

Report on an unannounced inspection of

HMP/YOI Belmarsh

by HM Chief Inspector of Prisons

2-13 September 2013

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Introduction

Belmarsh prison, located in south east London, is arguably one of most important institutions in the country. It holds up to 800 prisoners, most of whom are relatively low risk individuals on remand or recently committed by the courts. As a core local prison, however, Belmarsh holds approximately 50 category A prisoners, a number of whom are considered particularly high risk, and a very small number of whom are considered the highest security prisoners in the country. Most of the high risk prisoners (although not all the category A prisoners) are held within a specialist high security facility, effectively a prison within a prison. The task and the challenge at Belmarsh was to ensure the culture of the prison and the services it delivered met the needs of public safety by keeping in custody a small number of high risk individuals, while at the same time addressing the needs of the vast majority of mainstream prisoners who would inevitably be returning to the local community. Our findings at this inspection suggest the prison has more to do to get this balance right.

During our inspections we survey the views and perceptions of the prison's population. The findings of the survey at Belmarsh were some of the more concerning we have seen. Across many indicators prisoners at Belmarsh indicated significantly more negative views than prisoners in comparable establishments. For example, well over half of prisoners had felt unsafe during some stage of their stay and nearly a third felt unsafe at the time of the survey. Most measures of victimisation and intimidation in our survey were worse than at comparable prisons. These powerful messages need to be understood more fully by the prison. Our actual observations were sometimes better than these perceptions suggested. For example, arrangements to manage the reception and induction of prisoners into the prison were reasonable, despite some gaps, and structures to tackle violence and bullying were good. Recorded levels of violence were not excessive.

Since our last inspection there had been three self-inflicted deaths at the prison. Procedures were in place to support those in self-harm crisis but we identified a number of weaknesses in the way those at risk were managed and issues followed up.

Security was the primary function of Belmarsh and many measures were pervasive, proportionate and needed. The depth of custody in the special units, for example, was greater than anywhere else in the country. The reality, however, was that many additional security measures were only needed for a tiny number of prisoners on the basis of their security categorisation. For the majority it was, perhaps, inevitable that they would also be affected by some of these measures. We were concerned, however, that security could become a catch-all explanation for all weaknesses or inadequacies in the outcomes for lower category prisoners. The challenge was complex but we were not assured that sufficient thought was being given to questions of proportionality or when specific measures were actually needed.

Use of force in the prison had reduced but was still greater than in comparable prisons. Arrangements to ensure effective supervision and accountability regarding the application of force required improvement. Segregation in the main part of the prison was not used excessively but the facility was poor and the quality of staff supervision and engagement was unimpressive. The small segregation unit in the special unit was austere and sterile and the prisoners held there experienced a significant level of isolation that required careful monitoring. It was concerning that on more than one occasion we found this facility unsupervised with a prisoner still there.

The cleanliness of the communal areas and many cells was variable at best and there were too many cases where three prisoners were held in cramped cells designed for two. The environment in the special unit was bleak and lacked purposeful facilities. Just 60% of prisoners felt staff treated them with respect, significantly lower than in comparator prisons. From our observations, and while not universally so, too many staff seemed disengaged.

Work to promote equality and diversity was encouraging, notably for foreign national prisoners and those with disabilities, and prisoners from black and minority ethnic backgrounds expressed some positive perceptions in our survey. The prison had also begun some useful work to prepare for the imminent arrival of a new young adult population. There were some reasonable arrangements to address prisoner complaints and provide legal advice, and a new health provider was making some improvements. Mental health provision was good, with the exception of the length of time it took to transfer those requiring a place in a secure community mental health facility.

Arguably the most significant failing at Belmarsh was the very poor quality of purposeful activity. Prisoners had limited time out of cell and we typically found over half of all prisoners locked in their cells during the working day. In every respect learning and skills were inadequate. The management of provision required improvement and there were insufficient activity places. Those that existed were underused and no vocational training took place during the inspection. Attendance at education was low and punctuality was poor. Allocation to activity was poorly coordinated, teaching needed to improve and educational and vocational achievements were similarly poor. The number of work places had increased but much of it was menial.

The provision of regime in the special units did not appear to be meeting stated operating standards and was failing to provide reasonable levels of stimulation and engagement. We were told that prisoners in the special secure unit could not access any education for security reasons: a statement we did not understand or accept.

Offender management and resettlement services were poorly coordinated and supervised, and analysis of need only addressed resettlement services. There was a backlog of OASys risk assessments and sentence planning and supervision were inconsistent, often lacking focus or meaningful targets. Public protection arrangements were, despite this, sound and there was some reasonable work with indeterminate sentence prisoners. Support for resettlement varied greatly and there appeared, for example, to be a concerning number of prisoners discharged without an address to go to. Good initiatives were in place to help promote family ties but offending behaviour work was quite limited. The prison had, however, recently introduced a very interesting project in partnership with the London Probation Trust, referred to as the London Pathway Progression Unit. This aimed to assist the reintegration of some difficult prisoners with identified personality disorders. Although it was too early to assess real outcomes, the project was nevertheless encouraging.

HMP Belmarsh has the most important and difficult task of any prison in the country. It has to manage a small number of the most dangerous men the prison system holds alongside a large population who present the typical needs and challenges to be found in any local prison. We found that the focus on the security required by the first group sometimes inevitably, but sometimes unnecessarily, impeded the work that needed to be done to ensure that the main population was held safely and decently, and prepared for release so that the risk they would reoffend was reduced. Too many of these men passed their time in the prison with little purposeful to occupy them and too much of the activity that was on offer was of insufficient quality. The security required for the most dangerous men was generally applied proportionately but more needed to be done to provide assurance that engagement and supervision were consistently of the level required.

Nick Hardwick
HM Chief Inspector of Prisons

March 2014

Fact page

Task of the establishment

Local male prison with high secure unit.

Prison status

Public

Department

High security directorate

Number held

9 September 2013: 763

Certified normal accommodation

781

Operational capacity

858

Date of last full inspection

6 –15 April 2011

Brief history

Belmarsh Prison opened in 1991 and was the first adult prison to be built in London since Wormwood Scrubs in 1874. It occupies 60 acres, of which 47 are within the one-mile circumference of the perimeter wall.

Short description of residential units

The prison is made up of four three-storey house blocks with three spurs extending from a central hub. Each spur contains 42 single and double cells with in-cell sanitation.

House block one	holds prisoners serving long-term sentences and includes a newly established enhanced progression unit.
House block two	holds prisoners serving short-term sentences and those on remand.
House block three	holds new arrivals and includes a dedicated first night centre.
House block four	holds prisoners undergoing detoxification and also has a dedicated unit for vulnerable prisoners.
High security unit (HSU)	holds prisoners assessed as requiring a high level of security/care and can operate as a self-contained unit, including its own segregation facility and visits area.

Name of governor

Phil Wragg

Escort contractor

Serco

Health service provider

Care UK

Learning and skills provider

A4e

Independent Monitoring Board chair

Carol Holman

About this inspection and report

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

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

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

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

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

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

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

This report

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

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

Summary

Safety

S1 *Some prisoners spent too long in court cells, but journeys to the prison were short and the reception process was swift. Many prisoners felt unsafe on their first night. First night staff offered good support but night staff were not focused on the vulnerability of new arrivals. Induction was good for most prisoners but less so for vulnerable prisoners. Violent incidents were mostly low level and had reduced, but prisoner perceptions of safety were very poor and much worse than at the last inspection. Prisoners at risk of self-harm were supported but case management arrangements were weak. Security measures in place were exacting but needed for the small number of prisoners held mainly in the special secure unit (SSU); this had a disproportionate impact on the majority of the population. Disciplinary procedures were broadly proportionate but the segregation regime and environment were poor, especially on the high security unit (HSU) and SSU. We were also concerned that at times there were no staff in the direct vicinity of the HSU and SSU to ensure prisoners were safe. Use of force was too high and oversight was weak. Substance misuse services were progressing. Our survey findings across most indicators of safety were overwhelmingly negative. **Outcomes for prisoners, including those in the HSU/SSU, were not sufficiently good against this healthy prison test.***

S2 *At the last inspection in 2011, we found that outcomes for prisoners in Belmarsh were reasonably good against this healthy prison test. We made 48 recommendations in the area of safety. At this follow-up inspection we found that 16 recommendations had been achieved, nine had been partially achieved and 23 had not been achieved.*

S3 *In our survey, prisoner perceptions of their treatment following arrival were worse than the comparators. Responses about feeling safe on their first night were worse than at our last inspection. Prisoners coming to the prison had short journeys from court but many arrived late in the evening. Some prisoners were left in court waiting transfer to the prison for too long after they had been dealt with. Escort vans were dirty and escort staff were disengaged from prisoners. Most prisoners spent less than two hours in reception, but it was an unwelcoming environment and staff engagement was minimal. Many prisoners had negative preconceptions about Belmarsh, which were not improved by delays at court, dirty escort vehicles and a process-driven reception experience.*

S4 *All new arrivals had a comprehensive first night risk assessment, no matter what time they arrived on the first night wing, and staff performing this displayed a caring approach. However, we were not assured that night staff were focused on the vulnerability of new arrivals, or that all new arrivals were offered a shower or a telephone call. Some first night cells were dirty and had graffiti. Vulnerable prisoners were identified as such on their cell cards, which increased their anxiety. Induction for most prisoners was informative and well presented, but the programme for vulnerable prisoners was not sufficiently coordinated or timely.*

S5 *The systems to evaluate risk and monitor the levels of violence were good. Data on violent incidents were collected consistently, and progress of the violence reduction strategy was monitored effectively. Recorded levels of violence were not excessive, given the nature of the prison, and had reduced since the last inspection. However, prisoners' perception of their safety was very poor and much worse than in 2011. Almost a third of those we surveyed said they did not currently feel safe, and more than half said that they felt unsafe at*

some time. Almost a third said that they had been victimised by other prisoners, and 43% said they had been victimised by staff.

- S6 The suicide prevention policy was well promoted, and the analysis of data to determine patterns and trends of self-harming behaviour was also very good. Safer custody committee meetings were well attended and discussed relevant issues consistently. However, there were weaknesses in some important aspects of case management and care planning for prisoners at risk of self-harm, which was concerning given the previous tragic self-inflicted deaths. Staff entries in case management documents did not show a dynamic response to meeting prisoner needs, and many reflected poor levels of engagement and care.
- S7 Some of the more exacting security measures, particularly as they applied to the SSU, were necessary and proportionate to meet the requirements of the small number of very high risk category A prisoners, but this had a disproportionate impact on most prisoners. Some specific security measures, including much of the squat searching, were additionally inappropriate. Security intelligence was processed efficiently and shared appropriately. Counter-terrorism arrangements were sophisticated, measured and proportionate. Drug availability was relatively low, but there was a lack of suspicion testing and no risk or frequent testing.
- S8 The incentives and earned privileges scheme operated consistently across the prison. There was a reasonable difference between the levels, and the regime for the few prisoners on basic level included association in the evening. Although the scheme was administered properly, prisoners had poor perceptions of its fairness.
- S9 The number of adjudications was lower than at the last inspection and than in similar prisons, and the records we sampled were mostly of a good standard. Use of force had reduced but was higher than in similar prisons. Most incidents involved the application of control and restraint techniques and, while force was generally de-escalated quickly, we were not assured that it was always used as a last resort. Too many records of incidents were incomplete, and there was inadequate oversight of and accountability for some important aspects, including documentation, use of batons and handcuffs, planned interventions and special accommodation.
- S10 The main segregation unit managed a complex population but the environment was poor and the regime impoverished. Throughput was not high but many residents remained there for long periods with inadequate care or reintegration plans. Staff relationships with prisoners on the unit were distant and many staff appeared disinterested. Prisoners in the separate HSU/SSU segregation unit were isolated and in a poor environment. We also saw the unit being left occasionally unsupervised.
- S11 The substance misuse policy needed to be updated in light of the recent needs analysis. Clinical management of substance misuse had improved with the introduction of first night treatment and 24-hour nurse cover, but there were vacancies in the substance misuse nursing team and no designated substance misuse doctor or dual diagnosis service. Prisoners could readily access a wide range of services addressing drugs and alcohol misuse, and the Wilson day centre, a designated building for substance misuse interventions, continued to provide a supportive atmosphere.

Respect

S12 *The standard of accommodation varied greatly, cells holding three prisoners were too small and the environment in the HSU/SSU was poor. There were delays in the processing of prisoner mail, and applications were not dealt with appropriately. Some staff-prisoner relationships were positive but many were distant. Formal arrangements to promote equality and diversity were generally adequate, but there was little consultation with prisoners from minority groups and their perceptions of this were often more negative. Support for older prisoners was limited. Faith provision was good, complaints were well managed and legal services generally met prisoner needs. Health services were improving. Most prisoners were dissatisfied with the food. **Outcomes for prisoners, including those in the HSU/SSU, were not sufficiently good against this healthy prison test.***

S13 *At the last inspection in 2011, we found that outcomes for prisoners in Belmarsh were not sufficiently good against this healthy prison test. We made 71 recommendations in the area of respect. At this follow-up inspection we found that 30 of the recommendations had been achieved, 13 had been partially achieved, 27 had not been achieved and one was no longer relevant.*

S14 Communal areas that had not been refurbished were grubby and some needed repair. Many cells intended for two prisoners were used to accommodate three, and were cramped and lacked sufficient furniture. The cleanliness of cells varied considerably. The environment in the HSU/SSU was austere, lacked stimulation and was shabby in places, especially the shower areas. Not all prisoners could shower daily and facilities did not have enough privacy. Applications often took a long time to be answered and were not handled confidentially. Prisoners' incoming and outgoing mail took too long to be processed.

S15 Prisoners were very negative about their relationships with staff. We observed some very positive staff behaviour, especially within the induction unit, but also saw many who were reluctant to engage fully with prisoners and appeared disinterested. The use of prisoners' preferred names was rare. The quality and timeliness of staff entries in prisoner case history notes was mixed. Prisoner consultation arrangements were positive and meaningful. Officers in the HSU/SSU kept their distance from prisoners to avoid 'conditioning', resulting in sterile relationships.

S16 The equality strategy was out of date but the action plan covered appropriate matters. Attendance at the equality meetings was good and all protected characteristics were discussed. Imbalances found in ethnic monitoring were investigated appropriately. Discrimination reports were investigated to a reasonable standard with adequate internal and external quality assurance. There had been no regular formal communications forums for minority groups, apart from foreign national, gay and bisexual prisoners.

S17 Equality provision was not fully developed for all minority groups. Foreign national prisoners were well supported with good access to immigration staff and independent advice. Some translated information was available and there was good use of interpretation services during the early days processes. Too many foreign national prisoners had their mail delayed disproportionately while it was translated. Prisoners with disabilities were generally well looked after but not all benefited from effective peer support. There was little specific provision for older prisoners. There had been some preparation for the arrival of young adult prisoners and a strategy developed for their management. Support for gay and bisexual prisoners was developing well. Faith provision was good: facilities were welcoming and the chaplaincy was well integrated into the prison and appreciated by prisoners.

- S18 In our survey, prisoners were negative about the handling of their complaints. However, the responses we sampled were generally polite, timely and addressed the issues raised, and quality assurance was effective. The legal services provision was adequate but there were sometimes long delays in processing legal telephone numbers for inclusion in prisoners' PIN telephone accounts.
- S19 The new health contractor, Care UK, had made some improvements to the delivery of health services and we found an adequate range of nurse-led and specialist clinics; however in our survey with prisoners, they expressed dissatisfaction with the quality of health services. There were still many staff vacancies, covered by agency and bank nurses, which inhibited the continuity of care and expansion of services; and some nursing staff attitudes were perceived as poor. Prisoners in the HSU/SSU had access to health facilities and health services, but due to the security measures taken when moving these prisoners to the health care centre there was a significant impact and disruption to other prisoners and the routine. All new arrivals had a comprehensive health care screen, and prisoners wishing to see a GP were seen within one week. Medicine administration was well managed on the house blocks but all the treatment rooms were unsuitable and needed refurbishment. Patients could see the pharmacist when required, and a large proportion had their medicines in possession. Dental services were good with relatively short waits for appointments. Mental health care was provided by a multidisciplinary team, including nursing, psychology, occupational therapy and counselling services, and two full-time psychiatrists were available four days a week, but there was a lack of primary services. Transfers of patients to secure mental health units took too long.
- S20 Most prisoners did not think that the food was good. Breakfast was served the day before it was to be eaten and lunch was served far too early. There was satisfactory consultation about the food through the house block monthly meetings. Despite prisoners' poor perceptions of the prison shop, the arrangements were adequate.

Purposeful activity

S21 *Too many prisoners were locked in their cells with nothing to do, and did not spend enough time out of cell. There were too few activity places and these were underused, compounded by regime slippage, and had poor punctuality and attendance. Strategic management of learning, skills and work was poor. The quality of provision and achievement outcomes were inadequate. Library and gym provision were adequate but access to both was limited. There was a lack of meaningful stimulation for HSU/SSU prisoners. **Outcomes for prisoners, including HSU/SSU prisoners, were poor against this healthy prison test.***

S22 *At the last inspection in 2011, we found that outcomes for prisoners in Belmarsh were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this follow-up inspection we found that no recommendations had been achieved, two had been partially achieved and 11 had not been achieved.*

S23 There was too little time out of cell for many prisoners and too much regime slippage and curtailment. The prison's routine indicated a fully employed prisoner could expect around seven hours a day out of cell and unemployed prisoners around three hours, but in reality most had less than this. During several roll checks we found an unacceptably high average of 54% of prisoners locked in their cells during the working day. Opportunities for daily exercise were limited to 30 minutes, but could be shorter for many prisoners.

- S24 There had been insufficient strategic direction to, and management of, the learning and skills provision. The management of improvement and change was insufficient, and most of our previous recommendations had not been addressed. Operational issues and staff shortages had a detrimental impact on activities, and the prison had not given sufficient priority to raising prisoners' skills and employability. Quality assurance of the activities provision was still underdeveloped, in particular in the non-Offenders' Learning and Skills Service (OLASS) provision.
- S25 There were insufficient activity spaces to occupy prisoners purposefully. The allocation of prisoners to activities was ineffective in meeting their essential skills and employability needs. The range of education provision was broadly adequate in meeting the needs of learners with lower abilities, but work was menial and did not offer any accreditation. The vocational training was adequate and learning resources were at least satisfactory, but this provision was unacceptably underused. The provision of activities at an appropriate level to occupy and stimulate HSU/SSU prisoners was poor.
- S26 In education, tutors gave individual learners good learning support, but learning resources were not always used well and the teaching and learning were too variable and required improvement. The planning of lessons was ineffective. The use of individual learning plans to set targets was inadequate across education and vocational training. In the work areas, there was no recognition or recording of the skills prisoners developed. Work and vocational training failed to promote, deliver and improve the English and maths skills of prisoners.
- S27 Outcomes for prisoners taking part in activities were poor, and their achievement of qualifications in English, English for speakers of other languages (ESOL) and maths had been low for the last two years. Achievement rates in vocational training had fallen in the current year and were now inadequate. Prisoner attendance in activities was low and we saw poor punctuality.
- S28 The library was well organised and materials were appropriate to meet the needs of prisoners but its access and use continued to be limited, particularly for those attending work. Library provision for the HSU/SSU was inadequate and missed opportunities to stimulate prisoners who had the least positive activity.
- S29 The gym was well run day to day but lacked sufficient managerial direction to improve and develop the service further. Many prisoners had extremely poor access to the gym, and there was no support for prisoners using the HSU/SSU gym.

Resettlement

- S30 *Resettlement and offender management work was not well integrated, and offender management was not central to the work of the prison. Work with high risk offenders varied but public protection arrangements were satisfactory. Prisoners were negative about the resettlement pathway provision, and most areas required development. The visitors' centre was impressive and provision for visits was adequate. The needs of HSU/SSU prisoners were managed appropriately. **Outcomes for prisoners, including those in the HSU/SSU, were not sufficiently good against this healthy prison test.***
- S31 *At the last inspection in 2011, we found that outcomes for prisoners in Belmarsh were reasonably good against this healthy prison test. We made 21 recommendations in the area of resettlement. At this follow-up inspection we found that four recommendations had been achieved, six had been partially achieved and 11 had not been achieved.*

- S32 The strategies for resettlement and offender management were not sufficiently integrated, and while both areas had their own policies, each operated largely in isolation of the other. The resettlement strategy was clear, informed by a needs analysis and reviewed at monthly strategy meetings, but the offender management policy lacked any analysis of offender assessment (OASys) information to inform its development; had no identified improvement objectives or regular strategic supervision. The regular redeployment of offender management staff to other duties, equating to more than 300 hours a month, compounded these issues, and there was little evidence that offender management was central to the work of the establishment.
- S33 Assessment of the needs of prisoners under the resettlement pathways was generally appropriate but not linked to the work of the offender management unit, which often led to duplication of effort. There was still a backlog of OASys assessments waiting completion, although the actual number was not known. We found several cases where prisoners had been released with no pre-release assessment, and some who had no assessment or sentence plan throughout their sentence. Work with high and very high risk offenders was variable. All sentenced prisoners were allocated an offender supervisor, including those held in the HSU/SSU. Some cases were well managed with clear objectives while others lacked focus or direction. Contact with such prisoners was often regular but much of it lacked a clear focus or was perfunctory. Uniformed offender supervisors were not offered regular casework supervision, and there was no quality assurance for the work overall.
- S34 Public protection arrangements were generally well managed, appropriate and clear. Interdepartmental risk management meetings were well attended from across the establishment. Public protection assessment reports were appropriate and quality assurance helped to improve their standard.
- S35 Pre-release arrangements for prisoners in the HSU/SSU were appropriately managed through liaison with community offender managers and relevant police forces. All other prisoners were offered an appointment to attend pre-release meetings with pathway providers eight and two weeks before release. Information was not routinely shared with offender supervisors to manage links to community offender managers. In our survey, knowledge about who to approach for information was worse than the comparators for all resettlement pathway services.
- S36 Accommodation support was only provided by the in house resettlement team and there was still no specialist housing advice. Approximately 18% of prisoners were released with no fixed accommodation, which was high, even for a local prison. There was adequate support to encourage prisoners into education, training and employment after their release. Provision under the finance, benefit and debt pathway was limited, and there was still no debt management provision.
- S37 Strong links between prison and community drug and alcohol services facilitated the throughcare of prisoners with substance misuse needs. Health care discharge planning was effective. The care programme approach was used for patients with enduring mental health problems, and there were arrangements for the care and management of the terminally ill.
- S38 The visitors' centre was well maintained and welcoming with good facilities and a large, staffed play area. It provided a wide range of support and information to families, including advice about access to community provision. Additional family support, including parenting courses, was appropriate, but family visits were too infrequent.

- S39 The only offending behaviour intervention was the thinking skills programme (TSP). Work with the small number of sex offenders held at the prison continued to be limited. The development of the London pathway progression unit, part of a London-wide initiative with the London Probation Trust to develop an integrated programme of support in custody and the community for prisoners with identified personality disorders, was a positive initiative. It was well integrated with the work of offender management.

Main concerns and recommendations

- S40 **Concern:** The oversight and accountability for use of force was inadequate. Use of force was high and we were not assured that it was always used as a last resort. Many use of force records were incomplete. There was no scrutiny of the recording of baton deployment to ensure this was a proportionate response, and use of handcuffs was sometimes disproportionate. Films of planned interventions were not reviewed, and some practices and force recorded were a concern. Prisoners in special accommodation remained there too long once they were calm, and were routinely placed in strip clothing without good reason.

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

- S41 **Concern:** The environment in both segregation units was poor, and the HSU/SSU unit was particularly oppressive. Regimes in both were impoverished, and relationships between staff and prisoners were distant and lacked the appropriate engagement and approach to deal with some very challenging prisoners.

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

- S42 **Concern:** Staff-prisoner relationships were too distant and had been affected disproportionately by the impact of the HSU/SSU and presence of high risk prisoners. Most staff were very anxious about engaging with prisoners outside the formal requirements, which limited their understanding of prisoners' needs and day-to-day concerns.

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

- S43 **Concern:** Too many prisoners spent too long locked in their cells, and we found an unacceptably high average of 54% locked in their cells during the working day. The published core day was not always followed, and frequent regime slippage and curtailments to the regime meant that prisoners often had less time out of cell than they expected, and much less than the 10 hours a day that we expect.

Recommendation: Time out of cell opportunities should be improved for all prisoners.

S44 **Concern:** The prison had no clear strategy or targets to improve the delivery of activities that focused on prisoner employment and resettlement. There were insufficient activity spaces to keep all prisoners purposefully occupied, and those that were available were often not used effectively.

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

S45 **Concern:** The regime in the HSU/SSU was particularly poor, with no purposeful or appropriate activity to stimulate residents.

Recommendation: The regime on the high security unit/special secure unit should be improved.

S46 **Concern:** The offender management and resettlement functions were not sufficiently integrated. Offender management was not central to the function of the prison and lacked strategic direction, including the lack of a comprehensive prisoner needs analysis.

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

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Prisoners were negative about their experience of transfer to the prison. Most journeys were short but vehicles were dirty and escort staff were disengaged from prisoners. Some prisoners arrived late and those leaving for court did not receive an adequate meal.*

I.2 In our survey, responses about transfers and escorts were worse than the comparators and at the last inspection. Most journey times from court were under two hours, but some escort vehicles were dirty and contained graffiti. Escort staff did not engage well with prisoners. Too many prisoners arrived at the prison after 7pm, and some prisoners were held in court cells for too long after they had been dealt with. Disembarkation from vehicles was generally efficient, and handcuffs were only used following an assessment of risk.

I.3 Prisoners attending court were given a breakfast pack the evening before, which was not adequate to sustain them until the lunch meal at court.

Recommendations

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

I.5 **Prisoners being produced in court should be given an adequate meal before departure.** (Repeated recommendation I.15)

Housekeeping point

I.6 Escort vehicles should be clean, free from graffiti and well maintained, and escort staff should be respectful to prisoners at all times.

