

Report on a full unannounced inspection
of

HMP Belmarsh

6–15 April 2011

by HM Chief Inspector of Prisons

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Introduction

Belmarsh is a large, complex establishment, providing a local prison function for ordinary prisoners from south-east London courts, together with very secure conditions for some of the most high-risk prisoners in the system. Juggling the risks and needs posed by both populations is not easy and we have sometimes found the balance to be wrong, with the understandable focus on security inhibiting appropriate management for the majority population. This unannounced inspection found a slightly better balance and a number of areas of improvement. However, perhaps inevitably with such a complex jail, there was still much more to do.

Belmarsh receives a huge range of prisoners, many vulnerable and a small number exceptionally dangerous but, despite this, early days in custody were generally well managed. However, safety remained a concern with a significant number of violent incidents, although the prison had taken some important steps to tackle the issue. Those at risk of self-harm were well cared for, as were most vulnerable prisoners, although gaps in provision for them remained. There were weaknesses in the arrangements for first night treatment of the significant numbers of prisoners requiring detoxification.

Security was pervasive and, while more proportionate than previously, there were still examples of it unnecessarily limiting the regime of lower-risk prisoners. Use of force was high and we were not assured it was always used as a last resort. The small number of prisoners held in the highest security conditions faced restrictions commensurate with the risks they posed, although we noted some lax supervision. There was also a need for better multi-disciplinary case management to mitigate the inherent threat to mental health posed by this extreme form of custody.

Accommodation was mostly reasonable, although the high security unit was bleak, and there was good access to showers and phones. Staff-prisoner relations varied greatly between units and the personal officer scheme was generally ineffective. There was scope to develop diversity work further, although work with foreign nationals was good. Application and complaint systems were weak. The chaplaincy provided an excellent service, including offering impressive support to Muslim prisoners – a population whose treatment has previously been of concern to us. Health care, by contrast, required improvement.

Prisoners spent too long locked in their cells and there were activity spaces for only around half of the population. Too much of the available work was mundane and low skilled, but there was a reasonable amount of vocational training available. Education was reasonable. There was a good library and a well resourced PE department, but access to both was limited.

While documentation was out of date, there had been some progress on resettlement work. Assessment arrangements, particularly for unconvicted and short-sentenced prisoners, required improvement but offender management and public protection arrangements were good. Work along the resettlement pathways was slightly better than on our previous visit, but work to address debt and accommodation problems remained poor.

Belmarsh is among the most complex prisons in England and Wales, juxtaposing the management of a transient population of ordinary, lower-risk prisoners presenting all the needs faced by any local prison, with some of the most high-risk and high-profile prisoners in the system. Achieving a balance in working with the very different risks and needs is a huge challenge, with which the prison continues to struggle. Nevertheless, while setting out a range

of issues on which further work is needed, we also identify a number of commendable improvements, particularly in safety, purposeful activity and resettlement.

Nick Hardwick
HM Chief Inspector of Prisons

June 2011

Fact page

Task of the establishment

Local male prison with high security unit.

Prison status

Public

Department

High security estate

Number held

6 April 2011: 865

Certified normal accommodation

800

Operational capacity

933

Date of last full inspection

Unannounced full follow-up inspection: 27 April – 1 May 2009

Full inspection: 8 October 2007

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, 47 of which are inside 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.

Escort contractor

Serco

Health service commissioner and providers

Greenwich Primary Care Trust

Harmoni for Health

Learning and skills providers

Kensington and Chelsea College

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

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

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

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good against this healthy prison test.

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

- outcomes for prisoners are not sufficiently good against this healthy prison test.

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

- outcomes for prisoners are poor against this healthy prison test.

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

Safety

HP3 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. We assessed outcomes for prisoners at Belmarsh as reasonably good against this healthy prison test.

- HP4 Our survey¹ indicated that prisoners did not feel they were treated well on transfer to and from the prison or in reception. Our own observations were that staff were businesslike in a busy environment but that they did not interact with prisoners more than was necessary, which some prisoners perceived as indifference to their needs. There was evidence that prisoners were held in reception longer than was necessary. Those returning from court waited to return to their house blocks for up to three hours in holding rooms with nothing but a television to occupy them. The holding rooms for vulnerable prisoners were particularly stark and uncomfortable. All new arrivals were given a private interview in reception and had access to Listeners.
- HP5 All new arrivals, including vulnerable prisoners, spent their first night on the first night centre on house block three. The accommodation was cleaned and reasonably equipped, although many beds, inexplicably, lacked pillows. Care was taken to match new arrivals sharing accommodation appropriately, and they had access to peer support. We met some prisoners who had not had the opportunity to take a shower on their first night or make a first night telephone call. New arrivals on main location received a comprehensive and informative induction with helpful presentations from a range of staff. Prisoner peer supporters were also available on the induction spur to reinforce information and support prisoners. However, the induction for vulnerable prisoners was inadequate.
- HP6 Systems to collect data, evaluate risk and monitor levels of violence had improved since our last inspection. There was a reasonable violence reduction strategy based on an analysis of the observed patterns of violence in the prison, but it was not adequately informed by an up-to-date consultation with prisoners. The tackling antisocial attitudes (TASA) multidisciplinary casework approach to challenging and managing a range of antisocial behaviour was developing. There was emergent

¹ **Inspection methodology:** There are five key sources of evidence for inspection: 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, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. 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. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

evidence that this was proving useful in dealing with violent prisoners. Although the number of violent incidents remained high, there were signs of a month-on-month reduction, particularly in the number of assaults. All reported incidents were investigated but the quality of these enquiries was inconsistent and many were inadequate. Prisoner perception about their safety remained poor, particularly on house block three. Survey responses on intimidation and victimisation by staff were particularly poor.

- HP7 The regime for vulnerable prisoners held on a spur of house block four offered nearly all at least some work or education every day. Prisoners were out of their cells during most of the core day and, on the whole, they said that they felt safe. Most reported reasonable relationships with staff and adequate living conditions. The exception was a small number of vulnerable prisoners who were held temporarily on an overspill spur. They lacked access to the fuller regime and reported that they felt intimidated by other prisoners. The role of the contingency unit, a small facility in health care used for prisoners with particular vulnerabilities, required clarification and the protocols and governance arrangements for its use needed to be implemented.
- HP8 There was a comprehensive suicide and self-harm prevention strategy. Protocols were managed by a full-time coordinator with good support from the safer custody team, and residential senior officers. There had been a high priority to suicide prevention following recent tragic deaths in custody. Safer custody committee meetings were well attended and minutes reflected a good standard of debate and consideration of relevant issues. The implementation of action plans following deaths in custody was addressed directly by the head of safer custody, and regular reports of progress against recommendations were produced and acted upon. The number of incidents of self-harm was not excessive and case management arrangements had provided good care for particularly complicated cases. We saw examples, however, of too much inactivity among prisoners at risk, and their engagement with staff was often insufficient, particularly in the health care centre.
- HP9 The exacting security arrangements were generally proportionate to Belmarsh's purpose as a core local prison holding some very high risk individuals. However, the needs of the majority of prisoners not requiring the highest levels of security should have been given fuller consideration. For example, some prison staff explained and justified to us some restrictive policies and practices that had a negative impact on prisoners – such as not allowing smoking on exercise yards – on security grounds. Structures to manage security, in particular intelligence management, were extensive and sophisticated. The number of prisoners on closed visits was high and we were not assured that the decision was justified in every case.
- HP10 The number of adjudications in 2010 was a significant increase on the previous year, although the reasons for this were not clear. Facilities in the adjudication room were satisfactory and documentation suggested charges were properly investigated. Relatively few adjudications were referred to the independent adjudicator.
- HP11 The use of force was significant, although the management of some prisoners under controlled unlock procedures had affected and inflated the number of recorded incidents. Governance arrangements required further development to ensure all use of force was properly scrutinised by managers. For example, planned removals had only just begun to be video recorded, although the footage we viewed showed that staff managed incidents well with effective use of de-escalation. We were not assured, however, that force was used as a last resort in all instances, and a number

of prisoners raised with us concerns about improper use of force by dedicated searching team staff. There was evidence that managers investigated any significant concerns about use of force.

- HP12 The environment in the segregation unit was reasonable but some in-cell toilets were badly stained and ventilation in the showers was poor. The two designated close supervision (CSC) cells contained cardboard furniture, which was issued with no risk assessment to justify its use. The segregation regime was limited, particularly for prisoners serving a punishment. In-cell education was provided but discussions between the tutor and prisoner took place through the locked cell door, which was inappropriate. Use of segregation was not excessive. Formal care plans were not used to support reintegration for long-term residents but we saw examples of some positive work by staff to support prisoners, and most were reintegrated on to the normal location. Staff entries in unit files were perfunctory and did not reflect engagement with prisoners, although all the prisoners we spoke to reported good treatment by staff. The segregation monitoring and review group had been re-established recently but data presented to the meeting needed to be developed to allow more sophisticated analysis of use of segregation over time.
- HP13 The prison provided a flexible prescribing regime for prisoners detoxifying or being maintained. However, first night treatment for opiate users was not in line with national guidance and the regime for stabilising prisoners was limited. Regular treatment reviews were conducted jointly with counselling, assessment, referral, advice and throughcare (CARAT) staff, and psychosocial support had improved with the full range of integrated drug treatment system (IDTS) group work modules available. Mandatory drug testing rates and our survey results suggested a relatively low level of illicit drug availability. Despite this, arrangements for suspicion drug testing were poor.

Respect

- HP14 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 assessed as not sufficiently good against this healthy prison test.
- HP15 Residential units were generally clean and bright, and outside areas well maintained. Cells were clean but some contained graffiti and toilets were scaled and dirty. Many cells intended for two prisoners were used to accommodate three, and were cramped and lacked sufficient furniture. Access to showers and baths were satisfactory but communal shower/bath areas were of a variable standard with many in a poor state. Prisoners could wear their own clothes and had access to adequate wing laundry facilities, but they had insufficient opportunity to replace clothing and bedding.

Consultation with prisoners was inconsistent, not well established and lacked support from some staff.

- HP16 The complexity and gravity of the management of prisoners held in the high security unit/special secure unit was a significant challenge. Security arrangements in the unit were proportionate to the risk posed by individual residents although inspectors noted certain weaknesses. The environment, including cells and showers, was reasonably good but felt oppressive for prisoners who lived there. The regime was limited, lacked variety and was mundane. There was a lack of multidisciplinary case management involving residents and not enough support to monitor and help prevent the potential for mental health or psychological deterioration. Psychological support for staff was considerably less frequent than stated in operating standards.
- HP17 In our survey and throughout the inspection prisoners expressed negative perceptions about the incentives and earned privileges scheme, including its value, the fairness of its application and the ability to progress. Incentives for those on the enhanced level were seen as limited. Only 15% of respondents to our survey said they were on the enhanced level of the scheme, which was about half that in comparator prisons. We saw one example of a prisoner demoted to basic and placed on report for the same incident, which was not appropriate. There were weekly reviews of prisoners on basic but targets set were not meaningful.
- HP18 Staff-prisoner relationships varied significantly. Perceptions of prisoners on house block three were starkly worse than on other units. Perceptions and our observations on other house blocks were, however, more positive. There was evidence that some staff were inflexible and unprepared or unable to help prisoners due to their understanding of demarcations of their role. However, the majority of prisoners we spoke to said there was a member of staff they could turn to for help, although in our survey fewer foreign national, Muslim and black and minority ethnic prisoners were of this view. The overwhelming use of surnames to address prisoners was poor and did nothing to help build useful relationships between staff and prisoners.
- HP19 The personal officer policy was last reviewed in 2009 and the scheme was generally ineffective. Many staff had only a very basic understanding of the role of a personal officer. Too many prisoners were not aware of who their personal officer was, and in our survey significantly fewer prisoners than the comparator felt their personal officer was helpful. Personal officer entries in case notes were infrequent and mostly observational, reflecting little meaningful engagement. Quality assurance was, at best, perfunctory.
- HP20 The kitchen was well organised and had received a hygiene accreditation from the local council. Prisoners working in the kitchen and on serveries had received accredited food hygiene training and were health care screened. The menu was on a four-week cycle and was varied, with a range of healthy food choices that also met cultural and dietary needs. Breakfast was provided on the day it was to be eaten but lunch was served too early. Prison shop services were generally satisfactory, although access to catalogue purchases was too limited and procedures slow.
- HP21 The diversity strategy was well thought out and the policy succinct. The equality and diversity action team met every two months but attendance required improvement, although the eight prisoner diversity representatives always attended. The prisoner representatives were well supported by the diversity management team.

