process. (3.83)
- 9.71 Complaints against staff should be monitored and fully investigated by a senior manager. (3.84)
- 9.72 The complaints clerk should follow up interim and deferred replies to ensure that all investigations are concluded and that a record of the response is sent to the prisoner. (3.85)

Legal rights

- 9.73 Cover should be provided when the legal services officer is absent. (3.91)
- 9.74 All new receptions should be seen by the legal services officer. (3.92)
- 9.75 Posters advertising legal services should contain correct information, and a photograph of the legal services officer. (3.93)
- 9.76 Prisoners who need to contact their solicitor and have no finances should be given a legal phone call at the establishment's expense. (3.94)
- 9.77 Legal services for recalled prisoners should be improved. (3.95)

Substance use

- 9.78 The clinical support team and CARATs should develop a mechanism of joint care-planning to provide an effective integrated service. (3.106)
- 9.79 A programme of psychosocial support should be developed for those subject to clinical support. (3.107)
- 9.80 Prisoners subject to clinical support, detoxification or maintenance should, as far as practicable, be accommodated on the same wing. (3.108)
- 9.81 Risk testing under mandatory drug testing should not duplicate voluntary testing. (3.109)
- 9.82 Mandatory drug testing should be provided on a regular basis, without long periods of non-testing. (3.110)

Young adult prisoners

- 9.83 There should be regularly updated maturity and needs assessments of all young adults. (3.114)
- 9.84 Young adults should have a structured and rigorous regime, with access to education, employment and the gym. (3.115)

Health services

- 9.85 The joint working arrangements between the prison and the PCT should adhere to Department of Health quality and regulatory frameworks such as national service frameworks (NSFs) and quality and outcomes framework (QoF) data. (4.49)
- 9.86 All prisoners, including those in the HSU, should have equal access to health services. (4.50)
- 9.87 An action plan to address the 2006 audit of infection control and decontamination standards should be devised and implemented immediately. (4.51)

- 9.88 Prisoners should be able to easily recognise the different grades of clinical staff. Nurses should wear badges stating their name and grade. (4.52)
- 9.89 The Partnership Board should review the PCT's decision that hospital officers without a registerable qualification cannot carry out clinical duties and should implement a competency-based approach instead. (4.53)
- 9.90 All staff should receive annual resuscitation training and all those administering immunisations and vaccinations should be trained in anaphylaxis. (4.54)
- 9.91 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist advice as required. (4.55)
- 9.92 All clinical records should conform to professional guidance from the regulatory bodies. (4.56)
- 9.93 Clinical records should provide a contemporaneous record of care and should be filed promptly. (4.57)
- 9.94 There should be information sharing protocols to ensure efficient sharing of relevant health and social care information. (4.58)
- 9.95 The protocol for the use of the first night centre should be clearly explained to all clinical staff to ensure that prisoners' care is not compromised. (4.59)
- 9.96 There should be regular review clinics for those with life-long conditions. (4.60)
- 9.97 Triage algorithms should be used to ensure consistency of care. (4.61)
- 9.98 It should be possible to book an appointment with the GP and this should be auditable. (4.62)
- 9.99 Barrier protection should be freely available to all prisoners. (4.63)
- 9.100 Priority should be given to a refurbishment programme for the inpatient unit. (4.64)
- 9.101 The number of safe cells should be increased to ensure patients are nursed in the main inpatient unit and not elsewhere in the prison. (4.65)
- 9.102 Privacy hoods should be provided at all medicine administration points. (4.66)
- 9.103 Prescription and administration charts should always be completed properly and should include records of when patients refuse medication or fail to attend. All failures to attend should be recorded and followed up without delay. (4.67)
- 9.104 The pharmacist should introduce pharmacy clinics and medication reviews. (4.68)
- 9.105 The in-possession policy should include a documented risk assessment of individual patients. (4.69)
- 9.106 Pharmacy staff should monitor the use of special sick medication. (4.70)
- 9.107 The pharmacist should control the medicine which is provided to prisoners from stock. (4.71)
- 9.108 A dual-labelling system should be introduced to ensure that stock supplied is audited. (4.72)

- 9.109 Controlled drugs should be transported throughout the prison in locked boxes. (4.73)
- 9.110 The PCT should be represented on the medicines and therapeutics committee. (4.74)
- 9.111 Equipment in the dental surgery should be reviewed by the PCT dental adviser and faulty equipment should be replaced urgently. (4.75)
- 9.112 The purchase of additional hand-held equipment for the dental surgery should be expedited. (4.76)