Early days in custody

Expected outcomes:

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

- 1.7** *The reception process was relatively quick but the environment was unwelcoming and staff were distant. Vulnerable prisoners were held separately and safely from other prisoners. First night risk interviews were sound but not all new arrivals received a shower or telephone call. Some first night cells were dirty and staff handovers were inadequate. Induction was informative and well presented but the process for vulnerable prisoners was haphazard.*
- 1.8** The reception area was unwelcoming, with damaged floors and holding rooms that were stark, uncomfortable and lacked information. Most new arrivals spent less than two hours in reception but their experience was process driven. In our survey, fewer respondents than the comparator said they were treated well in reception. Most staff interactions with prisoners were impersonal and surnames were used predominantly.
- 1.9** All prisoners were strip searched in and out of reception, without an individual assessment of risk, and in our survey fewer respondents than the comparator said they were searched in a respectful way. Staff searched prisoners appropriately but did not attempt to put them at ease. Vulnerable prisoners were identified and processed safely and separately from other prisoners.
- 1.10** In our survey, fewer respondents than the comparator and at our last inspection said they felt safe on their first night. Most prisoners we spoke to said that they had a preconceived negative perception of Belmarsh. All new arrivals received an in-depth risk interview regardless of the time they arrived on the first night wing, where caring staff ensured all new arrivals' needs were identified and met before they went off duty.
- 1.11** All new arrivals, even those with insufficient funds, could buy a reception canteen pack and were given £1 non-repayable telephone credit, but we were not assured that all were offered a free welfare telephone call on the day they arrived. In our survey, fewer respondents than the comparator said they were offered a shower when they arrived, something we observed.
- 1.12** Some first night cells were dirty, with badly scaled toilets and graffiti. First night staff were careful about matching prisoners who were required to share cells, and young adults were never put into cells with adults. Vulnerable prisoners were not located with non-vulnerable prisoners. However, their cell cards were marked 'VP' to alert staff, which was inappropriate and unsafe as it also highlighted who the vulnerable prisoners were to other prisoners. Handover arrangements to night staff were limited and did not assure us that night staff were aware of all new arrivals and any vulnerabilities they might have.

- I.13** The two-day induction started the day after arrival. It involved presentations and interviews with staff and prisoner orderlies/Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). It was well presented and informative. A useful induction information booklet was available in 14 languages. We were assured that most prisoners received an induction, but the programme for vulnerable prisoners was disorganised and we were not assured that they all received a full and comprehensive induction.

Recommendations

- I.14** Reception staff should actively engage with new arrivals by checking their needs and keeping them informed of what will happen next and when, and the holding rooms should be upgraded and contain relevant information.
- I.15** Vulnerable prisoners should receive an induction equivalent to that for prisoners on main location. (Repeated recommendation 3.18)

Housekeeping points

- I.16** All new arrivals should be offered a free welfare telephone call on the day they arrive.
- I.17** First night cells should be clean and free from graffiti.
- I.18** All new arrivals should be offered a shower on their first night. (Repeated recommendation I.40)
- I.19** Vulnerable prisoners should be identified in a way that does not alert other prisoners to the cells they are in.
- I.20** Staff handover arrangements should ensure that night staff are aware of new arrivals and any concerns.

Bullying and violence reduction

Expected outcomes:

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

- I.21** *Overall, the systems to evaluate risk and monitor the actual levels of violence were good. The collection of data in terms of the number and nature of violent incidents was consistent and the overarching structures in place to monitor the progress of the violence reduction strategy were effective. However, in our survey prisoner perception about their safety was very poor across many indicators. Over a third of those we surveyed said that they did not feel safe at the time of the survey and more than half said that they had felt unsafe at some time during their stay. More than a third said that they had been victimised by other prisoners and 43% by staff.*

- I.22** Formal arrangements to deal with antisocial behaviour, particularly violence and bullying, were reasonably good. A full-time safer custody team monitored, reviewed and supervised the implementation of most aspects of violence reduction, as well as suicide prevention.
- I.23** A safer custody committee met monthly to monitor overall progress of both the violence reduction and suicide prevention strategies. Meetings were well attended and minutes indicated properly focused discussions. The violence reduction coordinator provided comprehensive monthly information on the amount, type and location of violent incidents, and analysis of this to identify trends, patterns and problem areas was extensive.
- I.24** The safer custody team was effective at identifying prisoners who needed to be separated from each other because of potential conflict. The 'known conflict' list to manage prisoners with unresolved issues was accessible to all relevant staff and updated quickly. Strong links between the team and the security department enabled a good flow of information. Information sharing with residential staff was also generally good, and these less formal relationships helped to identify instances of bullying not reported formally, such as information reports from the security department.
- I.25** Procedures to identify, monitor and deal with bullying and other violence and antisocial behaviour had recently been simplified into a tackling antisocial behaviour scheme (TASA), based chiefly on incentives and earned privileges (IEP) sanctions supported by regular reviews to monitor behavioural changes. Prisoners found to be involved in violent incidents as a result of proven adjudication or following a formal investigation of bullying were immediately placed on the basic level of the IEP scheme and monitored through TASA.
- I.26** We found that allegations of violence, particularly bullying, were treated consistently and investigated promptly. However, too many investigations, particularly those by custodial managers, lacked rigour. We saw records that did not show that there had been a thorough examination of evidence or proper consideration of the personal circumstances of prisoners.
- I.27** Reported incidents of violence were not excessive (about 12 fights and assaults a month), but prisoners' perception of their safety was very poor across most key measures. About a third of those we surveyed said that they did not feel safe currently, and more than half had felt unsafe at some time. Almost a third said that they had been victimised by other prisoners and 43% by staff. These responses were much worse than the comparators and the findings at the last inspection. A prison safety survey in May 2013 had reflected some of our findings, but there was little evidence that it had been used to inform policy.
- I.28** Vulnerable prisoners accounted for about 9% of the population and were accommodated on a separate spur on house block four. About 75% of these prisoners were sentenced for sexual offences, and the remainder were unable to cope with conditions in the main prison or in need of protection for other reasons. All had requested to be accommodated there and decisions for location were appropriate. We observed that staff supervision was adequate and officers were usually aware of their prisoners' concerns. In our survey, respondents on the vulnerable prisoner unit were more positive than other prisoners about being treated with respect and having a member of staff that they could turn to if they had a problem.

Recommendations

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

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

Self-harm and suicide

Expected outcomes:

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

I.31 *Some priority had been given to self-harm prevention structures. Safer custody committee meetings were well attended and minutes reflected that a good and consistent standard of consideration about relevant issues was taking place. However, we found significant weaknesses in some important aspects of case management and care planning for prisoners at risk of self-harm. Entries in assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm did not show a dynamic response to meeting prisoner needs and many observations lacked detail. There had been three self-inflicted deaths since our last inspection.*

- I.32** A published policy based on local practices seemed reasonable, with a particular focus on the needs of a local prison. The safer custody committee (see paragraph I.23) monitored the overall implementation of the policy each month and used a wide range of information, provided by the safer custody team, to identify trends and patterns of behaviour.
- I.33** In 2013 to date, 229 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened, which was similar to the previous inspection. About a third were opened and managed in the health care centre. The prison recorded 107 incidents of self-harm between January and the end of July 2013, also similar to the last inspection. At the time of this inspection, there were 22 open ACCTs, of which seven were in the health care centre. Despite some good organisational structures, we found the day-to-day care of too many prisoners at risk of self-harm was limited.
- I.34** Many staff entries in ACCT documents did not show a rigorous enough response to meeting prisoner needs, and there was little to indicate that necessary actions were always taken or followed through. Initial assessments were often cursory and follow-up action to ensure that needs were met were not always carried out. Case reviews were often poorly attended and written contributions to them were sometimes superficial. The time that prisoners could spend out of their cell was poor, and levels of inactivity for prisoners on ACCTs were too high.
- I.35** As at the last inspection, the contingency unit on the ground floor of the health care centre was still sometimes used to accommodate prisoners who could not be located anywhere else due to the risk they posed to themselves or others. Living conditions there remained poor; cells were stark, showers were dirty and the communal corridor was dark and dreary. Although a published policy set out the criteria for its use, the operating protocols and governance arrangements for this unit were not as clear. There were no standard segregation safeguards, such as formal and systematic prisoner reviews, safety algorithms as part of admission criteria or formal authorisation protocols to segregate prisoners. At the time of this inspection, the unit was used to accommodate, in isolation, a foreign national

prisoner with complex needs who was held in strip conditions, under constant observation due to suicide concerns.

- I.36** Tragically, there had been six deaths at the prison, including three self-inflicted deaths, since our last inspection. The prison was waiting for the completion of the Prisons and Probation Ombudsman's investigation reports for the most recent two (April and May 2013). A senior manager reviewed death in custody action plans each month. Important items from these were always included in the prison's continuous improvement plan, but there was little to show that they were used to inform permanent changes to the way the prison reacted to prisoners in crisis.

Recommendations

- I.37 Case management and review arrangements for prisoners at risk of self-harm should be improved.**
- I.38 All prisoners at risk of self-harm should be properly occupied during the day.** (Repeated recommendation 3.33)
- I.39 The role of the contingency unit and its relevance should be made clear, the policy document describing its use should be fully implemented, and governance of the unit should be improved.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- I.40** *There was no prison policy to deal with prisoners at risk because of mental or other disability, age or illness.*

- I.41** Although the health care provider, Care UK, had a specific policy to deal with adults at risk because of mental or other disability, this was not directed at staff across the prison and managers and officers in the main prison were unaware of its content. Protocols that set out actions to be taken if staff became aware of information indicating that a prisoner at risk may have been abused or injured while in custody were unclear. Staff said they were not aware of formal protocols, but were usually focused on relevant issues and generally aware of their personal responsibility to protect those at risk. Awareness training for staff had not been planned. However, assessments of risk for new arrivals were good, and included cell sharing risk assessments, initial identification of disability and health care interviews, with further follow-up assessments by health care professionals.

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Recommendation

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

Security

Expected outcomes:

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

I.43 *Security was a complex and important function at Belmarsh. Security measures were pervasive and proportionate for the small minority who required the most secure level of containment. For the vast majority however, this could lead to disproportionate outcomes. Intelligence was processed efficiently. The counter-terrorism team was well managed and balanced. Perceptions of the dedicated search team were poor, sometimes with good reason. Drug availability was low but there was too little suspicion testing.*

- I.44** Belmarsh was a complex establishment that accommodated prisoners from every security category, and the only prison to house exceptional risk category A prisoners. At the time of the inspection, there were three exceptional risks, 11 high risk and 40 standard or provisional category A prisoners.
- I.45** The separate, fully contained 'high security unit' (HSU) housed high risk category A prisoners and became a special secure unit (SSU) whenever exceptional risk category A prisoners were located there. A prison within a prison, additional physical and procedural security measures were applied to limit or remove escape potential (see separate sections on the high security unit). Although needed for exceptional risk prisoners, high risk category A prisoners are not held in such units in other high security prisons. We were unable to establish a precise explanation as to why they were located in the HSU at Belmarsh, where they experienced a poor environment and severely restricted regime.
- I.46** The physical and procedural security arrangements required by the highest risk prisoners were sophisticated, imposing and pervasive, but necessary and proportionate for that relatively small population. However, all other prisoners were impacted by the same arrangements. Disproportionate security arrangements for lower security category prisoners included the requirement for a patrol dog to be present if they needed to be unlocked at night, and the routine strip searching of prisoners transferring in from other prisons with no supporting intelligence. There had been a few steps to increase the range of activities open to lower security category prisoners, but they remained insufficient.

- I.47** Other anomalies in the security arrangements included the extremely high number of prisoners (60 between March and August 2013) required to 'squat' during strip searches, and the use of closed visits, which, although not excessive, was generally not a response to the direct trafficking of items through visits but more often as a result of poor behaviour – this was inappropriate and punitive.
- I.48** At the time of the inspection, there were 15 prisoners convicted under the terrorism act and many others considered to pose a specific threat. A separate, specialist multidisciplinary team was responsible for counter-terrorism and managed these prisoners in a sophisticated, measured and proportionate way.
- I.49** Between March and August 2013, the security department processed around 3,000 security information reports (SIRs) efficiently. Resulting target searches were completed within reasonable timescales. Information was shared appropriately and the security team had well-established relationships with other departments. An intelligence executive team met monthly to review information and set objectives. Objectives were not overseen by a senior manager, not always focused on subjects that received the most intelligence and, while ratified by the well-attended monthly security committee, were not monitored. Despite this, the security team was responsive to intelligence and contributed effectively to efforts to maintain a safer environment.
- I.50** The dedicated search team (DST) was a specially trained group of staff who, among other tasks, completed target searching. The team members wore a different uniform and were often perceived poorly by prisoners. There was evidence that they had been heavy handed with prisoners, which had resulted in several local investigations. We welcomed the prison's efforts to change the perceptions and focus of the DST, including moving to more intelligence-led rather than routine searching, filming searches and encouraging house block staff to deal with difficult issues they would previously have passed to DST to manage.
- I.51** Drug availability was relatively low, and in our survey, fewer respondents than the comparator said it was easy to get illegal drugs in the prison. Finds for illegal drugs, alcohol and diverted prescribed medication were low. The random mandatory drug testing (MDT) positive rate averaged 6.3% against a target of 10.5%. However, only one out of 41 requested suspicion tests had been conducted since April 2013, and there was no frequent or risk testing programmes. The drug strategy policy included a supply reduction action plan.

Recommendations

- I.52** **Security arrangements and measures should ensure the prison's regime meets the needs of all prisoners, including those not requiring the highest levels of security.** (Repeated recommendation HP46)
- I.53** **High risk category A prisoners should be located in a more suitable environment where they can access an improved regime.**
- I.54** **Squat searching should only be authorised when there is specific intelligence to justify it, and closed visits only when there is specific intelligence related to the trafficking of items through visits.**
- I.55** **The mandatory drug testing (MDT) programme should undertake the required level of target testing.** (Repeated recommendation 3.81)

Incentives and earned privileges³

Expected outcomes:

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

I.56 *The incentives and earned privileges (IEP) scheme operated consistently across the prison, but it was not always administered properly and prisoners had poor perceptions of its fairness. There was a reasonable difference between the levels, and the regime for prisoners on basic included evening association.*

I.57 At the time of inspection, about 20% of prisoners were on the enhanced level of the IEP scheme and about 2% on basic. The scheme offered the usual differentials in access to private cash, visits and time out of cell, which seemed reasonable. The scheme was also used to support the anti-violence policy.

I.58 Many prisoners reported in our survey and to inspectors that the scheme was not applied fairly. Prisoners were considered for immediate demotion to the basic level due to single acts of violence or alleged bullying following an investigation. We saw examples where decisions to demote prisoners following an investigation of a single act were not justified. The quality of many investigations was poor and there was little evidence of meaningful quality checks by managers (see also paragraph 1.26). However, application of the basic level was usually well managed, and the quality of reviews was good. Weekly behaviour targets were set and reviewed by residential officers and, following their successful completion, prisoners could gain extra periods of association and a television until they completed the programme (usually within a week or two). Although the regime was initially austere, all basic prisoners could attend work activities and had at least one period of evening association, and all had daily access to showers and telephones.

Recommendation

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

³ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

Discipline

Expected outcomes:

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

I.60 *Data collected on all areas of discipline were not used effectively to identify or address trends and patterns. Adjudications were generally fair and the number had reduced. The use of force had also reduced but was still too high, and its oversight and accountability were inadequate. The segregation unit had not improved since our last inspection. Its environment and regime were poor and, although throughput was not high, too many prisoners remained there for too long without proper care or reintegration planning. Unit staff were disinterested and lacked knowledge about those in their care.*

Disciplinary procedures

- I.61** Between March and August 2013, there were 488 adjudications, which was lower than in similar prisons and than at the last inspection. Prisoners had sufficient time to prepare their case and sought legal advice where requested. Records of hearings that we saw were generally of a good standard and mostly showed reasonable exploration of the charge before a finding of guilt, but some were illegible. Punishments were generally in line with published tariffs. Quality assurance measures were informal but reasonably effective.
- I.62** Data on adjudications were collated but were not properly analysed or acted on at the poorly attended adjudication standardisation meeting. Around 14% of charges were dismissed, many because they were out of time, which was a concern (see also paragraph I.101).

Housekeeping point

- I.63** Information collected for all disciplinary measures, including adjudications, use of force and segregation, should be analysed and used more effectively.

The use of force

- I.64** The number of incidents where force was used had reduced since the previous inspection to 152 between March and August 2013, but was higher than in similar prisons. Most incidents involved the use of control and restraint techniques and were de-escalated quickly, and relatively few resulted in the sustained use of force. The records we sampled were mostly of a good standard but far too many were incomplete (see also paragraph I.102) and we were not assured that force was always used as a last resort. Use of handcuffs was not routine except when prisoners were relocated to the segregation unit, when it was not always proportionate.
- I.65** Baton use remained similar to the last inspection. We were told that batons had been drawn four times in 2013 to date but found additional evidence that they were drawn, but not used, a further six times. There was no management scrutiny of baton deployment and some uses had been a disproportionate response. Planned interventions were generally filmed but were not reviewed. We watched some concerning footage, including incidents where force was disproportionate and one where a prisoner had a seizure and his handcuffs remained in place for too long.

- I.66** Use of special accommodation was not excessive for the type of prison, with four uses in 2013 to date, all of which were a reasonable initial response. However, records indicated that prisoners remained there for too long when they were calm, and they were routinely placed into strip clothing without good reason.
- I.67** There was no effective management or accountability for important aspects of use of force and no specific use of force committee, although there was some trend analysis at the safer custody committee (see main recommendation S40 and housekeeping point I.60).

Segregation

- I.68** Between March and August 2013, 90 prisoners were segregated, which was not high for the type of prison, but some remained there for long periods. During the inspection, the population fluctuated between four and seven, of whom four were longer term residents. Data on segregation were collated, but there was no monitoring of segregation and data were not used in any meaningful way to identify and address trends (see housekeeping point I.61). Figures suggested that few prisoners sought refuge in the segregation unit.
- I.69** The lower floor of the segregation unit was completely out of action during the inspection because cells there had been smashed up by a small group of prisoners. Communal areas were drab. Cells contained some graffiti and dirty, unscreened toilets. The two shower areas were particularly poor; they were insufficiently private, dirty and damaged with inadequate ventilation. The large, bare exercise yard was austere with no seating (see main recommendation S41).
- I.70** There were two designated cells for use by prisoners on dirty protests but these were not in general use because they had no toilets. At the time of the inspection, a prisoner on dirty protest was located in a gated cell with only some bedding and a mattress. This essentially unfurnished accommodation required a higher level of authority, accountability and ongoing review, but in all these respects, arrangements and scrutiny were lacking.
- I.71** New arrivals on the unit were routinely strip searched, and often in the absence of any robust risk assessment. Protocols for unlocking individual prisoners were proportionate to their risk, but for those whose risk required more than three staff, their access to services off the unit, including health care and visits, was inappropriately impeded.
- I.72** The regime in segregation was poor (see main recommendation S41). Daily exercise was facilitated where requested but there was limited, and not daily, access to showers and telephone calls, although we were told this changed during the inspection. Education staff attended the unit infrequently and prisoners complained of a lack of constructive activity to occupy them. A minority of longer-term prisoners had in-cell televisions.
- I.73** The segregation unit included designated spaces for prisoners subject to the close supervision centre (CSC) system and also held prisoners managed centrally under the managing challenging behaviour system (MCBS). These prisoners were administered and managed under a national strategy through the directorate of high security because they were highly disruptive, or demonstrated or expressed a desire to engage in violent and/or highly disruptive behaviour. The aim was that such prisoners would be held at Belmarsh for the shortest period pending a space at one of the designated units in other high security prisons. At the time of the inspection, one prisoner was subject to central management under the CSC but had remained at Belmarsh for far too long following the end of his court case. Unlocking arrangements for him were appropriate but he had been given only cardboard furniture without a proper risk assessment. His regime was unnecessarily

restricted and poor, and we were concerned about its impact on his psychological well-being.

- I.74** Prisoners on ACCTs were not routinely held in the unit. They were subject to enhanced case reviews where alternative locations were discussed and acted on where necessary.
- I.75** Multidisciplinary reviews of prisoners in segregation were timely but authorising documentation was often completed poorly and behaviour targets were perfunctory. Care and reintegration planning for prisoners managed centrally under the CSC and MCBS were reasonable for their onward progression but inadequate for their day-to-day care, and plans were non-existent for other longer-term prisoners.
- I.76** In our survey, structured groups and conversations, most prisoners who had spent time in segregation said they had felt poorly treated by unit staff. We observed superficial communication with prisoners by staff who were disinterested and lacked knowledge about those in their care. Unsurprisingly then, unit staff entries in prisoners' daily history sheets and electronic case notes did not indicate any constructive or meaningful engagement with them (see main recommendation S4I).

Recommendation

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

Housekeeping points

- I.78** The use of any unfurnished cells should be justified on special accommodation documentation.
- I.79** Prisoners should only be strip searched on entry to the segregation unit on the basis of a risk assessment.
- I.80** Prisoners subject to higher levels of staff unlocking protocols should receive equitable access to facilities and services, including off-unit provision.
- I.81** Cardboard furniture should only be used when authorised by a risk assessment. (Recommendation 7.50 repeated as housekeeping point)

Substance misuse

Expected outcomes:

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

- I.82** *The clinical management of substance-dependent prisoners had improved with the introduction of first night treatment and 24-hour nurse cover, but the clinical team was not fully staffed and there was still no dual diagnosis service. There was a good range of drug and alcohol intervention courses and a well-established peer support scheme.*

- I.83** In the previous six months, 181 prisoners had received opiate substitute treatment and 132 underwent alcohol detoxification. Substance misuse nurses and workers from Pathways to Recovery (PtR) jointly interviewed new arrivals and treatment began immediately. There were now appropriate facilities for administering controlled drugs, and 24-hour nurse cover had been introduced on the induction spur, where prisoners were located during the initial stabilisation period.
- I.84** Treatment regimes were flexible and reviewed regularly, and most reviews, including clinical and 28-day reviews, were conducted jointly by the clinical and the PtR teams. The clinical service was well supported by drug strategy officers but four nurse posts, including the clinical lead, were vacant and only the two senior nurses had undertaken appropriate training in the management of substance misuse. None of the GPs had completed Royal College of General Practitioners level 2 training in drug misuse, and they did not have access to a substance misuse specialist clinician. There was still no dual diagnosis service for prisoners with both substance and mental health related problems.
- I.85** Following stabilisation, most prisoners were located on house block four, but they made up only half of the population on spur three, which had been the second stage detoxification unit. The regime did not differ from that of other units.
- I.86** Monthly drug strategy meetings included representatives from community agencies. The strategy was out of date and required an action plan informed by the needs analysis. This was currently under review.
- I.87** PtR and a team of drug strategy officers provided a good range of psychosocial support. Prisoners from all house blocks could easily access services, and 227 were actively engaged in one-to-one or group work interventions, which included substance treatment and recovery (Star), an intense three-week course, the six-week alcohol intervention programme (AIP) and an eight-session motivational programme 'foundations of recovery'. The Wilson centre, a designated building for substance misuse interventions, continued to provide a relaxed environment for groups where prisoners could also participate in acupuncture, smoking cessation and Alcoholics Anonymous and Narcotics Anonymous meetings. There was excellent use of 12 peer mentors who played a very active role and worked in a range of capacities. A service user forum met regularly.

Recommendations

- I.88** **Substance misuse nurses and GPs responsible for the clinical management of substance-dependent prisoners should undertake the necessary training, and a substance misuse specialist should be available to offer consultation and advice.** (Repeated recommendation 3.74)
- I.89** **A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems.** (Repeated recommendation 3.75)

Housekeeping point

- I.90** All clinical reviews, including 28-day reviews, should be conducted jointly by the clinical team and Pathways to Recovery workers to facilitate joint care planning.

Good practice

- 1.91** *A group of 12 peer mentors were actively involved in a wide range of tasks and activities to support substance-dependent prisoners.*

High security unit/special secure unit

- 1.92** *Reception and induction into the high security unit/special secure unit (HSU/SSU) were adequate. Incidents of self-harm and violence were low but conflict was difficult to manage effectively in such a confined space and some antisocial behaviour went unchallenged. Security measures were proportionate for the higher risk prisoners. Many adjudications were managed poorly. Force was used relatively infrequently but its documentation was often incomplete. The segregation unit environment and regime were austere, and we were extremely concerned about the psychological well-being of prisoners held there.*

- 1.93** The HSU at Belmarsh is the only such designated unit in the Prison Service holding high risk category A prisoners separately from the general population. It can also be used as an SSU to hold exceptional risk category A prisoners. The purpose of the unit is to ensure that the prisoners held do not escape, and it is run according to the HSU/SSU operating standards.
- 1.94** At the time of our inspection, there were 14 prisoners in the unit. One spur operated as an SSU and one as an HSU, and some high risk prisoners were held in the HSU/SSU segregation unit. HSU/SSU operating standards were not fully implemented.

Recommendation

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

Induction and early days

- 1.96** Belmarsh had no control over the prisoners who were sent to the unit, sometimes at short notice, as those decisions were made centrally. On arrival, prisoners went through a separate reception area on the unit and staff gave them verbal information about the unit and the rules and regulations that applied. There was no written induction pack, as required by the operating standards. Prisoners we spoke to said they were content with the information they were given on arrival, but none had received any educational assessment (see main recommendation S45).

Bullying, violence reduction and self-harm and suicide prevention

- 1.97** There were few incidents of violence on the unit, although two prisoners had been kept separated for almost six months before our inspection following conflict between them. Staff reported that bullying was virtually non-existent on the unit. Most prisoners on the unit said they currently did not feel unsafe. However, we were concerned to read in monthly unit reports of one prisoner seemingly controlling others during gym sessions, and yet this behaviour had not been challenged.

- I.98** There were very few incidents of self-harm, and care for the few prisoners who were at risk was reasonable, although prisoners did not have access to Listeners and the Samaritans telephone had been out of order for some time.

Security

- I.99** Security measures on the unit were necessarily restrictive for the exceptional risk category A prisoners held there (see also paragraph I.45 and recommendation I.53). Intelligence was analysed quickly and appropriate action taken where required. Prisoners on the unit complained that they could not keep in possession some items they had held in previous prisons, despite no change in their security category.