- HP22 The equality and diversity action team and a full-time race equality officer were responsible for the promotion of race equality. Black and minority ethnic prisoners often had negative perceptions about their treatment at Belmarsh. Consultation with the wider black and minority ethnic prison community other than the representatives, was limited. Ethnic monitoring data indicated that many significant areas were above the expected range. Equality and diversity action team minutes indicated limited investigation into this, although some work had begun. The number of submitted racist incident report forms was relatively low.
- HP23 Foreign national prisoners were well supported by a committed foreign national coordinator and two UK Border Agency officers. A well-attended multidisciplinary foreign national committee met quarterly. Four foreign national prisoner representatives offered good assistance to foreign national prisoners. The foreign national team facilitated a weekly immigration surgery for new arrivals. The Detention Advice Service provided external support and, along with the prisoner representatives, held a fortnightly foreign nationals information group. Professional interpreting services were used for interviews and case conferences but there was no list of staff and prisoner interpreters. We observed some foreign national prisoners who appeared isolated.
- HP24 New arrivals with disabilities were identified during induction. However, adapted facilities on normal location were very limited and many prisoners with disabilities were inappropriately located in the inpatient unit. Arrangements for personal emergency and evacuation plans were disorganised. The buddy system for prisoners with disabilities was not effectively supported. Provision for the Traveller community and for gay and bisexual prisoners was underdeveloped. Single equality impact assessments had focused on race and not the broader impact on all diversity strands.
- HP25 Prisoners reported negatively in our survey across most indicators relating to application and complaint procedures. Applications took a long time to be answered and we observed many left on the spur desks for all prisoners to see. Many formal complaints were low level and could have been dealt with informally. Many complaints were answered curtly and did not address the issues raised. Provision of legal services had developed well and there was effective bail support.
- HP26 A well-integrated chaplaincy team offered a range of services and faith classes in a suitable multi-faith venue. Prisoner access to the chapel and facilities was good with a large number attending the weekly events and services. The Muslim chaplain and the establishment as a whole offered impressive support to Muslim prisoners and promoted Islamic awareness. The resettlement chaplain offered good links with community faith groups for prisoners on release.
- HP27 Prisoners were generally very negative about health services and the attitude of some nursing staff. There were several nurse vacancies and a heavy reliance on overtime and agency staff. These shortages affected service delivery. Prisoners also complained about difficulty in accessing some clinical services. Arrangements for GP provision were inadequate but being addressed. Access to dental services were satisfactory. Nurse-led clinics were limited and the management of prisoners with lifelong illnesses needed further development, as did health promotion. The inpatient area suffered from a shortage of nursing staff, limiting contact between patients and clinical staff. The balance between clinical and discipline staff and its impact on the clinical environment required review. The daily regime for inpatients was limited and many spent too long in their cells. Primary mental health services were limited

because of staff shortages, but the majority of prisoners with mental health needs were supported by the mental health in-reach team (MHIRT).

Purposeful activity

HP28 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 assessed as not sufficiently good against this healthy prison test.

HP29 The core day indicated that a fully employed prisoner could achieve about nine hours out of cell on Monday to Thursday and about seven hours on Fridays. It could, however, be as little as three to four hours for a significant number who did not work or were in part-time activities. During a roll check during the working part of the day, we found 44% of the population locked in their cells. Although there was some slippage in the regime, prisoner's activities usually happened on time, and evening association was rarely cancelled

HP30 There were work places for only 460 prisoners, about half the population, although a quarter of all places were unused. Two contract workshops offered mundane assembly work, and there were about 200 low skill cleaners and orderly posts. Some prisoners said they waited several weeks for security clearance to engage in activity, and some procedures appeared excessive. Prisoners generally got to work on time and the pay rates were equitable.

HP31 There were about 100 full-time places on vocational training courses and the range was as good as at the last inspection. Opportunities included industrial cleaning, barbering, catering, multi-skills in construction, carpentry, brickwork, waste and recycling, and a variety of short accredited courses, mainly in construction. Achievements and standards of work were good and the accreditation process for awards was working well. Waiting lists to attend vocational training were short. All vocational training staff had appropriate training for their instructional roles and achievements were good. However, senior managers responsible for learning and skills and training staff were unclear about their roles and responsibilities and the overall management of vocational training.

HP32 There were 99 full-time places in education although many prisoners attended part time. The range of courses was reasonable and included literacy, numeracy and functional skills, English for speakers of other languages (ESOL), information and communications technology, business studies, personal and social development, art, cookery, music, creative writing, counselling, Toe-by-Toe mentor training and Storybook Dads. Qualifications from entry level to level two were available with a few learners studying higher level courses through the Open University. The learning provider, Kensington and Chelsea College, managed the education provision well on a day-to-day basis and resources were reasonably good. Individual learning outreach to vocational training workshops, residential wings, health care and the high security unit was well delivered and managed. Teaching and learning were judged broadly

satisfactory and achievements of qualifications by learners were good. There needed to be more opportunities to share learning and skills best practice across the prison, and to improve the use of data to inform equality of access.

- HP33 The library provided a good resource for those attending education, but access from the wings was limited and the library remained closed in the evenings and at weekends. However, there were outreach facilities for prisoners in health care, segregation, the vulnerable prisoner unit and the high security unit. Our survey indicated that fewer prisoners used the library than the comparator ad at the last inspection.
- HP34 The prison had no accurate data on gym attendance but our survey indicated that access was worse than the comparator and when we last visited. There was a range of accredited PE courses that appeared to be working well. The indoor and outdoor resources were good, as were gym resources in the high security unit.

Resettlement

HP35 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 assessed as reasonably good against this healthy prison test.

HP36 The reducing reoffending policy was dated 2010-11 but was in reality the previous year's report. Much was out of date and identified targets and objectives related to 2009-10. The last needs analysis, drawn from offender assessment system (OASys) assessments, was also based on old data. The reducing reoffending strategy group had not met since September 2009. Despite these limitations, the prison had introduced a new head of reducing reoffending and there was evidence of some slow progress.

HP37 All new arrivals were meant to receive a London initial screening and referral and reducing reoffending tool (LISSART) assessment as part of their induction. For prisoners on remand or serving short sentences, this was the extent of custody planning and was insufficient. Referrals were made to departments providing resettlement services but follow-up and assurance mechanisms were weak and some prisoners were missed altogether. Completed assessments were not forwarded to wings or personal officers to offer support or guidance, and prisoners were not routinely given copies of assessments. Scheduled pre-release meetings for prisoners were generally useful, with access to services, but there was no link to the initial assessment work. Two further resettlement officers had recently been recruited to the interventions team. The offender management unit (OMU) worked with all prisoners serving over 12 months, with 145 in scope and 258 out of scope for formal offender management. The quality of engagement was reasonably good. Offender supervisors

knew their prisoners and contact was frequent. Links with community offender managers was also reasonable, especially for higher risk prisoners. Structured sentence planning meetings for out of scope prisoners had recently been restored. Arrangements to rectify the shortfall in completed OASys assessments had been successful although there remained a backlog.

- HP38 Arrangements to identify and review the 81 prisoners subject to public protection monitoring were proportionate, and reviews of multi-agency public protection arrangements (MAPPA) cases and risk assessments undertaken by probation staff in the OMU were comprehensive. Work with the 83 indeterminate-sentenced prisoners was generally good but they had no additional facilities or provision, such as lifer days or forums.
- HP39 Accommodation provision was very limited. There was no specialist housing support and very limited community engagement to enhance services. Staff had very little face-to-face contact with prisoners and most work was oriented to signposting post-release services. The range of outcome data was limited and the effectiveness of the service remained unclear, although around 11% of the population were released with no fixed accommodation.
- HP40 There was a successful and flexible preparation for work programme, and good links between outside agencies, Jobcentre Plus providers and prison staff through the discharge board. The Prisoners Innovation and New Opportunities (PIANO) project had recently been introduced to support prisoners through the gate and into further training and employment. The range of vocational training provided good progression routes for further training or employment on release. However, the careers information advice and support service was under-resourced with insufficient staff to provide a quality service.
- HP41 There were no pre-release health clinics but health care staff saw prisoners before their release. Those on medication received up to five days' supply and were given information on how to access community GP services. Prisoners under the care of the MHIRT were seen before release and community teams were invited into the prison to discuss their future care.
- HP42 There was currently no debt management help for prisoners. A personal money management programme had recently started, delivered through the education department, and there were arrangements to help prisoners open bank accounts before release.
- HP43 The drug strategy had been recently reviewed but did not contain targets or action plans for demand reduction initiatives, and had not been informed by a needs analysis. Prisoners could access a wide range of support services, including CARAT one-to-one work, IDTS modules, a six-session alcohol course and the short duration drug programme (SDP). The CARAT remit included primary alcohol users. There were strong links with community drug intervention programme teams and good throughcare arrangements. In our survey, prisoners were positive about the usefulness of the prison's interventions.
- HP44 There was a good range of support to both prisoners and their families through the PACT (Parents and Children Together) team. The visitors' centre was well run and welcoming, and the recently refurbished visits hall was a good environment. Despite this, in our survey prisoners were more negative than the comparators about their

visitors' experiences. The family man relationship programme remained a useful initiative. Extended family visits were provided four times a year, but only for enhanced prisoners.

- HP45 There had been some increase in the range of accredited programmes since the last inspection. Along with the thinking skills programme, the prison had introduced COVAID (control of violence for angry impulsive drinkers). Waiting lists and access to programmes were managed reasonably, and for those identified through the OMU, waiting times were not excessive. There was, however, currently no specific provision for the small sex offender population.

Main concerns and recommendations

- HP46 Concern: Although security was generally proportionate and managed some of the highest risk prisoners, the impact on the needs of the general population should be considered and addressed.

Recommendation: 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.

- HP47 Concern: Governance of use of force required further improvement in what is a high risk environment.

Recommendation: 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.

- HP48 Concern: There was a lack of multidisciplinary case management for residents in both high secure units, and not enough support to monitor and help prevent the potential for mental health or psychological deterioration.

Recommendation: Multidisciplinary case management arrangements for prisoners held in the high security unit and special secure unit should be improved.

- HP49 Concern: The quality of staff-prisoner relationships was too variable and poor on at least one wing. Respectful relationships between staff and prisoners needed to be a greater priority.

Recommendation: Managers should monitor relationships between staff and prisoners and endeavour to build more appropriate and constructive relationships.

- HP50 Concern: Prisoners, with some justification, had limited confidence in applications and complaints procedures.

Recommendation: The application and complaint systems should be reviewed and prisoners consulted to understand their dissatisfaction with both processes.

HP51 Concern: There was sufficient activity for only about half the population, and large numbers of prisoners were locked up during the working day.

Recommendation: The number of purposeful activities should be increased to meet the needs of the population.

HP52 Concern: Support for prisoners with housing problems on resettlement was poor.

Recommendation: The prison should introduce specialist housing advice for all prisoners.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 The vans transporting prisoners were clean and appropriately equipped but contained graffiti and were not in full working order. The dog guarding movement on and off the vans was not appropriately controlled. Some prisoners had long waits in court for returning transport and had a long wait in reception before they were escorted back to their units. Transfers were prepared in good time. Prisoners going to court were not given an adequate breakfast and some did not have appropriate clothing. Prisoners going to some courts were not accompanied by their property and private cash, which caused difficulties for those who were released. There were good video court link facilities.
- 1.2 Serco provided transport to the prison from courts and G4S provided transport from other prisons. In our survey, responses about the conditions of transfer and escort staff treatment were worse than the comparators and at the last inspection. For example, only 43% said that the cleanliness of the van was good, against the comparator of 49% and the response of 56% at the last inspection, and only 59% said that they were treated well by escort staff against the comparator of 65% and the previous response of 67%.
- 1.3 The Serco vans we saw were generally clean and equipped with first aid materials and drinks for prisoners but intercoms were not working and there was graffiti in cellular compartments. The escort staff-prisoner interactions we observed were polite and businesslike. Most prisoners arrived after short journeys from other local prisons in London or the surrounding area and from local courts.
- 1.4 Embarkation and disembarkation from the vans were generally efficient and prisoners were not held on vans unnecessarily. A dog was deployed for the movement of category B prisoners and on two days we observed the handler close to the vans, causing the dog to bark constantly which was unnecessarily intimidating. The restraining of prisoners on and off the transport was according to their risk category.
- 1.5 Prisoners reported that they sometimes had long waits at courts because vans went at set times. Although prisoners attending the nearby Woolwich Crown Court were taken there through an access tunnel they were not returned by the same route and had to wait for the van to collect them. Prisoners were not given information at court about the prison.
- 1.6 The extremely busy reception handled an average of more than 600 discharges to court a month as well as new receptions and releases. It was open over lunch time and stayed open to receive late arrivals, which meant that staff regularly worked until 10pm. We observed prisoners arriving back from court waiting up to three and a half hours in reception before they were returned to their wing.
- 1.7 During the inspection, prisoners being transferred out to other establishments were told where they were going the previous evening in time to make a call to inform friends and family. We

were told that this was not always the practice with higher risk prisoners who were not told until after the end of evening association.

- 1.8 Prisoners attending court left their wings before breakfast was served and given a breakfast pack of cereal, which was not adequate to sustain them until the lunch meal at court. We saw several prisoners who had been appearing in the Central Criminal Court who only had prison tracksuits to wear. Prisoners without suitable smart clothes for a court appearance were not offered any. The prison's store of donated clothing was currently in a container in the prison yard while the property room was being refurbished.
- 1.9 Most unsentenced prisoners attending court were accompanied by their property, except for those attending Woolwich courts and the Central Criminal Court. This caused difficulties for those who were freed at court who had to return to the prison reception to collect their belongings and cash.
- 1.10 The prison had good video link facilities with more than 15 courts, and had seven virtual court rooms and 10 individual video booths for consultation with legal advisers. There was also a dedicated booth for contact with the probation service.