Activities

- 9.113 The range of learning and skills provision should increase to meet the needs of prisoners. (5.21)
- 9.114 All prisoners, irrespective of their location, should receive a thorough initial assessment of their needs and induction to learning and skills. (5.22)
- 9.115 Prisoners' allocation to education and work should be better integrated and linked to sentence planning. (5.23)
- 9.116 The proportion of prisoners who are able to earn more than the minimum weekly wage of £2.50 should be increased. (5.24)
- 9.117 Prisoners and teachers should not be locked in classrooms or the library. (5.25)

PE and health promotion

- 9.118 There should be better monitoring of the take-up of PE to ensure fair access. (5.35)

Faith and religious activity

- 9.119 Muslim prisoners held in the vulnerable prisoner unit should have the opportunity to attend corporate worship. (5.44)
- 9.120 Better washing facilities should be provided outside the main area for Muslim worship. (5.45)

Time out of cell

- 9.121 All prisoners should be allowed to spend at least 10 hours out of their cells on weekdays, except in exceptional circumstances. (5.53)
- 9.122 Prisoners should be able to have association every weekday evening. (5.54)

Security and rules

- 9.123 The number of category A prisoners allowed in education should be based solely on individual risk assessment. (6.10)

- 9.124 Representatives of the security committee and violence reduction committee should attend each others' meetings. (6.11)
- 9.125 Prisoners should be consulted when recategorisation review decisions are made. (6.12)
- 9.126 Categorisation and allocation decisions should be communicated to prisoners, both verbally and in writing. (6.13)

Discipline

- 9.127 The quality of the records of adjudication should be improved and show that sufficient investigation into charges has taken place. (6.20)
- 9.128 Use of force documentation should describe attempts at de-escalation to ensure that force is used as a last resort. (6.25)
- 9.129 Conditions in the special cells should be improved and seating and a bed installed. (6.34)
- 9.130 The regime for prisoners held in the segregation unit for longer periods should be improved to include some purposeful activity out of cell. (6.35)

Incentives and earned privileges

- 9.131 The incentives and earned privileges (IEP) scheme should not be linked to voluntary drug testing. (6.42)
- 9.132 Prisoners who have clearly demonstrated an acceptable level of behaviour should be automatically reviewed for progression to enhanced status. (6.43)
- 9.133 IEP boards should be managed by staff of a consistent grade throughout the prison. (6.44)

Catering

- 9.134 There should be continued efforts to improve prisoner satisfaction with the food and to meet religious, cultural and special dietary requirements. (7.9)
- 9.135 Prisoners should have the opportunity to dine in association. Where they are required to eat their meals in their cells they should be able to sit at a table with the cell toilet fully screened off. (7.10)
- 9.136 Food should not be stored in heated trolleys for more than 45 minutes. (7.11)
- 9.137 Prisoners and staff should complete basic food hygiene training before working with food. (7.12)
- 9.138 Prisoners working in the kitchen should be able to gain relevant qualifications. (7.13)

Shop

- 9.139 Prisoners should have ready access to their account details so they can make informed choices from the shop list. (7.21)

9.140 The range of products for black and minority ethnic prisoners should be increased. (7.22)

Offender management and planning

- 9.141 Information about offender management and planning should be available in a range of languages. (8.22)
- 9.142 When offender managers are unable to attend sentence planning boards, video conferencing should be used. (8.23)
- 9.143 Sentence planning boards should include contributions from all departments to ensure all appropriate needs are considered in preparing sentence plan objectives. (8.24)
- 9.144 Short-term and remand prisoners should have individual resettlement plans based on the London Initial Screening Assessment and Referral (LISAR) assessment, with contributions from each of the seven resettlement pathways. (8.25)
- 9.145 Pre-release boards should take place to ensure resettlement needs have been addressed. (8.26)
- 9.146 Exit questionnaires should be completed to inform ongoing resettlement developments. (8.27)
- 9.147 Work to identify any restrictions for public protection reasons should be carried out promptly, and prisoners notified of the outcomes. (8.28)
- 9.148 More staff in the public protection unit should be trained to access pre-conviction information from the police national computer. (8.29)
- 9.149 All prisoners facing a potential indeterminate sentence should be identified and seen by a lifer trained officer. (8.30)
- 9.150 An agreed sentence plan should be used to inform subsequent prison allocation decisions for indeterminate-sentenced prisoners. (8.32)

Resettlement pathways

- 9.151 Suitable, trained and supported prisoners should be recruited to act as resettlement peer workers or advisers to support and enhance the work of resettlement staff. (8.50)
- 9.152 Information, advice and guidance (IAG) should be sufficient to meet the needs of the population. (8.51)
- 9.153 Subject to risk assessment and identified need as part of a formal resettlement plan, category C prisoners should have the opportunity to apply for work or education in the community during at least their last three months of sentence. (8.52)
- 9.154 All prisoners should undertake a pre-release resettlement course tailored to their needs. (8.53)
- 9.155 Prisoners' financial situation should be assessed on induction and specialist assistance with debt management or reduction provided. (8.54)