IEP and disciplinary procedures

- I.100** The IEP scheme was applied as in the rest of the prison and most prisoners on the unit said they had been treated fairly under the scheme.
- I.101** There had been 14 adjudications for prisoners on the HSU/SSU in the previous six months. We examined documentation for a number of these and found many had been dismissed or not proceeded with, mainly because they had not been issued in time or had taken too long to complete. One had been discontinued as the officer had not wanted it to proceed, with no real investigation into the circumstances or possible conditioning of the officer by the prisoner.
- I.102** There had been 10 incidents of use of force in the previous six months. Many related to prisoners held in the segregation unit failing to comply with unlocking protocols. We were unable to examine the documentation about these incidents fully as most were still incomplete several months later. We therefore could not fully assess whether or not force was justified or used as a last resort (see also paragraph I.64). Special accommodation had been used once and seemed reasonable in the circumstances described.
- I.103** The segregation unit was small, dark and a sterile environment, and the only item in the communal area was a telephone for prisoner use. The unit could hold up to four prisoners. Shower facilities were poor. The exercise areas were bleak and caged in. Prisoners on the unit were appropriately authorised for segregation but documentation did not show how they were being assessed. We did not understand the rationale for the regime for the two prisoners segregated at the time of our inspection. They were kept in extreme isolation, which had the potential to cause psychological harm (see also paragraph 2.116). While the regime may have been required on security grounds, we were not assured it was adequately justified.
- I.104** There was a strong case for the protection of segregated prisoners from others and from themselves. However, they were held in rooms that were not ligature free and with inconsistent observation – several times we found the unit unstaffed while at least one prisoner was locked in a cell.
- I.105** We were not aware of any plan for prisoners in segregation to progress to a less restrictive regime. Documentation lacked clear instructions about what they had to do to achieve a change in the circumstances of their segregation. This lack of clarity on opportunity for progression could lead to despair and associated risks of self-harm. Prisoners on the unit we spoke to said the review process was systematic, but reviews were not always multidisciplinary and prisoners did not always attend due to lack of staff to supervise them.

I.106 Prisoners segregated at the time of the inspection were covered by identical impoverished regime. As five staff were required each time a prisoner was unlocked, the remaining prisoners located there could not always access all aspects of their already restricted regime (see main recommendation S41).

Recommendation

I.107 Segregated prisoners on the HSU/SSU should be covered by individualised and risk assessed unlock protocols, and they should be set individual targets to demonstrate changes in risk to enable their integration into other parts of the prison.

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *Refurbishment of communal areas was under way but still needed in many areas. Too many cells designed for two prisoners held three and their cleanliness varied. Not all prisoners could shower daily. All prisoners could wear their own clothes but access to stored property was inconsistent. Applications were managed poorly and there were unacceptable delays with mail.*
- 2.2** Communal areas were being refurbished and, where completed, these were clean and well maintained. Elsewhere some floors were still grubby and in a poor state of repair. Association equipment was available on all house blocks and in a good state.
- 2.3** Many cells designed for two prisoners were used to accommodate three and were cramped and lacked sufficient furniture and storage facilities. Cell cleaning materials were readily available and prisoners told us that they could clean their cells at least once a week. The cleanliness of cells varied; single cells were mostly clean and tidy but those holding three prisoners were often dirty, smelly and untidy. Toilets were mostly badly scaled and dirty. In the three-person cells, toilets were properly screened but screening in most single cells was insufficient.
- 2.4** In our survey, more respondents than the comparator said that cell bells took longer than five minutes to answer. Although we saw no undue delays in responses, many prisoners vociferously reiterated the survey results during the inspection. The prison could not check response times as the management check system no longer worked appropriately.
- 2.5** In our survey, fewer prisoners than the comparator said that they could shower daily, which was compounded by short association periods that were cancelled frequently (see also paragraph 3.2). Some showers had been refurbished but many remained in a poor state and lacked privacy.
- 2.6** All prisoners, except those on basic level, could wear their own clothes. Prisoners could receive one clothing parcel during the first 56 days and then only one every 12 months, which was the same as at our last inspection, although prisoners we spoke to did not see this as an issue. Prison-issue clothing was of an acceptable standard and prisoners could use wing laundries for this and their own clothing. Prisoners had problems getting weekly access to their stored property, and there were too many occasions when insufficient staffing prohibited this.
- 2.7** In our survey, fewer respondents than the comparator said that they received clean bedding weekly; prisoners told us that they could only exchange one sheet or blanket each week, and the prison had recently allowed prisoners to buy duvets from the prison shop to alleviate this problem.

- 2.8** Rules and routines were explained on induction and reinforced on wing notice boards. In our survey, responses about the applications system were more negative than the comparators. Prisoners told us that some applications took a long time to be answered and often did not fully address the issue. As at the last inspection, we found applications waiting to be answered, often left on desks unattended with no confidentiality.
- 2.9** In our survey, more prisoners than the comparator said they had problems sending or receiving mail. Some prisoners showed us mail that been stamped as received at the prison five days before it had been delivered to them. Insufficient staffing was often cited as a contributing factor.

Recommendations

- 2.10** **Cells designed to hold two prisoners should not be used to hold three.**
- 2.11** **Toilets should be de-scaled and kept clean, and those in single cells should have adequate screening.** (Repeated recommendation 2.9)
- 2.12** **Emergency cell call bells should be responded to within five minutes, and governance arrangements to monitor this should be improved.** (Repeated recommendation 2.11)
- 2.13** **Prisoners should be able to use the showers every day.** (Repeated recommendation 2.26)
- 2.14** **Applications should be responded to promptly and response times logged, and application forms should not be left on landings unattended.** (Repeated recommendations 3.41 and 3.42)
- 2.15** **Delays in delivering and sending out mail should be reduced.** (Repeated recommendation 2.12)

Staff-prisoner relationships

Expected outcomes:

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

2.16 *Prisoners' perceptions of staff were mostly negative. While we observed some positive interactions, too much staff engagement with prisoners was limited or disinterested. Case history notes were mixed and personal officer work required further development. Consultation arrangements for most prisoners were good.*

- 2.17** In our survey, many responses about staff were much more negative than the comparators. For example, just 60% of prisoners felt respected by staff, compared with 75% in similar prisons. Only 63% could identify a member of staff they could turn to if they had a problem, which was again lower than the comparators, and worse than when we last inspected. Over 40% of prisoners felt victimised by staff, significantly higher than comparators and when we last inspected, and prisoners reported negatively against a range of safety measures when responding to questions about victimisation and staff intimidation. We saw variable outcomes in our own observations. We saw positive engagement from a small number of

staff, especially among the first night induction and London Pathway Progression Unit (LPPU) staff. These staff were willing to help and assist prisoners while maintaining a meaningful rapport. However, we observed far too many residential staff who were distant and seemed unprepared or unable to engage positively with prisoners, or appeared disinterested in them. Most staff addressed prisoners by their surnames only which was disrespectful (see main recommendation S42).

- 2.18** The timeliness and quality of case history notes was mixed, the balance of entries was mainly about the negative behaviour displayed by prisoners. We found no evidence of management quality checks.
- 2.19** Prisoners in our survey were more negative than comparators about knowing their personal officer or whether their personal officer was useful. Many we spoke to did not know who their personal officer was and personal officers we spoke to had a limited knowledge of those in their charge. Consultation arrangements were good across the four house blocks, but needed further development for vulnerable prisoners.

Recommendation

- 2.20** **The quality assurance of personal officer work should be improved.** (Repeated recommendation 2.51)

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁴ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.21** *The equality strategy was out of date and did not cover all protected characteristics. The equality meetings discussed all protected characteristics, although the data analysed only covered race. There had been work to address issues arising from ethnic monitoring. Provision generally required further development but foreign national prisoners were well provided for with translated information and use of interpreters, but too many had their mail delayed while it was translated. Prisoners with disabilities were generally well looked after but not all benefited from the buddy scheme. There was little specific provision for older prisoners. There had been some preparation for the arrival of young adult prisoners. Support for gay prisoners was developing well.*

Strategic management

- 2.22** The equality strategy was out of date and did not cover all the protected characteristics. However, the equality action plan covered appropriate issues and showed that progress had been made in some areas. An equality survey had gained a reasonable response from

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

prisoners and was being analysed, although some emerging issues had already been identified – such as prisoner uncertainty about the process for reporting discrimination. This had resulted in the provision of additional resources to ensure that additional information was given to prisoners during their induction.

- 2.23** There were nine prisoner equality representatives who had written job descriptions and had received some training on discrimination reporting. Those we spoke to felt well supported by the equality team, and prisoners told us they provided welcome and valuable support. There were no routine arrangements for consultations with all the various minority groups.
- 2.24** Attendance at equality and diversity action team (EDAT) meetings was good and all protected characteristics were discussed. Senior managers had been identified as leads for each protected characteristic, and EDAT minutes recorded action to address identified problems. Prisoner representatives attended the meetings and could participate fully. The data analysed at the meetings focused exclusively on race, although this did not include allocation to labour. There was no analysis on other protected characteristics. Ethnic monitoring had identified some anomalies and these had been investigated.
- 2.25** Discrimination incident report forms (DIRFs) were freely available and were collected by the night orderly officer. There had been 43 received during 2012 and 30 in the previous six months, showing a slight increase. DIRFs were investigated to a reasonable standard and internal scrutiny was adequate. There was regular external scrutiny by a local academic who was a specialist in equality and who attended EDAT meetings.
- 2.26** Equality impact assessments were out of date. There was a programme to assess five key areas identified during EDAT meetings but none had been completed at the time of our inspection. 'Challenge it change it' training had been discontinued and all staff were required to complete the recently introduced Civil Service computer-based equality training, although few had done this at the time of our inspection.

Recommendation

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

Housekeeping points

- 2.28** Discrimination incident report forms should be collected daily by the equality team rather than by the night staff. (Repeated from recommendation 4.23)
- 2.29** There should be regular means of consultation and communication with prisoners from all minority groups.

Protected characteristics

- 2.30** Approximately 54% of prisoners were from black and minority ethnic backgrounds. In our survey, they responded more positively across a range of areas, and black and minority ethnic prisoners in our groups were positive about safety and relationships with staff generally, although some reported low level racist comments from staff. The prison had identified this as an issue from the equality survey. In our survey, 3% of prisoners said that they were of Gypsy, Romany or Traveller origin but the prison had no means of identifying

prisoners from this background. Cultural and educational events were being promoted. Information on Gypsy/Traveller month had been published to prisoners and staff, and the Anne Frank exhibition was due to be shown. There was no log of prisoners convicted of or displaying racist behaviour, and no formal interventions to address racist behaviour.

- 2.31** Foreign national prisoners represented nearly 25% of the population. The foreign national strategy was comprehensive. Induction staff used a telephone interpreting service to interview new arrivals who were non-English speakers, and staff and prisoners sometimes interpreted for non-confidential matters. Induction information was available in several languages. Foreign national prisoners could have free telephone calls but had to apply for these every month with proof that they did not receive visits. Incoming and outgoing mail for most foreign national prisoners was unduly delayed because all mail not written in English from all house blocks holding category A prisoners (house blocks one, three, four, health care and the segregation unit) had to be translated, affecting category A and lower category prisoners alike. This approach might have had some merit but for the fact telephone calls in languages other than English, made from the same wing, did not require translation.
- 2.32** Ten prisoners were held beyond the end of their sentence solely under immigration powers (IS91) – the longest for over four years past his release date. The equality team maintained contact with Home Office Immigration Enforcement (previously UK Border Agency) staff about these prisoners, and the delays in dealing with them lay outside the prison's control. Foreign national prisoners had regular forums with the foreign national coordinator and access to Detention Advice Service (DAS), which provided independent immigration advice. Foreign national prisoners could meet Immigration Enforcement staff who visited the prison at least twice a week.
- 2.33** The prison had identified 50 prisoners (6%) who had declared some disability, considerably less than the 23% of prisoners identified in our survey. The database of prisoners with disabilities did not record those with mental health or learning disabilities, which could explain the anomaly. We were assured that these prisoners were identified on reception and given appropriate support by education or health care staff who kept separate records. Provision for prisoners with disabilities was generally good. Several cells had been adapted to accommodate them, and prisoners not needing adaptation were given aids to assist them. For example, one prisoner with impaired sight had been provided with a radio, magnifying glass and arrangements to teach him Braille, and the possibility of a guide dog on his release was being explored. Some prisoners who required help in an emergency had been identified and staff were familiar with them and their needs, but there were no personal emergency evacuation plans (PEEPs). There was an informal buddy scheme for prisoners requiring assistance with such things as cleaning their cells and collecting meals, but not all prisoners who needed such assistance received it.
- 2.34** There were 100 prisoners over 50, the oldest being 76. There was no formal care or activities for older prisoners, although one support forum had been held. Not all retired prisoners or those with disabilities who could not work were unlocked during the core day, although they did receive enhanced pay. Retired prisoners were required to pay for their televisions.
- 2.35** The prison had recently been identified to receive up to 66 young adult prisoners. Before their arrival, staff had visited other prisons that held young adult prisoners, and a formal strategy was developed to ensure their safety and fair treatment.

- 2.36** A support group for gay or bisexual prisoners had met twice but attendance was poor and few prisoners had identified themselves as gay or bisexual to staff. Additional advertising for the group had been displayed to encourage more to come forward. Information about external support groups was available, and those who had come forward were offered support by the lead officer for this protected characteristic. There was an individually based compact system to support transgender prisoners.

Recommendations

- 2.37** Prisoners should be able to report confidentially if they have any protected characteristic, either on reception or later in their sentence.
- 2.38** There should be individual personal emergency evacuation plans (PEEPs) for prisoners requiring assistance in an emergency.

Housekeeping points

- 2.39** All foreign national prisoners should receive a free monthly telephone call without repeated applications, whether or not they receive visits.
- 2.40** Non-category A prisoners should not have their mail delayed while it awaits translation.
- 2.41** Prisoners over the age of retirement should not have to pay for their television. (Recommendation 4.50 repeated as housekeeping point)

Faith and religious activity

Expected outcomes:

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

2.42 *Faith facilities and access were good for all faiths, and the chaplaincy was well integrated into the regime.*

- 2.43** There was good access to faith facilities including a large, multi-faith facility. Chaplaincy staff could provide for all faiths represented in the prison, although in our survey only 45% of respondents said they could speak with a chaplain in private. However, the chaplaincy team met all new arrivals and ensured that those who wanted to attend services could, and they visited the house blocks daily to see prisoners. Prisoners in our focus groups were, despite the survey, very positive about the chaplaincy and appreciated its support
- 2.44** Vulnerable prisoners attended services with the rest of the prison, except for Friday Muslim prayers – following a recent incident, this service had been split for security and safety reasons. Prisoners unable to attend corporate worship through illness or because they were segregated were visited by a chaplain.

- 2.45** The team was well integrated into the regime, attended key meetings and provided several additional faith activities, including study classes and a bereavement group. Some chaplaincy staff were trained as ACCT assessors and visited all prisoners subject to ACCT procedures and attended reviews where appropriate. We saw evidence of pastoral support to prisoners and their families at times of bereavement. A resettlement chaplain attended all discharge boards and helped prisoners to link with faith organisations on their release, and a new mentoring scheme would assist prisoners on release through local faith groups who would support prisoner's pre and post discharge.

Complaints

Expected outcomes:

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

- 2.46** *The number of complaints was not high, responses were generally good and quality assurance effective. Prisoner responses to our survey, however, suggested some lack of confidence in the way complaints were dealt with.*

- 2.47** Just over 1,000 complaints had been submitted in the previous six months, which was similar to comparator prisons and not a high number for the size of prison. Complaint forms were freely available. The responses we sampled were timely and polite and mostly addressed the issues raised. Regular quality assurance was effective. The prison had surveyed complaints earlier in 2013 and was responsive to some ideas put forward by prisoners, including the introduction of a receipt system. Despite our findings, survey responses about the prison's handling of complaints were more negative than the comparators.

- 2.48** Complaints were analysed by subject, ethnicity and location each month and regularly discussed by the senior management board. The most common complaints were about access to property, mail and telephones, but we got no sense of how the prison was trying to address these.

Recommendation

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

Legal rights

Expected outcomes:

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

- 2.50** *Legal services provision was adequate. Prisoners had access to legal services officers and laptops for legal matters, and the legal visits area was well used.*

2.51 One member of staff who worked on the induction unit had been trained in legal services and offered on-the-job training to other induction staff. There was a comprehensive induction module on legal services, and staff could provide solicitors' addresses, special letters, appeals advice and help with completion of forms. They could also facilitate short legal calls free of charge, and look up other information on the internet if requested. Prisoners we spoke to were generally not aware of the assistance that legal services staff could offer. It took some time for prisoners' legal telephone numbers to be cleared to allow them telephone access. There was an appropriate range of legal publications in the library but access was limited. Some prisoners could use secure laptops through the 'access to justice' scheme to assist with legal representations. The legal visits facility was large and well equipped, with 22 rooms available three days a week, which was broadly adequate for the need. Despite our findings, survey responses on legal services were negative.

Recommendation

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

Housekeeping point

2.53 Legal telephone numbers should be processed quickly to allow prisoner access to legal representatives.

Health services

Expected outcomes:

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

2.54 *The new provider for health care had made some improvements in the services but prisoners were still not satisfied with the level or quality of care. A high number of staff vacancies inhibited the development of services. Care of patients on the high security unit was sometimes disruptive. Pharmacy services were well managed. Dental services were good with short waiting times for treatment. Mental health care was good, although there were lengthy transfer times to secure mental health units.*

Governance arrangements

2.55 Health services had been provided by Care UK since earlier in 2013. Joint working relationships were good and the deputy governor, health care operational manager and head of health care attended the partnership board. The head of health care was not a member of the prison senior management board. Regular clinical governance meetings, a clinical effectiveness meeting for the Belmarsh, Isis, Thameside prison cluster and patient safety meeting ensured that health care issues were considered and appropriate actions taken in addition to informing the partnership board. The final draft of a health needs assessment had been completed and would help the continued development of services.

- 2.56** In our survey, prisoners were less satisfied with the quality of and access to health care than the comparators and at our last inspection. They continued to complain about the negative attitude of some nursing staff, but we did not observe or find any other evidence of unprofessional behaviour during our inspection.
- 2.57** Health care was managed by a nursing grade who was assisted by a senior operational manager. There continued to be insufficient staff to provide a full and effective service. Eleven nurse vacancies were on hold while the workforce plan was reorganised. Vacant posts were covered by agency and bank staff, which did not help with the continuity or development of services. The training needs of staff were well managed and all were in date for mandatory elements. Clinical supervision was provided informally and not effectively documented.
- 2.58** The head of health care was supported by two senior nurses who led clinical services and mental health. A large team of discipline staff were employed in the inpatient unit and outpatient clinic. A 24-hour health care service was provided with four nurses available to prisoners at night, one of whom was now based on the first night centre. Prisoners had access to a satisfactory range of clinics to meet their needs but there was scope for more specialist clinics. There was good use of visiting specialist services, including screening and portable scanning services when needed, which avoided the need for some outside hospital appointments. A telemedicine facility was also installed but underused. Patients located on the high security unit/special secure unit (HSU/SSU) could be seen separately at the health care centre, but this disrupted the delivery of services for the main prison population because of the intense security measures involved.
- 2.59** GP clinics were provided daily apart from Sunday, with out-of-hours cover from the same GP practice. Pharmacy services were contracted to provide a full service in the prison. A local dental practice delivered four sessions a week and covered its own leave arrangements.
- 2.60** A very large health care centre provided the bulk of services, in addition to a large inpatient unit. Initial primary care services were provided in treatment rooms on each house block and in the HSU/SSU. There had been some investment in enhancing facilities but all the treatment rooms and some health care centre facilities still needed refurbishment to provide suitable areas for the care and treatment of patients.
- 2.61** Emergency resuscitation equipment was widely available throughout the prison. Resuscitation bags complied with the local paramedic services and included lightweight oxygen cylinders. Automated external defibrillators were also widely distributed and 90 discipline staff had been trained in their use. All equipment was well maintained and checked appropriately but we found some out-of-date items. The clinical electronic record SystemOne was well established and used effectively, with appropriate measures for the storage of any associated clinical paperwork. National clinical information and guidelines were distributed to staff and highlighted at meetings when required.
- 2.62** A health care forum for patients had been established just before our inspection with representation from each house block. Health care complaints were very well managed by one of the administrative staff but it was not clear how confidential the process was initially. There were an average of 40 complaints a month and all were dealt with quickly and sensitively. Patients were also informed of how to progress their complaints further if required.

- 2.63** Health care information needed further development. Health promotion literature was very limited, despite the range of screening and vaccination clinics. There were policies and procedures for the management of communicable diseases.

Recommendations

- 2.64** **All treatment rooms should be refurbished to provide clean and safe areas for the care and treatment of patients.**
- 2.65** **Health services should be adequately staffed to meet the needs of the prison population, and expanded to include more clinics run by specialist nursing staff.**
- 2.66** **A strategy for health promotion should be developed, and information should be widely available to prisoners in a range of languages.**

Housekeeping points

- 2.67** Clinical supervision should be formalised and records of events maintained.
- 2.68** Resuscitation equipment should be checked and out-of-date items replaced.
- 2.69** The process for handling health care complaints should be confidential.

Delivery of care (physical health)

- 2.70** Health staff recorded details of new arrivals in reception before they had a comprehensive initial health care screen on the first night centre, including access to a GP, and all prisoners were seen the following day to complete the process. They were given written information about the health services available but this was only in English.
- 2.71** Two GPs delivered most of the GP clinics with additional support from up to four locum GPs. There were two clinics each weekday and one on Saturday. Attendance rates were satisfactory and all patients were seen within the week. Prisoners usually approached the house block nurse for an appointment and were referred to appropriate clinics when necessary. There were a satisfactory range of nurse-led clinics, and GPs saw patients if there was no specialist nurse. Health promotion clinics included screening and vaccination programmes, blood-borne virus and smoking cessation clinics. Waiting lists were generally short, although the wait to see the optician was up to eight weeks. The waiting rooms were well managed by discipline staff, but they were not well furnished and had no reading material or anything to occupy patients who sometimes waited there for over two hours.
- 2.72** A nurse saw prisoners in the segregation unit each day and a GP attended three times a week; prisoners there could be seen additionally if required.
- 2.73** There were sufficient escort opportunities for outside hospital appointments, with arrangements well managed by a health care administrator. There were also good arrangements for visiting specialists and diagnostic services.
- 2.74** A large inpatient unit could accommodate 33 patients. The unit was clean and had two six-bedded wards and single cells, as well as a large association room and refurbished exercise area. There were six safer cells for those requiring closer observation. The treatment room was small and inadequate, and did not meet infection control requirements (see

recommendation 2.64). There were 28 inpatients during our inspection and we were told that the unit was usually full, with most inpatients having mental health needs. Seven inpatients required up to three discipline staff to unlock them, which meant high demands on the staff. All the inpatient cells were listed as certified normal accommodation but most inpatients were admitted appropriately for their clinical need. At the time of our inspection, three prisoners on the unit had no clinical requirements. Staffing was weighted on the discipline side, but the clinical staff on the unit provided good care.

Recommendation

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

Housekeeping point

- 2.76** The health care waiting areas should provide reading material and information for patients.

Pharmacy

- 2.77** The registered pharmacy in the prison supplied medicines and provided a good pharmaceutical service, including clinics and medicine use reviews for patients. There were plans to expand the service and open a pharmacy shop. Medicines were stored appropriately and supplied to patients promptly. Patients could be given night time doses, if necessary. There was a repeat medication system, similar to that in the community, where patients could repeat their orders for medicines several times before they needed to see the prescriber; this was monitored by the pharmacy. We were concerned about the prescribing of analgesics and other powerful medications that we saw in the HSU/SSU (see paragraph 2.115).
- 2.78** The in-possession policy was being reviewed at the time of the inspection. The policy was mostly followed, although the reasons for varying from it were not always recorded. Risk assessments were not reviewed in line with the policy, and although there had been cases where there were good reasons for variations from it, these had not been reviewed in light of changed medicines or circumstances.
- 2.79** A mixture of nursing staff and pharmacy technicians dispensed medicines on the house blocks. The clinic time was wide and patients attended in a trickle; this wasted a lot of time but meant there was no queuing.
- 2.80** Use of the out-of-hours medicines cupboard was documented but not well audited. The pharmacy team had identified this problem and taken measures to rectify it.
- 2.81** There were some patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine) and others were waiting formal approval and appropriate staff training, but the prison needed to register with the Care Quality Commission before they could be put in place.

Recommendations

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

Dentistry

- 2.84** The dental surgery was old and cluttered, and had still not been refurbished with a separate room for decontamination, as recommended at our previous inspection. Patients had access to a good service and, despite an occasional low attendance rate, the waiting lists were short with 55 waiting for a routine appointment at the time of our inspection. The maximum wait was acceptable at three weeks. We observed that patients were treated professionally and with respect for their privacy. Oral health promotion was provided while the patient was in the chair, but there was no literature available for them. Dental records were managed on paper and some notes were then transferred to SystmOne, which was not available in the surgery.

Recommendation

- 2.85** The dental surgery should be refurbished with a separate room for decontamination.

Delivery of care (mental health)

- 2.86** Mental health care was provided by a multidisciplinary team, including nursing, psychology, occupational therapy and counselling services. Two senior mental health nurses carried a caseload of up to 20 patients each, mainly for secondary care. The current establishment was very small for a prison of this size, and there was little evidence of primary care mental health work or a coordinated mental health strategy. Counselling and psychological services were good but did not have the resources to provide group therapies. Patients were involved in the planning of their care. There was an open referral system and a weekly meeting of the multidisciplinary team allocated resources effectively, although it was not attended by other representatives from the prison or integrated drug treatment system team. Two full-time psychiatrists were available four days a week.
- 2.87** The mental health team completed comprehensive assessments for patients with enduring mental health problems. There were good links with community services and information was shared appropriately with health care and discipline staff when required. Patients were seen for consultations on the house blocks, the inpatient unit and the HSU/SSU. There was no mental health awareness training for discipline staff, including those on the inpatient and segregation units. Transfers of prisoners to secure mental health units were often delayed, sometimes up to six months. At the time of our inspection, five patients were waiting to be transferred, with the longest wait of seven weeks.

Recommendations

- 2.88** There should be a coordinated mental health strategy that ensures that patients have access to primary mental health services.
- 2.89** The multidisciplinary meetings should be attended by a wider group of representatives from the prison.
- 2.90** Mental health awareness training should be provided for discipline staff.
- 2.91** Patients requiring transfer to secure mental health unit should be moved quickly.