Recommendations

- 1.11 Escort vans should be free of graffiti and in good working order.
- 1.12 Prisoners should be returned from court when their case has finished.
- 1.13 Prisoners should be moved from reception to their residential units as soon as they are ready.
- 1.14 Prisoners should be given information about the prison at court in a language they understand.
- 1.15 Prisoners being produced in court should be given an adequate meal before departure.
- 1.16 Prisoners should be offered smart clothing for a court appearance if they have none of their own.
- 1.17 Property and private cash should accompany prisoners to court appearances.

Housekeeping point

- 1.18 The dogs present at prisoner movements on and off escort vans should be kept under control so that they do not intimidate prisoners unnecessarily.

First days in custody

Expected outcomes:

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

1.19 Prisoners were negative about their reception experience. Reception staff were professional but had limited interaction with new arrivals, who were not offered refreshments. Holding rooms had little to occupy prisoners. There were helpful prisoner orderlies but they did not see all new arrivals. Identification and management of vulnerable prisoners were appropriate. First night procedures were thorough and supported by prisoner orderlies. Not all prisoners got a free telephone call or a shower on their first night, and beds did not always have pillows. The induction programme for mainstream prisoners was comprehensive and of good quality, and reinforced by Insiders on the induction wing, but induction for vulnerable prisoners was not adequate.

Reception

- 1.20 In our survey, prisoners' responses about their experience of reception were very negative. Only 36% said that they were treated well in reception, against the comparator of 57% and the finding of 45% at our last inspection. Only 54% of respondents said that they had been searched in a respectful way, against the comparator of 73% and 60% at our last inspection. Prisoners in groups also said that they found reception staff brusque and patronising.
- 1.21 Reception was run efficiently and processes were followed correctly. We observed the interactions between reception staff and prisoners on most days of the inspection and did not see any abusive treatment. However, most interactions were impersonal and businesslike with prisoners mostly addressed by their surname only. Prisoners were told to stand behind a line on the floor in front of the reception desk while they were being identified. They were left for lengthy periods in holding rooms with little to occupy them and no interaction from staff, and most were not offered food or hot drinks in reception.
- 1.22 The main holding rooms had been refurbished, were bright and had televisions but had little written information on the walls and no magazines, newspapers or books for prisoners. The holding rooms for vulnerable prisoners were small and bare.
- 1.23 There were three prisoner orderlies in reception who were Listeners, and who kept the area clean and tidy. They did not routinely meet every new arrival but any prisoner causing concerns was referred to them for a talk in private.
- 1.24 Searching procedures were thorough and carried out in private. All prisoners were subjected to a full search and were scanned but squat searching was only carried out on the basis of intelligence and cases were logged with the reason.
- 1.25 Reception staff examined prisoner escort records, court papers and police information to identify prisoners who might be vulnerable and held private interviews with them to explain the options. The duty governor interviewed any prisoners requesting protection.
- 1.26 New arrivals were taken to the first night centre on house block three where they were met by induction orderlies. They were given bedding, toiletries and cutlery. A hot meal was provided on the wing.
- 1.27 New arrivals with money could buy a full reception pack but those without funds were given an advance for a smaller amount. Some prisoners complained that this did not last them until they received their first prison shop order, leaving them vulnerable to debt.

Recommendations

- 1.28 Reception staff should actively engage with new arrivals by checking their needs and keeping them informed of what will happen next and when.
- 1.29 Prisoners in reception should be offered cold and hot drinks on arrival and hourly.
- 1.30 The prisoner orderlies in reception should be routinely introduced to each new arrival and should offer a confidential Listener session.
- 1.31 New arrivals without funds should be advanced sufficient funds to buy a full reception pack.

Housekeeping point

- 1.32 All holding rooms should display a comprehensive range of information about the prison and contain reading material for prisoners.

First night

- 1.33 There was a dedicated staff team on the first night centre who also provided the induction programme on the following days. Each new arrival had a comprehensive first night interview in private, which covered any responsibilities for dependants, emotional stability and added to the cell sharing assessment opened in reception. They had a full health care assessment and substance misuse workers were available to provide for immediate needs, although heroin substitutes were not provided immediately.
- 1.34 Not all new arrivals were able to make a telephone call on the day they arrived. We met a prisoner about whom some public protection concerns who had not been able to telephone his mother to let her know where he was by his second day. He was not offered a call initiated by a member of staff.
- 1.35 Prisoners arriving on the wing late did not get the opportunity to shower. We met prisoners who had arrived in good time who had not showered, as they had not been directed to the showers during association.
- 1.36 First night cells were mostly shared between three prisoners, and we saw evidence that first night staff were careful about matching prisoners who would feel comfortable with their cellmates. Cells were cleaned and free of graffiti. They had televisions and kettles but many did not have pillows on beds.
- 1.37 During the inspection, night staff were from the induction wing staff group and so were familiar with the prisoners and knew about any new arrivals, but there was no clear display in the house block office to indicate where new arrivals were located. However, we were satisfied that regular checks and thorough assessment ensured the safety of new arrivals. In our survey, 65% of respondents said that they felt safe on their first night; although this was worse than the comparator of 71% it was a marked improvement on the 55% response at the last inspection.
- 1.38 Vulnerable new arrivals were located on the first night spur before moving to house block four. Some remained there on an overflow basis and complained about their exposure to other prisoners and feeling unsafe (see recommendation 3.19).

Recommendations

- 1.39 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.
- 1.40 All new arrivals should be offered a shower on their first night.

Housekeeping points

- 1.41 First night cells should be equipped with a pillow for each occupant.
- 1.42 A log of the location of first night prisoners should be displayed in the office of the first night wing.

Good practice

- 1.43 *First night staff considered a range of information when deciding which new arrivals should share cells to enhance their feelings of safety and avoid tensions.*

Induction

- 1.44 There was a good induction programme for prisoners on main location. They were given an informative booklet and a compact that described the incentives and earned privileges (IEP) scheme. This information had been translated into 12 languages through a computer software programme but we were not assured of its accuracy after asking some foreign national prisoners about its usefulness.
- 1.45 Written information was followed up by a two-day programme. In our survey, 89% of respondents, against the comparator of 76%, said that they had been on an induction course. This included a presentation covering main issues of prison procedure, except for IEP, and talks from specialist staff. Prisoners' resettlement needs were assessed and the programme also included induction into the gym and an education assessment.
- 1.46 Induction for vulnerable prisoners was less reliable because they could not attend the two-day programme. They were visited by induction staff for assessments and by the chaplaincy.
- 1.47 Prisoner Insiders on the induction wing reinforced the learning from the induction programme and were a source of information supporting new prisoners. There were no formal arrangements for Insiders on the vulnerable prisoner wing, but one prisoner had assumed the responsibility and other prisoners told us that he had helped them to settle and resolve problems.

Recommendation

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

Housekeeping points

- 1.49 The prison should check the accuracy of translated induction material.
- 1.50 The induction presentation should include information about the incentives and earned privileges scheme.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The environment was generally good but some cells and recess areas needed redecoration and refurbishment. Some cells designed for two prisoners held three. Emergency cell call bells sometimes took too long to answer. Prisoner consultation was inconsistent and not well established. Prisoners could wear their own clothes but arrangements for receiving additional clothing required improvement.

Accommodation and facilities

- 2.2 The physical environment was generally clean and bright, and outside areas were well maintained. All cells had integral sanitation but most toilets were scaled and dirty, and toilets in single cells lacked appropriate screening. Too many cells designed for two prisoners were used to accommodate three and were cramped and lacked sufficient furniture and storage facilities.
- 2.3 Although cells and recess areas were generally clean and were painted regularly, there was graffiti in some cells and paint was peeling in many recess areas. Flooring in shower/bath areas was also often in a poor state and many baths were scaled.
- 2.4 All house blocks were calm and quiet during our night visit, and this was confirmed by positive feedback from prisoners we spoke to throughout the inspection.
- 2.5 Prisoners told us that responses to emergency cell call bells often took longer than five minutes, and we heard a cell bell ringing for nearly 20 minutes. Local governance arrangements had shown some inappropriate delays in responding to emergency call bells but the system for monitoring this had changed and there had been no management checks for some time.
- 2.6 A concise offensive materials display policy was generally adhered to, although we found a few examples across all house blocks where inappropriate materials were displayed in cells.
- 2.7 Two of the 11 telephones on each house block were located off the residential spurs and were designated for use only by enhanced prisoners, which meant that there were insufficient telephones for the rest of the population. However, we saw no excessive queues. Telephones had limited screening. Notices notifying prisoners that their calls were subject to monitoring by staff were in English only. There were some delays with incoming and outgoing mail.
- 2.8 A prison-wide consultation meeting had recently been re-introduced but attendance at the meeting in February 2011 was poor. Consultative meetings on individual house blocks took place inconsistently and appeared to lack support from some staff. Where they happened there was often no evidence that issues raised were dealt with.

Recommendations

- 2.9 Toilets should be descaled and kept clean, and those in single cells should have adequate screening.
- 2.10 Cells and recess areas should be redecorated and suitably refurbished.
- 2.11 Emergency cell call bells should be responded to within five minutes, and governance arrangements to monitor this should be improved.
- 2.12 Delays in delivering and sending out mail should be reduced.
- 2.13 Consultation arrangements with prisoners should be improved.

Housekeeping points

- 2.14 The offensive materials display policy should be adhered to.
- 2.15 Notices advising prisoners that their telephone calls are subject to monitoring should be displayed in a range of languages.

Clothing and possessions

- 2.16 Prisoners were allowed to wear their own clothes and there were adequate laundry facilities on all house blocks, although the frequency of access to them varied. Arrangements for prisoners to receive clothing parcels from family/friends were poor and were limited to just one during the first 56 days and every 12 months thereafter, unless approved by a governor. These arrangements were further compounded by parcels having to be handed in during visits, which precluded prisoners who did not receive visits from access to additional clothes.
- 2.17 Prisoners were initially provided with sufficient prison-issue clothing if requested and were able to keep this and launder it along with their personal laundry. Stocks of prison-issue clothing on the house blocks was often a problem. In our survey, only 35% of respondents said they could access enough clean clothes a week, against the comparator of 49%. Bedding was exchanged weekly but only one sheet could be changed each week. In our survey, 75% of respondents, against the comparator of 81%, said they could access clean sheets weekly.
- 2.18 In our survey, only 10% of respondents said that access to stored property was good, against the comparator of 26%. Requests for access to stored property were usually dealt with at weekends, but cross-deployment of staff often led to delays. At the time of the inspection, reception staff were about a week behind with applications.
- 2.19 Prisoners were not permitted to have curtains, except in the high security unit, and we found no evidence that they could have their own duvets.

Recommendations

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

- 2.21 Stocks of clothing and bedding should be increased and should be available for exchange weekly.
- 2.22 Applications for access to stored property should be dealt with within a week.

Housekeeping point

- 2.23 Prisoners should be allowed to have duvets and curtains as earned privileges.

Hygiene

- 2.24 Although there were sufficient showers and baths on each house block, in our survey only 62% of respondents, against the comparator of 79%, said that they could shower daily. Prisoners could shower or bath each morning during a domestic period, but this time was also used for breakfast, collection of medication, exercise and telephone calls. Evening association was rarely cancelled and during these times recess areas were open for prisoners to use baths and showers.
- 2.25 The prison supplied a good range of toiletries, which were freely available to prisoners.

Recommendation

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

High security unit/special secure unit

2.27 Living conditions on the high security unit were reasonable and facilities adequate but the environment was oppressive and not stimulating. Security arrangements were proportionate.

- 2.28 The high security unit (HSU) was in a separate secure building in the prison grounds away from the main house blocks. It had been designated as a special secure unit (SSU) in June 2010 as it accommodated exceptional risk category A prisoners. It could accommodate up to 48 high-risk prisoners but at the time of inspection there were 11 prisoners in single cells in two of the four separated areas (spurs) over two floors – three exceptional risk prisoners (SSU) on one spur and the remaining eight on the other (HSU) The unit was self-contained and provided prisoners with all services. It had its own gym, visits area, library, classroom, exercise area and small segregation unit (unoccupied at the time of inspection). Meals were delivered to the unit on a heated trolley from the main kitchen and served from a central hotplate.
- 2.29 Security arrangements were proportionate given the nature and category of the prisoners held there. Living conditions in the unit were reasonable. The spurs were well decorated and had some natural light. All were equipped with adequate association facilities, some cardiovascular gym equipment, washing machines, a large television and a telephone. Cells were of an adequate size, well ventilated and reasonably well equipped. However, prisoners expressed concerns, echoed by the inspection team, that the environment was oppressive, exhibited elements of sensory deprivation and lacked normalising or stimulating features. Showers were clean but had some peeling paint and poor flooring. The exercise yard was large and clean but stark. The central servery was appropriately supervised but food temperatures were not

routinely taken, staff were not always appropriately dressed when serving meals, and halal utensils were not always used to serve halal options.