- 9.156 All prisoners should be able to access courses on budgeting and finance if required and financial management should be a key element of the preparation for work and pre-release courses. (8.55)
- 9.157 All prisoners being released from Belmarsh should be given information about how to access health and social care services on release and support in accessing the services if required. (8.57)
- 9.158 The drug strategy document should include annual developmental targets and objectives. (8.71)
- 9.159 Appropriate training should be implemented for CARAT staff undertaking post- programme support for the short duration programme. (8.72)
- 9.160 An alcohol strategy should be developed and alcohol treatment provision extended. (8.73)
- 9.161 Staff working on the voluntary testing unit should be given specific drugs awareness training to support other treatment options provided. (8.74)
- 9.162 Prisoners subject to voluntary testing should not be strip-searched unless security information indicates potential breaches of the process. (8.75)
- 9.163 All staff coming into regular contact with prisoners, and especially house block officers, should be aware of the selection criteria and objectives of key resettlement interventions so that they are able to properly advise prisoners and positively reinforce prisoners' learning and progress. (8.89)

Housekeeping points

Residential units

- 9.164 External areas should be cleaned on a daily basis to keep them free of litter. (2.20)
- 9.165 Prisoners should be allowed to have duvets and curtains as earned privileges. (2.21)

Health services

- 9.166 Where medicine fridge temperatures exceed acceptable limits remedial action should be taken and documented appropriately. (4.77)
- 9.167 Emergency oxygen equipment should be in the dental surgery whenever patients are being treated. (4.78)
- 9.168 Clinical waste should be removed from the dental surgery at the end of each session. (4.79)
- 9.169 An oral hygiene programme for patients should be introduced. (4.80)
- 9.170 A dining table should be provided for inpatients. (4.81)

9.171 The inpatient exercise area should be redesigned, cleaned and provided with adequate facilities to enhance patient care. (4.82)

9.172 The tracer system for clinical notes should be enforced by managers. (4.83)

9.173 Information on health services should be available in a variety of languages. (4.84)

Activities

9.174 The induction programme should include an introduction, and where possible, a visit, to the library to improve prisoners' access. (5.26)

9.175 A CD loan service, including music, should be made available to meet the diverse needs of all prisoners. (5.27)

Faith and religious activity

9.176 Sunday routines should be reviewed to ensure that Catholic prisoners who wish to attend mass can do so without having to miss their breakfast. (5.46)

Catering

9.177 Managers should clarify whether one or two portions of vegetables can be served with the evening meal. (7.14)

Resettlement

9.178 Managers should explore the reported low levels of awareness of resettlement services to ensure information is appropriately conveyed and reinforced to prisoners. (8.58)

Good practice

Health services

9.179 The management of prisoners with mental health needs by one cohesive mental health team ensured continuity of care for all prisoners. The team was committed and thorough in its work and prisoners benefited from the excellent leadership displayed by the lead consultant psychiatrist.(4.85)

9.180 The training offered to medical students, specialist registrars and others provided opportunities to experience the delivery of healthcare in a custodial setting that they would not otherwise have had.(4.86)

9.181 Patients were invited to the weekly patient management meetings which allowed them to discuss their overall management and future care. (4.87)

Discipline

9.182 Prisoners in segregation had care management plans and were allowed access to written reports, including entries in their personal files. (6.36)

Resettlement

9.183 The education provider ensured prisoner records followed them when they transferred to other prisons or were released under the supervision of the Probation Service. (8.59)

9.184 The Family Man and Storybook Dad team worked proactively to facilitate positive contact between prisoners and their families. (8.83)

Appendix I: Inspection team

Anne Owers	HM Chief Inspector of Prisons
Francis Masserick	Team Leader
Gail Hunt	Inspector
Keith McInnis	Inspector
Vinnett Percy	Inspector
Gordon Riach	Inspector
John Simpson	Inspector
Sean Sullivan	Inspector
Elizabeth Tysoe	Healthcare Inspector
Bridget McEvilly	Healthcare Inspector
Simon Denton	Pharmacy Inspector
John Reynolds	Dental Services Inspector
Julia Fossi	Senior Researcher
Sherrelle Parke	Researcher

Ofsted

Simon Cutting	Team Leader
Bob Cowdrey	Inspector
Julie Pomone	Inspector
Jane Robinson	Inspector

Guest inspectors

Elaine Biddell	Healthcare Commission
Andy Smith	HM Inspectorate of Probation

Appendix II: Prison population profile (adults)