Catering

Expected outcomes:

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

2.92 *Prisoner perceptions of food were negative but we found a varied menu. Lunch and breakfast were not served at appropriate times. Kitchen facilities were adequate but prisoners who worked there could not achieve qualifications.*

- 2.93** In our survey, prisoners were more negative than the comparator about food, and a prison food survey in 2013 produced similar results. Prisoners could select their lunch and dinner from a four-week rolling menu that offered a good variety, including healthy options and fruit and vegetables each day. Lunch was served too early, at 11.10am, and breakfast packs were issued the day before consumption, which was not appropriate. Prisoners had to eat their meals in their cells, and many that were multi-occupied had insufficient furniture (see paragraph 2.3). There were food comments books on all residential units and prisoners were consulted about the food through the monthly house block meetings.
- 2.94** The kitchen was clean and well maintained, with adequate food storage facilities and a separate area for halal food. A kitchen journal recorded the dates, times and food temperatures, from delivery at the prison to arrival on the house blocks. Prisoners who worked in the kitchen could not gain any relevant qualifications beyond food hygiene, and servery workers were also only trained in food hygiene.

Recommendations

- 2.95** The prison should work with prisoners to understand and address their negative perceptions of the quality of food.
- 2.96** Prisoners should be offered the opportunity to dine in association where possible, and if they have to eat in their cells, they should have a table and chair to sit at. (Repeated recommendations 8.11, 8.12)
- 2.97** Lunch should be served no earlier than noon, and breakfast packs should be issued on the day they are to be consumed. (Repeated recommendation 8.9)

Purchases

Expected outcomes:

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

2.98 *The prison shop provided a reasonable service but prisoners complained about the range of goods.*

2.99 New arrivals could complete a shop order sheet and receive their orders usually within a week of their arrival. The shop offered a selection of about 350 items, including a reasonable range of goods aimed at minority groups. There were a few catalogues from which prisoners could shop, and they could order newspapers and magazines. Prisoners were consulted about the shop at the prisoner consultative meeting and changes were made to the list where possible, but there had been no survey of their views. In our survey, prisoners were more negative than the comparator and at the last inspection about the shop providing a wide enough range of goods to meet their needs.

Housekeeping point

2.100 There should be a prisoner survey to address their perceptions of the shop service.

High security unit/special secure unit

2.101 *The HSU/SSU was clean but cells were inadequately furnished and showers were in a poor state of repair. Relationships between staff and prisoners on the unit were distant. Faith provision was adequate. General health care provision was equitable to the main prison but prisoners in the unit were sometimes disadvantaged by the level of security arrangements.*

Residential units

2.102 Communal areas and cells on the unit were clean and the upper spurs had sufficient natural light, but the lower spurs were much darker and felt oppressive. All the spurs were small and could accommodate up to 12 prisoners. Not all cells were equipped with the furniture and furnishings specified in the operating standards. Some prisoners had attempted to personalise their cells. Many of the showers were in a poor state of repair and lacked privacy but access was generally good. Outside exercise areas were austere, claustrophobic and caged in with no seating. The environment generally offered little stimulus for prisoners.

2.103 The high security unit (HSU) at HMP Belmarsh is the only designated HSU holding high risk category A prisoners separate from the general population within the Prison Service, and essentially comprises a prison within a prison. Additionally it can be used as a special secure unit (SSU) to hold exceptional risk category A prisoners. The purpose of the unit is to ensure that the prisoners held within it do not escape. The unit is run according to the HSU/SSU operating standards. Prisoners on the unit were able to wear their own clothes and had adequate access to laundry facilities and prison clothing and bedding if required. However, they had some difficulties gaining access to their stored property due to the

security restrictions and lack of staff for searching incoming items. Access to telephones was good.

Recommendation

- 2.104 The physical environment in the high security units should be improved, and showers should be refurbished.** (Repeated recommendation 2.34)

Staff-prisoner relationships

- 2.105** Staff told us there were ‘boundaries’ for relationships with prisoners on the unit and that they were trained to avoid ‘conditioning’. Most prisoners we spoke to said that staff treated them with respect. There was some evidence of engagement between staff and prisoners although we did not often see much more than sterile relationships. Although prisoners were assigned personal officers, electronic case notes showed little more than observational comments by staff with little indication that they knew the prisoner’s personal circumstances. Staff were given regular and sufficient psychological support. The requirement in the operating standards for the governing governor to visit the unit weekly had not been met.
- 2.106** There were monthly multidisciplinary case reviews of all prisoners in the HSU/SSU, although the minutes showed that health care staff did not attend these. Reviews were briefly documented and did not show that inappropriate behaviour was challenged. Targets were not recorded to give prisoners an indication of what was required of them while on the unit or how they could progress. Prisoners on the unit were relatively settled and communicated well with each other with little overt tension.

Recommendation

- 2.107 Staff entries in case notes for prisoners in the high security units should reflect an understanding of their personal circumstances and security issues.** (Repeated recommendation 2.35)

Equality, diversity and faith

- 2.108** We found no evidence that prisoners with protected characteristics in the HSU/SSU were disadvantaged or discriminated against. One Muslim prisoner told us that he had refused a search by a female officer and felt he faced recriminations afterwards. Faith provision was satisfactory. Prisoners were unable to attend services with the rest of the prison but chaplaincy staff visited the unit daily and supported prisoners. Services were held on the unit to reflect the religious mix of prisoners and there were some faith classes.

Health services

- 2.109** Prisoners, in general, said they were happy with health services but felt frustrated because security arrangements delayed access to services outside the unit. Care UK health care professionals visited the HSU/SSU daily and sometimes more frequently. Although operating standards required quarterly health reviews of all HSU/SSU prisoners we saw no evidence of these. Health care staff had failed to attend the last three multidisciplinary team meetings in the unit. The senior nurse could not explain why this was, but did not recall being invited.

Some health centre staff and patients said that HSU/SSU prisoners were disadvantaged in being able to access the health care centre at Belmarsh and external health appointments.

- 2.110** There was a treatment room in the HSU/SSU, which was small but suitable, with necessary furniture, an examination couch, clinical supplies and access to SystmOne. However, the room was upstairs, which meant that when a prisoner in segregation on the unit was taken there it left the segregation unit unstaffed. There was a first aid box and an automated external defibrillator (AED) on the unit and some emergency resuscitation equipment, including airway support and suction. We did not see oxygen for emergency use. AED chest pads were out of date.
- 2.111** One of the prisoners had weekly sessions with a forensic psychologist. This was recorded in his electronic case notes but not on his SystmOne record. We were told that if there were any important clinical matters, an email would be sent from the forensic psychologist to a clinician, followed up by a face-to-face discussion with one of the mental health team.
- 2.112** Prisoners could use the application system to request to see a health care professional, although they usually approached the nurse in the morning for triage. A GP attended each week and more frequently if required.
- 2.113** Security was intrusive. We observed a prisoner having a leg dressing in the presence of five uniformed officers and an additional officer making a video recording of the procedure. This breached medical confidentiality and did not preserve the patient's privacy and dignity. Some clinical staff insisted on confidential access to prisoners, but it was not always possible.
- 2.114** We had a specific concern about one prisoner who was due to have an 'urgent' investigation of his renal tract since the beginning of August 2013 that had not yet occurred, due to security procedures. The lack of information to the prisoner about what was happening added to his anxiety about his condition. We were told that he received treatment the week after we raised the concern. We also observed a patient who was escorted to and from the upstairs treatment room with his hands on his head, although he had a leg injury and could have fallen as a result. We were not given a justification for this procedure and did not see a written risk assessment.
- 2.115** We were concerned to find a patient with chronic muscular-skeletal pain who was prescribed analgesics, anxiety suppressants, hypnotics and other preparations at a level greater than we have seen in any other prison. We saw no evidence that a consultant in pain management had assessed his medical treatment, and we could not understand the decision-making that had led to this situation. The medication was given daily in possession, leading to significant risks of diversion and potential for overdose with very serious consequences. There was no lockable cabinet for the storage of this medication in his cell. The level of prescribing meant that the patient faced the difficulty of gradual drug withdrawal to be considered fit to transfer to a dispersal prison, and he said he felt very anxious about dose reduction (see recommendation 2.82). Our concerns were brought to the attention of the health care management.
- 2.116** HSU/SSU prisoners could use the prison's mental health services following referral. Services were limited. Two patients in segregation had received excellent psychiatric assessment when they entered the prison. One of them had acute confusion on his arrival and was subsequently returned to hospital; his state was likely to have been made worse by the regime in HSU/SSU segregation (see also paragraph 1.104).

Recommendations

- 2.117 Multidisciplinary case management arrangements for prisoners held in the high security unit and special secure unit should be improved.** (Repeated recommendation HP48)
- 2.118 Care UK should meet HSU/SSU operating standards and the health care department should have formal communications with other HSU/SSU departments.**
- 2.119 Patients on the HSU/SSU should receive confidential medical consultations and treatment that preserves privacy and dignity, unless risk assessment suggests otherwise.**
- 2.120 The health and safety of patients on extreme security measures should be subject to documented individual assessments of the risks to their physical and psychological health.**
- 2.121 Care UK should work with the security department to ensure that prisoners subject to extreme levels of security can access health appointments as promptly as other prisoners at Belmarsh.**

Housekeeping points

- 2.122 Clinical equipment for use in an emergency should be in date and subject to documented checks.**
- 2.123 Patients in the HSU/SSU should be regularly informed of progress in their treatment.**

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁵

3.1 *Too many prisoners experienced too little time out of cell, and we found over half the population locked up during roll checks. Regime slippage and curtailment of association were frequent. Daily exercise was limited to 30 minutes.*

3.2 In our survey, fewer prisoners than the comparators said they could access 10 hours a day out of their cell or five association periods a week. The core day indicated that a fully employed prisoner could have around seven hours out of cell Monday to Thursday and an unemployed prisoner around three hours. In practice, most experienced less than this due to frequent regime slippage, which we observed. Association periods, had been curtailed 79 times in the previous six months (see main recommendation S43).

3.3 In two roll checks conducted during the working day, we found an unacceptably high average of 54% of prisoners locked up and not engaged in activity, which was also much higher than at the last inspection.

3.4 Time in the open air was restricted to 30 minutes a day. In reality this could be shorter for the last person unlocked, as the clock for the exercise period started ticking when the first person went out. Exercise yards were large but had no seating or equipment.

Learning and skills and work activities

Expected outcomes:

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

3.5 *The number of activity spaces had decreased since the last inspection and there were not enough places to occupy the population. The management and strategic direction of activities had been ineffective and provision had worsened. The prison's lack of focus on developing the English, mathematics and employability skills of prisoners meant that it did not meet the resettlement needs of all prisoners. Outcomes for prisoners attending activities were generally poor.*

⁵ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

3.6	<i>Ofsted⁶ made the following assessments about the learning and skills and work provision:</i>	
	<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Inadequate</i>
	<i>Quality of learning and skills and work provision:</i>	<i>Inadequate</i>
	<i>Leadership and management of learning and skills and work:</i>	<i>Inadequate</i>

Management of learning and skills and work

- 3.7** There was insufficient strategic direction and management of the learning and skills provision. There had been a lack of continuity in the management of activities through a period of management vacancies, and changes in the Offenders' Learning and Skills Service (OLASS) contract and the regional management of learning and skills for the prison. Throughout these events, and in the absence of an overarching plan and clear direction for activities, the provision had deteriorated and development had stagnated. The prison had made negligible progress in addressing our previous recommendations on purposeful activity (see main recommendation S44).
- 3.8** The new cluster head of learning and skills, in collaboration with the head of reducing reoffending and A4e (the education provider), had begun to delineate the strategy for the provision focusing on the appropriate priorities. However, this was not yet fully developed and it was too early to assess the impact.
- 3.9** Over the last two years, the leadership of the prison had failed to place sufficient priority on raising prisoners' essential skills in English and mathematics or improving their employability skills and work ethos. Operational issues and staff shortages had affected activities detrimentally, leading to the cancellation or suspension of vocational courses. These challenges had not been managed well enough to ensure continuity of provision. For example, the bricklaying course had not run for over two months.
- 3.10** The management of the OLASS provision required further improvement. A4e recognised the need to further develop the quality of its teaching and training, and there was a good link between its teaching observations and staff development. Managers had worked hard to reinstate a culture that focused on learning, progress and achievement, but it was too early to see the full impact of this.
- 3.11** The prison had not gathered and analysed data effectively to inform managerial decisions on making improvements. Data on the achievement of vocational gym qualifications since the last inspection were not available, and the prison had not yet fully analysed data to identify participation and achievement of different groups of prisoners to set targets to redress any variations.

⁶ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.12** Arrangements to monitor and assess activities were still underdeveloped, in particular in the non-OLASS provision. There had been no teaching and learning observations of vocational training courses in the last 10 months, and there had been no evaluation of the quality of provision managed directly, such as work and vocational training. However, in the previous three months, the cluster head of learning and skills had undertaken an assessment of purposeful activity that demonstrated a clear understanding of the improvements required, which matched our findings.

Recommendations

- 3.13** **The prison should develop the collection, use and analysis of data in activities to inform managers and set targets to improve participation and achievement.**
- 3.14** **There should be rigorous quality improvement arrangements, including teaching and learning observations, to improve the quality of activities provision.**

Provision of activities

- 3.15** Not only did the prison still not have enough activity places to occupy its population purposefully, but the number had also decreased since the last inspection (see main recommendation S44). The core day was too short, thus failing to replicate a realistic working pattern and promote a good work ethos.
- 3.16** The process of prisoner allocation to activity was uncoordinated, uninformed and ineffective in ensuring that they were helped to develop essential skills, such as English, mathematics, English for speakers of other languages (ESOL) and employability. In our survey, only 28% of prisoners said that it was easy to join education against the comparator of 43%.
- 3.17** The 99 education places available were often not used to full capacity, but the range of provision was adequate in meeting the English and mathematics needs of learners with lower abilities. Additional courses included information technology, business enterprise, personal and social development and art. A similar range of programmes was available to vulnerable prisoners. Outreach education was offered to prisoners in other units but take up was low. The prison did not promote distance learning to meet the needs of higher ability prisoners, and participation in these programmes had reduced to 10 learners.
- 3.18** The vocational training offered was broadly appropriate, including bricklaying, painting and decorating, and British Institute of Cleaning Sciences (BICS), although the spaces and range had significantly decreased since the last inspection. Learning resources on these courses were, at least, satisfactory. However, this provision was underused with no courses running due to operational and staffing problems.
- 3.19** The number of work spaces had not increased and the work offered was menial and, except for cleaning, did not offer any accreditation to support employability. The range of work was limited to punnet and breakfast bag assembly, recycling, kitchens and cleaning. Work had also been affected because staff had been moved to other departments and, according to the prison, approximately 3,000 prisoner activity hours had been lost in a recent month.

Recommendation

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

Quality of provision

- 3.21** The quality of provision was inadequate, particularly in vocational training where no activities were delivered during the inspection. Teaching, learning and assessment in education required improvement. In the better lessons, teachers set high expectations and presented topics well using a good range of activities to engage learners. However, in many lessons, the planning of learning was insufficient and failed to provide activities that allowed all learners to meet their objectives.
- 3.22** Teachers quickly developed productive relationships with learners and supported them well. Some relied heavily on worksheets and did not make effective use of learning technology to stimulate learning. There was sometimes an over-reliance on informal assessment through questioning, and formal work was not fully marked or lacked constructive comments to help the learner improve.
- 3.23** Throughout education and vocational training, tutors and teachers made poor use of individual learning plans to set prisoners specific and challenging targets. There was little attention to the monitoring of learning to ensure learners progressed well.
- 3.24** Course files for some vocational courses showed that they were planned appropriately and assessed to meet the awarding body requirements. The training that prisoners in work received was appropriate to the low level production tasks required. Prison staff were supportive and had developed a relaxed working environment with prisoners working well together. However, in vocational training and work, the extension of learning and arrangements to support prisoners with low levels of English, mathematics and language abilities were inadequate. The prison did not recognise or monitor prisoners' improvements in developing their employability, personal and social skills, and opportunities to celebrate progress were missed.

Recommendations

- 3.25 The prison should ensure that teaching, learning and assessment are of a high quality across all activities so that all prisoners can achieve and develop the best appropriate skills.**
- 3.26 Lesson planning should be significantly improved so that all learners can achieve their learning aims, and individual learning plans should set specific targets to accelerate each learner's progress.**

Education and vocational achievements

- 3.27** Education and vocational achievements were inadequate. Under the previous OLASS provider, achievement of education qualifications in 2011/12 had been low. In the current year, under A4e, achievement overall was higher but required further improvement in many English, mathematics and ESOL courses. In these areas, many current learners had made appropriate progress and completed their qualification, although achievement of English skills qualifications remained low.

- 3.28** Although prisoners behaved well and worked collaboratively in education, the standards of their work were variable. In too many cases, they produced careless and inaccurate work, which did not reflect high aspirations.
- 3.29** Achievement rates for vocational training in 2012/13 were low and had been compounded by the significant decrease in the range and number of qualifications achieved. Portfolios for learners who had completed the BICS training were able to demonstrate appropriate vocational skills. However, in work, prisoners did not develop any meaningful employability skills, although a few had improved their basic social skills, in particular those with mental and dependency conditions.
- 3.30** Attendance at education was low. Punctuality was poor and movement from cells to education was slow causing frequent late starts to classes. Prisoners' attendance at work was equally erratic with poor punctuality. Due to poor planning and ineffective coordination, prisoners were often removed from activities to attend the gym, visits and other appointments.

Recommendation

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

Library

- 3.32** The library, run by Greenwich Library and Information Service, was well managed and assisted by staff and a prisoner orderly. Although relatively small, it had a good range of materials that broadly met the diverse needs and backgrounds of prisoners. Of the three computers available to prisoners, only one was functional due to security constraints, but prisoners could access photocopied and current legal and Prison Service reference materials.
- 3.33** Prisoners received good support from the library for a wide range of reading activities, including Storybook Dads (enabling prisoners to record stories) for their children, the Toe by Toe reading mentoring scheme and book clubs. The prison had trained nine mentors who were supporting five prisoners with their reading. However, there were no formal links between the library and education to monitor prisoners' reading progress.
- 3.34** The opening hours for the library had not increased since the last inspection, and prisoners, particularly those in work or not attending education, had insufficient access. Prisoners' visits to the library depended on the availability of prison staff. Visits by education classes were also variable. In our survey, only 24% of respondents said they visited the library once a week, against the comparator of 34%.
- 3.35** A book trolley service provided limited reading resources to prisoners in the first night centre, health care, HSU/SSU and segregation unit, but the stock of books on these trolleys was not renewed frequently enough.

Recommendation

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

Housekeeping points

- 3.37** The computers in the library should be returned to use for prisoners.
- 3.38** The stock in the book trolleys for prisoners who cannot visit the library should be renewed more frequently.

Physical education and healthy living

Expected outcomes:

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

3.39 *The physical education (PE) department was run adequately and provided good facilities, but managerial actions to improve the service were underdeveloped. Most prisoners had access to a suitable range of recreational activities, although the number using the gym had continued to fall. Vocational training opportunities were very limited.*

- 3.40** The prison's senior management had not been actively involved in the PE department. PE staff remained enthusiastic and motivated and had maintained adequate levels of service, but arrangements to develop action plans for improvement were insufficient. For example, recommendations from the previous inspection had not been acted on and links with the health care department had not yet been developed.
- 3.41** PE facilities were good. The indoor sports hall offered opportunities for a broad range of team and recreational activities. The cardiovascular and weights areas were well equipped, and the outdoor facilities included a well-maintained all-weather pitch.
- 3.42** The PE department was well staffed by qualified and experienced instructors who maintained a good relationship with the prisoners. The gym induction gave prisoners sufficient awareness of health and safety. Information handouts were not of a good enough quality and their terminology was too complex for the literacy and English language needs of many prisoners.
- 3.43** The gym schedule ensured that all prisoners had appropriate access to the facilities and the PE department actively promoted the service, but since the last inspection, gym opening hours had decreased and it was not open in the evenings. Only the prisoners from the London Pathway Unit and vulnerable prisoners had access to the gym on Friday afternoons. Communication of changes of access for some prisoners had not been sufficiently effective. According to staff, approximately 40% of prisoners used the gym and its recreational facilities. However, the data were not used to assess which prisoners attended and how often. In our survey, only 2% of prisoners said they went to the gym three or more times a week, against the 31% comparator, and no disabled prisoners surveyed said they used it at all.

- 3.44** The range of vocational courses had been significantly reduced and only two football coaching level 1 courses had run in the past year. There were plans to increase the accredited provision but no dates for this had yet been set.
- 3.45** All prisoners had access to clean kit and towels. The showers in the outdoor facility were good and sufficiently private, but those in the main gym were still communal with not enough privacy.

Recommendations

- 3.46** **There should be improved formal links between the physical education and health care departments to clearly identify prisoners' remedial support needs and adverse medical conditions.** (Repeated recommendation 6.61)
- 3.47** **The prison should increase the number of prisoners accessing the gym and recreational PE.** (Repeated recommendation 6.62)
- 3.48** **The gym should increase the number of vocational courses and the number of prisoners undertaking them successfully.**

Housekeeping point

- 3.49** The gym induction information handouts should be improved.

High security unit/special secure unit

3.50 *Prisoners in the HSU/SSU had inconsistent access to time out of cell. They had a poor regime with insufficient appropriate activity to occupy and stimulate them.*

- 3.51** The time prisoners in the HSU/SSU could spend out of their cells was not consistent from day to day. The unit had a very restricted regime as some prisoners had to be kept separated for most of the previous six months. Prisoners could have one hour of gym access on the unit every day and two hours' association when the regime was not split due to prisoner conflict or staff shortages. Prisoners were also given time to clean their cells and the communal areas, but we observed that this did not always happen in accordance with the published regime. Association equipment was limited, as was library provision. We observed little interaction between prisoners on association and many kept themselves to themselves.
- 3.52** The HSU/SSU operating standards stated that 'prisoners must undertake a basic skills assessment before participating in education classes' and that 'education will be provided as part of the constructive activity programme within the HSU/SSU'. We were concerned that operating standards were not adhered to and that there was insufficient opportunity for prisoners on the HSU/SSU to participate in activities at an appropriate level, including education and correspondence courses (see main recommendation S45 and recommendation 1.95).

- 3.53** Provision to occupy and stimulate prisoners in the unit was poor. Prisoners could not take part in any activities off the unit and the only vocational training they could access was the cleaning qualification within the unit. A classroom was available for education sessions one afternoon a week, but none of the 11 prisoners eligible took part in any appropriate learning activity, and very few had received a formal induction to activities. It was unacceptable that the three exceptional risk category A prisoners could not engage in any education activities (see main recommendation S45).
- 3.54** Reading was one of the few activities for intellectual engagement and recreation for prisoners on the unit. Although a small book trolley service provided some reading resources, the stock had not been changed for several weeks (see housekeeping point 3.38).
- 3.55** The HSU/SSU had a small gym area. Although PE staff checked each day to ensure the equipment was well maintained, they had not arranged to maximise these facilities through offering PE support, coaching or fitness activities to the prisoners there.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

4.1 *The prison's offender management and resettlement functions were not sufficiently integrated, and this was compounded by the lack of strategic direction for offender management and absence of a comprehensive prisoner needs analysis. Resettlement and offender management were not central to the prison's operation.*

4.2 In April 2013, the prison separated out its offender management function from reducing reoffending, although the latter continued to include the prison's resettlement work. There were two separate policies for offender management and resettlement. The resettlement policy outlined a strategy that included objectives and was informed by a needs analysis drawn from initial assessment data from prisoners between April 2012 and March 2013. A monthly reducing reoffending strategy meeting reviewed progress against identified objectives. By contrast, the strategy policy for offender management, written in June 2013, had no identified objectives for development, even though the department had been reorganised and personnel changed since April 2013. Although there were daily briefings for offender management staff, and there had been some team meetings, there was no clear overall strategy, and some staff we spoke to expressed frustration about this lack of direction. This issue was compounded by the lack of a prisoner needs analysis based on offender assessment system (OASys) data to inform development (see main recommendation S46).

4.3 As well as the lack of a strategic meeting for offender management, the department was also not regularly represented at the monthly reducing reoffending meeting – there had been no representation at the last four meetings and the list of core attendees did not include offender management. In addition, officer offender supervisors were regularly redeployed to other roles around the prison – equating to more than 300 hours a month lost. Our analysis indicated that the offender management department was struggling to meet all the demands of a core local prison, with no clear strategy to resolve this.

4.4 Despite these limitations, the offender management department had good links with wider forums across London, primarily the London probation public protection meeting. The London offender management forum (incorporating representation from other establishments across London) had met regularly until February 2013, but had not met at all since April.

4.5 In his introduction to the reducing reoffending strategy, the governor stated that reducing reoffending was 'the single most important objective of the National Offender Management Service'. However, the separation of offender management and reducing reoffending, the limited integration of the two services and our analysis of cases indicated that this work was not at the heart of the prison's functioning (see main recommendation S46).