- 2.30 A developing prison service manager (DPSM) reporting to an operational governor was responsible for the day-to-day running of the unit. Two senior officers and 11 officers (from a group of four and 32 respectively) were specially selected and trained to staff the unit during each shift. The atmosphere on the spurs was relaxed but professional and appropriately controlled by staff. Relationships between staff and prisoners appeared reasonably good but entries in case notes did not reflect this and did not give assurance that staff were fully aware of prisoners' personal circumstances and the security issues affecting their custody.
- 2.31 A published daily regime allowed prisoners daily access to exercise, gymnasium, association and half an hour a day work as a cleaner if requested, although many residents on the unit told us that they had waited considerable periods before they were allocated a job. It was inappropriate that prisoners were locked up if they chose not to take exercise or attend their allocated gym session, even when this applied to all prisoners on a spur. Access to purposeful activity was limited and the regime was mundane and lacked variety. Education staff regularly visited but many prisoners did not engage. Prisoners who lived on the SSU were not permitted access to the education classroom but could have distance learning if they wished. Corporate worship was facilitated in the multi-faith room for those on the HSU but not for those on the SSU who had to request to see their faith minister on the spur (see also paragraph 3.59 and recommendation 3.63). During the inspection, an officer supervising a visit for a prisoner in the unit appeared asleep. As this was wholly inappropriate, we referred the matter to the management team for action.
- 2.32 There should have been a monthly multidisciplinary meeting to discuss individual residents of the HSU/SSU but meetings did not always take place and were sometimes poorly attended. There was a lack of multidisciplinary case management for, and involving, the individual prisoners who resided in the extreme custody conditions in this unit (see main recommendation HP48). There was no regular attendance by psychology staff or the mental health team, and arrangements to support prisoners and monitor potential signs of mental health or psychological deterioration were insufficient.
- 2.33 Operating standards for the management of the unit explained the importance of appropriate support for the staff who worked there. Staff should have had a quarterly in-depth support interview with an appropriately qualified person to ensure that they were coping with the pressures of working in such a unit. The records we saw indicated that there were meetings with the principal psychologist but that they were considerably less frequent than required, with only 15 of the 36 staff seen since 6 January 2011. There was, however, a comprehensive set of daily briefings and debriefings that staff described as their most significant source of support

Recommendations

- 2.34 The physical environment in the high security units should be improved, and showers should be refurbished.
- 2.35 Staff entries in case notes for prisoners in the high security units should reflect an understanding of their personal circumstances and security issues.
- 2.36 The regime on the high security units should be improved.

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

Housekeeping point

- 2.38 Management of the high security unit servery should be improved, and prisoners should be permitted to dine in association.

Staff-prisoner relationships

Expected outcomes:

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

- 2.39 Staff-prisoner relationships were mixed. Prisoners on house block three had the most negative perceptions of staff. Although most prisoners had a member of staff they could turn to for help, foreign national, Muslim and black and minority ethnic prisoners had a poorer experience. Some staff engaged well. Prisoners were usually addressed by their surname only.
- 2.40 In our survey, only 63% of respondents, against the comparator of 68%, said that staff treated them with respect. Only 57% of black and minority ethnic and foreign national respondents, against 75% of white and 70% of British respondents, and 59% of Muslim respondents against 70% of non-Muslims, said they had a member of staff they could turn to if they had a problem.
- 2.41 In an analysis of our survey results by house block, perceptions of prisoners on house block three about the quality of their relationships with staff were starkly worse across a range of indicators. Our own observations found a variable picture. Specialist staff, including those from induction and offender management, generally engaged well with prisoners. Elsewhere we also saw some staff who engaged positively, tried to help prisoners and were generally visible on house blocks. However, we also found a number of staff who were distant and who seemed unprepared or unable to step outside of their demarcated roles to help prisoners. Prisoners felt relationships with staff were largely functional. They had confidence that staff would tackle inappropriate behaviour but that they were not always helpful towards prisoners.
- 2.42 There was a correlation between our findings and those from the measuring quality of prisoner life (MQPL) survey completed in December 2010.
- 2.43 Staff at Belmarsh overwhelmingly used surnames when addressing prisoners, which did not help them to engage with prisoners. There had been no pro-social modelling training for staff at Belmarsh since August 2009, and there was no other staff training on building appropriate and constructive relationships with prisoners (see main recommendation HP49).

Recommendation

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

Personal officers

Expected outcomes:

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

- 2.45 There was a notional personal officer scheme but it was not widely understood by staff. Most prisoners were not aware of their personal officer and few found them helpful. Personal officer entries in prisoner case notes did not reflect meaningful engagement and were mostly less frequent than required. Quality assurance of the scheme was perfunctory.
- 2.46 The personal officer policy was dated 2009 and included some basic expectations of staff responsibilities. Staff generally had a naïve understanding of their role as a personal officer and many said they did not have sufficient time to complete their responsibilities effectively.
- 2.47 Personal officers were allocated to a group of cells and most carried a caseload of between six and nine prisoners each. There was a relief system to cover any staff absences but this was not always effective if both officers were off duty. As prisoners could have many cell moves while at Belmarsh, the personal officer scheme was inconsistent and ineffective for many. Despite notices on spurs, most prisoners we spoke to told us that they were not aware who their personal officer was and that no one had introduced themselves as such. In our survey, only 46% of respondents found their personal officer helpful, against the comparator of 62%.
- 2.48 In a random sample of 43 prisoner case notes, at least 30 did not have personal officer entries at the required fortnightly frequency. Entries were mostly observational and some concentrated on negative behaviour, but most did not reflect any meaningful engagement with the prisoner. The standard of entries was variable and showed little understanding of resettlement issues, including the maintenance of family ties.
- 2.49 There was a quality assurance process for personal officer work but this was infrequently recorded on case notes and we were not assured that appropriate action was always taken to address shortfalls.

Recommendations

- 2.50 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.
- 2.51 The quality assurance of personal officer work should be improved.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 The systems to evaluate risk and monitor the level of violence had improved since the last inspection. The collection of data about violent incidents was consistent and the structures to monitor the progress of the violence reduction strategy were good. A multidisciplinary casework approach to challenge and manage antisocial behaviour was developing and proving useful in dealing with violent prisoners. The violence reduction strategy was reasonable and based on an analysis of the observed pattern of violence in the prison but not adequately informed through up-to-date consultation with prisoners. All reported incidents were investigated but the quality of these was inconsistent and many did not adequately address the relevant issues. Living conditions for vulnerable prisoners on house block four were adequate and most were offered work or education every day, were out of their cells during most of the core day, generally felt safe and had reasonable relationships with staff. However, conditions for the small number of vulnerable prisoners on the overspill on spur two were less positive, and they reported intimidation by other prisoners on the spur and lack of access to the regime for other vulnerable prisoners.
- 3.2 The violence reduction strategy document had been reviewed and published early in 2010. Part of the prison's overarching safer prisons policy, it included detailed descriptions of procedures to manage antisocial behaviour and attitudes, including bullying, and set out the responsibilities of all staff and managers. It was primarily based on analysis of the observed pattern of violence in the prison but was not adequately informed by up-to-date consultation with prisoners. The prisoner survey, conducted in 2009, was out of date, there were no violence reduction prisoner representatives on any of the residential units, and formal prisoner consultation meetings did not include meaningful discussions about prisoners' perceptions of their safety. Despite this, the strategy was strongly supported by use of force, segregation, and security reporting policies and procedures, and its profile had risen since the last inspection. We found copies of the policy in most areas of the prison, and staff we spoke to were aware of its content.
- 3.3 There was a full-time safer custody staff team consisting of a suicide prevention coordinator, a violence reduction coordinator and a safer prison officer, who had been appointed to supervise the day-to-day implementation of all aspects of violence reduction, including suicide prevention protocols. The team was directly accountable to a governor grade (the head of residence) who usually led at the safer custody management committee.
- 3.4 There was a monthly safer custody meeting to monitor overall progress of the strategy. It was well attended by managers and staff from key areas, such as security, residential units and psychology, and representation from senior managers was consistently high. Minutes of meetings showed an appropriate focus on the full range of violent incidents, from minor fights to serious assaults, all incidents of self-harm and use of force. Information provided by the

safer custody team about the number, type and location of violent incidents each month was analysed and used to identify trends, patterns and hotspots. There was evidence that this was used to inform changes in strategic direction when necessary.

- 3.5 The tackling antisocial attitudes (TASA) scheme had been introduced in April 2010 to identify incidents of antisocial behaviour, including bullying, and challenge this behaviour and address persistent perpetrators. A separate published document described its use through a case management approach. This involved assessment and individually targeted interventions, used in conjunction with the incentives and earned privileges (IEP) system, to challenge antisocial behaviour and encourage pro-social attitudes. It was similar to the three-stage anti-bullying intervention used at other prisons. Prisoners suspected of violent or bullying behaviour were put on to stage one, which was sanctioned by the residential unit manager usually following an incident report from the safer custody team. Residential officers monitored their behaviour for a minimum of seven days, and the prisoner was then formally reviewed following an investigation by the wing manager. If the behaviour was proven or continued, the prisoner faced sanctions under the IEP scheme and was usually demoted to basic level. If there were no changes after 14 days, he was placed on stage three and usually admitted to the segregation unit.
- 3.6 In the first two months of 2011, 39 prisoners had been put on to formal measures (20 on stage one, 14 on stage two and nine on stage three). There was, however, some evidence that prisoners were successfully managed through the setting and review of achievable targets. Multidisciplinary case reviews had begun to take place and written entries in TASA documents showed that intervention planning was being developed, along with evidence that residential officers supported their prisoners to achieve set targets.
- 3.7 Systems for identifying bullying and potential incidents were reasonable, and information-sharing arrangements between security, the safer custody team and the residential units were well developed. Dynamic security had also helped to identify instances of bullying that had not been reported through more specific channels, such as security information reports (SIRs) and anti-bullying reports. Residential staff regularly identified potential incidents and recorded concerns in wing observation books. The safer custody team made regular checks of accident report forms to identify any unexplained injuries to prisoners, and scrutinised SIRs for information about alleged or suspected bullying.
- 3.8 The quality of investigations into incidents was inconsistent, and many were perfunctory and did not address the issues. There was an over-reliance on the safer custody team to ensure that investigations had taken place and any required action was followed up.
- 3.9 Although the number of violent incidents remained high at about 136 fights and assaults in 2010, there were signs of a reduction, particularly in the number of assaults. For example, 75% of the 64 assaults on staff in 2010 occurred in the first six months of the year. In the first quarter of 2011 there had been 24 recorded incidents of fights and assaults, which was a reduction of about 20 full incidents compared with the same period in 2010.
- 3.10 Despite this, prisoner perception of their safety was poor. In our survey, 47% of respondents said that they had felt unsafe at sometime while at Belmarsh, against the comparator of 41%, 22%, against 18%, said that they currently felt unsafe and 33%, against 26%, said that they had been victimised by a member of staff. On house block three, 46% of respondents said that they had been victimised by staff.

Recommendations

- 3.11 There should be a prisoner survey and regular consultation with prisoners to help inform the anti-bullying strategy.
- 3.12 All alleged bullying incidents and reported violent incidents should be fully investigated.

Vulnerable prisoners

- 3.13 There was a discrete vulnerable prisoner unit on spur one on house block four, which provided accommodation for up to 75 prisoners in multi-occupancy and single cells. Living conditions on the unit were reasonable and prisoners there were generally positive about their experience. As at the last inspection, however, prisoners with disabilities were located on the ground floor of the spur which made their access to showers and the unit classroom difficult (see also paragraph 4.43).
- 3.14 At the time of inspection, there were 73 adult prisoners on the unit. Although the population was made up predominately of prisoners with sex-related offences, there were a few others who felt generally at risk from other prisoners on mainstream residential units. All had made requests to be accommodated there under the conditions of prison rule 45 (segregation for own protection). Decisions to segregate prisoners under rule 45 had been made appropriately, and the reasons were carefully recorded. All admissions were properly authorised by a governor grade, usually the head of residence.
- 3.15 An activities regime had been published for the unit that included daily exercise during the morning and evening association, as in the rest of the prison. Prisoners could attend a workshop each workday putting together blank medical folders. Although the work was dull, it allowed most vulnerable prisoners paid work and time out of their cells. They could also attend education sessions in the classroom on the spur, and the remainder were employed on the unit as cleaners or other wing workers. Most prisoners on the unit were able to spend most of the working day out of their cells. Relationships between staff and prisoners on the unit were generally reasonable, and prisoners reported that, on the whole, they felt safe there.
- 3.16 Spur two on the house block was sometimes used to accommodate a few vulnerable prisoners when there were no spaces on spur one. At the time of inspection, three vulnerable prisoners were accommodated on spur two. Despite the low number, the treatment of vulnerable prisoners here was poor. Although we were told that they could participate in the regime provided on spur one, there was evidence that this did not always happen. Apart from some association in the evening, in practice, prisoners on spur two spent most of the day locked in their cells. They also said that they were often subjected to abuse from other prisoners on the wing through their doors and windows.
- 3.17 There was a small contingency unit sited along a secure corridor on the ground floor of the health care centre to accommodate prisoners who could not be located anywhere else in the prison due to the risk they posed to themselves or the good order of the prison. It consisted of two gated cells, a staff office and a small exercise area. Living conditions were poor, with dirty cells, toilets and communal showers, and graffiti on some walls. The role of the unit had not been made clear to the rest of the prison. Although a published policy document set out the criteria for its use, alongside managerial procedures, operating protocols and governance

arrangements, staff were unaware of its content and many of the arrangements it described had not been implemented. The unit was not in use during our inspection.