(i) Status	Number	%
Sentenced	519	57
Convicted but unsentenced	114	12
Remand	252	28
Detainees (single power status)	29	3
Total	914	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	106	20.5
6 months to less than 12 months	69	13
12 months to less than 2 years	62	12
2 years to less than 4 years	54	10
4 years to less than 10 years	105	20.5
10 years and over (not life)	40	8
Life	83	16
Total	519	100

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				

3 months to 6 months	Information not available
6 months to 1 year	
1 year to 2 years	
2 years to 4 years	
4 years or more	
Total	

(iv) Main offence	Number	%
Violence against the person	217	24
Sexual offences	58	6.2
Burglary	42	5
Robbery	61	7
Theft and handling	47	5
Fraud and forgery	2	0.2
Drugs offences	66	7
Other offences	415	45
Offence not recorded/holding warrant	6	0.6
Total	914	100

(v) Age	Number	%
18 years to 20 years	8	0.9
21 years to 29 years	400	44
30 years to 39 years	267	29
40 years to 49 years	168	18

50 years to 59 years	47	5
60 years to 69 years	23	3
70 plus years: <i>maximum age - 76</i>	1	0.1
Total	914	100

(vi) Home address	Number	%
Within 50 miles of the prison	537	59
Between 50 & 100 miles of the prison	8	0.9
Over 100 miles from the prison	53	6
Overseas	205	22
No fixed address	111	12
Total	914	100

(vii) Nationality	Number	%
British	661	72
Foreign nationals	253	28
Total	914	100

(viii) Ethnicity	Number	%
<i>White</i>		
British	437	48
Irish	13	1
Other White	60	7
<i>Mixed</i>		

White and Black Caribbean	21	2
White and Black African	2	0.2
White and Asian	1	0.1
Other Mixed	10	1
<i>Asian or Asian British</i>		
Indian	21	2
Pakistani	22	2
Bangladeshi	4	0.4
Other Asian	40	5
<i>Black or Black British</i>		
Caribbean	100	11
African	84	9
Other Black	65	7
<i>Chinese or other ethnic group</i>		
Chinese	7	0.7
Other ethnic group	27	3
Total	914	100

(ix) Religion	Number	%
Baptist	0	0
Church of England	201	22
Roman Catholic	155	17
Other Christian denominations	9	0.9
Muslim	198	22

Sikh	18	<i>2</i>
Hindu	12	<i>1</i>
Buddhist	9	<i>0.9</i>
Jewish	3	<i>0.3</i>
Other	43	<i>5</i>
No religion	266	<i>29</i>
Total	914	<i>100</i>

Appendix III: Safety interviews

SAFETY INTERVIEWS

Sixteen safety interviews were carried out across the establishment; four on each of the four main house blocks 1, 2, 3, and 4.

Demographic information

- The average age of interviewees was 30 years- ranging from 19 years to 63 years.
- The length of time spent at HMP Belmarsh ranged from 4 days to three years, and the range was the same for length of time spent in prison on a current sentence.
- Eleven interviewees were sentenced and five were on remand.
- Sentence length ranged from four months to life sentences and two IPP sentences.
- Six interviewees identified themselves as White British, and one as White European. Nine interviewees described themselves as coming from a BME background; five interviewees were from various Asian backgrounds, three were of mixed race and one was Black British.
- Only one of the interviewees was a Foreign National, and three stated that English was not their first language, although all spoke and understood fluent English.
- Seven interviewees stated that they were not religious; five stated that they were Muslim, three stated that they were Church of England, and one Hindu.
- When asked about a perceived or actual disability, one interviewee stated he was illiterate, and one stated his history of mental illness.
- All interviewees described their sexual orientation as heterosexual.

Safety questions

The seriousness score is calculated using the number of people who felt that the issue in question was a problem and multiplying it by the average rating score (1 a little unsafe - 4 extremely unsafe). Those scores highlighted in red indicate issues where over 50% of the interviewees stated that this was a problem for them.

Safety Issue	Average Rating	Seriousness Score
The way staff behave with prisoners	2.6	17.5
Procedures for discipline	2.7	16.2
Overcrowding	3.8	15
Response of staff with regards to fights/ bullying/self harm	3.3	13
Isolation (within the prison)	2	12
Discrimination on the basis of religion by staff	2.5	7.5
Gang culture	3.5	7
Lack of info regarding the prison regime	3.5	7
Healthcare	3	6
Detox facilities	3	6
Discrimination on the basis of culture/ethnicity by staff	2.8	5.5
Layout/ structure of the prison	2	4
Not enough surveillance cameras on the wing	2	4
Lack of staff on duty at night	4	4
Aggressive body language of staff	4	4

Lack of staff on duty during association	4	4
Lack of trust in staff (confidentiality)	1.5	3
Lack of confidence in staff	3	3
Staff members giving favours in return for something	3	3
Discrimination on the basis of religion by prisoners	3	3
Availability of drugs	2	2
Existence of an illegal market	2	2
Discrimination on the basis of culture/ethnicity by prisoners	1	1

The comments and reasoning behind the answers given by interviewees were noted. Examples of this for the most significant issues were:

The way staff behave with prisoners

'Verbal intimidation and bullying goes on a lot'

'Only one out of 20 officers is a problem...'