Recommendation

- 4.6 Officer offender supervisors should only be used for other functions in the case of an emergency or in line with agreed levels. (Repeated recommendation 9.22)**

Offender management and planning

Expected outcomes:

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

4.7 *There was still a backlog of OASys assessments, and some prisoners were released without an assessment that was up-to-date. Sentence planning arrangements varied and subsequent contact with prisoners too often had unclear focus. There was insufficient supervision and management overview of cases. Too few prisoners were released on home detention curfew, although recategorisation reviews were generally managed well. Public protection arrangements were generally sound but management overview before release was too inconsistent.*

- 4.8** At the time of the inspection, approximately half the population was sentenced, with 85% serving over 12 months and subject to OASys. All prisoners, including those on remand, had their resettlement needs assessed as part of the induction programme. The assessment tool was unique to Belmarsh and had been introduced when use of the London initial screening assessment resettlement and reintegration tool (LISARRT) had ended; this was discarded in April 2013. It was comprehensive and covered all resettlement pathways. All assessments were supposed to then be logged on a database and referrals passed to resettlement pathways staff to follow up. Although this generally was the case, there was no quality assurance to ensure that this happened or that referrals were appropriate. Copies of assessments were also not given to prisoners to confirm the referrals made.
- 4.9** Although all sentenced prisoners were also allocated to an offender supervisor, copies of resettlement assessments were also not sent to them. As a consequence, initial prisoner contact by offender supervisors often duplicated these assessments.
- 4.10** The offender management unit included officer offender supervisors and probation service assistants, along with two probation officers. Administrative roles were no longer undertaken by specialist staff. All very high risk of harm cases and the more complex high risk cases, including prisoners held in the HSU/SSU, were allocated to probation officers but all other cases, including some identified as high risk, were allocated across the rest of the team. At the time of the inspection, approximately half of all prisoners sentenced to more than 12 months were assessed as high or very high risk of harm.
- 4.11** During the inspection we were joined by colleagues from HM Inspectorate of Probation who looked at 20 offender management cases in detail, and a further 26 files, primarily low and medium risk, in less detail.
- 4.12** Approximately 43% of the population were subject to OASys and sentence planning, although in our survey only 28% of prisoners, against the comparator of 39%, said they had a sentence plan. We were told that there was a backlog of OASys assessments but the prison was unable to tell us the actual number of prisoners without one or the number out of date. Different administrators in the department kept their own records and there was no overall

log or management check to ensure completions. In our review of cases we found several prisoners about to be released (within the next fortnight) with no up-to-date assessment or, in some cases, without any assessment or sentence plan throughout their sentence.

- 4.13** Sentence plans and sentence planning arrangements were inconsistent. In only nine of the 20 high risk cases that we looked at had there been an assessment of the likelihood of reoffending. Similarly, an initial sentence plan had been completed in just under half the cases. Although offender managers usually participated in sentence plan meetings for high risk cases, either in person or by telephone/video conferencing, contributions from other departments in the prison were rare. For low and medium risk cases, meetings were invariably restricted to the prisoner and offender supervisor. Targets were often very general with no clear objectives, especially for offending behaviour work, but in some cases targets were set that could not be achieved at Belmarsh. In our survey, 44% of prisoners said that they had sentence planning targets to be achieved at other establishments, against the comparator of 25%.
- 4.14** Subsequent to OASys and sentence planning, contact with prisoners was also variable. High and very high risk prisoners were usually seen monthly, but the focus of that contact was unclear. We saw some examples of regular contact that focused on offending issues, but in many other cases, especially those managed by officer offender supervisors, the reason for the contact was unclear. Many case files included comments such as 'seen on free flow, no issues' or simply 'seen, no concerns'. We judged that progress had been made on at least some of the offending-related factors in only a quarter of cases reviewed. Low and medium risk prisoners were rarely seen, and usually only on application when the prisoner had a particular issue or query.
- 4.15** Quality assurance was limited to OASys with a focus on the process rather than effectiveness in meeting individual needs, and even here the prison fell short of its target of 10% checks. Probation staff received monthly supervision from the senior probation officer where cases were discussed, but this was not extended to officer offender supervisors.
- 4.16** In the previous six months, only 35 of the 94 cases considered for home detention curfew (HDC) had been successful (37.5%). Although the process usually started on time (10 weeks before eligibility), there was no record indicating why so few prisoners were released. In our review during the inspection, we found that prisoners were often transferred during the process and there were often delays in receiving information from community offender managers. Although this latter issue had been raised with the London HDC forum, a central point of contact for the London Probation Trust, there had been no satisfactory resolution to date.
- 4.17** The prison was looking at a possible programme of work that prisoners could attend through release on temporary licence (ROTL), but there had been no such releases in the previous six months.

Recommendations

- 4.18** **Initial resettlement assessments should be quality assured to ensure that all prisoners receive an assessment and that it is of an appropriate standard, and that referrals to resettlement pathways are followed up, with copies of the assessments given to prisoners, the wings and the offender management unit to ensure that appropriate support is available.**
- 4.19** **All appropriate prisoners should have a completed and up-to-date OASys assessment.** (Repeated recommendation 9.21)

- 4.20 All departments working with a prisoner, including his personal officer, should attend sentence planning boards or provide written contributions.**
- 4.21 There should be casework reviews and regular professional supervision for all offender supervisors, and quality assurance for all aspects of work in the offender management unit, to ensure consistent standards and effective case management.**
- 4.22 Home detention curfew reviews should be managed more efficiently to ensure that most prisoners who meet the criteria are released on their eligibility date.**

Housekeeping point

- 4.23 Management oversight of risk of harm assessment and planning should be clearly recorded on case files of prisoners assessed as high or very high risk of harm.**

Public protection

- 4.24 Public protection arrangements were generally well managed. All cases were screened on arrival with three separate checks for current or previous child protection or harassment convictions. At the time of the inspection, 74 prisoners were subject to child protection monitoring and a further 45 to harassment orders.**
- 4.25 At the time of the inspection, the prison held 25 multi-agency public protection arrangements (MAPPA) level two and four level three cases, along with 210 assessed as level one or nominals (individuals targeted for legitimate security reasons). Prisoners subject to MAPPA were reviewed at the monthly inter departmental risk management team (IDRMT) meeting, which was well attended from across the establishment. Although prisoners could be reviewed by the meeting at any time, this was usually undertaken in the last six months of their sentence. None of the high and very high risk of harm cases we reviewed were within this six months pre-release phase. In most cases all reasonable action had been taken throughout the prisoner's sentence to minimise his risk of harm to others. However, in half of the high and very high risk of harm cases we reviewed the risk of serious harm (ROSH) assessments within the OASys did not reflect this.**
- 4.26 MAPPA pre-release reports were prepared for all prisoners subject to the arrangements and those we saw were of a good standard. Quality assurance ensured appropriate standards were developed and maintained.**

Categorisation

- 4.27 Approximately 51% of the sentenced population were category C prisoners, 29% were category B and 13% category A. A further 19 prisoners (7%) were category D. Recategorisation boards were held appropriately with few delays, and prisoners could make their own representation. In the previous six months, 225 prisoners were eligible for a review and 215 had been completed.**
- 4.28 There were relatively few delays in prisoners transferring to other establishments, and category D prisoners could usually be moved within a couple of months of being downgraded. However, it was difficult to move category B sex offenders to appropriate establishments. In 2013 to date, there had been 1,144 transfers, compared with 1,222 for the whole of 2012.**

Indeterminate sentence prisoners

- 4.29** The prison held 70 indeterminate-sentenced prisoners at the time of the inspection - 55 lifers, three recalled lifers and 12 serving indeterminate sentences for public protection (IPPs). Multi agency risk assessment planning (MARAP) and multi agency lifer risk assessment planning (MALRAP) boards were completed appropriately and generally on time, and there were relatively few delays in transferring indeterminate prisoners once such reviews had been completed. The offender management unit had begun to develop support for this group of prisoners, and some had been identified as prisoner representatives. The first lifer forum had taken place in September 2013. There was a comprehensive guidance booklet for new arrivals.

Reintegration planning

Expected outcomes:

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

4.30 *Pre-discharge planning by pathway providers was not adequately integrated with offender supervisors, especially with regard to low and medium risk prisoners who, in some cases, did not have a pre-discharge OASys completed. Work with high risk offenders, however, was better linked to community-based offender managers. Prisoners were not always aware of the support available, although provision for high risk prisoners was better. Despite an identified need, there was still no specialist housing support and many prisoners were released without suitable accommodation. Support for education, training and employment after release was adequate. Discharge planning for health care and substance misuse were effective. Provision of finance, benefit and debt support was limited. Work with children and families was good. The lack of a needs analysis for offending behaviour interventions meant that provision was not targeted, and the strategy to manage sexual offenders was insufficient. The London pathway progression unit was a positive initiative for the reintegration of some challenging offenders.*

- 4.31** The prison released an average of around 31 prisoners a month. All prisoners were invited to the resettlement discharge board six or two weeks before release, depending on how long they had been at the prison. Here they were able to see representatives from all the resettlement pathways and make necessary arrangements for their release. In theory information from initial reception assessments were available to help identify work already undertaken, but this was not always the case.
- 4.32** Discharge board meetings were generally well attended and information collated was appropriate but there was no link with offender supervisors. As most prisoners attending the discharge board were to be released on licence to the community offender manager, this was a major oversight. The lack of integration meant that offender supervisors could not consistently inform offender managers about arrangements made through pathway providers.
- 4.33** Although discharge boards met weekly, and most wings had information about provision, in our survey only 6% of prisoners, against the 15% comparator, said that someone had helped them prepare for release. Knowledge of who to speak to about support on release was also poorer than the comparators across all the resettlement pathway areas.

- 4.34** Pre-release work with high risk prisoners by offender supervisors was generally appropriate and linked well to the work of community offender managers. However, this was less likely for low and medium risk cases and we found some prisoners who had had no pre-release OASys completed.

Recommendation

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

Accommodation

- 4.36** The prison still had no specialist housing support, even though its own needs analysis found that 23% of new arrivals had no accommodation on release and a further 13% did not know if they would. There were plans for Belmarsh to be included in a commissioned accommodation service for all prisons in London, but this had yet to be implemented. The housing officer had been in post since April 2013 but had not yet received any specific training. Referrals were received from across the prison, including through the initial assessments for new arrivals.
- 4.37** Referred prisoners were usually seen at the weekly housing surgeries. Although these were primarily for sentenced prisoners, remand prisoners could sometimes be seen, but mostly just for advice. Most support from the accommodation officer was to manage tenancies or housing-related debt, with general advice and signposting for those approaching release. Prisoners who were homeless on release were advised to attend housing support services on their day of release, with relatively little available beforehand. The prison had links with a local agency, Life Changes, which could provide some support and access to hostel accommodation, as well as with larger advice services, such as St Mungo's and St Giles.
- 4.38** The number of prisoners released with no fixed accommodation was higher than we usually find at 18% in the previous six months, although only one prisoner had been released to temporary accommodation in that time. In our survey, only 21% of respondents, against the comparator of 40%, said they knew who to speak to at the prison about help with accommodation on release.

Recommendation

- 4.39** **The prison should introduce specialist housing advice for all prisoners.** (Repeated recommendation HP52)

Education, training and employment

- 4.40** Working Links was the main agency working in the prison on the education, training and employment pathway. A member of staff offered support and advice for release, such as CV writing and disclosure letters. Prisoners ready to be released also obtained assistance with job search and applications. The prison offered a pre-release education, training and employment course but few prisoners had taken it in the last year. The prison had met its targets for referring prisoners on to further education, training or employment on release.

- 4.41** The careers service offered by Prospects (the National Careers Service provider) was not fully effective and required improvement. No longer included in the induction programme, the career advisers had to use their initiative to find and meet prisoners, across the establishment, in order to hold their initial interview and to assemble the prisoners' career action plan. As a consequence, not all prisoners received the necessary advice and help.
- 4.42** The advisers had, however, a positive impact on supporting some of the prisoners they met with. They focused on finding local employment opportunities, for example in the railway and tunnelling construction sectors, where they had been effective at seeking grant funding to support the further career development of some prisoners.

Recommendation

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

Health care

- 4.44** Discharge planning for patients was well organised and provided in sufficient time to prepare any necessary medications and referral letters. All patients with enduring mental health problems were cared for using the care programme approach. There were established arrangements for palliative and end-of-life care for terminally ill prisoners.

Drugs and alcohol

- 4.45** The drug and alcohol service, Pathways to Recovery, was well integrated and represented at appropriate multi-agency meetings. Its family intervention worker assisted prisoners in rebuilding relationships, and provided a mediation service and offered home visits. There were strong community links to facilitate the throughcare of prisoners and ensure treatment continuation post release, and a designated prison link officer helped prisoners in accessing community resources. Link workers from the local drug intervention programme (DIP) spent two days a week at the prison, attended discharge board meetings, met prisoners at the gate and accompanied them to community appointments.

Finance, benefit and debt

- 4.46** Support under this pathway remained limited. Data from prisoner assessments up to March 2013 indicated that almost a quarter had some debt when they arrived, but there was still no specialist debt advice or support for prisoners. In our survey, only 14% of prisoners, against the comparator of 24%, said they knew who to speak to at the prison about help with their finances on release. There had been some work to help prisoners obtain bank accounts (40 in the last six months) and proof of age citizen cards (eight in the last six months). There was more guidance on benefits, and information was provided through the discharge boards.

Recommendation

- 4.47** **The prison should provide specialist finance and debt advice and support to prisoners.** (Repeated recommendation 9.46)

Children, families and contact with the outside world

- 4.48** Visits could be booked by telephone or email. The demand for visits was high and at the time of our inspection the next bookable visit was a week away. Up to 37 prisoners at a time could have visits, and each session was divided into two one-hour slots - double slots could be booked where available.
- 4.49** The visitors' centre, operated by the Spurgeons charity, was impressive. It was large, bright and inviting, and the staff were welcoming and supportive. There was a good range of information for visitors, including details of specialist community services. The waiting area in the visits building was well maintained and appropriate. The visits hall had a snack bar and large play area, staffed by play workers from Spurgeons.
- 4.50** Extended family visits were provided regularly, but infrequently, with only four planned for the forthcoming year, which was insufficient for the size of the population. These visits were also restricted to prisoners on the enhanced level of IEP. A family visit had also been organised for Listeners and one was planned for those on the London pathway progression unit (see paragraph 4.56).
- 4.51** Parenting courses were provided five times a year, four for 'family man' and one for 'fathers inside', which were facilitated by prison officers and staff from the Safe Ground charity. These courses also included family visits.

Recommendation

- 4.52 Family visits should be available to all prisoners.** (Repeated recommendation 9.71)

Attitudes, thinking and behaviour

- 4.53** The limited information from OASys assessments meant that the offending behaviour needs of the population were not clear. Initial assessments of new arrivals showed that 27% were convicted of violent offences, including robbery, and the prison intended to introduce an accredited programme for this group. The only accredited programme was the thinking skills programme (TSP), with an annual target of 54 completions. There was a reasonable range of non-accredited programmes for prisoners with substance misuse problems.
- 4.54** There was still little at the prison to challenge the attitudes or behaviour of the small number of sex offenders held. Although some individual work by the psychology department or probation officers was possible this was rare. There were often delays in getting sex offenders to appropriate establishments to complete necessary treatment programmes.

Recommendation

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

Additional resettlement services

- 4.56** The London pathway progression unit (LPPU) had been set up in April 2013. The only unit of its kind in London prisons, it was part of a London-wide initiative with the London Probation Trust to develop an integrated programme of support in custody and the community for prisoners with identified personality disorders. It was designed to work with prisoners with between nine months and two years of their sentence left to serve. At the time of the inspection, there were 17 prisoners on the LPPU, which was planning a capacity of 41.
- 4.57** The aim of the unit was to offer a calmer and more supportive environment than elsewhere in the prison, with programmes of activity that included individual keywork sessions, self-management courses and individual support sessions with uniformed and psychology staff. All prisoners were also allocated to one of the probation offender supervisors, who took an active part in the unit. Work on the unit was very positive, as were the relationships between prisoners and staff. No prisoner had yet been released from the unit into the community and it was, therefore, too early to assess its effectiveness in reintegrating this difficult group of prisoners.

HSU/SSU

4.58 *Prisoners on the HSU/SSU received too little contact and support from offender supervisors but, where necessary, their reintegration was carefully supervised and monitored*

- 4.59** All prisoners held in the HSU/SSU were allocated to an offender supervisor, with those assessed as very high risk, terrorism act and/or MAPP 3 cases allocated to one of the probation offender supervisors. In practice, prisoners on the unit had limited contact with offender supervisors, and there were few options for work to address their more acute offending behaviour needs.
- 4.60** Release arrangements for this group of prisoners were also limited. Support for drug or alcohol misusers in the community or other services could be provided, but they needed to be coordinated and arranged through the community offender manager. Pre-release planning was managed through the inter departmental risk management team in close liaison with relevant police services.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1** There should be improved supervision, governance and accountability concerning all aspects of use of force, including quality of documentation and proportionality of use of batons and handcuffs, planned interventions, special accommodation and strip clothing. (S40)
- 5.2** The environment, regime and relationships between staff and prisoners in both segregation units should be improved as a matter of urgency. (S41)
- 5.3** Managers should monitor relationships between staff and prisoners and endeavour to make them more appropriate and constructive. All staff in regular contact with prisoners should be trained to increase their understanding of the role of the personal officer, professional boundaries and prisoners' resettlement needs. (S42)
- 5.4** Time out of cell opportunities should be improved for all prisoners. (S43)
- 5.5** The prison should develop a clear strategy and targets for the delivery of activities, focusing on prisoner employment and resettlement, as well as the need for continuous development and improvement of provision. The number of activity spaces should be increased to ensure that all prisoners can be purposefully occupied. (S44)
- 5.6** The regime on the high security unit/special secure unit should be improved. (S45)
- 5.7** The resettlement and offender management functions should be better integrated, informed by a comprehensive needs analysis and designed to meet the needs of the population. The prison should ensure that offender management and risk of harm reduction is central to its function. (S46)

Recommendations

To Prisoner Escort and Custody Services

- 5.8** Prisoners being taken to Belmarsh should arrive at reception before 7pm, and prisoners at court should be returned when their case has finished. (1.4, repeated recommendation 1.12)
- 5.9** Prisoners being produced in court should be given an adequate meal before departure (1.5, repeated recommendation 1.15)

Recommendations

To the governor

Early days in custody

- 5.10** Reception staff should actively engage with new arrivals by checking their needs and keeping them informed of what will happen next and when, and the holding rooms should be upgraded and contain relevant information. (1.14)
- 5.11** Vulnerable prisoners should receive an induction equivalent to that for prisoners on main location. (1.15, repeated recommendation 3.18)

Bullying and violence reduction

- 5.12** The prison should investigate and address prisoner perceptions of their safety, particularly their treatment by staff. (1.29)
- 5.13** Investigations into acts of bullying and violence should be thorough, include a full examination of all the available evidence and be subject to effective quality checks. (1.30)

Self-harm and suicide

- 5.14** Case management and review arrangements for prisoners at risk of self-harm should be improved. (1.37)
- 5.15** All prisoners at risk of self-harm should be properly occupied during the day. (1.38, repeated recommendation 3.33)
- 5.16** The role of the contingency unit and its relevance should be made clear, the policy document describing its use should be fully implemented, and governance of the unit should be improved. (1.39)

Safeguarding

- 5.17** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.42)

Security

- 5.18** Security arrangements and measures should ensure the prison's regime meets the needs of all prisoners, including those not requiring the highest levels of security. (1.52, repeated recommendation HP46)
- 5.19** High risk category A prisoners should be located in a more suitable environment where they can access an improved regime. (1.53)
- 5.20** Squat searching should only be authorised when there is specific intelligence to justify it, and closed visits only when there is specific intelligence related to the trafficking of items through visits. (1.54)
- 5.21** The mandatory drug testing (MDT) programme should undertake the required level of target testing. (1.55, repeated recommendation 3.81)

Incentives and earned privileges

- 5.22** Decisions to demote prisoners to basic should be fully justified and always following a thorough investigation. (1.59)

Discipline

- 5.23** Segregation review documentation should be completed thoroughly and include meaningful targets, and there should be formal care and reintegration planning for prisoners who remain in the segregation unit for longer than a month. (1.77)

Substance misuse

- 5.24** Substance misuse nurses and GPs responsible for the clinical management of substance-dependent prisoners should undertake the necessary training, and a substance misuse specialist should be available to offer consultation and advice. (1.88, repeated recommendation 3.74)
- 5.25** A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (1.89, repeated recommendation 3.75)

HSU/SSU

- 5.26** High security unit (HSU) and special secure unit (SSU) operating standards should be fully implemented. (1.95)
- 5.27** Segregated prisoners on the HSU/SSU should be covered by individualised and risk assessed unlock protocols, and they should be set individual targets to demonstrate changes in risk to enable their integration into other parts of the prison. (1.107)

Residential units

- 5.28** Cells designed to hold two prisoners should not be used to hold three. (2.10)
- 5.29** Toilets should be de-scaled and kept clean, and those in single cells should have adequate screening. (2.11, repeated recommendation 2.9)
- 5.30** Emergency cell call bells should be responded to within five minutes, and governance arrangements to monitor this should be improved. (2.12, repeated recommendation 2.11)
- 5.31** Prisoners should be able to use the showers every day. (2.13, repeated recommendation 2.26)
- 5.32** Applications should be responded to promptly and response times logged, and application forms should not be left on landings unattended. (2.14, repeated recommendations 3.41 and 3.42)
- 5.33** Delays in delivering and sending out mail should be reduced. (2.15, repeated recommendation 2.12)

Staff-prisoner relationships

- 5.34** The quality assurance of personal officer work should be improved. (2.20, repeated recommendation 2.51)

Equality and diversity

- 5.35** The prison should collect and analyse equality data for all protected characteristics to better understand patterns and trends effecting minority groups. Allocation to activity should be included in this analysis. (2.27)
- 5.36** Prisoners should be able to report confidentially if they have any protected characteristic, either on reception or later in their sentence. (2.37)
- 5.37** There should be individual personal emergency evacuation plans (PEEPs) for prisoners requiring assistance in an emergency. (2.38)

Complaints

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

Legal rights

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

Health services

- 5.40** All treatment rooms should be refurbished to provide clean and safe areas for the care and treatment of patients. (2.64)
- 5.41** Health services should be adequately staffed to meet the needs of the prison population, and expanded to include more clinics run by specialist nursing staff. (2.65)
- 5.42** A strategy for health promotion should be developed, and information should be widely available to prisoners in a range of languages. (2.66)
- 5.43** Inpatients cells should be removed from the list of certified normal accommodation and patients should only be admitted for a clinical need. (2.75)
- 5.44** The most senior pharmacist in Care UK should review the prescribing of analgesia and other powerful medications for patients at Belmarsh to ensure that it is within national guidelines, and that risk assessment and the security of medicines are subject to regular quality assurance. Patients receiving analgesia for chronic pain should be reviewed by pain specialists in line with national guidelines. (2.82)
- 5.45** Risk assessments should be reviewed in line with the current policy. (2.83)
- 5.46** The dental surgery should be refurbished with a separate room for decontamination. (2.85)
- 5.47** There should be a coordinated mental health strategy that ensures that patients have access to primary mental health services. (2.88)

- 5.48** The multidisciplinary meetings should be attended by a wider group of representatives from the prison. (2.89)
- 5.49** Mental health awareness training should be provided for discipline staff. (2.90)
- 5.50** Patients requiring transfer to secure mental health unit should be moved quickly. (2.91)

Catering

- 5.51** The prison should work with prisoners to understand and address their negative perceptions of the quality of food. (2.95)
- 5.52** Prisoners should be offered the opportunity to dine in association where possible, and if they have to eat in their cells, they should have a table and chair to sit at. (2.96, repeated recommendations 8.11, 8.12)
- 5.53** Lunch should be served no earlier than noon, and breakfast packs should be issued on the day they are to be consumed. (2.97, repeated recommendation 8.9)

HSU/SSU

- 5.54** The physical environment in the high security units should be improved, and showers should be refurbished. (2.104, repeated recommendation 2.34)
- 5.55** Staff entries in case notes for prisoners in the high security units should reflect an understanding of their personal circumstances and security issues. (2.107, repeated recommendation 2.35)
- 5.56** Multidisciplinary case management arrangements for prisoners held in the high security unit and special secure unit should be improved. (2.117, repeated recommendation HP48)
- 5.57** Care UK should meet HSU/SSU operating standards and the health care department should have formal communications with other HSU/SSU departments. (2.118)
- 5.58** Patients on the HSU/SSU should receive confidential medical consultations and treatment that preserves privacy and dignity, unless risk assessment suggests otherwise. (2.119)
- 5.59** The health and safety of patients on extreme security measures should be subject to documented individual assessments of the risks to their physical and psychological health. (2.120)
- 5.60** Care UK should work with the security department to ensure that prisoners subject to extreme security measures can access health appointments as promptly as other prisoners at Belmarsh. (2.121)

Learning and skills and work activities

- 5.61** The prison should develop the collection, use and analysis of data in activities to inform managers and set targets to improve participation and achievement. (3.13)
- 5.62** There should be rigorous quality improvement arrangements, including teaching and learning observations, to improve the quality of activities provision. (3.14)

- 5.63** Information obtained at induction should be used to ensure that prisoners are allocated to activities that meet their skills needs. (3.20)
- 5.64** The prison should ensure that teaching, learning and assessment are of a high quality across all activities so that all prisoners can achieve and develop the best appropriate skills. (3.25)
- 5.65** Lesson planning should be significantly improved so that all learners can achieve their learning aims, and individual learning plans should set specific targets to accelerate each learner's progress. (3.26)
- 5.66** The prison should significantly increase prisoner achievement of qualifications and skill development, and ensure that they attend activities regularly and punctually. (3.31)
- 5.67** The library should increase its opening hours to ensure that all prisoners have good access to it, particularly those in work. (3.36)

Physical education and healthy living

- 5.68** There should be improved formal links between the physical education and health care departments to clearly identify prisoners' remedial support needs and adverse medical conditions. (3.46, repeated recommendation 6.61)
- 5.69** The prison should increase the number of prisoners accessing the gym and recreational PE. (3.47, repeated recommendation 6.62)
- 5.70** The gym should increase the number of vocational courses and the number of prisoners undertaking them successfully. (3.48)

Strategic management of resettlement

- 5.71** Officer offender supervisors should only be used for other functions in the case of an emergency or in line with agreed levels. (4.6, repeated recommendation 9.22)

Offender management and planning

- 5.72** Initial resettlement assessments should be quality assured to ensure that all prisoners receive an assessment and that it is of an appropriate standard, and that referrals to resettlement pathways are followed up, with copies of the assessments given to prisoners, the wings and the offender management unit to ensure that appropriate support is available. (4.18)
- 5.73** All appropriate prisoners should have a completed and up-to-date OASys assessment. (4.19, repeated recommendation 9.21)
- 5.74** All departments working with a prisoner, including his personal officer, should attend sentence planning boards or provide written contributions. (4.20)
- 5.75** There should be casework reviews and regular professional supervision for all offender supervisors, and quality assurance for all aspects of work in the offender management unit, to ensure consistent standards and effective case management. (4.21)
- 5.76** Home detention curfew reviews should be managed more efficiently to ensure that most prisoners who meet the criteria are released on their eligibility date. (4.22)