Recommendations

- 3.18 Vulnerable prisoners should receive an induction equivalent to that for prisoners on main location.
- 3.19 All vulnerable prisoners should be kept in a safe environment and be able to access a full regime.
- 3.20 The role of the contingency unit should be made clear and the policy document describing its use should be fully implemented.

Self-harm and suicide

Expected outcomes:

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

- 3.21 A comprehensive strategy set out procedures to minimise the risk of self-harm. The strategic protocols were managed directly by a full-time coordinator with good support from the safer custody team and residential senior officers. There was a high priority on suicide prevention. The head of safer custody was addressing the implementation of action plans following the tragic deaths in custody, and regular reports of progress against recommendations were produced and acted upon. The number of incidents of self-harm was not excessive and case management arrangements had provided good levels of care. However, there was a high level of inactivity among prisoners at risk, particularly in the health care centre.
- 3.22 A reviewed self-harm and suicide policy document had been published, based on an examination of local practices, including three deaths in custody in 2010. Its content was comprehensive with a particular focus on the needs of prisoners in a high security prison. We found copies on all residential units and communal areas.
- 3.23 The formal procedures described in the document were managed on a day-to-day basis by the full-time coordinator supported by the safer custody team. They were responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented and were also a central point for advice and guidance for staff.
- 3.24 Implementation of the strategy was monitored at the well-attended monthly safer custody meetings (see paragraph 3.4). Minutes showed that individual cases were discussed and that the specific needs of prisoners were reviewed consistently. The meetings used a wide range of information provided by the safer custody team on location, type, timing and peripheral circumstances of individual incidents to help identify trends and patterns. A monthly suicide prevention report also provided useful information about the number and nature of incidents of self-harm alongside the times and places that they occurred.

- 3.25 The Listener scheme was well established and prisoners had 24-hour access to them. The scheme was explained to prisoners during their induction and was also publicised around the prison on information notices. There were 28 Listeners at the time of our inspection. Listeners and a Samaritans representative attended the safer custody meetings and gave a report of their work, including times and wings where the service had been provided. Listeners had been called out on 135 occasions in 2010. There was a free direct telephone number for prisoners to contact the Samaritans during the day.
- 3.26 Tragically, there had been five deaths at the establishment in 2010, three of which were self-inflicted and two from natural causes. The cases had been fully considered by the governor with the safer custody committee, and interim action had been taken pending the completion of full investigations by the Prisons and Probation Ombudsman. Action plans had been drawn up and were monitored directly by the head of residence.
- 3.27 There had been 392 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents opened in 2010. About 30% had been opened in the health care centre. There had been 101 ACCTs opened in the first quarter of 2011 with 16 live documents at the time of inspection.
- 3.28 Case management arrangements through wing managers and the safer custody team for prisoners on ACCTs were reasonable on the residential units but input from officers working in the health care centre was inconsistent. Attendance at reviews by health care prison officers was weak, and entries in ACCT documents did not give assurance that day-to-day engagement was high enough.
- 3.29 Support plans were usually prepared through consultation with the prisoner but some, again in the health care centre, were not always detailed enough and some made assumptions that the prisoner's needs would be dealt with by nursing staff. Generally, the quality of written entries was reasonable and many on the residential units demonstrated an in-depth understanding of prisoners' individual circumstances and feelings, particularly in complicated cases.
- 3.30 We saw many examples where prisoners on open ACCT documents, particularly in the health care centre, were unoccupied through most of the day.

Recommendations

- 3.31 Case management and support arrangements for prisoners at risk of self-harm in the health care centre should be improved.
- 3.32 Entries in assessment, care in custody and teamwork (ACCT) documents should always reflect a high standard of prisoner care.
- 3.33 All prisoners at risk of self-harm should be properly occupied during the day.

Applications and complaints

Expected outcomes:

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

- 3.34** Prisoners had little confidence in the applications and complaints procedures. Applications took a long time to be answered and we were not assured about their level of confidentiality. Complaints were often responded to in a curt manner that did not always address the issues raised. The collection of forms by the night orderly officer was inappropriate.
- 3.35** In our survey, respondents were more negative than the comparators on most of the questions about applications and complaints. Prisoners we spoke to both in our focus groups and individually expressed little confidence in either applications or complaints processes (see main recommendation HP50).
- 3.36** Applications were taken daily by staff on the landings and the system was similar across all house blocks. Applications were logged and disseminated to the relevant department. There were no records of when applications were responded to. In our survey, 39% of respondents, against the comparator of 46%, said that applications were not dealt with within seven days. Prisoners and house block staff expressed frustration at the time it took for a response to some applications.
- 3.37** We saw many applications, both awaiting dissemination and those responded to, left on the desk on the landings unattended for anyone to read. This did not give an adequate level of confidentiality in the applications system.
- 3.38** Complaint forms were readily available on all house blocks along with information about the process, which was in 14 languages. The prison had a good system for logging and tracking complaints through an extensive database.
- 3.39** Complaint forms were collected by the night orderly officer, who left them in the complaints clerks' office in a sealed pouch. The perception of prisoners, both in our focus groups and during individual interviews, was that the night orderly officers intercepted the complaints they collected, although we could find no evidence to support this.
- 3.40** The prison had received approximately 1,000 complaints during the previous six months, which was broadly in line with previous years. Replies to many of the complaint forms we sampled were brief and perfunctory. We saw two complaints about specific officers that had been responded to by the officers named. The performance unit manager completed quality assurance and submitted a report to the senior management board.

Recommendations

- 3.41** Applications should be responded to expeditiously and a log of response times kept.
- 3.42** Applications should be treated confidentially and not left on landings unattended.
- 3.43** 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.

Housekeeping point

- 3.44** Complaint forms should be quality assured each month by a member of the senior management board.

Legal rights

Expected outcomes:

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

- 3.45 Prisoners were negative about their access to legal rights. The full-time legal services officer had not been formally trained but had built up a comprehensive service. There was a dedicated bail information service supported by an accommodation provider, but there had been gaps in provision. Legal visits were available daily but there were delays in booking them.
- 3.46 In our survey, respondents were negative about most aspects of their access to legal rights. Only a third said that it was easy to communicate with their solicitor, against the comparator of 41% and the finding of 39% at the last inspection. Prisoners had difficulty in making telephone calls during office hours and getting solicitors' numbers on to their personal identification number (PIN) telephone lists. However, the legal services officer had a specific PIN for legal calls and prisoners were given free letters to legal advisers.
- 3.47 The legal services officer was full time and based in the induction team, but there was no cover for him in his absence. He saw all new arrivals and provided an input to the induction presentation on their first day. He had not received formal training but had attended a pilot of planned training and attended a study visit to Manchester prison. He had been in post for three years and had built up considerable information and contacts across a wide range of legal areas. He saw all prisoners undertaking an appeal to ensure that they understood court communications and responded in time. He had developed a criminal cases review pack for prisoners, and also liaised with the foreign national coordinator to provide specialist solicitors and facilitate calls to embassies. He held information about civil and family law as well as contact details for specialist legal advisers.
- 3.48 Each recalled prisoner was given written information on induction and recall packs were up to date and received within 10 days of their arrival. The legal services officer shared the pack with prisoners and explained their options.
- 3.49 In our survey, only 11% of respondents said that it was easy to obtain bail information, against the comparator of 25% and the finding of 16% at the last inspection. There were two full-time bail information officers but at the time of the inspection one was on maternity leave and her post had not been covered. This meant that bail information was not provided when the remaining officer was absent. The bail information officer informed prisoners of bail support during induction and she liaised with solicitors to check bail information. She had access to a specialist accommodation service provided by Stonham Housing Association for prisoners who did not have a suitable bail address. In the previous six months, she had seen 180 prisoners and provided 51 bail information reports to courts. Of these, 16 out of 32 who had been granted bail had been given accommodation by Stonham Housing.
- 3.50 In our survey, only 47% of respondents said that it was easy to attend legal visits, against the comparator of 59% and the response of 56% in 2009. There was a large legal visits area with 22 private rooms, and legal visits were available weekday mornings and afternoons. Legal visits were in high demand and visitors told us that it could be up to 10 days before a space was available. Visits were booked by fax to ensure the bona fides of the visitor, and visitors told us this could cause some delays if they were not informed of available dates or if the response to their request was delayed.

- 3.51 Procedures for explaining licence requirements to discharged prisoners were well managed. We observed a governor interviewing discharged prisoners who explained the nature of their licence and emphasised the importance of maintaining contact with their probation officer. He was careful to check their understanding and deal with their questions.

Recommendations

- 3.52 Prisoners should be facilitated to telephone their legal representatives when required.
- 3.53 The legal services officer should receive formal training.

Housekeeping points

- 3.54 The legal services officer's duties should be covered during his absence.
- 3.55 The bail information officer's duties should be covered in her absence.
- 3.56 The system for booking legal visits should be reviewed to ensure that it operates at optimum efficiency.

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.

- 3.57 The well-integrated chaplaincy team offered a good level of weekly services and classes that were well attended by prisoners. The Islamic awareness class was impressive.
- 3.58 The chaplaincy department was well resourced with four full-time chaplains, including two Muslim chaplains, as well as sessional chaplains. The facility included a chapel that was used for both Christian and Muslim worship and a small multi-faith room, which also doubled as a classroom. The chaplaincy team was integrated and worked well in support of all faiths. The duty chaplain saw new arrivals the day after their reception.
- 3.59 Dates and times of religious services were appropriate and they were advertised on each house block. Services were conducted simultaneously in the high security unit; however a prisoner in the special secure unit (SSU) stated that he had not received any access to worship. Prisoners in the SSU were seen on application to the chaplaincy and were not seen routinely by the duty chaplain or offered weekly worship.
- 3.60 The chaplaincy team operated a wide range of classes and awareness sessions, including an impressive Islamic awareness session that was open to all faiths and was appreciated by prisoners.
- 3.61 In our survey, respondents were more negative than the comparators about being able to speak to a religious leader of their faith in private, seeing a chaplain on the day of arrival and respect for their religious beliefs. We found that access to a chaplain was good and there was

high use of the chapel services and classes, with prisoners accessing over 1,000 hours a week.

- 3.62 Chaplaincy staff were involved in pastoral care and undertook innovative work in resettlement. A part-time chaplain assisted prisoners to make links with community faith groups on release to aid their resettlement back into the community.

Recommendation

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

Good practice

- 3.64 *The Islamic awareness weekly class raised awareness and cultural tolerance among prisoners of different faiths.*

Substance use

Expected outcomes:

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

- 3.65 First night treatment for opiate-dependent prisoners was inadequate, the induction and stabilisation unit did not have designated 24-hour nurse cover and the regime on the second stage unit was poor. Not all clinical substance misuse doctors and nurses had completed the necessary training and specialist clinical leadership was lacking. Joint work between clinical integrated drug treatment system (IDTS) and counselling, assessment, referral, advice and throughcare (CARAT) staff had improved and there were regular treatment reviews. Mandatory drug testing (MDT) rates pointed towards a relatively low level of illicit drug supply but the establishment did not conduct the required level of target testing.

Clinical management

- 3.66 New arrivals with drug and/or alcohol problems were screened by a substance misuse nurse but while detoxification treatment for alcohol and benzodiazepines started immediately, opiate-dependent prisoners were only provided with first night symptomatic relief. Following a GP appointment the following morning, they were not given their first dose of methadone until 2pm, by which time some prisoners were evidently withdrawing.
- 3.67 Unless severe alcohol withdrawal warranted inpatient admission, prisoners were located on the induction spur on house block three, which was also the prison's stabilisation unit. Cell doors had observation hatches but the unit did not have designated nurse cover at night and still lacked facilities for methadone administration. Prisoners reported sleepless first nights and felt uncomfortable about having to share cells with non-drug users. Following a five-day stabilisation period, most prisoners moved on to the second stage spur on house block four.