'Officers can be very rude. If you miss last call for dinner/exercise, you miss out -even if you have a good reason!'

'I was treated poorly by Reception staff. It was frustrating.'

'[this issue is] ...more annoying than a safety issue.'

'Staff are afraid of prisoners, so they are always on the defensive.'

'Intimidation in reception by rude cocky staff -e.g. "Don't drop the soap" -staff on HB3 are much better.'

'If your face doesn't fit, you're at a disadvantage.'

Procedures for discipline

'Staff are over eager with discipline. They don't try to calm the situation. It doesn't happen often though.'

'Staff are over-eager with their use of force. E.g. Yesterday's alarm bell went off just because someone was talking loudly [and the situation escalated].'

'I had an unfair IEP warning -for having cinnamon in my cell.'

'Staff over react for something small - they smash you face on the floor...'

'They go overboard with the C&R'

'Seen people being dragged along the floor - just for making a minor comment or tutting.'

Isolation

'Felt isolated when I first arrived'

Overcrowding

'In the holding room I feel unsafe as there are too many of us.'

'Three in a cell is too cramped.'

'You don't know who you will share a cell with - overcrowding leads to other problems.'

'Don't know who you will end up in a cell with.'

Response to fights/bullying

'[Staff] use force too excessively: 10 officers appear to break up a fight when only 4 are necessary.'

'I've seen officers bully more vulnerable prisoners who can't stand up for themselves.'

'Depends who you are - some prisoners who are favourites with the staff will not get punished for certain things, and others will.'

'Saw them rush in on my first day here. It was too much.'

'It would still take a while for them to get from the office to the landing where the fight is...'

Discrimination on the basis of religion by staff

'Staff asked me why I was reading the Koran. I doubt it would have happened if I was reading the Bible...'

'I've had a racist joke made about my prayer mat - an officer called it "magic carpet" - even the other officers were not happy.'

'The staff perception of Muslims is quite negative.'

'They tar all Muslims with the same brush...'

Gangs

'There are groups not gangs!'

'I saw three Muslims bullying a prisoner, but it didn't make me feel unsafe because officers dealt with it.'

'I fear some of the London gangs here.'

'The Muslim [groups] are very bad here. They recruit young Black guys, and if you don't agree with them or follow them, you get threatened. Officers are naive to the full extent of the problem.'

Lack of information regarding prison regime

'Regime was not mentioned in my induction.'

'I came in on Friday and didn't get any info until Monday. I didn't know a thing.'

Other safety issues brought up by interviewees when asked "Is there anything else here that makes you feel unsafe?":

'Officers having "night sticks" (i.e. Batons)'

'When the alarm bell goes off during an incident and they all come in running towards you shouting and pushing you out the way.'

'Being mixed with Cat A prisoners. If they're here for life, they have nothing to lose.'

'If you refuse direct orders, you know staff will get heavy with you -e.g. If you don't want to move to another prison.'

'The type of people you have to share a cell with.'

'Having to move to another House block, and prisoners stealing my canteen.'

'You don't feel like there is anyone watching over you to keep you safe.'

'Visits are mixed with VPs and main prisoners.'

Overall rating

Interviewees were asked to give an overall rating for safety at HMP Belmarsh, with 1 being 'very unsafe' and 5 being 'very safe'. **The average rating was 3.4.**

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 10 September 2007 the prisoner population at HMP Belmarsh was 878. The baseline sample size was 135. Overall, this represented 15% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 116 respondents completed and returned their questionnaires. This represented 13% of the prison population. The response rate was 86%. In addition to the six respondents who refused to complete a questionnaire, thirteen questionnaires were not returned or were returned blank.

Comparisons

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

Presented alongside the results from this survey, are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in thirty-six local prisons since April 2003.

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

In all the above documents, statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.