Reintegration planning

- 5.77** The prison should ensure that work by resettlement pathway providers is properly and effectively coordinated with that of offender supervisors to support prisoner release. (4.35)
- 5.78** The prison should introduce specialist housing advice for all prisoners. (4.39, repeated recommendation HP52)
- 5.79** The prison should promote the education, training and employment pre-release course better so that more prisoners can benefit from it. (4.43)
- 5.80** The prison should provide specialist finance and debt advice and support to prisoners. (4.47, repeated recommendation 9.46)
- 5.81** Family visits should be available to all prisoners. (4.52, repeated recommendation 9.71)
- 5.82** The prison should develop a clear strategy for the management of the sex offender population. (4.55)

Housekeeping points

Courts, escort and transfers

To Prisoner Escort and Custody Services

- 5.83** Escort vehicles should be clean, free from graffiti and well maintained, and escort staff should be courteous to prisoners at all times. (1.6)

Early days in custody

To the governor

- 5.84** All new arrivals should be offered a free welfare telephone call on the day they arrive. (1.16)
- 5.85** First night cells should be clean and free from graffiti. (1.17)
- 5.86** All new arrivals should be offered a shower on their first night. (1.18, recommendation 1.40 repeated as housekeeping point)
- 5.87** Vulnerable prisoners should be identified in a way that does not alert other prisoners to the cells they are in. (1.19)
- 5.88** Staff handover arrangements should ensure that night staff are aware of new arrivals and any concerns. (1.20)

Discipline

- 5.89** Information collected for all disciplinary measures, including adjudications, use of force and segregation, should be analysed and used more effectively. (1.63)
- 5.90** The use of any unfurnished cells should be justified on special accommodation documentation. (1.78)
- 5.91** Prisoners should only be strip searched on entry to the segregation unit on the basis of a risk assessment. (1.79)

- 5.92** Prisoners subject to higher levels of staff unlocking protocols should receive equitable access to facilities and services, including off-unit provision. (1.80)
- 5.93** Cardboard furniture should only be used when authorised by a risk assessment. (1.81, recommendation 7.50 repeated as housekeeping point)

Substance misuse

- 5.94** All clinical reviews, including 28-day reviews, should be conducted jointly by the clinical team and Pathways to Recovery workers to facilitate joint care planning. (1.90)

Equality and diversity

- 5.95** Discrimination incident report forms should be collected daily by the equality team rather than by the night staff. (2.28, repeated from recommendation 4.23)
- 5.96** There should be regular consultation and communication with prisoners from all minority groups. (2.29)
- 5.97** All foreign national prisoners should receive a free monthly telephone call without repeated applications, whether or not they receive visits. (2.39)
- 5.98** Non-category A prisoners should not have their mail delayed while it awaits translation. (2.40)
- 5.99** Prisoners over the age of retirement should not have to pay for their television. (2.41, recommendation 4.50 repeated as housekeeping point)

Legal rights

- 5.100** Legal telephone numbers should be processed quickly to allow prisoner access to legal representatives. (2.53)

Health services

- 5.101** Clinical supervision should be formalised and records of events maintained. (2.67)
- 5.102** Resuscitation equipment should be checked and out-of-date items replaced. (2.68)
- 5.103** The process for handling health care complaints should be confidential. (2.69)
- 5.104** The health care waiting areas should provide reading material and information for patients. (2.76)

Purchases

- 5.105** There should be a prisoner survey to address their perceptions of the shop service. (2.100)

HSU/SSU

- 5.106** Clinical equipment for use in an emergency should be in date and subject to documented checks. (2.122)

5.107 Patients in the HSU/SSU should be regularly informed of progress in their treatment. (2.123)

Learning and skills and work activities

5.108 The computers in the library should be returned to use for prisoners. (3.37)

5.109 The stock in the book trolleys for prisoners who cannot visit the library should be renewed more frequently. (3.38)

Physical education and healthy living

5.110 The gym induction information handouts should be improved. (3.49)

Offender management and planning

5.111 Management oversight of risk of harm assessment and planning should be clearly recorded on case files of prisoners assessed as high or very high risk of harm. (4.23)

Example of good practice

5.112 A group of 12 peer mentors were actively involved in a wide range of tasks and activities to support substance-dependent prisoners. (1.91)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Kieron Taylor	Team leader
Karen Dillon	Inspector
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Hayley Cripps	Researcher
Helen Ranns	Researcher
Joe Simmonds	Researcher

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Michael Bowen	Health services inspector
Paul Tarbuck	Health services inspector
Dr Stuart Turner	Psychiatrist
Sue Melvin	Pharmacist
Maria Navarro	Ofsted inspector
Linda Truscott	Ofsted inspector
Richard Beaumont	Ofsted inspector
Helen Rinaldi	Offender management inspector
Beverley Reid	Offender management inspector
Greg Maguire	Offender management inspector

Observers

Sir Michael Wilshaw	Her Majesty's Chief Inspector, Ofsted
Matthew Coffey	Director, further education and skills, Ofsted

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2011, reception, first night and induction procedures were reasonably well managed but not all vulnerable prisoners received a full induction. There were a significant number of recorded violent incidents, and prisoners had concerns about their safety, but recently introduced initiatives were having a positive impact. Suicide prevention work was generally good, and very good for the case management of some complicated cases, but we had some concerns about the inactivity of some prisoners at risk. Most vulnerable prisoners were treated well. The number of prisoners segregated was low and conditions in the unit were adequate but the regime was limited. The use of force was high and we were not assured that it was always used as a last resort. Security procedures were sophisticated but generally proportionate to the very high risks being managed. First night treatment for opiate-dependent prisoners was inadequate. Use of illicit drugs was low. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Security arrangements and measures should ensure the prison's regime meets the needs of all prisoners, including those not requiring the highest levels of security. (HP46)

Not achieved (recommendation repeated, 1.52)

Governance of use of force documentation, including use of special accommodation, should be improved to ensure that force is used legitimately and as a last resort. (HP47)

Not achieved

Multidisciplinary case management arrangements for prisoners held in the high security unit and special secure unit should be improved. (HP48)

Not achieved (recommendation repeated, 2.119)

Recommendations

Escort vans should be free of graffiti and in good working order. (1.11)

Partially achieved

Prisoners should be returned from court when their case has finished. (1.12)

Not achieved (recommendation repeated, 1.4)

Prisoners should be moved from reception to their residential units as soon as they are ready. (1.13)

Achieved

Prisoners should be given information about the prison at court in a language they understand.

(1.14)

Partially achieved

Prisoners being produced in court should be given an adequate meal before departure. (1.15)

Not achieved

Prisoners should be offered smart clothing for a court appearance if they have none of their own.

(1.16)

Achieved

Property and private cash should accompany prisoners to court appearances. (1.17)

Achieved

Reception staff should actively engage with new arrivals by checking their needs and keeping them informed of what will happen next and when. (1.28)

Not achieved

Prisoners in reception should be offered cold and hot drinks on arrival and hourly. (1.29)

Achieved

The prisoner orderlies in reception should be routinely introduced to each new arrival and should offer a confidential Listener session. (1.30)

Partially achieved

New arrivals without funds should be advanced sufficient funds to buy a full reception pack.

(1.31)

Achieved

All new arrivals should be offered a free telephone call on their first night, and public protection concerns should be managed to facilitate a call where necessary. (1.39)

Achieved

All new arrivals should be offered a shower on their first night. (1.40)

Not achieved (recommendation repeated as housekeeping point 1.18)

There should be formally appointed and paid Insider prisoner peer supporters on the vulnerable prisoner wing to support and inform new prisoners. (1.48)

Achieved

There should be a prisoner survey and regular consultation with prisoners to help inform the anti-bullying strategy. (3.11)

Partially achieved

All alleged bullying incidents and reported violent incidents should be fully investigated. (3.12)

Partially achieved

Vulnerable prisoners should receive an induction equivalent to that for prisoners on main location.

(3.18)

Not achieved (recommendation repeated, 1.15)

All vulnerable prisoners should be kept in a safe environment and be able to access a full regime.

(3.19)

Partially achieved

The role of the contingency unit should be made clear and the policy document describing its use should be fully implemented. (3.20)

Partially achieved

Case management and support arrangements for prisoners at risk of self-harm in the health care centre should be improved. (3.31)

Achieved

Entries in assessment, care in custody and teamwork (ACCT) documents should always reflect a high standard of prisoner care. (3.32)

Not achieved

All prisoners at risk of self-harm should be properly occupied during the day. (3.33)

Not achieved (recommendation repeated, 1.38)

First night prescribing regimes for opiate-dependent prisoners should be in line with national guidance. (3.72)

Achieved

The stabilisation unit should have designated 24-hour nurse cover and the facilities to administer substitute opiate treatment. (3.73)

Achieved

Substance misuse nurses and GPs responsible for the clinical management of substance dependent prisoners should undertake the necessary training, and a substance misuse specialist should be available to offer consultation and advice. (3.74)

Partially achieved (recommendation repeated, 1.88)

A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (3.75)

Not achieved (recommendation repeated, 1.89)

The prison should review and improve the regime on the second stage unit, deal with prisoners' complaints promptly and require officers staffing the unit to undertake substance misuse awareness training. (3.76)

Not achieved

The mandatory drug testing programme should undertake the required level of target testing. (3.81)

Not achieved (recommendation repeated, 1.55)

The prison should implement, monitor and review the revised activity allocation policy to ensure it enables prisoners to access regime activities promptly, and that decisions are informed by an individual risk assessment. (7.14)

Achieved

Prisoners should only be placed on closed visits when there is sufficient intelligence to support this. (7.15)

Not achieved

The dedicated searching team should keep records of the authorisation and number of squat searches conducted, and managers should review these regularly. (7.16)

Partially achieved

Prisoners should only be restricted in their access to the gym as a result of an official disciplinary award. (7.25)

Achieved

All planned interventions should be video recorded and subsequently reviewed, with appropriate action taken where necessary. (7.37)

Not achieved

The use of unfurnished cells, specifically the two dirty protest cells in the segregation unit, should be recorded as use of special accommodation. (7.38)

Not achieved

The communal showers in the segregation unit should be adequately ventilated and maintained. (7.49)

Not achieved

Cardboard furniture should only be used when authorised by a risk assessment. (7.50)

Not achieved (recommendation repeated as housekeeping point 1.81)

Personal officers in the segregation unit should ensure they maintain regular engagement with prisoners and this should be documented in daily history sheets and case notes. (7.51)

Not achieved

All prisoners in the segregation unit should be permitted to use telephones and showers daily whatever their incentives and earned privileges status. (7.52)

Not achieved

Care plans should be used for all prisoners who are likely to be segregated for an extended period, and should focus on individualised case management and support reintegration. (7.53)

Not achieved

Data on segregation should be collated in a format that enables ready analysis of patterns and trends over time. (7.54)

Not achieved

Managers should examine the low use of enhanced status and take action to ensure that suitable prisoners can progress to this level. (7.66)

Achieved

Prisoners should not be placed on report and downgraded to basic for the same single incident. (7.67)

Not achieved

Behaviour improvement targets for prisoners on the basic level should address and challenge the underlying causes of their behaviour. (7.68)

Achieved

Daily entries in basic monitoring logs should evidence engagement with prisoners and record progress against behaviour improvement targets. (7.69)

Achieved

The differentials between the standard and enhanced levels should be improved. (7.70)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, the environment was generally good and prisoners had good access to basic amenities, such as showers and telephones. Security and control requirements in the high security unit were generally met but the facility was bleak, the regime poor and services to support the care and well-being of its prisoners very limited. The quality of staff-prisoner relationships varied greatly between units. The personal officer scheme was ineffective. The provision of food was good. Work with foreign national prisoners was reasonably good, although work on other diversity strands was underdeveloped and black and minority ethnic prisoners had some negative perceptions about their treatment. Prisoners expressed little confidence in applications and complaints procedures, with some justification. There was a supportive and integrated chaplaincy. Overall the provision of health care was poor. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Managers should monitor relationships between staff and prisoners and endeavour to build more appropriate and constructive relationships. (HP49)

Partially achieved

The application and complaint systems should be reviewed and prisoners consulted to understand their dissatisfaction with both processes. (HP50)

Partially achieved

Recommendations

Toilets should be descaled and kept clean, and those in single cells should have adequate screening. (2.9)

Not achieved (recommendation repeated, 2.11)

Cells and recess areas should be redecorated and suitably refurbished. (2.10)

Partially achieved

Emergency cell call bells should be responded to within five minutes, and governance arrangements to monitor this should be improved. (2.11)

Partially achieved (recommendation repeated, 2.13)

Delays in delivering and sending out mail should be reduced. (2.12)

Not achieved (recommendation repeated, 2.16)

Consultation arrangements with prisoners should be improved. (2.13)

Achieved

Arrangements for prisoners to receive additional clothing from their family or friends should be improved. (2.20)

Not achieved

Stocks of clothing and bedding should be increased and should be available for exchange weekly. (2.21)

Achieved

Applications for access to stored property should be dealt with within a week. (2.22)

Partially achieved

Prisoners should be able to use the showers or baths every day. (2.26)

Not achieved (recommendation repeated, 2.14)

The physical environment in the high security units should be improved, and showers should be refurbished. (2.34)

Not achieved (recommendation repeated, 2.106)

Staff entries in case notes for prisoners in the high security units should reflect an understanding of their personal circumstances and security issues. (2.35)

Not achieved (recommendation repeated, 2.109)

The regime on the high security units should be improved. (2.36)

Not achieved (recommendation repeated, 3.58)

Support services for high security unit staff should be improved and delivered in line with operating standards. (2.37)

Achieved

Staff should address prisoners by their first or preferred name. (2.44)

Not achieved

All staff in regular contact with prisoners should receive training to increase their understanding of the role of the personal officer and prisoners' resettlement needs. (2.50)

Not achieved

The quality assurance of personal officer work should be improved. (2.51)

Not achieved

Applications should be responded to expeditiously and a log of response times kept. (3.41)

Not achieved (recommendation repeated, 2.15)

Applications should be treated confidentially and not left on landings unattended. (3.42)

Not achieved (recommendation repeated, 2.15)

Complaint forms should be collected by an impartial member of staff and be answered by a member of staff independent of the complaint and always fully address the issues raised.

(3.43)

Achieved

Prisoners should be facilitated to telephone their legal representatives when required. (3.52)

Partially achieved

The legal services officer should receive formal training. (3.53)

Achieved

Prisoners in the special secure unit should have access to religious worship and regular visits from a member of the chaplaincy. (3.63)

Achieved

The single equality impact assessments already completed should be reviewed to include all diversity strands, and future assessments should take account of all diversity strands. (4.7)

Not achieved

All staff should receive ‘challenge it, change it’ training. (4.8)

No longer relevant

Race equality data should be explored fully to understand patterns and trends, and the allocation of labour should be included in this monitoring. (4.22)

Not achieved

Racist incident report forms should be collected daily by the race equality officer or designated deputy rather than by the night staff. (4.23)

Not achieved (repeated as housekeeping point 2.30)

There should be interventions for prisoners displaying racist behaviour. (4.24)

Not achieved

Consultation meetings with black and minority ethnic prisoners should be introduced and held regularly. (4.25)

Not achieved

Non-English speaking new arrivals should be prioritised during their first 24 hours for a professional interpreted interview to assess their immediate needs and ensure their understanding of the daily routines and requirements of the regime. (4.38)

Achieved

There should be regular forums with prisoners with disabilities and older prisoners. (4.46)

Not achieved

Cells on the main house blocks should be adapted to accommodate prisoners with disability or mobility difficulties, and the health care centre should only be used to locate prisoners with immediate medical needs. (4.47)

Achieved

Personal emergency and evacuation plans (PEEPs) should be meaningful and include a full synopsis of the individual prisoner’s needs and problems. (4.48)

Not achieved

The buddy system for PEEPs should be reviewed, and staff should be given the responsibility to look after prisoners identified under PEEPs in an emergency. (4.49)

Achieved

Prisoners over the age of retirement should not have to pay for their television. (4.50)

Not achieved (recommendation repeated as housekeeping point 2.43)

Information and support for gay and bisexual prisoners should be developed. (4.54)

Achieved

The reception health care room should be refurbished to ensure patient confidentiality, staff safety and compliance with infection control guidance. (5.9)

Not achieved

A health care worker should be designated to ensure that the health and social care needs of older prisoners are met. (5.10)

Achieved

There should be appropriately trained and graded nursing staff and support staff to support the health service. (5.25)

Partially achieved

The current discipline officer provision to health care should be reviewed to ensure the optimum clinical and discipline support is provided. (5.26)

Achieved

Clinical staff with specialist qualifications should be able to practise their skills. (5.27)

Achieved

Clinical supervision should be encouraged and supported. (5.28)

Partially achieved

There should be health care staff stability on the house blocks to provide continuity of care for patients. (5.29)

Achieved

The new resuscitation equipment should be introduced as a matter of urgency, and it should be subject to regular audit. (5.30)

Achieved

There should be a dedicated health care forum for prisoners, chaired by a senior nurse. (5.31)

Achieved

Secondary health screening for new arrivals should be completed in the required time, and this should be subject to regular audit. (5.43)

Achieved

Patients who require specialist medical equipment should receive this without delay. (5.44)

Achieved

The health care application system should be reviewed to ensure it is efficient and confidential. (5.45)

Achieved

Nurses should use triage algorithms to ensure consistency of care. (5.46)

Achieved

Prisoners should be able to book GP appointments in advance. (5.47)

Achieved

Prisoners with lifelong conditions should be monitored regularly by appropriately trained nursing staff. (5.48)

Partially achieved

Barrier protection should be freely available to prisoners. (5.49)

Achieved

The telemedicine facility should be used to improve patient care and reduce the necessity for some prisoners to attend NHS hospitals. (5.50)

Partially achieved

There should be consistency in the nursing staff who deliver health support to the high security unit. (5.51)

Achieved

Prisoners should have access to a complete pharmaceutical service, including pharmacy-led clinics, counselling sessions, clinical audit and medicine review. (5.59)

Achieved

Patient group directions (PGDs) should be expanded to enable nurses and the pharmacist to supply more potent medications. A copy of the original PGD should be held in the pharmacy and read and signed by all relevant staff. (5.60)

Partially achieved

The in-possession policy should ensure that the quantity of medication supplied corresponds to the correct number of in-possession days prescribed. (5.61)

Achieved

The dental surgery should be refurbished to meet infection control guidelines. (5.71)

Not achieved

The PCT dental adviser should review the equipment in the dental surgery, in particular the dental chair, to ensure that it is effective and fit for purpose. (5.72)

Not achieved

A separate decontamination room should be installed in the dental surgery to ensure compliance with Department of Health regulation. (5.73)

Not achieved

Inpatients should be able to have more time out of their rooms to benefit therapeutically from interaction with other prisoners and staff. (5.79)

Partially achieved

Registered mental health nurses should be able to carry individual caseloads to ensure there is sufficient primary mental health support for prisoners. (5.88)

Partially achieved

The occupational therapist should have access to clinical supervision. (5.89)

Achieved

Lunch should be served no earlier than noon. (8.9)

Not achieved (recommendation repeated, 2.99)

The temperature of food should be checked daily at every servery and the results logged. (8.10)

Achieved

Prisoners should be offered the opportunity to dine in association where possible. (8.11)

Not achieved (recommendation repeated, 2.98)

Prisoners required to take meals in their cells should have a table and chair to sit at. (8.12)

Not achieved (recommendation repeated, 2.98)

Food comments books should be freely available at every servery and there should be weekly response to constructive comments. (8.13)

Achieved

Procedures to process prisoners' catalogue purchases should be speeded up, and a reasonable standard time for delivery established and communicate. (8.21)

Achieved

All prisoners should be able to make catalogue purchases. (8.22)

Achieved

Purposeful activity

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

At the last inspection, in 2011, prisoners spent far too much time locked in their cells, although there was reasonable access to evening association. There were sufficient activity places for about half the population. The work offered was limited to some low skill workshops or orderly and cleaning duties. There was a reasonable range of vocational training. The provision of education was reasonable with some good achievements by prisoners. There was a good library but access was limited. PE resources were good but prisoners had limited access to recreational PE. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The number of purposeful activities should be increased to meet the needs of the population. (HP51)

Not achieved

Recommendations

Prisoners should be fully occupied in work or education during the core day. (6.7)

Not achieved

All prisoners should have more time out of cell. (6.8)

Not achieved

All prisoners should have at least one hour's exercise in the open air every day. (6.9)

Not achieved

The quality of teaching, training and learning across learning and skills should be improved and staff should have structured opportunities to work together and share best practice. (6.17)

Partially achieved

The recognition of prisoners' personal and employability skills should be improved, and their individual learning plans should be used effectively to record progress and achievement. (6.34)

Not achieved

There should be sufficient staff allocated to the Storybook Dads service to meet demand.

(6.44)

Partially achieved

Links between education and prison managers should be improved to ensure the provision of high quality education and training that meets prisoners' needs. (6.45)

Not achieved

The library should open at weekends and in the evenings to increase access for prisoners in work.

(6.51)

Not achieved

Access to the library should be improved for prisoners who do not attend education classes.

(6.52)

Not achieved

There should be improved formal links between the physical education and health care departments to clearly identify prisoners' remedial support needs and adverse medical conditions. (6.61)

Not achieved (recommendation repeated, 3.46)

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

(6.62)

Not achieved (recommendation repeated, 3.47)

Showers in the main gym area should be screened for privacy. (6.63)

Not achieved

Resettlement

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

At the last inspection, in 2011, the reducing reoffending policy and resettlement needs analysis were both out of date but there had been some progress on resettlement work. New arrivals had their resettlement needs assessed but referral and follow-up procedures were weak. Custody planning for short-term and unconvicted prisoners was limited and there were no links between initial assessment and pre-release surgeries. Offender management and public protection arrangements were good. Support for indeterminate-sentenced prisoners was appropriate but limited to offender management with no further interventions or support structures. Pathway work was generally appropriate and in some cases improved, but work on accommodation and debt management was poor. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The prison should introduce specialist housing advice for all prisoners. (HP52)

Not achieved (recommendation repeated, 4.39)

Recommendations

The reducing reoffending policy should be updated annually to reflect the function and provision of the service accurately. (9.6)

Partially achieved

There should be an up-to-date reducing reoffending strategy document that includes development objectives for each resettlement pathway. (9.7)

Achieved

An annual needs analysis should be completed drawing on both London initial screening and reducing reoffending tool (LISARRT) and offender assessment system (OASys) information to inform resettlement objectives. (9.8)

Partially achieved

A quality assurance system should be implemented for the management of LISARRT to ensure all prisoners receive an assessment, that the quality of assessments are appropriate, and that referrals to resettlement pathways are followed up. (9.19)

Not achieved

LISARRT assessments should be copied to prisoners, the wings and the offender management unit to ensure that appropriate support to prisoners is available. (9.20)

Not achieved

All appropriate prisoners should have a completed and up-to-date OASys assessment. (9.21)

Not achieved (recommendation repeated, 4.19)

Officer offender supervisors should only be used for other functions in the case of an emergency or in line with agreed levels. (9.22)

Not achieved (recommendation repeated, 4.6)

Pre-release boards should have copies of the original LISARRT assessments available to inform and support their work. (9.23)

Partially achieved

Forums for indeterminate-sentenced prisoners should be reintroduced. (9.30)

Achieved

Data on release addresses for prisoners should be improved to ascertain an accurate picture of post-release settled accommodation. (9.35)

Not achieved

The prison should develop further links with employers and further education and training providers to support prisoners on release. (9.38)

Not achieved

There should be more careers information and advice support staff to meet the needs of prisoners requiring support throughout their sentences and before release. (9.39)

Partially achieved

A palliative care policy should be introduced and updated regularly to ensure patients at the end of their lives are cared for appropriately. (9.43)

Achieved

The prison should provide specialist finance and debt advice and support to prisoners. (9.46)

Not achieved (recommendation repeated, 4.47)

The drug and alcohol strategy policies should be informed by a comprehensive population needs analysis, and contain detailed action plans and performance measures. (9.58)

Not achieved (recommendation repeated, 1.90)

The prison should survey visitors on their experience of visits, and recommendations from this should be incorporated into the reducing reoffending policy. (9.68)

Partially achieved

Prisoners should not have to wear bibs during visits. (9.69)

Not achieved

Visitors holding rooms should be decorated and cleaned. (9.70)

Achieved

Family visits should be available to all prisoners. (9.71)

Not achieved (recommendation repeated, 4.52)

The prison should offer necessary motivational work for sex offenders to address their offending. (9.75)

Partially achieved

Appendix III: Prison population profile

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

Status	18-21 year olds	21 and over	%
Sentenced	3	299	39.6
Recall	0	76	10.0
Convicted unsentenced	0	100	13.1
Remand	14	245	33.9
Detainees	0	7	0.9
Other	1	18	2.5
Total	18	745	10

Status	18-21 year olds	21 and over	%
Unsentenced	16	363	49.7
Less than 6 months	0	40	5.2
6 months to less than 12 months	0	19	2.5
12 months to less than 2 years	0	37	4.8
2 years to less than 4 years	0	70	9.1
4 years to less than 10 years	0	112	14.7
10 years and over (not life)	0	33	4.3
Life	2	71	9.6
Total	18	745	100

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	18	2.4
21 years to 29 years	327	42.9
30 years to 39 years	209	27.4
40 years to 49 years	129	16.9
50 years to 59 years	61	8.0
60 years to 69 years	11	1.4
70 plus years	8	1.0
Please state maximum age here: 76		
Total	763	100

Nationality	18-21 year olds	21 and over	%
British	16	541	73.0
Foreign nationals	0	195	25.6
Not stated	2	9	1.4
Total	18	745	100

Security category	18-21 year olds	21 and over	%
Cat A	0	14	1.8
Cat A Ex	0	3	0.4
Cat A Hi	0	11	1.4
Category B	0	83	10.9
Category C	0	157	20.6
Category D	0	19	2.5
Prov A	2	24	3.4

Uncategorised sentenced male	0	1	0.1
Unclass	0	10	1.3
Unclassified	14	393	53.3
Unsentenced	2	28	3.9
YOI closed	0	2	0.3
Total	18	745	100

Ethnicity	18-21 year olds	21 and over	%
<i>White</i>			
British	1	236	31.1
Irish	0	11	1.4
Gypsy/Irish Traveller	0	2	0.3
Other white	0	2	0.3
	2	317	41.8
<i>Mixed</i>			
White and black Caribbean	2	24	3.4
White and black African	2	4	0.8
White and Asian	1	1	0.3
Other mixed	2	12	1.8
	7	41	6.3
<i>Asian or Asian British</i>			
Indian	0	8	1.0
Pakistani	0	9	1.2
Bangladeshi	0	7	0.9
Other Asian	0	26	3.4
	0	50	6.6
<i>Black or black British</i>			
Caribbean	3	111	14.9
African	3	82	11.1
Other black	0	52	6.8
	6	245	32.9
<i>Other ethnic group</i>			
Chinese	0	1	0.1
Arab	0	1	0.1
Other ethnic group	0	8	1.0
	0	10	1.2
<i>Not known</i>	3	82	11.1
Total	18	745	100

Religion	18-21 year olds	21 and over	%
Church of England	0	80	10.5
Roman Catholic	0	107	14.0
Other Christian denominations	6	111	15.3
Muslim	6	201	27.1
Sikh	0	6	0.8
Hindu	0	10	1.3
Buddhist	0	8	1.0
Jewish	0	6	0.8
Other	0	8	1.0
No religion	3	171	22.8
Not stated	3	37	5.2
Total	18	745	100

Sentenced prisoners only

Length of stay	18-21 year olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0%	101	
1 month to 3 months	1	0.1%	104	
3 months to 6 months	0	0.0%	63	
6 months to 1 year	1	0.1%	61	
1 year to 2 years	0	0.0%	43	
2 years to 4 years	0	0.0%	10	
4 years or more	0	0.0%	0	
Total	2	0.3%	382	

Unsentenced prisoners only

Length of sentence	18-21 year olds		21 and over	
	Number	%	Number	%
Less than 1 month	15	2.0%	115	
1 month to 3 months	1	0.1%	121	
3 months to 6 months	0	0.0%	65	
6 months to 1 year	0	0.0%	50	
1 year to 2 years	0	0.0%	10	
2 years to 4 years	0	0.0%	2	
Total	16	2.1%	363	

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

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

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 2 September 2013, the prisoner population at Belmarsh was 744 (excluding the HSU). Using the method described above, questionnaires were distributed to a sample of 213 prisoners.