- 3.68 At the time of the inspection, 71 prisoners were prescribed methadone, 12 buprenorphine and 13 were undergoing alcohol detoxification. Clinical management protocols were currently under review. Substance misuse nurses and CARAT staff jointly reviewed prisoners' treatment regimes after five days and again after 13 weeks. Although clinical IDTS and CARAT teams were not co-located, joint work had improved.
- 3.69 Harmoni forHealth had recently become the provider for all health services, including substance misuse. An IDTS lead (who was a nurse prescriber), a clinical nurse specialist and four senior nurses were in post and agency nurses filled two vacancies. Not all nurses had undertaken substance misuse training, none of the GPs had completed Royal College of General Practitioners level 2 training in the management of substance use, and specialist clinical leadership was lacking.
- 3.70 Prisoners with complex needs were referred to the mental health team but we were told the team was not keen to see drug users, there was no formal mechanism for care coordination and neither substance misuse nor mental health nurses had specialised in the treatment of dual diagnosis.
- 3.71 Prisoners on the second stage unit were positive about the support they received from nurses and drug strategy officers but complained about the regime. Morning methadone administration clashed with breakfast and exercise, prisoners said they were hungry because food arrived late and was cold and insufficient, prisoners spent much time locked up, and there were unacceptably long delays to see a doctor about general health issues. One prisoner who alleged he had been assaulted by a dedicated search team officer on Friday morning had not seen a GP by Wednesday afternoon (see also paragraphs 5.18 and recommendation 5.31). Many complained about discipline staffs' poor attitudes towards drug users; as one prisoner put it, 'they treat us like dogs'.

Recommendations

- 3.72 First night prescribing regimes for opiate-dependent prisoners should be in line with national guidance.
- 3.73 The stabilisation unit should have designated 24-hour nurse cover and the facilities to administer substitute opiate treatment.
- 3.74 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.
- 3.75 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems.
- 3.76 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.

Drug testing

- 3.77 Mandatory drug testing rates and survey results pointed towards a relatively low level of illicit drug availability. The random MDT positive rate averaged 5.88% over the past 12 months

against a target of 9%. In our survey, only 13% of respondents thought it was easy to get illicit drugs in the prison against the comparator of 31%.

- 3.78 However, the MDT programme was insufficiently resourced to carry out target tests promptly. In the three months to the end of January 2011, fewer than half of the requests for suspicion tests were met. Out of 96 completed suspicion tests in the previous six months, only 19.8% returned positive results.
- 3.79 The MDT programme was staffed by a coordinator and nine officers from the security department, but not daily, and SIRs were said to be of variable quality. A frequent testing programme was in operation (involving four prisoners at the time of the inspection), and some risk testing took place. Test results pointed towards cannabis as the main drug of use followed by opiates, including diverted opiate-based analgesics.
- 3.80 Security and drug strategy staff linked by attending relevant meetings, and the drug strategy policy document contained a drug supply reduction performance plan.

Recommendation

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

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 Governance of diversity was satisfactory and supported by a considered diversity strategy document. The equality and diversity meetings were not well attended and their structure was limited. Prisoner diversity representatives were well supported and a good initiative. Many of the diversity strands were underdeveloped, and there was little consultation with the wider diverse groups.
- 4.2 The prison had a comprehensive and succinct diversity and equality strategy which encompassed all diversity strands, including race, under one overarching policy. Governance arrangements were satisfactory with the deputy governor leading on diversity supported by a diversity and equality manager, a race equality officer and administrative support. Photographs of the team were displayed prominently around the prison.
- 4.3 An equality and diversity action team (EDAT) met every two months and was usually chaired by the deputy governor. The meeting was multidisciplinary and included prisoner representatives. However, attendance by prison staff was haphazard and the content of the meeting we observed was limited. There was an equality diversity action plan that addressed each strand of diversity individually and was meaningful.
- 4.4 There were eight prisoner diversity representatives at the time of the inspection and those we spoke to said that the prison supported them in their work. They were easily identifiable by their diversity sweatshirt and badge and they each carried a notebook to log issues and discuss them with the EDAT team members. They were empowered to manage minor issues to a satisfactory conclusion and/or signpost the prisoner to the appropriate person to deal with their issues. Their notebooks were quality checked weekly by the race equality officer (REO), and our observations showed that this scheme had really positive outcomes for prisoners.
- 4.5 The prison had completed several single equality impact assessments and had formulated a plan for the year ahead, prioritising areas that required an assessment. Prisoner focus groups had been used to inform decision making when collating each assessment. The assessments we observed were predominantly race-focused and did not assess the other strands of diversity.
- 4.6 'Challenge it, change it' diversity staff training was ongoing monthly, although at the time of the inspection only 65% of staff had received the required training. There had been a Travellers' consultation meeting in September 2010, which was a good quality meeting, but there had been none since then. In our survey, 4% of respondents indicated that they were from a Gypsy, Romany or Traveller background.

Recommendations

- 4.7 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.
- 4.8 All staff should receive 'challenge it, change it' training.

Housekeeping points

- 4.9 The Travellers consultation meeting should take place more frequently.
- 4.10 Attendance at the equality diversity action team meeting should be improved.

Good practice

- 4.11 *Prisoner diversity representatives were empowered to deal with issues on the wings and had a positive experience of dealing with or signposting diversity issues.*

Race equality

4.12 The deputy governor led on race equality with good support from the race equality officer. Data monitoring through the equality and diversity team lacked substance. The number of racist incident report forms was low and procedures for dealing with them were good. Black and minority ethnic prisoners had poor perceptions of the prison and there had been limited consultation with them.

- 4.13 Governance of race equality sat under the wider diversity strategy. The deputy governor led on race equality and a full-time REO and full-time administrator provided adequate support. There were photographs of the team members around the prison and most prisoners we spoke to knew who the REO was. There was no specific meeting dedicated to race equality as this was included in the equality and diversity action team (see paragraph 4.3).
- 4.14 The equality and diversity action team meeting monitored race equality data but the minutes of previous meetings, as well as the one we observed, indicated that this was at best perfunctory with limited exploration into emerging patterns and trends identified. Some prisoners told us that they felt that the better jobs within the prison were always given to white prisoners but we could find no evidence to support this, as the prison did not monitor labour allocation.

Managing racist incidents

- 4.15 The number of racist incident report forms (RIRFs) had reduced since the last inspection; the prison had received 189 in 2009 and 126 in 2010. RIRFs were readily available on all residential areas and the box was emptied daily. Some prisoners told us that they had little confidence in the RIRF procedures as the box was emptied by the night orderly officer along with the complaint forms (see paragraph 3.39).

- 4.16 Our observations indicated that most RIRFs submitted were about relatively minor issues and that investigation by the REO was good. Any RIRFs that could not be dealt with by the REO were passed to the deputy governor who would commission an investigation.
- 4.17 There was a good link between the complaints clerk and the REO. Over a quarter of all RIRFs in 2009 and 2010 had been a result of a complaint having been ticked as racist and the clerk passing this information to the REO.
- 4.18 There were no interventions for prisoners deemed to have displayed racist behaviour as a result of a RIRF investigation. We saw a few RIRFs against staff that advised that they should be given 'challenge it, change it' training, which was appropriate.

Race equality duty

- 4.19 The prison had held some focus groups with black and minority ethnic prisoners when it was completing equality impact assessments but there had been no wider consultation with black and minority ethnic groups during the previous 12 months. In our survey, prisoners from black and minority ethnic backgrounds responded more negatively across a range of areas compared with white prisoners.
- 4.20 The security department formulated a list of prisoners convicted of a racist offence and/or who had been seen to display racist behaviour or undertones while at the prison. This list was not shared with the REO for information or cross-referencing.
- 4.21 A few events had been held in 2010 to celebrate racial, ethnic and cultural diversity.

Recommendations

- 4.22 Race equality data should be explored fully to understand patterns and trends, and the allocation of labour should be included in this monitoring.
- 4.23 Racist incident report forms should be collected daily by the race equality officer or designated deputy rather than by the night staff.
- 4.24 There should be interventions for prisoners displaying racist behaviour.
- 4.25 Consultation meetings with black and minority ethnic prisoners should be introduced and held regularly.

Housekeeping point

- 4.26 The list of prisoners displaying racist behaviour should be shared with the race equality officer.

Religion

4.27 Work on religion and diversity was well covered in the overall strategy.

- 4.28 There was a good religious action plan that took up a section of the overall equality and diversity action plan. Actions were meaningful and most issues had been addressed or were

ongoing. Although there had been no specific religious awareness training for staff, Islamic awareness and world faith awareness training sessions were due to be implemented.

Foreign nationals

- 4.29 Support for foreign national prisoners was good and a committed team facilitated several support workshops. Prisoner foreign national representatives offered a good service. Non-English speaking prisoners had difficulty understanding the daily prison regime, and there were delays in the use of professional interpreters for first night procedures.
- 4.30 There was a full-time foreign national coordinator who was very committed and experienced in the role. The United Kingdom Border Agency (UKBA) provided two officers for two days a week each giving four days effective support weekly.
- 4.31 At the time of the inspection, approximately 20% of the prisoner population were foreign national prisoners with eight prisoners detained after their sentence expiry. There was a foreign national prisoner policy that was due for a review. Identification of foreign national new arrivals was good and facilitated by the first night centre staff.
- 4.32 A multidisciplinary foreign national committee met quarterly. The meetings were well attended and the minutes indicated a good quality meeting. There was limited support from prison staff on the house blocks. There were four prisoner foreign national representatives, one for each main house block. Their role was to offer support and guidance to foreign national prisoners and they told us that they were well supported by the foreign national coordinator.
- 4.33 There was a weekly foreign national surgery that was facilitated by the foreign national team. This meeting prioritised new arrivals from the previous week but was also attended by foreign national prisoners who had made an application or were requested to attend by UKBA officers. During the surgery, every attendee had a one-to-one meeting with the UKBA officers.
- 4.34 A foreign national support group meeting took place fortnightly and this was carried out in partnership with Detention Advice Service (DAS). This meeting covered all aspects of detention and what would happen to prisoners after their sentence expiry.
- 4.35 Foreign national prisoners could have a free five-minute telephone call monthly, but had to apply for this each month.
- 4.36 The prison had started to draw up a list of staff and prisoner interpreters but this was not yet readily available to all staff. We saw some non-English speaking prisoners who were having difficulty understanding the regime. The prison did use professional interpreting services but generally only for interviews. The prison also used the foreign national representatives who all spoke a variety of languages. Some information was available in different languages and information terminals with translated information were due to be located on the house blocks.
- 4.37 A professional interpreting service was used during the first night process for new arrivals but not always within 24 hours. During the induction process we observed a Lithuanian prisoner who spoke no English and with whom staff were struggling to communicate. He had been in the prison for four days before interpreting had been available for his first night interview.

Recommendation

- 4.38 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.

Housekeeping point

- 4.39 Foreign national prisoners should only need to apply once, rather than monthly, for a free five-minute telephone call.

Disability and older prisoners

- 4.40 There were good procedures to identify prisoners with disabilities but no formal consultation with these prisoners or older prisoners. The procedure for personal emergency and evacuation plans was of concern.
- 4.41 The prison had appointed an officer to be the disability liaison officer and he was profiled for one day a week to carry out this duty. Cover arrangements with the legal rights officer were in their infancy.
- 4.42 There were good procedures for new arrivals to declare any disability, which were completed through the health care screening tool. At the time of the inspection, 114 prisoners had declared that they had a disability, both permanent and temporary. There were 56 prisoners over 50 of whom 30% were 60 plus; one prisoner was over 70. There were no formal consultation procedures for older prisoners or those with a disability and the prison was unaware of any issues involving these groups.
- 4.43 There were no adapted cells on any of the house blocks, although adaptations had been made for a prisoner with disabilities in the high security unit. Although the prison had made plans to adapt cells on the main house blocks, we found that too many prisoners with disabilities were located in the health care centre, which was an inappropriate location for some. All house blocks had a telephone that been lowered to assist prisoners in wheelchairs.
- 4.44 The procedures for personal emergency and evacuation plans (PEEPs) were disorganised. We found that some PEEPs were not available for staff in an emergency, and some were no more than a single sheet tick box. The system allowed for a prisoner buddy to be identified to take responsibility to assist the evacuation of prisoners with mobility or disability problems in an emergency. This buddy system was crude with little support to the prisoner buddies even though staff we spoke to intimated that it was the buddy's sole responsibility in an evacuation to attend to the prisoner with a PEEP. We were not assured that the system would be effective in an emergency.
- 4.45 Every prisoner had to pay for their television weekly, irrespective of their age, which meant that prisoners over the age of retirement incurred these weekly costs. Weekly wages for retired prisoners were in line with national Prison Service policy.

Recommendations

- 4.46 There should be regular forums with prisoners with disabilities and older prisoners.
- 4.47 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.
- 4.48 Personal emergency and evacuation plans (PEEPs) should be meaningful and include a full synopsis of the individual prisoner's needs and problems.
- 4.49 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.
- 4.50 Prisoners over the age of retirement should not have to pay for their television.

Gender and sexual orientation

- 4.51 Work on sexual orientation was underdeveloped.
- 4.52 Our survey indicated that approximately 3% of the population were gay or bisexual. The prison had carried out a questionnaire in 2010 but received only one response. There were no support groups or support information around the prison, and this strand was inappropriately underdeveloped.
- 4.53 At the time of the inspection there was one transsexual prisoner who described little support from the prison. She had previously lived for two years as a woman but since arriving at Belmarsh felt that she had no option but to revert back to living as a male prisoner due to the way staff treated her. Her case history notes showed that staff had referred to her as a male from the point of reception, and we witnessed this in staff interactions. However, when we raised these concerns with the senior management board, it immediately prioritised the prisoner to go into a specific assessment centre where her needs could be assessed.