Prisoner Survey Responses HMP Belmarsh 2007

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

		HMP Belmarsh 2007	Local prisons comparator
	Any percent highlighted in green is significantly better than the local prisons comparator		
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	116	3673
2	Are you under 21 years of age?	1	4
3	Are you transgender or transsexual?	0	0
4	Are you sentenced?	61	65
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6	6
6	If you are sentenced, are you on recall?	6	14
7	Is your sentence less than 12 months?	15	19
8	Do you have less than six months to serve?	24	31
9	Have you been in this prison less than a month?	12	22
10	Are you a foreign national?	21	12
11	Is English your first language?	85	91
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	41	24
13	Are you Muslim?	19	9
14	Are you gay or bisexual?	3	3
15	Do you consider yourself to have a disability?	16	16
16	Are you a Registered Disabled Person?	4	6
17	Is this your first time in prison?	37	25
18	Do you have any children?	57	58
SECTION 2: Transfers and Escorts			
19a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	50	50
19b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	55	59
19c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	15	11
19d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	32	28
19e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	20	11
20	Did you spend more than four hours in the van?	6	4
21	Were you treated well/very well by the escort staff?	65	68
22a	Did you know where you were going when you left court or when transferred from another establishment?	62	76
22b	Before you arrived here did you receive any written information about what would happen to you?	18	14
22c	When you first arrived here did your property arrive at the same time as you?	76	83

Key to tables

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	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 3: Reception, first night and induction			
24a	Did you have any problems when you first arrived?	83	76
24b	Did you have any problems with loss of transferred property when you first arrived?	13	9
24c	Did you have any housing problems when you first arrived?	26	21
24d	Did you have any problems contacting employers when you first arrived?	8	5
24e	Did you have any problems contacting family when you first arrived?	53	30
24f	Did you have any problems ensuring dependents were being looked after when you first arrived?	10	7
24g	Did you have any money worries when you first arrived?	26	24
24h	Did you have any problems with feeling depressed or suicidal when you first arrived?	23	23
24i	Did you have any drug problems when you first arrived?	19	19
24j	Did you have any alcohol problems when you first arrived?	17	22
24k	Did you have any health problems when you first arrived?	26	24
24l	Did you have any problems with needing protection from other prisoners when you first arrived?	5	9
25a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	27	14
25b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	24	28
25c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	16	17
25d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	43	57
25e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	19	21
25f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	27	18
25g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	36	43
25h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	42	50
25i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	34	42
25j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	41	50
25k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	31	26
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	68	86
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	41	68
27	Were you treated well/very well in reception?	40	59
28a	Did you receive a reception pack on your day of arrival?	57	73
28b	Did you receive information about what was going to happen here on your day of arrival?	34	42
28c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	32	42
28d	Did you have the opportunity to have a shower on your day of arrival?	14	34

Key to tables

	HMP Belmarsh 2007	Local prisons comparator
 	Any percent highlighted in green is significantly better than the local prisons comparator	
 	Any percent highlighted in blue is significantly worse than the local prisons comparator	
 	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator	
SECTION 3: Reception, first night and induction continued		
28e	Did you get the opportunity to have a free telephone call on your day of arrival?	19 55
28f	Did you get information about routine requests on your day of arrival?	26 31
28g	Did you get something to eat on your day of arrival?	76 82
28h	Did you get information about visits on your day of arrival?	26 41
29a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	30 48
29b	Did you have access to someone from healthcare within the first 24 hours?	53 67
29c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	30 32
29d	Did you have access to the prison shop/canteen within the first 24 hours?	18 20
30	Did you feel safe on your first night here?	60 73
31	Did you go on an induction course within the first week?	66 59
32	Did the induction course cover everything you needed to know about the prison?	52 41
33	Did you receive a 'basic skills' assessment within the first week?	42 42
SECTION 4: Legal Rights and Respectful Custody		
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	32 42
35b	Is it very easy/easy for you to attend legal visits?	54 63
35c	Is it very easy/easy for you to obtain bail information?	23 25
36	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43 43
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	44 52
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	45 77
37c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	81 84
37d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	77 65
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	32 37
37f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69 63
37g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	18 29
38	Is the food in this prison good/very good?	14 25
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52 43
40a	Is it easy/very easy to get a complaints form?	79 79
40b	Is it easy/very easy to get an application form?	89 84
41a	Do you feel applications are sorted out fairly?	50 40
41b	Do you feel your applications are sorted out promptly?	33 39
41c	Do you feel complaints are sorted out fairly?	17 28
41d	Do you feel complaints are sorted out promptly?	13 28
41e	Are you given information about how to make an appeal?	28 33
42	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	14 13
43	Do you know how to apply to the Prisons and Probation Ombudsman?	27 39