We received a total of 188 completed questionnaires, a response rate of 88%. This included five questionnaires completed via interview. Eleven respondents refused to complete a questionnaire, five questionnaires were not returned and nine were returned blank.

Wing/unit	Number of completed survey returns
House block 1	41
House block 2	57
House block 3	47
House block 4	37
Health care	4
Segregation unit	2

Presentation of survey results and analyses

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

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

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

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

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

The following comparative analyses are presented:

The current survey responses from Belmarsh in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2008.

The current survey responses from Belmarsh in 2013 compared with the responses of prisoners surveyed at Belmarsh in 2011.

- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British and those who are foreign nationals.
- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those aged 50 and over and those under 50.
- A comparison within the 2013 survey between the vulnerable prisoner wing (house block four, spur one) and the rest of the establishment.

Survey summary

Section I: About you

Q1.2	How old are you?		
	<i>Under 21</i>		2 (1%)
	<i>21 - 29</i>		93 (50%)
	<i>30 - 39</i>		48 (26%)
	<i>40 - 49</i>		23 (12%)
	<i>50 - 59</i>		19 (10%)
	<i>60 - 69</i>		1 (1%)
	<i>70 and over</i>		0 (0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		68 (37%)
	<i>Yes - on recall</i>		18 (10%)
	<i>No - awaiting trial</i>		55 (30%)
	<i>No - awaiting sentence</i>		39 (21%)
	<i>No - awaiting deportation</i>		5 (3%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		99 (54%)
	<i>Less than 6 months</i>		13 (7%)
	<i>6 months to less than 1 year</i>		3 (2%)
	<i>1 year to less than 2 years</i>		8 (4%)
	<i>2 years to less than 4 years</i>		15 (8%)
	<i>4 years to less than 10 years</i>		18 (10%)
	<i>10 years or more</i>		10 (5%)
	<i>IPP (indeterminate sentence for public protection)</i>		2 (1%)
	<i>Life</i>		14 (8%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>		50 (27%)
	<i>No</i>		135 (73%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		179 (97%)
	<i>No</i>		5 (3%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		175 (95%)
	<i>No</i>		9 (5%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	56 (30%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	7 (4%)	<i>Asian or Asian British - other</i> 3 (2%)
	<i>White - other</i>	19 (10%)	<i>Mixed race - white and black Caribbean</i> 13 (7%)
	<i>Black or black British - Caribbean</i>	33 (18%)	<i>Mixed race - white and black African</i> 4 (2%)
	<i>Black or black British - African</i>	24 (13%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	6 (3%)	<i>Mixed race - other</i> 3 (2%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Arab</i> 3 (2%)

<i>Asian or Asian British - Pakistani</i>	5 (3%)	<i>Other ethnic group</i>	5 (3%)
<i>Asian or Asian British - Bangladeshi</i>	2 (1%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	5 (3%)
No	170 (97%)

Q1.10 What is your religion?

<i>None</i>	31 (17%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	44 (24%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	32 (18%)	<i>Muslim</i>	46 (25%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	2 (1%)
<i>Other Christian denomination</i>	17 (9%)	<i>Other</i>	6 (3%)
<i>Buddhist</i>	2 (1%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	178 (98%)
<i>Homosexual/Gay</i>	1 (1%)
<i>Bisexual</i>	3 (2%)

Q1.12 Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)

Yes	43 (23%)
No	142 (77%)

Q1.13 Are you a veteran (ex-armed services)?

Yes	2 (1%)
No	184 (99%)

Q1.14 Is this your first time in prison?

Yes	76 (41%)
No	109 (59%)

Q1.15 Do you have children under the age of 18?

Yes	102 (55%)
No	84 (45%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	133 (71%)
<i>2 hours or longer</i>	43 (23%)
<i>Don't remember</i>	11 (6%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	133 (72%)
Yes	19 (10%)
No	34 (18%)
<i>Don't remember</i>	0 (0%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	133 (72%)
Yes	3 (2%)
No	49 (26%)
<i>Don't remember</i>	1 (1%)

Q2.4	On your most recent journey here, was the van clean?		
	Yes		91 (49%)
	No		76 (41%)
	Don't remember		19 (10%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		117 (64%)
	No		62 (34%)
	Don't remember		5 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		23 (12%)
	Well		66 (35%)
	Neither		60 (32%)
	Badly		16 (9%)
	Very badly		14 (8%)
	Don't remember		7 (4%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)		
	Yes, someone told me		107 (57%)
	Yes, I received written information		2 (1%)
	No, I was not told anything		75 (40%)
	Don't remember		3 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		138 (74%)
	No		41 (22%)
	Don't remember		7 (4%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours		84 (46%)	
	2 hours or longer		82 (45%)	
	Don't remember		16 (9%)	
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		97 (53%)	
	No		77 (42%)	
	Don't remember		9 (5%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		12 (7%)	
	Well		55 (30%)	
	Neither		54 (29%)	
	Badly		35 (19%)	
	Very badly		21 (11%)	
	Don't remember		7 (4%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	38 (21%)	Physical health	38 (21%)
	Housing problems	56 (30%)	Mental health	44 (24%)
	Contacting employers	9 (5%)	Needing protection from other prisoners	16 (9%)

<i>Contacting family</i>	80 (43%)	<i>Getting phone numbers</i>	77 (42%)
<i>Childcare</i>	11 (6%)	<i>Other</i>	10 (5%)
<i>Money worries</i>	48 (26%)	<i>Did not have any problems</i>	24 (13%)
<i>Feeling depressed or suicidal</i>	51 (28%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

<i>Yes</i>	39 (22%)
<i>No</i>	114 (64%)
<i>Did not have any problems</i>	24 (14%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

<i>Tobacco</i>	122 (67%)
<i>A shower</i>	16 (9%)
<i>A free telephone call</i>	111 (61%)
<i>Something to eat</i>	134 (73%)
<i>PIN phone credit</i>	56 (31%)
<i>Toiletries/ basic items</i>	117 (64%)
<i>Did not receive anything</i>	7 (4%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

<i>Chaplain</i>	65 (36%)
<i>Someone from health services</i>	121 (67%)
<i>A Listener/Samaritans</i>	53 (29%)
<i>Prison shop/ canteen</i>	22 (12%)
<i>Did not have access to any of these</i>	40 (22%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

<i>What was going to happen to you</i>	62 (36%)
<i>What support was available for people feeling depressed or suicidal</i>	59 (35%)
<i>How to make routine requests (applications)</i>	68 (40%)
<i>Your entitlement to visits</i>	63 (37%)
<i>Health services</i>	81 (48%)
<i>Chaplaincy</i>	74 (44%)
<i>Not offered any information</i>	41 (24%)

Q3.9 Did you feel safe on your first night here?

<i>Yes</i>	102 (56%)
<i>No</i>	70 (39%)
<i>Don't remember</i>	9 (5%)

Q3.10 How soon after you arrived here did you go on an induction course?

<i>Have not been on an induction course</i>	24 (13%)
<i>Within the first week</i>	116 (64%)
<i>More than a week</i>	31 (17%)
<i>Don't remember</i>	11 (6%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

<i>Have not been on an induction course</i>	24 (13%)
<i>Yes</i>	71 (39%)
<i>No</i>	70 (39%)
<i>Don't remember</i>	16 (9%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

<i>Did not receive an assessment</i>	46 (26%)
<i>Within the first week</i>	72 (40%)
<i>More than a week</i>	49 (27%)
<i>Don't remember</i>	12 (7%)

Section 4: Legal rights and respectful custody**Q4.1 How easy is it to ...**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	5 (3%)	45 (25%)	22 (12%)	45 (25%)	52 (29%)	11 (6%)
<i>Attend legal visits?</i>	8 (5%)	68 (41%)	22 (13%)	29 (17%)	23 (14%)	16 (10%)
<i>Get bail information?</i>	2 (1%)	15 (10%)	25 (16%)	26 (17%)	47 (30%)	40 (26%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

<i>Not had any letters</i>	27 (15%)
<i>Yes</i>	74 (41%)
<i>No</i>	78 (44%)

Q4.3 Can you get legal books in the library?

<i>Yes</i>	61 (34%)
<i>No</i>	27 (15%)
<i>Don't know</i>	90 (51%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	96 (52%)	85 (46%)	2 (1%)
<i>Are you normally able to have a shower every day?</i>	108 (59%)	74 (40%)	2 (1%)
<i>Do you normally receive clean sheets every week?</i>	139 (76%)	41 (23%)	2 (1%)
<i>Do you normally get cell cleaning materials every week?</i>	115 (63%)	62 (34%)	5 (3%)
<i>Is your cell call bell normally answered within five minutes?</i>	45 (25%)	99 (56%)	34 (19%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	111 (61%)	66 (36%)	4 (2%)
<i>If you need to, can you normally get your stored property?</i>	23 (13%)	101 (56%)	56 (31%)

Q4.5 What is the food like here?

<i>Very good</i>	4 (2%)
<i>Good</i>	19 (10%)
<i>Neither</i>	38 (21%)
<i>Bad</i>	54 (30%)
<i>Very bad</i>	67 (37%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet/ don't know</i>	11 (6%)
<i>Yes</i>	60 (33%)
<i>No</i>	109 (61%)

Q4.7 Can you speak to a Listener at any time, if you want to?

<i>Yes</i>	84 (46%)
<i>No</i>	23 (13%)
<i>Don't know</i>	74 (41%)

Q4.8	Are your religious beliefs respected?	
	Yes	89 (50%)
	No	42 (24%)
	Don't know/ N/A	46 (26%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	82 (45%)
	No	23 (13%)
	Don't know/ N/A	76 (42%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	31 (17%)
	Very easy	35 (19%)
	Easy	57 (32%)
	Neither	12 (7%)
	Difficult	16 (9%)
	Very difficult	8 (4%)
	Don't know	21 (12%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	118 (66%)
	No	50 (28%)
	Don't know	11 (6%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are applications dealt with fairly?	15 (9%) 70 (41%) 85 (50%)
	Are applications dealt with quickly (within seven days)?	15 (9%) 50 (30%) 99 (60%)
Q5.3	Is it easy to make a complaint?	
	Yes	73 (42%)
	No	59 (34%)
	Don't know	40 (23%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are complaints dealt with fairly?	68 (38%) 25 (14%) 85 (48%)
	Are complaints dealt with quickly (within seven days)?	68 (39%) 26 (15%) 81 (46%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	43 (26%)
	No	121 (74%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	70 (40%)
	Very easy	7 (4%)
	Easy	24 (14%)
	Neither	27 (15%)
	Difficult	24 (14%)
	Very difficult	23 (13%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	26 (15%)
	Yes	55 (31%)
	No	66 (37%)
	<i>Don't know</i>	31 (17%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	26 (15%)
	Yes	69 (39%)
	No	58 (33%)
	<i>Don't know</i>	23 (13%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	16 (9%)
	No	163 (91%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	147 (84%)
	Very well	3 (2%)
	Well	4 (2%)
	Neither	8 (5%)
	Badly	3 (2%)
	Very badly	10 (6%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	107 (60%)
	No	72 (40%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	113 (63%)
	No	66 (37%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	41 (23%)
	No	139 (77%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	16 (9%)
	Never	58 (32%)
	Rarely	46 (25%)
	Some of the time	35 (19%)
	Most of the time	16 (9%)
	All of the time	10 (6%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	124 (69%)
	<i>In the first week</i>	16 (9%)
	<i>More than a week</i>	22 (12%)

Don't remember 18 (10%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/ her 124 (71%)
Very helpful 10 (6%)
Helpful 16 (9%)
Neither 8 (5%)
Not very helpful 7 (4%)
Not at all helpful 9 (5%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

Yes 106 (57%)
No 79 (43%)

Q8.2 Do you feel unsafe now?

Yes 57 (31%)
No 124 (69%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	79 (46%)	<i>At meal times</i>	17 (10%)
<i>Everywhere</i>	34 (20%)	<i>At health services</i>	13 (8%)
<i>Segregation unit</i>	19 (11%)	<i>Visits area</i>	11 (6%)
<i>Association areas</i>	27 (16%)	<i>In wing showers</i>	26 (15%)
<i>Reception area</i>	21 (12%)	<i>In gym showers</i>	17 (10%)
<i>At the gym</i>	15 (9%)	<i>In corridors/stairwells</i>	22 (13%)
<i>In an exercise yard</i>	22 (13%)	<i>On your landing/wing</i>	20 (12%)
<i>At work</i>	11 (6%)	<i>In your cell</i>	29 (17%)
<i>During movement</i>	32 (19%)	<i>At religious services</i>	7 (4%)
<i>At education</i>	12 (7%)		

Q8.4 Have you been victimised by other prisoners here?

Yes 59 (32%)
No 125 (68%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	28 (15%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	15 (8%)
<i>Sexual abuse</i>	5 (3%)
<i>Feeling threatened or intimidated</i>	37 (20%)
<i>Having your canteen/property taken</i>	14 (8%)
<i>Medication</i>	11 (6%)
<i>Debt</i>	8 (4%)
<i>Drugs</i>	7 (4%)
<i>Your race or ethnic origin</i>	16 (9%)
<i>Your religion/religious beliefs</i>	16 (9%)
<i>Your nationality</i>	15 (8%)
<i>You are from a different part of the country than others</i>	8 (4%)
<i>You are from a traveller community</i>	5 (3%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	12 (7%)
<i>You have a disability</i>	8 (4%)
<i>You were new here</i>	20 (11%)
<i>Your offence/ crime</i>	15 (8%)
<i>Gang related issues</i>	7 (4%)

Q8.6	Have you been victimised by staff here?	
	Yes	77 (43%)
	No	103 (57%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	29 (16%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	4 (2%)
	<i>Feeling threatened or intimidated</i>	35 (19%)
	<i>Medication</i>	15 (8%)
	<i>Debt</i>	3 (2%)
	<i>Drugs</i>	6 (3%)
	<i>Your race or ethnic origin</i>	21 (12%)
	<i>Your religion/religious beliefs</i>	21 (12%)
	<i>Your nationality</i>	11 (6%)
	<i>You are from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	4 (2%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	12 (7%)
	<i>You have a disability</i>	10 (6%)
	<i>You were new here</i>	23 (13%)
	<i>Your offence/ crime</i>	15 (8%)
	<i>Gang related issues</i>	4 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	85 (52%)
	Yes	23 (14%)
	No	55 (34%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	21 (12%)	7 (4%)	21 (12%)	17 (10%)	60 (34%)	51 (29%)
	The nurse	16 (9%)	15 (9%)	51 (29%)	26 (15%)	41 (23%)	27 (15%)
	The dentist	30 (17%)	0 (0%)	14 (8%)	10 (6%)	41 (23%)	80 (46%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	36 (21%)	8 (5%)	34 (19%)	28 (16%)	35 (20%)	34 (19%)
	The nurse	21 (12%)	17 (10%)	35 (20%)	29 (17%)	37 (21%)	35 (20%)
	The dentist	66 (39%)	5 (3%)	22 (13%)	14 (8%)	27 (16%)	34 (20%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					11 (7%)	
	<i>Very good</i>					6 (4%)	
	<i>Good</i>					33 (20%)	
	<i>Neither</i>					29 (17%)	
	<i>Bad</i>					51 (30%)	
	<i>Very bad</i>					39 (23%)	
Q9.4	Are you currently taking medication?						
	Yes					69 (39%)	
	No					108 (61%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	108 (61%)
	<i>Yes, all my meds</i>	23 (13%)
	<i>Yes, some of my meds</i>	28 (16%)
	<i>No</i>	18 (10%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	73 (42%)
	<i>No</i>	102 (58%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems</i>	102 (59%)
	<i>Yes</i>	31 (18%)
	<i>No</i>	40 (23%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	38 (21%)
	<i>No</i>	139 (79%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	35 (20%)
	<i>No</i>	143 (80%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	12 (7%)
	<i>Easy</i>	14 (8%)
	<i>Neither</i>	16 (9%)
	<i>Difficult</i>	5 (3%)
	<i>Very difficult</i>	14 (8%)
	<i>Don't know</i>	111 (65%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	3 (2%)
	<i>Easy</i>	3 (2%)
	<i>Neither</i>	12 (7%)
	<i>Difficult</i>	8 (5%)
	<i>Very difficult</i>	28 (16%)
	<i>Don't know</i>	119 (69%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	3 (2%)
	<i>No</i>	173 (98%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	5 (3%)
	<i>No</i>	162 (97%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	132 (78%)
	<i>Yes</i>	27 (16%)
	<i>No</i>	11 (6%)

Q10.8	Have you received any support or help (for example substance misuse teams for your alcohol problem, while in this prison?)	
	<i>Did not / do not have an alcohol problem</i>	143 (82%)
	Yes	22 (13%)
	No	10 (6%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	131 (78%)
	Yes	30 (18%)
	No	8 (5%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	31 (18%)	3 (2%)	31 (18%)	22 (13%)	40 (23%)	46 (27%)
	Vocational or skills training	46 (27%)	3 (2%)	29 (17%)	23 (14%)	28 (17%)	39 (23%)
	Education (including basic skills)	31 (18%)	6 (4%)	41 (24%)	35 (21%)	22 (13%)	33 (20%)
	Offending behaviour programmes	68 (41%)	2 (1%)	20 (12%)	25 (15%)	22 (13%)	27 (16%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>						66 (40%)
	Prison job						68 (41%)
	Vocational or skills training						8 (5%)
	Education (including basic skills)						39 (23%)
	Offending behaviour programmes						9 (5%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	59 (39%)	21 (14%)	55 (37%)	15 (10%)		
	Vocational or skills training	68 (54%)	22 (17%)	24 (19%)	12 (10%)		
	Education (including basic skills)	52 (38%)	39 (28%)	27 (20%)	20 (14%)		
	Offending behaviour programmes	71 (53%)	20 (15%)	24 (18%)	18 (14%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>						19 (11%)
	Never						67 (39%)
	Less than once a week						46 (27%)
	About once a week						28 (16%)
	More than once a week						13 (8%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>						47 (30%)
	Yes						57 (36%)
	No						55 (35%)
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>						31 (18%)
	0						77 (45%)
	1 to 2						61 (35%)
	3 to 5						3 (2%)

	<i>More than 5</i>	1 (1%)
Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	17 (10%)
	<i>0</i>	21 (12%)
	<i>1 to 2</i>	41 (23%)
	<i>3 to 5</i>	41 (23%)
	<i>More than 5</i>	55 (31%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	6 (3%)
	<i>0</i>	4 (2%)
	<i>1 to 2</i>	13 (7%)
	<i>3 to 5</i>	84 (48%)
	<i>More than 5</i>	68 (39%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	67 (39%)
	<i>2 to less than 4 hours</i>	30 (17%)
	<i>4 to less than 6 hours</i>	29 (17%)
	<i>6 to less than 8 hours</i>	22 (13%)
	<i>8 to less than 10 hours</i>	7 (4%)
	<i>10 hours or more</i>	7 (4%)
	<i>Don't know</i>	12 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	40 (23%)
	<i>No</i>	135 (77%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	110 (65%)
	<i>No</i>	60 (35%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	95 (55%)
	<i>No</i>	79 (45%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	28 (16%)
	<i>Very easy</i>	11 (6%)
	<i>Easy</i>	38 (22%)
	<i>Neither</i>	21 (12%)
	<i>Difficult</i>	36 (21%)
	<i>Very difficult</i>	29 (17%)
	<i>Don't know</i>	9 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	99 (55%)
	<i>Yes</i>	56 (31%)
	<i>No</i>	26 (14%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	125 (69%)
	<i>No contact</i>	20 (11%)
	<i>Letter</i>	9 (5%)
	<i>Phone</i>	6 (3%)
	<i>Visit</i>	28 (15%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	51 (31%)
	<i>No</i>	111 (69%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	99 (54%)
	<i>Yes</i>	23 (13%)
	<i>No</i>	60 (33%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	159 (87%)
	<i>Very involved</i>	7 (4%)
	<i>Involved</i>	7 (4%)
	<i>Neither</i>	2 (1%)
	<i>Not very involved</i>	4 (2%)
	<i>Not at all involved</i>	4 (2%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	159 (86%)
	<i>Nobody</i>	11 (6%)
	<i>Offender supervisor</i>	8 (4%)
	<i>Offender manager</i>	6 (3%)
	<i>Named/ personal officer</i>	4 (2%)
	<i>Staff from other departments</i>	4 (2%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	159 (86%)
	<i>Yes</i>	10 (5%)
	<i>No</i>	9 (5%)
	<i>Don't know</i>	6 (3%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	159 (86%)
	<i>Yes</i>	11 (6%)
	<i>No</i>	8 (4%)
	<i>Don't know</i>	6 (3%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	159 (86%)
	<i>Yes</i>	9 (5%)
	<i>No</i>	7 (4%)
	<i>Don't know</i>	9 (5%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	12 (7%)
	<i>No</i>	61 (36%)
	<i>Don't know</i>	95 (57%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes	10 (6%)
No	153 (94%)

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

	<i>Do not need help</i>	Yes	No
Employment	38 (23%)	23 (14%)	102 (63%)
Accommodation	33 (21%)	26 (16%)	101 (63%)
Benefits	34 (22%)	28 (18%)	93 (60%)
Finances	37 (25%)	16 (11%)	96 (64%)
Education	39 (26%)	18 (12%)	95 (63%)
Drugs and alcohol	60 (40%)	27 (18%)	63 (42%)

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

<i>Not sentenced</i>	99 (57%)
Yes	37 (21%)
No	37 (21%)



Main comparator and comparator to last time

Prisoner survey responses HMP Belmarsh 2013

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

Key to tables

Key to tables		HMP Belmarsh 2013	Local prisons comparator	HMP Belmarsh 2013	HMP Belmarsh 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		188	5882	188	198
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	6%	1%	2%
1.3	Are you sentenced?	47%	68%	47%	62%
1.3	Are you on recall?	10%	9%	10%	10%
1.4	Is your sentence less than 12 months?	9%	21%	9%	24%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	1%
1.5	Are you a foreign national?	27%	13%	27%	17%
1.6	Do you understand spoken English?	97%	98%	97%	
1.7	Do you understand written English?	95%	96%	95%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	56%	24%	56%	38%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%	3%	4%
1.1	Are you Muslim?	25%	11%	25%	17%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	2%
1.12	Do you consider yourself to have a disability?	23%	22%	23%	17%
1.13	Are you a veteran (ex-armed services)?	1%	6%	1%	
1.14	Is this your first time in prison?	41%	30%	41%	35%
1.15	Do you have any children under the age of 18?	55%	54%	55%	52%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	23%	19%	23%	16%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	36%	40%	36%	
2.3	Were you offered a toilet break?	6%	10%	6%	
2.4	Was the van clean?	49%	63%	49%	
2.5	Did you feel safe?	64%	77%	64%	
2.6	Were you treated well/very well by the escort staff?	48%	68%	48%	59%
2.7	Before you arrived here were you told that you were coming here?	57%	66%	57%	
2.7	Before you arrived here did you receive any written information about coming here?	1%	5%	1%	
2.8	When you first arrived here did your property arrive at the same time as you?	74%	82%	74%	71%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	46%	48%	46%	
3.2	When you were searched in reception, was this carried out in a respectful way?	53%	78%	53%	54%
3.3	Were you treated well/very well in reception?	36%	64%	36%	36%
	When you first arrived:				
3.4	Did you have any problems?	87%	74%	87%	76%
3.4	Did you have any problems with loss of property?	21%	14%	21%	16%
3.4	Did you have any housing problems?	31%	23%	31%	32%
3.4	Did you have any problems contacting employers?	5%	6%	5%	5%
3.4	Did you have any problems contacting family?	44%	31%	44%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	6%	5%	6%	8%
3.4	Did you have any money worries?	26%	22%	26%	22%
3.4	Did you have any problems with feeling depressed or suicidal?	28%	21%	28%	20%
3.4	Did you have any physical health problems?	21%	17%	21%	
3.4	Did you have any mental health problems?	24%	19%	24%	
3.4	Did you have any problems with needing protection from other prisoners?	9%	8%	9%	11%
3.4	Did you have problems accessing phone numbers?	42%	29%	42%	35%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	26%	37%	26%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	67%	86%	67%	87%
3.6	A shower?	9%	34%	9%	11%
3.6	A free telephone call?	61%	59%	61%	60%
3.6	Something to eat?	73%	76%	73%	82%
3.6	PIN phone credit?	31%	59%	31%	
3.6	Toiletries/ basic items?	64%	60%	64%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	36%	48%	36%	
3.7	Someone from health services?	67%	71%	67%	
3.7	A Listener/Samaritans?	29%	38%	29%	
3.7	Prison shop/ canteen?	12%	18%	12%	10%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	37%	49%	37%	44%