Recommendation

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

Section 5: Health services

Expected outcomes:

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

5.1 A new provider delivered all health services, including primary and inpatient care, dentistry, pharmacy and mental health services, but significant nursing staff shortages affected the ability to deliver a comprehensive service. Primary care services were limited and in some areas there had been little progress since previous inspections. Pharmacy services were under-resourced and prisoners were unable to see a pharmacist. Dental service delivery was satisfactory but some equipment needed to be replaced. Primary mental health services were also under-resourced but secondary services were generally well managed. The inpatient unit needed more nursing interventions to return its focus to health and well-being rather than discipline.

General

- 5.2 Health services were commissioned by Greenwich Primary Care Trust (PCT) and had been delivered by Harmoni forHealth, a private company, since February 2011. Communication between the prison and Greenwich PCT had improved since our last inspection. The PCT had taken on additional responsibility for two new prisons on the Belmarsh site, the recently opened HMP Isis and the Belmarsh West site, due to open in early 2012. Prison health partnership boards were due to be amalgamated, as were various other PCT/prison committees. The head of health care was a member of the senior management board and the prison senior management team. Clinical governance meetings were every two months.
- 5.3 The health care department had facilities on all the house blocks as well as in reception, the first night centre, outpatients and inpatients. The treatment rooms on the house blocks were purpose built and mostly tidy. Cleaning was irregular and in some treatment rooms the floor was partly carpeted. Medicine cabinets were secured to the walls and in most cases medicine trolleys were secured to the fabric of the building. Handwashing facilities met infection control guidelines.
- 5.4 The reception medical room was unfit for purpose. It was grubby, untidy and needed refurbishment. The outpatient area was configured around a central office area and contained several treatment and consultation rooms. The whole area was dark with little natural light and not conducive to positive health promotion. Patient waiting rooms were bare with nothing to occupy waiting prisoners, some of whom were there for lengthy periods.
- 5.5 The inpatient area was large and generally bright with good natural light in some areas, and generally clean and tidy. The unit had 33 bed spaces, including two six-bedded dormitories. The dormitories faced on to the central corridor and afforded little privacy for patients. There were 21 single cells, three of which had been adapted for prisoners with disabilities (see also paragraph 4.43 and recommendation 4.47). We were told that an infection control audit had been carried out and that all health care areas had had an infection control audit tool check within the last 12 months.

- 5.6 Health promotion was generally underdeveloped but there was a good selection of health promotion reading material on the house block treatment rooms.
- 5.7 Prisoners were vociferous in their dissatisfaction with nursing staff. They told us that some nurses were rude, impatient and unhelpful, and this was confirmed by inspectors.
- 5.8 There was no designated focus for the health management of older prisoners or those with disabilities.

Recommendations

- 5.9 The reception health care room should be refurbished to ensure patient confidentiality, staff safety and compliance with infection control guidance.
- 5.10 A health care worker should be designated to ensure that the health and social care needs of older prisoners are met.

Housekeeping points

- 5.11 Health care rooms used for clinical purposes should not have carpets.
- 5.12 Health promotion for prisoners should be improved.
- 5.13 Medicine trolleys should be secured to the fabric of the building when not in use.

Clinical governance

- 5.14 Health care staffing had been undergoing change with the arrival of the new health provider. The head of health care was a band 8c registered nurse (RN) and there were five band 8A RNs in post. There were a further 48.4 whole-time-equivalent band 5 and 6 nursing and health care assistant (HCA) posts, but at the time of the inspection 29.4 nursing posts were unfilled or non-effective. Consequently, there was heavy reliance on agency nurses and overtime for existing staff. The situation was causing significant concern for both patients and staff. Nursing morale was very poor and there appeared to be a lack of clinical and operational leadership. Some staff had completed professional courses but did not practise their new skills. For example, one nurse had completed a course in the management of diabetic patients in 2010 but had not consolidated what she had learned. The clinical team was supported by two full-time administrators, which was insufficient.
- 5.15 Twenty-one discipline officers, including three senior officers, supported the health function and worked in outpatients and inpatients. The number of discipline officers was unnecessarily high for a clinical environment.
- 5.16 Clinical supervision for nursing staff was non-effective due to staffing shortages, and the clinical supervision policy and protected time were not adhered to. We were told staff performance and development reviews were not always completed on time, and that there were no regular general team meetings other than the daily morning meetings.
- 5.17 GPs had been provided through a local agency for the previous two years, but the new health provider was actively recruiting a new permanent GP. One of the agency GPs provided most of the primary care support to patients. GPs were on site from 9am until 9pm Monday to Friday

and 9am to 5pm on Saturday. The out of hours GP service was either through the agency or the new provider. Nurses spent the majority of their day working on the wings. They were on the house blocks from 7.30am until 8.30pm and, depending on the shift pattern, the nurse could change at lunchtime.

- 5.18 Patients complained about the inconsistency of GPs and nursing staff. Many were frustrated that they rarely saw the same GP or nurse twice. Prisoners with long-term illnesses found the lack of continuity of nurses particularly frustrating. One prisoner we spoke with had arrived at the prison with a long established medical condition requiring particular medical equipment. He was self-caring and had been waiting for five weeks for this equipment to manage his condition. Despite complaining about his problems early in his sentence, he was still waiting for health services to get the appropriate equipment. Senior wing officers also complained about the inconsistency of health care staff on some of the wings.
- 5.19 Specialist nursing and medical equipment was available locally. Resuscitation training was completed annually through the local general hospital. Defibrillators were held on house blocks and checked by house block staff. New resuscitation equipment was due to be provided on 13 locations throughout the prison and training in its use was planned.
- 5.20 Clinical records were maintained on the SystmOne health IT system and those we reviewed were generally satisfactory. Old paper clinical records were held securely in the prison.
- 5.21 There was no dedicated health care forum for prisoners to meet with senior nursing staff. The head of health care attended some general consultative wing meetings.
- 5.22 The overall management of complaints rested with Greenwich PCT. Initially the primary care clinical lead investigated the complaint and reported back to the PCT who responded directly to the prisoner. Complaints were monitored through the clinical governance meetings. In March 2011, there had been 27 complaints directly from prisoners and 17 from prisoners' solicitors.
- 5.23 The management of communicable disease was supported by the PCT and local health protection agencies.
- 5.24 Prisoners were asked to consent to the sharing of relevant information with interested parties when required. Their external GPs were contacted where appropriate for their clinical records.

Recommendations

- 5.25 **There should be appropriately trained and graded nursing staff and support staff to support the health service.**
- 5.26 **The current discipline officer provision to health care should be reviewed to ensure the optimum clinical and discipline support is provided.**
- 5.27 **Clinical staff with specialist qualifications should be able to practise their skills.**
- 5.28 **Clinical supervision should be encouraged and supported.**
- 5.29 **There should be health care staff stability on the house blocks to provide continuity of care for patients.**

- 5.30 The new resuscitation equipment should be introduced as a matter of urgency, and it should be subject to regular audit.
- 5.31 There should be a dedicated health care forum for prisoners, chaired by a senior nurse.

Housekeeping point

- 5.32 There should be regular minuted staff meetings to inform staff, discuss issues affecting health and improve staff relationships.

Primary care

- 5.33 Primary care services were limited due to the significant staffing shortages. Access to some clinics, including the GP and the optician, were particularly difficult. This was supported in our survey in which only 22% of respondents said it was easy to see the doctor, against the comparator of 26%, and only 6%, against 12%, said it was easy to see the optician. Prisoners also had a poor perception of the overall quality of care given by health professionals. Survey respondents considered that the doctor, nurse, dentist and optician all delivered a significantly worse service than the comparators, and only 29% said the overall quality of health service was good against the comparator of 40%.
- 5.34 New arrivals were seen in the reception medical room and registered on to SystmOne. Only the first page of the initial health assessment was completed at this stage and the prisoner's remaining medical details were put on to SystmOne once he was in the first night centre. The secondary health screen was completed the next day, but we were not assured that these assessments were completed on time. Where necessary, appropriate referrals were made to other health professionals. During their induction, prisoners were given information on prison health services, including how to access them.
- 5.35 Once on the wings, prisoners reported to the medical room hatch if they had a health query. There was no dedicated health care application system and prisoners had to apply through the general application system to access health services. This was inappropriate and not confidential. Despite recommendations in three previous reports, there were still no triage algorithms for nurses to use to ensure consistency of care.
- 5.36 To see the GP, prisoners had to report to the medical room the morning before the clinic and request an appointment. There were 10 appointments for each clinic and if they were full the prisoner had to come back again to make the appointment. GP clinics were usually held twice a week on each of the house blocks.
- 5.37 Specific health promotion clinics were minimal. General clinics, including the optician and physiotherapy, were held in the outpatient department. Prisoners said they had to wait lengthy periods to see the optician. A physiotherapist held clinics twice a week and made all his own appointments. Dedicated discipline staff managed the collection and return of prisoners to health care. They monitored those who attended clinics as well as those who did not attend. Non-attendees were followed up by discipline staff, who managed the system well. Only a limited number of prisoners were held in the department at any one time.
- 5.38 There were no lifelong illness clinics at the time of the inspection. There were hepatitis B vaccination clinics. A well man assessment was included in the secondary health assessment.

- 5.39 A newly introduced weekly sexual health clinic was running well. The waiting list had been reduced from over 80 to 27 since February 2011. Prisoners could self-refer, using the general application system. However prisoners were not able to access barrier protection.
- 5.40 The prison had had facilities for telemedicine for some years but it was used infrequently, which was a misuse of clinical equipment.
- 5.41 A health care professional visited the segregation unit every day, and the GP visited three times a week. Segregation staff told us that they received little support from health care staff beyond the mandatory visits.
- 5.42 Health care staff did not visit the high security unit daily; the GP visited twice a week. Prisoners held there who were on medication were seen at the appropriate time. There was no consistency in who visited the unit, and full-time residents and staff had to repeat their concerns to a different health professional each time they visited the unit.

Recommendations

- 5.43 Secondary health screening for new arrivals should be completed in the required time, and this should be subject to regular audit.
- 5.44 Patients who require specialist medical equipment should receive this without delay.
- 5.45 The health care application system should be reviewed to ensure it is efficient and confidential.
- 5.46 Nurses should use triage algorithms to ensure consistency of care.
- 5.47 Prisoners should be able to book GP appointments in advance.
- 5.48 Prisoners with lifelong conditions should be monitored regularly by appropriately trained nursing staff.
- 5.49 Barrier protection should be freely available to prisoners.
- 5.50 The telemedicine facility should be used to improve patient care and reduce the necessity for some prisoners to attend NHS hospitals.
- 5.51 There should be consistency in the nursing staff who deliver health support to the high security unit.

Pharmacy

- 5.52 An in-house pharmacy team, comprising a full-time pharmacist and three pharmacy technicians, provided pharmacy services. The pharmacy was open on weekdays and the area was well maintained and clean and tidy. Heat-sensitive products were stored correctly in the pharmacy but not on the house blocks, inpatient or outpatient departments. Medicine refrigerators in these areas were not checked properly or regularly. Medicines kept on the house blocks were stored in secure metal cabinets. Methadone dispensing equipment was managed well but records showing that it was calibrated and cleaned regularly were not audited. Copies of pharmacy reference books on the house blocks were not always in date. The management had supported professional training for pharmacy staff.

- 5.53 Most prisoners could not see the pharmacist or technicians, there were no pharmacy-led clinics, and there was little interaction between pharmacy staff and prisoner. However, this was due to improve with the introduction of technicians to give prisoners their in-possession medicines. This was already happening in the high security unit, where pharmacy technicians delivered in-possession medication to prisoners.
- 5.54 Medications were administered by nurses to prisoners at 8am, 2pm and 6pm on the house blocks. Prisoners on night time medication received it at approximately 10pm. There was access to a limited range of out of hours medicines on the authority of the out of hours GP. The senior nurse on duty held the key for the out of hours cupboard. The management of this facility was good and regularly audited. A list of special sick medicines included paracetamol, ibuprofen and senna. Prescribing was appropriate to the population and prisoners were able to order repeat prescriptions.
- 5.55 There was anecdotal evidence that some prisoners arriving at Belmarsh late in the evening from other prisons to attend court the next morning arrived without their prescribed medication. This had caused considerable distress and inconvenience to prisoners.
- 5.56 There were limited patient group directions, but these were due to be expanded. There was an in-possession policy and medicines were supplied for up to a month. However, we noted that the quantities supplied were not always correct and nurses then supplied prisoners with an unlabelled strip of the medicine from another carton.
- 5.57 Controlled drugs records were generally well maintained. However, we found some out-of-date Subutex in the reception medical room controlled drugs cabinet. These were removed by the pharmacy as soon as it was notified.
- 5.58 A medicines and therapeutics committee met six times a year but there was no representation from the PCT.