Key to tables

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	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 4: Legal Rights and Respectful Custody continued			
44	Is it easy/very easy to contact the Independent Monitoring Board?	22	31
45	Are you on the enhanced (top) level of the IEP scheme?	25	24
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	45	47
47a	In the last six months have any members of staff physically restrained you (C & R)?	9	7
47b	In the last six months have you spent a night in the segregation/care and separation unit?	10	12
48a	Do you feel your religious beliefs are respected?	52	54
48b	Are you able to speak to a religious leader of your faith in private if you want to?	56	59
49	Are you able to speak to a Listener at any time, if you want to?	64	64
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	64	63
50b	Do most staff, in this prison, treat you with respect?	60	68
SECTION 5: Safety			
52	Have you ever felt unsafe in this prison?	49	38
53	Do you feel unsafe in this establishment at the moment?	27	21
55	Have you been victimised (insulted or assaulted) by another prisoner?	22	23
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	8	12
56b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	8	8
56c	Have you been sexually abused since you have been here? (By prisoners)	1	1
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6	4
56e	Have you been victimised because of drugs since you have been here? (By prisoners)	2	3
56f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	5	4
56g	Have you ever been victimised because you were new here? (By prisoners)	2	5
56h	Have you ever been victimised because of your sexuality? (By prisoners)	1	1
56i	Have you ever been victimised because you have a disability? (By prisoners)	1	2
56j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	5	2
56k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	2	4
57	Have you been victimised (insulted or assaulted) by a member of staff?	33	25
58a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	18	14
58b	Have you been hit, kicked or assaulted since you have been here? (By staff)	8	5
58c	Have you been sexually abused since you have been here? (By staff)	0	1
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8	5
58e	Have you been victimised because of drugs since you have been here? (By staff)	1	4
58f	Have you ever been victimised because you were new here? (By staff)	8	5
58g	Have you ever been victimised because of your sexuality? (By staff)	0	1
58h	Have you ever been victimised because you have a disability? (By staff)	1	3
58i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	9	3

Key to tables

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SECTION 5: Safety continued			
58j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	5	4
59	Did you report any victimisation that you have experienced?	19	11
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	28	24
61	Have you ever felt threatened or intimidated by a member of staff in here?	36	24
62	Is it very easy/easy to get illegal drugs in this prison?	26	32
SECTION 6: Healthcare			
64	Do you think the overall quality of the healthcare is good/very good?	41	34
65a	Is it very easy/easy to see the doctor?	32	25
65b	Is it very easy/easy to see the nurse?	64	45
65c	Is it very easy/easy to see the dentist?	16	7
65d	Is it very easy/easy to see the optician?	15	8
65e	Is it very easy/easy to see the pharmacist?	17	23
66a	Do you think the quality of healthcare from the doctor is good/very good?	35	35
66b	Do you think the quality of healthcare from the nurse is good/very good?	51	48
66c	Do you think the quality of healthcare from the dentist is good/very good?	25	19
66d	Do you think the quality of healthcare from the optician is good/very good?	19	15
66e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	21	33
67	Are you currently taking medication?	41	41
68	Are you allowed to keep possession of your medication in your own cell?	30	27
SECTION 7: Purposeful Activity			
70a	Do you feel your job will help you on release?	22	23
70b	Do you feel your vocational or skills training will help you on release?	23	24
70c	Do you feel your education (including basic skills) will help you on release?	27	36
70d	Do you feel your offending behaviour programmes will help you on release?	17	21
70e	Do you feel your drug or alcohol programmes will help you on release?	23	25
71	Do you go to the library at least once a week?	19	38
72	Can you get access to a newspaper every day?	51	37
73	On average, do you go to the gym at least twice a week?	32	38
74	On average, do you go outside for exercise three or more times a week?	51	41
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7	10
76	On average, do you go on association more than five times each week?	15	48
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18	17

Key to tables

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SECTION 8: Resettlement			
79	Did you first meet your personal officer in the first week?	24	14
80	Do you think your personal officer is helpful/very helpful?	37	22
81	Do you have a sentence plan?	12	24
82	Were you involved/very involved in the development of your sentence plan?	8	14
83	Can you achieve all or some of your sentence plan targets in this prison?	5	12
84	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	7	9
85	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	12	19
86	Do you feel that any member of staff has helped you to prepare for release?	8	15
87	Have you had any problems with sending or receiving mail?	49	44
88	Have you had any problems getting access to the telephones?	41	33
89	Did you have a visit in the first week that you were here?	29	37
90	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	64	65
91	Did you receive five or more visits in the last week?	0	1
92a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	21	27
92b	Do you think you will have a problem with finding a job following your release from this prison?	55	55
92c	Do you think you will have a problem with finding accommodation following your release from this prison?	53	49
92d	Do you think you will have a problem with money and finances following your release from this prison?	57	60
92e	Do you think you will have a problem with claiming benefits following your release from this prison?	38	38
92f	Do you think you will have a problem with arranging a place a place at college or continuing education following your release from this prison?	42	39
92g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	15	21
92h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	23	25
92i	Do you think you will have a problem with opening a bank account following your release from this prison?	39	45
SECTION 8: Resettlement continued			