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3.8	Support was available for people feeling depressed or suicidal?	35%	47%	35%	48%
3.8	How to make routine requests?	40%	42%	40%	39%
3.8	Your entitlement to visits?	37%	45%	37%	48%
3.8	Health services?	48%	52%	48%	52%
3.8	The chaplaincy?	44%	47%	44%	40%
3.9	Did you feel safe on your first night here?	56%	75%	56%	65%
3.10	Have you been on an induction course?	87%	80%	87%	89%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	45%	59%	45%	59%
3.12	Did you receive an education (skills for life) assessment?	74%	73%	74%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	28%	41%	28%	33%
4.1	Attend legal visits?	46%	58%	46%	47%
4.1	Get bail information?	11%	22%	11%	11%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	39%	41%	42%
4.3	Can you get legal books in the library?	34%	38%	34%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	52%	55%	52%	37%
4.4	Are you normally able to have a shower every day?	59%	78%	59%	62%
4.4	Do you normally receive clean sheets every week?	76%	80%	76%	76%
4.4	Do you normally get cell cleaning materials every week?	63%	60%	63%	63%
4.4	Is your cell call bell normally answered within five minutes?	25%	36%	25%	34%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	64%	61%	65%
4.4	Can you normally get your stored property, if you need to?	13%	26%	13%	11%
4.5	Is the food in this prison good/very good?	13%	24%	13%	20%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	33%	47%	33%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	46%	58%	46%	54%
4.8	Are your religious beliefs are respected?	50%	53%	50%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	45%	54%	45%	51%
4.10	Is it easy/very easy to attend religious services?	51%	47%	51%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	66%	78%	66%	

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	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	45%	58%	45%	48%
5.2	Do you feel applications are dealt with quickly (within seven days)?	34%	46%	34%	39%
5.3	Is it easy to make a complaint?	42%	53%	42%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	23%	33%	23%	24%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	24%	36%	24%	20%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	18%	26%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	22%	18%	13%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	48%	31%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	45%	39%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	7%	9%	6%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	25%	38%	25%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	60%	75%	60%	63%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	63%	74%	63%	68%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	23%	31%	23%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	19%	14%	14%
7.5	Do you have a personal officer?	31%	46%	31%	45%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	52%	66%	52%	46%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	57%	39%	57%	47%
8.2	Do you feel unsafe now?	32%	16%	32%	22%
8.4	Have you been victimised by other prisoners here?	32%	23%	32%	16%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	11%	15%	9%
8.5	Hit, kicked or assaulted you?	8%	7%	8%	5%
8.5	Sexually abused you?	3%	1%	3%	1%
8.5	Threatened or intimidated you?	20%	13%	20%	

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8.5	Taken your canteen/property?	8%	5%	8%	2%
8.5	Victimised you because of medication?	6%	5%	6%	
8.5	Victimised you because of debt?	4%	3%	4%	
8.5	Victimised you because of drugs?	4%	4%	4%	2%
8.5	Victimised you because of your race or ethnic origin?	9%	3%	9%	4%
8.5	Victimised you because of your religion/religious beliefs?	9%	2%	9%	1%
8.5	Victimised you because of your nationality?	8%	3%	8%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
8.5	Victimised you because you are from a Traveller community?	3%	1%	3%	
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.5	Victimised you because of your age?	7%	2%	7%	3%
8.5	Victimised you because you have a disability?	4%	3%	4%	3%
8.5	Victimised you because you were new here?	11%	5%	11%	4%
8.5	Victimised you because of your offence/crime?	8%	5%	8%	5%
8.5	Victimised you because of gang related issues?	4%	4%	4%	2%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	43%	26%	43%	33%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	16%	11%	16%	14%
8.7	Hit, kicked or assaulted you?	6%	4%	6%	8%
8.7	Sexually abused you?	2%	1%	2%	2%
8.7	Threatened or intimidated you?	20%	11%	20%	
8.7	Victimised you because of medication?	8%	5%	8%	
8.7	Victimised you because of debt?	2%	2%	2%	
8.7	Victimised you because of drugs?	3%	4%	3%	7%
8.7	Victimised you because of your race or ethnic origin?	12%	4%	12%	7%
8.7	Victimised you because of your religion/religious beliefs?	12%	3%	12%	4%
8.7	Victimised you because of your nationality?	6%	3%	6%	
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	1%
8.7	Victimised you because you are from a Traveller community?	2%	2%	2%	
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	0%
8.7	Victimised you because of your age?	7%	2%	7%	2%
8.7	Victimised you because you have a disability?	6%	2%	6%	5%

Main comparator and comparator to last time

Key to tables

		HMP Belmarsh 2013	Local prisons comparator	HMP Belmarsh 2013	HMP Belmarsh 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because you were new here?	13%	5%	13%	11%
8.7	Victimised you because of your offence/crime?	8%	4%	8%	5%
8.7	Victimised you because of gang related issues?	2%	2%	2%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	29%	33%	29%	38%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	16%	26%	16%	22%
9.1	Is it easy/very easy to see the nurse?	37%	50%	37%	48%
9.1	Is it easy/very easy to see the dentist?	8%	10%	8%	6%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	30%	45%	30%	38%
9.2	The nurse?	34%	57%	34%	49%
9.2	The dentist?	27%	32%	27%	25%
9.3	The overall quality of health services?	25%	39%	25%	29%
9.4	Are you currently taking medication?	39%	51%	39%	46%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	74%	62%	74%	
9.6	Do you have any emotional well being or mental health problems?	42%	35%	42%	36%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	44%	41%	44%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	21%	35%	21%	29%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	27%	20%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	15%	29%	15%	13%
10.4	Is it easy/very easy to get alcohol in this prison?	4%	14%	4%	
10.5	Have you developed a problem with drugs since you have been in this prison?	2%	8%	2%	3%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	3%	8%	3%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	71%	63%	71%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	69%	60%	69%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	79%	78%	79%	86%

Main comparator and comparator to last time

Key to tables

		HMP Belmarsh 2013	Local prisons comparator	HMP Belmarsh 2013	HMP Belmarsh 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	20%	31%	20%	
11.1	Vocational or skills training?	19%	29%	19%	
11.1	Education (including basic skills)?	28%	43%	28%	
11.1	Offending behaviour programmes?	13%	18%	13%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	41%	44%	41%	29%
11.2	Vocational or skills training?	5%	9%	5%	5%
11.2	Education (including basic skills)?	23%	27%	23%	25%
11.2	Offending behaviour programmes?	5%	8%	5%	6%
11.3	Have you had a job while in this prison?	61%	69%	61%	55%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	23%	42%	23%	34%
11.3	Have you been involved in vocational or skills training while in this prison?	46%	56%	46%	43%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	38%	49%	38%	50%
11.3	Have you been involved in education while in this prison?	62%	67%	62%	56%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	45%	55%	45%	61%
11.3	Have you been involved in offending behaviour programmes while in this prison?	47%	53%	47%	41%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	32%	46%	32%	40%
11.4	Do you go to the library at least once a week?	24%	34%	24%	23%
11.5	Does the library have a wide enough range of materials to meet your needs?	36%	35%	36%	
11.6	Do you go to the gym three or more times a week?	2%	31%	2%	9%
11.7	Do you go outside for exercise three or more times a week?	55%	39%	55%	46%
11.8	Do you go on association more than five times each week?	39%	43%	39%	53%
11.9	Do you spend ten or more hours out of your cell on a weekday?	4%	10%	4%	6%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	23%	35%	23%	36%
12.2	Have you had any problems with sending or receiving mail?	65%	46%	65%	54%
12.3	Have you had any problems getting access to the telephones?	55%	33%	55%	44%
12.4	Is it easy/ very easy for your friends and family to get here?	29%	37%	29%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP Belmarsh 2013	Local prisons comparator	HMP Belmarsh 2013	HMP Belmarsh 2011
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	68%	60%	68%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	36%	43%	36%	
13.2	Contact by letter?	16%	28%	16%	
13.2	Contact by phone?	11%	14%	11%	
13.2	Contact by visit?	50%	35%	50%	
13.3	Do you have a named offender supervisor in this prison?	32%	31%	32%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	28%	39%	28%	28%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	58%	57%	58%	58%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	40%	45%	40%	
13.6	Offender supervisor?	32%	32%	32%	
13.6	Offender manager?	24%	26%	24%	
13.6	Named/ personal officer?	16%	12%	16%	
13.6	Staff from other departments?	16%	19%	16%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	40%	59%	40%	59%
13.8	Are there plans for you to achieve any of your targets in another prison?	44%	25%	44%	
13.9	Are there plans for you to achieve any of your targets in the community?	36%	32%	36%	
13.10	Do you have a needs based custody plan?	7%	7%	7%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	6%	15%	6%	12%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	18%	30%	18%	
13.12	Accommodation?	21%	40%	21%	
13.12	Benefits?	23%	42%	23%	
13.12	Finances?	14%	24%	14%	
13.12	Education?	16%	31%	16%	
13.12	Drugs and alcohol?	30%	46%	30%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in the future?	50%	47%	50%	44%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Belmarsh 2013

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		103	82	50	135	46	135
1.3	Are you sentenced?	44%	50%	40%	49%	49%	45%
1.5	Are you a foreign national?	27%	28%			27%	27%
1.6	Do you understand spoken English?	97%	98%	90%	100%	98%	97%
1.7	Do you understand written English?	95%	95%	88%	98%	96%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			54%	56%	87%	46%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	4%	5%	2%	2%	2%
1.1	Are you Muslim?	40%	8%	25%	25%		
1.12	Do you consider yourself to have a disability?	16%	32%	24%	23%	18%	25%
1.13	Are you a veteran (ex-armed services)?	1%	1%	2%	1%	2%	1%
1.14	Is this your first time in prison?	44%	39%	64%	33%	42%	40%
2.6	Were you treated well/very well by the escort staff?	41%	57%	44%	50%	43%	50%
2.7	Before you arrived here were you told that you were coming here?	50%	66%	50%	59%	49%	61%
3.2	When you were searched in reception, was this carried out in a respectful way?	44%	64%	57%	52%	49%	55%
3.3	Were you treated well/very well in reception?	25%	52%	40%	36%	32%	37%
3.4	Did you have any problems when you first arrived?	92%	80%	86%	88%	91%	86%
3.7	Did you have access to someone from health care when you first arrived here?	63%	72%	65%	67%	65%	67%
3.9	Did you feel safe on your first night here?	46%	70%	56%	58%	51%	57%
3.10	Have you been on an induction course?	86%	88%	88%	88%	83%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	25%	32%	19%	31%	29%	28%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.4	Are you normally offered enough clean, suitable clothes for the week?	52%	54%	49%	54%	50%	54%
4.4	Are you normally able to have a shower every day?	48%	73%	63%	57%	48%	63%
4.4	Is your cell call bell normally answered within five minutes?	25%	27%	34%	23%	29%	23%
4.5	Is the food in this prison good/very good?	10%	16%	21%	10%	7%	14%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	31%	38%	40%	32%	36%	31%
4.7	Are you able to speak to a Listener at any time, if you want to?	42%	54%	40%	50%	38%	49%
4.8	Do you feel your religious beliefs are respected?	51%	49%	63%	47%	45%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	41%	53%	43%	44%	44%
5.1	Is it easy to make an application?	63%	70%	59%	69%	53%	71%
5.3	Is it easy to make a complaint?	37%	50%	36%	45%	32%	45%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	22%	42%	12%	39%	36%	30%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	29%	52%	29%	44%	29%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	9%	9%	9%	5%	10%
7.1	Do most staff, in this prison, treat you with respect?	52%	71%	61%	61%	45%	63%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	61%	65%	65%	63%	50%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	9%	21%	11%	16%	12%	14%
7.4	Do you have a personal officer?	26%	38%	34%	31%	40%	28%
8.1	Have you ever felt unsafe here?	60%	55%	61%	55%	58%	56%
8.2	Do you feel unsafe now?	35%	27%	33%	30%	34%	29%
8.3	Have you been victimised by other prisoners?	29%	37%	39%	29%	31%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	16%	26%	26%	17%	18%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	11%	17%	6%	5%	10%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	9%	8%	8%	9%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	10%	10%	8%	2%	10%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	7%	8%	3%	5%	5%
8.6	Have you been victimised by a member of staff?	47%	39%	42%	43%	51%	40%
8.7	Have you ever felt threatened or intimidated by staff here?	26%	13%	15%	21%	26%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	13%	21%	9%	14%	11%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	9%	6%	13%	21%	9%
8.7	Have you been victimised because of your nationality? (By staff)	4%	9%	11%	5%	5%	6%
8.7	Have you been victimised because you have a disability? (By staff)	6%	5%	6%	6%	9%	5%
9.1	Is it easy/very easy to see the doctor?	19%	13%	18%	16%	17%	16%
9.1	Is it easy/ very easy to see the nurse?	38%	39%	37%	37%	43%	36%
9.4	Are you currently taking medication?	29%	51%	42%	38%	31%	41%
9.6	Do you feel you have any emotional well being/mental health issues?	43%	42%	47%	40%	44%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	8%	25%	16%	15%	10%	17%
11.2	Are you currently working in the prison?	36%	46%	32%	44%	37%	42%
11.2	Are you currently undertaking vocational or skills training?	7%	3%	5%	5%	3%	6%
11.2	Are you currently in education (including basic skills)?	29%	17%	41%	18%	24%	22%
11.2	Are you currently taking part in an offending behaviour programme?	3%	8%	5%	6%	0%	8%
11.4	Do you go to the library at least once a week?	28%	18%	31%	22%	18%	24%
11.6	Do you go to the gym three or more times a week?	3%	1%	2%	2%	5%	2%
11.7	Do you go outside for exercise three or more times a week?	60%	51%	59%	54%	62%	54%
11.8	On average, do you go on association more than five times each week?	39%	41%	47%	36%	37%	39%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	5%	5%	4%	3%	5%
12.2	Have you had any problems sending or receiving mail?	63%	68%	52%	69%	69%	62%
12.3	Have you had any problems getting access to the telephones?	56%	53%	61%	52%	60%	52%

Diversity analysis



Key question responses (disability, age over 50) HMP Belmarsh 2013

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better					
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		43	142		20	166
1.3	Are you sentenced?	58%	44%		60%	45%
1.5	Are you a foreign national?	28%	27%		25%	27%
1.6	Do you understand spoken English?	100%	96%		95%	98%
1.7	Do you understand written English?	95%	96%		90%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	38%	60%		35%	58%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	2%		0%	3%
1.1	Are you Muslim?	19%	27%		10%	27%
1.12	Do you consider yourself to have a disability?				60%	19%
1.13	Are you a veteran (ex-armed services)?	2%	1%		0%	1%
1.14	Is this your first time in prison?	23%	46%		40%	41%
2.6	Were you treated well/very well by the escort staff?	55%	46%		65%	46%
2.7	Before you arrived here were you told that you were coming here?	61%	56%		75%	55%
3.2	When you were searched in reception, was this carried out in a respectful way?	62%	51%		70%	51%
3.3	Were you treated well/very well in reception?	42%	35%		60%	34%
3.4	Did you have any problems when you first arrived?	91%	86%		80%	88%
3.7	Did you have access to someone from health care when you first arrived here?	77%	63%		79%	65%
3.9	Did you feel safe on your first night here?	58%	57%		68%	56%
3.10	Have you been on an induction course?	83%	88%		84%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	23%		45%	25%

Key to tables

Diversity analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	58%	52%	55%	52%
4.4	Are you normally able to have a shower every day?	66%	58%	75%	57%
4.4	Is your cell call bell normally answered within five minutes?	28%	25%	29%	25%
4.5	Is the food in this prison good/very good?	18%	11%	25%	11%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	32%	32%	34%
4.7	Are you able to speak to a Listener at any time, if you want to?	56%	44%	53%	46%
4.8	Do you feel your religious beliefs are respected?	47%	52%	45%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	42%	45%	25%	48%
5.1	Is it easy to make an application?	76%	64%	70%	66%
5.3	Is it easy to make a complaint?	44%	43%	45%	42%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	28%	47%	29%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	40%	39%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	9%	0%	10%
7.1	Do most staff, in this prison, treat you with respect?	71%	57%	85%	57%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	61%	65%	63%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	22%	12%	21%	14%
7.4	Do you have a personal officer?	33%	30%	48%	30%
8.1	Have you ever felt unsafe here?	58%	56%	65%	56%
8.2	Do you feel unsafe now?	36%	29%	30%	31%
8.3	Have you been victimised by other prisoners?	37%	30%	15%	34%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	26%	18%	15%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	10%	0%	10%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	9%	0%	9%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	9%	0%	9%
8.5	Have you been victimised because of your age? (By prisoners)	5%	7%	5%	7%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	12%	2%	5%	4%
8.6	Have you been victimised by a member of staff?	44%	42%	25%	45%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	21%	0%	22%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	12%	5%	13%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	12%	0%	13%
8.7	Have you been victimised because of your nationality? (By staff)	3%	7%	0%	7%
8.7	Have you been victimised because of your age? (By staff)	5%	7%	0%	8%
8.7	Have you been victimised because you have a disability? (By staff)	15%	3%	5%	6%
9.1	Is it easy/very easy to see the doctor?	10%	17%	15%	16%
9.1	Is it easy/ very easy to see the nurse?	29%	40%	45%	36%
9.4	Are you currently taking medication?	82%	25%	90%	32%
9.6	Do you feel you have any emotional well being/mental health issues?	72%	33%	61%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	32%	11%	17%	15%
11.2	Are you currently working in the prison?	46%	39%	47%	40%
11.2	Are you currently undertaking vocational or skills training?	6%	5%	18%	3%
11.2	Are you currently in education (including basic skills)?	17%	25%	18%	24%
11.2	Are you currently taking part in an offending behaviour programme?	3%	6%	6%	6%
11.4	Do you go to the library at least once a week?	27%	23%	15%	25%
11.6	Do you go to the gym three or more times a week?	0%	3%	0%	2%
11.7	Do you go outside for exercise three or more times a week?	47%	57%	58%	55%
11.8	On average, do you go on association more than five times each week?	35%	40%	37%	39%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	4%	0%	5%
12.2	Have you had any problems sending or receiving mail?	57%	67%	50%	66%
12.3	Have you had any problems getting access to the telephones?	39%	59%	47%	56%



Prisoner survey responses (vulnerable prisoners wing) HMP Belmarsh 2013

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

Key to tables

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Number of completed questionnaires returned		19	163
SECTION 1: General information			
1.2	Are you under 21 years of age?	5%	1%
1.3	Are you sentenced?	58%	45%
1.3	Are you on recall?	0%	11%
1.4	Is your sentence less than 12 months?	11%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%
1.5	Are you a foreign national?	42%	25%
1.6	Do you understand spoken English?	89%	98%
1.7	Do you understand written English?	89%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	63%	55%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	3%
1.1	Are you Muslim?	28%	24%
1.11	Are you homosexual/gay or bisexual?	11%	1%
1.12	Do you consider yourself to have a disability?	32%	22%
1.13	Are you a veteran (ex-armed services)?	0%	1%
1.14	Is this your first time in prison?	68%	38%
1.15	Do you have any children under the age of 18?	37%	58%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	6%	25%
2.5	Did you feel safe?	58%	63%
2.6	Were you treated well/very well by the escort staff?	37%	48%
2.7	Before you arrived here were you told that you were coming here?	53%	57%
2.8	When you first arrived here did your property arrive at the same time as you?	73%	74%

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SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	37%	46%
3.2	When you were searched in reception, was this carried out in a respectful way?	44%	53%
3.3	Were you treated well/very well in reception?	32%	36%
	When you first arrived:		
3.4	Did you have any problems?	68%	89%
3.4	Did you have any problems with loss of property?	5%	22%
3.4	Did you have any housing problems?	11%	33%
3.4	Did you have any problems contacting employers?	5%	5%
3.4	Did you have any problems contacting family?	32%	46%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	7%
3.4	Did you have any money worries?	32%	26%
3.4	Did you have any problems with feeling depressed or suicidal?	37%	26%
3.4	Did you have any physical health problems?	37%	18%
3.4	Did you have any mental health problems?	21%	24%
3.4	Did you have any problems with needing protection from other prisoners?	21%	7%
3.4	Did you have problems accessing phone numbers?	37%	43%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	58%	68%
3.6	A shower?	16%	8%
3.6	A free telephone call?	16%	66%
3.6	Something to eat?	73%	73%
3.6	PIN phone credit?	27%	31%
3.6	Toiletries/ basic items?	63%	64%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	42%	35%
3.7	Someone from health services?	58%	67%
3.7	A Listener/Samaritans?	42%	28%
3.7	Prison shop/ canteen?	27%	10%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	39%	35%
3.8	Support was available for people feeling depressed or suicidal?	39%	34%
3.8	How to make routine requests?	61%	37%

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3.8	Your entitlement to visits?	50%	37%
3.8	Health services?	44%	47%
3.8	The chaplaincy?	56%	42%
3.9	Did you feel safe on your first night here?	42%	59%
3.10	Have you been on an induction course?	72%	89%
3.12	Did you receive an education (skills for life) assessment?	63%	77%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	42%	24%
4.1	Attend legal visits?	67%	42%
4.1	Get bail information?	6%	11%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	27%	45%
4.3	Can you get legal books in the library?	27%	36%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	63%	51%
4.4	Are you normally able to have a shower every day?	68%	57%
4.4	Do you normally receive clean sheets every week?	89%	75%
4.4	Do you normally get cell cleaning materials every week?	63%	62%
4.4	Is your cell call bell normally answered within five minutes?	27%	23%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	83%	58%
4.4	Can you normally get your stored property, if you need to?	11%	13%
4.5	Is the food in this prison good/very good?	11%	11%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	31%
4.7	Are you able to speak to a Listener at any time, if you want to?	56%	45%
4.8	Are your religious beliefs are respected?	56%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	44%
4.10	Is it easy/very easy to attend religious services?	58%	50%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	78%	64%
5.3	Is it easy to make a complaint?	58%	40%
5.5	Have you ever been prevented from making a complaint when you wanted to?	6%	29%

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5,6	Is it easy/very easy to see the Independent Monitoring Board?	32%	16%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	21%	32%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	10%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	79%	57%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	84%	60%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	27%	21%
7.4	Do staff normally speak to you most of the time/all of the time during association?	27%	13%
7.5	Do you have a personal officer?	42%	30%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	63%	56%
8.2	Do you feel unsafe now?	32%	32%
8.4	Have you been victimised by other prisoners here?	58%	29%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	37%	13%
8.5	Hit, kicked or assaulted you?	11%	8%
8.5	Sexually abused you?	11%	2%
8.5	Threatened or intimidated you?	21%	20%
8.5	Taken your canteen/property?	0%	9%
8.5	Victimised you because of medication?	5%	6%
8.5	Victimised you because of debt?	0%	5%
8.5	Victimised you because of drugs?	0%	4%
8.5	Victimised you because of your race or ethnic origin?	11%	9%
8.5	Victimised you because of your religion/religious beliefs?	5%	9%
8.5	Victimised you because of your nationality?	0%	9%
8.5	Victimised you because you were from a different part of the country?	0%	5%
8.5	Victimised you because you are from a traveller community?	0%	3%
8.5	Victimised you because of your sexual orientation?	0%	2%
8.5	Victimised you because of your age?	5%	7%
8.5	Victimised you because you have a disability?	0%	5%

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8.5	Victimised you because you were new here?	11%	11%
8.5	Victimised you because of your offence/crime?	32%	6%
8.5	Victimised you because of gang related issues?	0%	4%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	27%	46%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	0%	19%
8.7	Hit, kicked or assaulted you?	0%	7%
8.7	Sexually abused you?	5%	2%
8.7	Threatened or intimidated you?	11%	21%
8.7	Victimised you because of medication?	5%	9%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	4%
8.7	Victimised you because of your race or ethnic origin?	11%	12%
8.7	Victimised you because of your religion/religious beliefs?	5%	12%
8.7	Victimised you because of your nationality?	0%	7%
8.7	Victimised you because you were from a different part of the country?	0%	2%
8.7	Victimised you because you are from a traveller community?	0%	3%
8.7	Victimised you because of your sexual orientation?	0%	2%
8.7	Victimised you because of your age?	0%	8%
8.7	Victimised you because you have a disability?	5%	6%
8.7	Victimised you because you were new here?	5%	14%
8.7	Victimised you because of your offence/crime?	11%	8%
8.7	Victimised you because of gang related issues?	0%	3%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	21%	14%
9.1	Is it easy/very easy to see the nurse?	47%	34%
9.1	Is it easy/very easy to see the dentist?	16%	7%
9.4	Are you currently taking medication?	47%	38%
9.6	Do you have any emotional well being or mental health problems?	47%	41%

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SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	5%	24%
10.2	Did you have a problem with alcohol when you came into this prison?	0%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	11%	16%
10.4	Is it easy/very easy to get alcohol in this prison?	11%	3%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	2%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	3%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	39%	17%
11.1	Vocational or skills training?	27%	19%
11.1	Education (including basic skills)?	37%	27%
11.1	Offending Behaviour Programmes?	18%	13%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	63%	38%
11.2	Vocational or skills training?	0%	5%
11.2	Education (including basic skills)?	37%	22%
11.2	Offending Behaviour Programmes?	0%	6%
11.4	Do you go to the library at least once a week?	47%	22%
11.5	Does the library have a wide enough range of materials to meet your needs?	56%	34%
11.6	Do you go to the gym three or more times a week?	0%	2%
11.7	Do you go outside for exercise three or more times a week?	37%	57%
11.8	Do you go on association more than five times each week?	61%	36%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	3%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	27%	22%
12.2	Have you had any problems with sending or receiving mail?	37%	70%
12.3	Have you had any problems getting access to the telephones?	42%	58%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	28%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	37%	30%
13.10	Do you have a needs based custody plan?	0%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	6%	6%