Key to tables

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93a	Do you think you will have a problem with drugs when you leave this prison?	10	18
93b	Do you think you will have a problem with alcohol when you leave this prison?	12	14
94a	Do you know who to contact, within this prison, to get help with finding a job on release?	21	40
94b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	27	43
94c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	14	31
94d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	25	46
94e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	16	31
94f	Do you know who to contact within this prison to get help with external drugs courses etc	28	45
94g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	28	35
94h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	22	32
95	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	30	31



Key Question Responses (Ethnicity, Nationality and Religion) HMP Belmarsh 2007

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

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		47	69	24	90	21	87
4	Are you sentenced? (Not tested for significance)	50	68	58	63	52	61
10	Are you a foreign national? (Not tested for significance)	38	10			35	19
11	Is English your first language? (Not tested for significance)	74	93	54	93	80	86
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)			71	31	91	31
13	Are you Muslim? (Not tested for significance)	41	3	31	16		
17	Is this your first time in prison? (Not tested for significance)	49	29	75	27	40	36
21	Were you treated well/very well by the escort staff?	61	67	64	65	50	67
22a	Did you know where you were going when you left court or when transferred from another establishment?	56	67	44	66	52	63
24	Did you have any problems when you first arrived?	83	84	75	85	95	80
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	67	68	55	71	57	69
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	39	43	48	41	19	48
27	Were you treated well/very well in reception?	37	42	46	39	19	47
30	Did you feel safe on your first night here?	47	68	46	64	33	64
31	Did you go on an induction course within the first week?	60	71	70	66	57	70
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	19	40	26	34	19	35
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	44	44	59	39	32	48
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	39	49	42	45	43	44
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	43	25	46	29	19	38
38	Is the food in this prison good/very good?	18	12	25	11	9	14
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	47	56	64	49	43	54
40a	Is it easy/very easy to get a complaints form?	78	80	68	82	72	82

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
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40b	Is it easy/very easy to get an application form?	85	91	91	89	83	93
41a	Do you feel applications are sorted out fairly?	42	54	25	55	40	54
41c	Do you feel complaints are sorted out fairly?	18	16	20	16	6	21
45	Are you on the enhanced (top) level of the IEP scheme?	14	32	27	24	10	30
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	21	59	26	50	15	57
47a	In the last six months have any members of staff physically restrained you (C & R)?	12	8	5	10	25	5
47b	In the last six months have you spent a night in the segregation/care and separation unit?	18	6	5	12	30	4
48a	Do you feel your religious beliefs are respected?	50	54	74	48	26	58
48b	Are you able to speak to a religious leader of your faith in private if you want to?	59	54	80	51	60	55
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	56	69	64	65	40	70
50b	Do most staff, in this prison, treat you with respect?	54	65	59	61	48	63
52	Have you ever felt unsafe in this prison?	57	43	46	49	65	46
53	Do you feel unsafe in this establishment at the moment?	35	22	19	28	42	24
55	Have you been victimised (insulted or assaulted) by another prisoner?	22	22	9	24	15	21
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	12	2	9	4	15	4
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7	3	5	5	15	3
57	Have you been victimised (insulted or assaulted) by a member of staff?	54	21	30	34	67	24
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	17	3	20	6	33	1
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	22	2	15	8	33	3
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	29	27	28	27	25	28
61	Have you ever felt threatened or intimidated by a member of staff in here?	46	29	33	36	62	28
62	Is it very easy/easy to get illegal drugs in this prison?	12	35	19	29	9	27
64	Do you think the overall quality of the healthcare is good/very good?	35	44	45	41	25	45
65a	Is it very easy/easy to see the doctor?	31	33	25	34	25	31
65b	Is it very easy/easy to see the nurse?	56	68	69	64	50	68

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
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	Percentages which are not highlighted show there is no significant difference						
70a	Do you feel your job will help you on release?	13	27	21	22	5	27
70b	Do you feel your vocational or skills training will help you on release?	14	27	23	23	6	28
70c	Do you feel your education (including basic skills) will help you on release?	24	29	33	26	10	31
70d	Do you feel your offending behaviour programmes will help you on release?	8	21	6	19	0	18
70e	Do you feel your drug or alcohol programmes will help you on release?	14	28	12	26	10	26
71	Do you go to the library at least once a week?	20	18	19	18	9	22
73	On average, do you go to the gym at least twice a week?	29	33	38	29	38	31
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8	6	15	5	5	6
76	On average, do you go on association more than five times each week?	15	15	6	15	20	15
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	10	23	22	18	5	22
79	Did you first meet your personal officer in the first week?	17	28	15	27	9	28
81	Do you have a sentence plan?	7	15	18	10	5	10
91	Have you had any problems with sending or receiving mail?	46	50	45	49	43	48
92	Have you had any problems getting access to the telephones?	46	37	30	44	58	36
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	59	67	50	68	35	71
99	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	24	34	38	29	30	30