Recommendations

- 5.59 Prisoners should have access to a complete pharmaceutical service, including pharmacy-led clinics, counselling sessions, clinical audit and medicine review.
- 5.60 Patient group directions (PGDs) should be expanded to enable nurses and the pharmacist to supply more potent medications by. A copy of the original PGD should be held in the pharmacy and read and signed by all relevant staff.
- 5.61 The in-possession policy should ensure that the quantity of medication supplied corresponds to the correct number of in-possession days prescribed.

Housekeeping points

- 5.62 The regular checks of controlled drugs should also cover the expiry date.
- 5.63 All stakeholders should be represented at medicines and therapeutics committee meetings.
- 5.64 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in all health care areas. Corrective action should be taken where necessary and monitored by pharmacy staff.

- 5.65 Calibration records for methadone dispensing equipment should be audited regularly.
- 5.66 Old pharmacy reference books should be removed and only the most recent copy kept.

Dentistry

- 5.67 Weymouth Dental Care provided the dental services and offered a full range of NHS treatments. A dentist and dental nurse carried out four sessions a week, and the nurse held an additional session to manage all the administrative functions, including waiting lists. The dentist and nurse were regular and so provided good continuity of care for prisoners.
- 5.68 Appointment times for routine appointments were generally about two weeks; urgent appointments were seen at the next available session. The current waiting list was up to 73 prisoners and follow-up appointments were normally within five weeks of initial assessment.
- 5.69 The dental nurse managed all dental appointments and made checks before the following week's clinics to ensure prisoners were still in the prison. This helped to reduce the number of non-attendees. The dental nurse followed up prisoners who missed an appointment, and if the reason for non-attendance was legitimate the appointment was rebooked. Appointment slips were delivered to prisoners by wing staff.
- 5.70 The dental surgery needed refurbishment and a regular cleaning schedule. The dental chair often broke down and spare parts had become increasingly difficult to replace. There was no separate decontamination room, which meant the surgery was in breach of the Department of Health guidelines on decontamination in dental practice.

Recommendations

- 5.71 The dental surgery should be refurbished to meet infection control guidelines.
- 5.72 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.
- 5.73 A separate decontamination room should be installed in the dental surgery to ensure compliance with Department of Health regulation.

Inpatient care

- 5.74 The inpatient unit had 26 residents at the time of the inspection. Nursing staff levels on the unit were very low but the presence of discipline officers facilitated many of the routine tasks, such as getting patients bathed and ready for the day. All the officers had been first aid trained and had completed mental health awareness training.
- 5.75 Two nurses and a discipline officer were on duty overnight, and there was a handover in the morning between night and day staff. Inpatients were got up for their own personal administration and the cleaning of their cells. They then returned to their cells for the rest of the morning, unless they went to work or education. In practice, they could be locked in their cells from 9.30am until lunchtime. Inpatients took all meals, except the evening meal, in their rooms. In the evening they could dine together in the association room. When they were out of their cells, inpatients were encouraged to associate with other prisoners and staff. Relationships between staff and inpatients were generally respectful and friendly.

- 5.76 There was a mixture of inpatients with mental or physical health needs at the time of the inspection. Three prisoners in wheelchairs were located there only because there were no adapted facilities on normal location (see recommendation 4.47). Care plans were in place and regularly updated as appropriate. Those we reviewed were well maintained.
- 5.77 Because of staff shortages, there were only two to three nurses on duty on most days, which did not allow quality interaction between nurses and inpatients. A GP did a ward round twice a week but always attended any time if required. While the discipline officers played a useful role in ensuring that inpatients had access to showers, telephone calls and other domestic activities, there needed to be more therapeutic activity between staff and inpatients.
- 5.78 There were regular visits to the unit from the Independent Monitoring Board, the chaplaincy and education staff. Inpatients fit enough to attend visits could do so and, where appropriate, visits to inpatients were facilitated. Inpatients could also attend the Cass daycare unit (see paragraph 5.87).

Recommendation

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

Secondary care

- 5.80 The overall management of NHS appointments had improved and was managed well by the administrators, and relations with local hospitals were very good. The administrators and prison escort staff worked well together to ensure there were minimal cancellations due to staffing problems. Between November 2010 and January 2011, seven prisoners had external appointments rebooked because of staffing issues.
- 5.81 One prisoner was allowed out for an external appointment each morning and afternoon. This was in addition to a long-term prisoner on renal dialysis who attended a hospital three times a week.

Mental health

- 5.82 The former mental health in-reach team (MHIRT) had been transferred to the new health provider and delivered most of the mental health services. Although there were registered mental health nurses (RMNs) on the health care team they were not ring fenced to mental health duties and did not carry mental health caseloads. In practice, the MHIRT managed all secondary mental health prisoners as well as some primary mental health prisoners.
- 5.83 The MHIRT was led by a permanent full-time consultant psychiatrist who had been at the prison for some time. A full-time staff grade psychiatrist provided additional support. The nursing team included a band 8A RMN, two band 6 RMNs and one social worker. The team had no administrative support but this was being addressed. The team covered mental health needs in the prison Monday to Friday, and one member carried a bleeper to respond to any psychiatric emergencies.
- 5.84 The team accepted referrals from across the prison, including prisoners themselves. All referrals were checked each morning and reviewed at the weekly referral meeting. Prisoners were seen on the house blocks and allocated a mental health worker. Each member of the

team carried a caseload and was supported by the psychiatrists. Many prisoners had diagnoses of bipolar disorder, severe depression and personality disorder. The team had established excellent relationships with residential staff and ensured they had sufficient information about the prisoners to support them on the house blocks. Where appropriate, the team made an entry in the house block observation book. The team supported prisoners and staff in the segregation unit and the high security unit.

- 5.85 There was only one prisoner, resident in inpatients, who was waiting for a bed in a medium secure unit. He had been assessed and had been waiting six weeks for a bed. We were told that the system for moving prisoners to secure units had improved recently.
- 5.86 Mental health awareness training was well organised and delivered by an officer who had completed the appropriate training. The majority of officers had completed this training, and refresher courses were repeated at least every two years.
- 5.87 The Cass unit continued to provide an excellent daycare facility for prisoners less able to cope on the house blocks. However, its funding had been reduced again and the unit could only support five sessions a week with the resident occupational therapist (OT). The OT had been in the unit for some time but did not have any clinical supervision and it was unclear who her line manager was. When the unit was open, the OT was supported by two discipline officers, who could change every day, to supervise each session. A maximum of 20 prisoners were able to attend therapeutic activities, such as art, relaxation, cognitive skills and yoga. The Cass unit was shared with the programmes department, which further restricted activities. Prisoners were referred to the OT from nurses on the house blocks and the mental health team or could self-refer. Prisoners remained with the OT for as long as was necessary and was mutually agreed.

Recommendations

- 5.88 Registered mental health nurses should be able to carry individual caseloads to ensure there is sufficient primary mental health support for prisoners.
- 5.89 The occupational therapist should have access to clinical supervision.

Section 6: Activities

Time out of cell

Expected outcomes:

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

- 6.1 The core day indicated that a fully employed prisoner could achieve about nine hours a day out of cell during Monday to Thursday and about seven hours on Fridays. In practice, however, it was much less for a significant number who did not work or were in part-time activities. In a roll check during the morning and afternoon of the core day, nearly half the population were locked in their cells.
- 6.2 The prison's published core day allowed about nine hours out of cell on Monday to Thursday and about seven hours on Friday and at weekends for prisoners on the main wings. The core day for prisoners in the health care centre generated about four hours.
- 6.3 The prison was reporting that prisoners spent an average of about eight hours a day out of their cells. Although this fell short of our expectations of 10 hours, it was consistent with a generous interpretation of the core day based on most prisoners being unlocked as scheduled. We found, however, that the actual experience of individual prisoners varied across the prison. Because of relatively high unemployment, the reality for many prisoners was that they did not attend work on many days and their unlock period was typically between two and a half and three hours a day.
- 6.4 We calculated that, at best, due to some slippage in unlock times, particularly in the afternoon, prisoners who attended work or education every day could be unlocked for about 7.5 hours. It was much less for the many prisoners without scheduled activity or who were allocated part-time work and whose time unlocked, on the whole, depended on association and exercise. As at the last inspection, we found considerably fewer activity places than prisoners, but places stood empty and prisoners told us that there was little incentive in applying for work they were unlikely to get. In our survey, only 55% of respondents said that they had had a job in the prison, against the comparator of 66% and the response of 67% at the last inspection.
- 6.5 At 10.30am on the Tuesday of our inspection week, we counted 44% of the prisoners locked in their cells. At 2.30pm on Wednesday we found 47% of the population locked in their cells without anything meaningful to do.
- 6.6 Association took place in the evening from Monday to Thursday, on Friday afternoons and during the morning and afternoon periods at weekends. Exercise took place at 8.30am for 30 minutes on weekdays and for at least an hour at weekends.

Recommendations

- 6.7 Prisoners should be fully occupied in work or education during the core day.
- 6.8 All prisoners should have more time out of cell.

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

Learning and skills and work activities

Expected outcomes:

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

6.10 The education provision was well managed by the learning provider and the contract monitored effectively by the prison, but there was a lack of clarity about the roles and responsibilities for the management of vocational training. The prison needed to engage further with learning provider managers and promote the sharing of best practice. Data were collected but not fully used to measure the participation and achievements of different groups of learners. Induction and initial assessment of literacy, numeracy and language support needs were satisfactory. There was insufficient purposeful activity to meet the needs of the population. Much of the work was domestic or mundane and repetitive, and there was insufficient recognition and development of relevant employment skills. There was a good range of accredited vocational training, and the learning provider worked effectively with vocational training staff to provide support for literacy and numeracy in the training areas. Achievement of qualifications was high on most programmes for the majority of learners who were in the prison long enough to complete their learning goals. The quality of education provision was generally satisfactory. Formal education was available mainly part-time but there were also opportunities for education in the vocational training workshops, the high security unit and the segregation unit. There was sufficient provision in English for speakers of other languages. Attendance and punctuality at education, training and work were generally satisfactory. The library provided a good resource but access was difficult for some prisoners.

Leadership and management

- 6.11 The management of learning and skills overall was satisfactory. Senior managers were committed to developing and improving the provision and focused clearly on reducing reoffending, in particular the education, training and employment (ETE) pathway. The self-assessment process was inclusive and well embedded, with self-assessment reports and regular needs analyses part of the prison's strategic planning process. The annual action plan resulting from the self-assessment process was a working document and effectively monitored through the active quality improvement group that met quarterly. Prisoners' views were sought and contributed well to the needs analyses. Frequent user feedback confirmed that the education curriculum and skills training provided an appropriate range of provision to meet learners' needs and the contract requirements.
- 6.12 The number of prisoners participating in some form of learning and skills had significantly increased since the last inspection from 285 to about 400. Most learners in education attended part time, with 99 places available morning and afternoon. There were approximately 100 full-time places on the vocational training programmes, although some areas, such as catering and barbering, were not always fully occupied. Approximately 200 learners were provided with well-managed education outside of the education department, including workshops, residential wings, segregation unit, health care and the high security unit. More education places were

required as some potential learners had been turned away because classes were full. Punctuality and attendance were satisfactory. There were very few intermediate programmes for those serving longer sentences. Rates of pay for prisoners were fair and equitable and not a disincentive to engage in education

- 6.13 The head of learning and skills was responsible for monitoring the Offender Learning and Skills Service (OLASS)-funded education contract delivered by Kensington and Chelsea College and provided support for accredited skills training delivered by trained prison instructional staff. The education provision was well managed on a day-to-day basis by the college staff who engaged actively and effectively with skills training staff to identify and provide relevant literacy and numeracy support in the workshops. Links between the prison support teams and external agencies for sentence planning and resettlement were good. There was, however, a lack of clarity of roles and responsibilities for the management of the vocational skills training provision (see housekeeping point 6.35). The head of learning and skills needed to engage further with education managers to strengthen the links between education and training, and ensure that areas for development of learning and skills across the prison were effectively prioritised and targeted.
- 6.14 Initial assessment of literacy, numeracy and language support needs was satisfactory. The enrolment to education had significantly improved and reduced waiting lists. The English for speakers of other languages (ESOL) provision had improved with 15 sessions a week leading to appropriate accredited qualifications.
- 6.15 Much data about learners were collected but its use to monitor provision and ensure equality of access to education, skills training, library and the gym required improving. There was insufficient use of the available data to analyse the performance of different groups. The prison provided a safe environment for training and learning. All relevant staff had been vetted and received Criminal Records Bureau clearance.
- 6.16 The careers information and advice support provider had a clearly defined structure for the delivery of the service. All new arrivals received appropriate guidance in groups during induction and further guidance was provided for individual prisoners during their sentence if they requested this. The service was linked closely to prisoners' release where there were referrals to a range of appropriate providers. However, only a minority of prisoners engaged with the service throughout their sentence and only 7% of interviews took place when prisoners were due for release. Additional staff were required to provide a more effective quality service (see recommendation 9.41).

Recommendation

- 6.17 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.

Housekeeping point

- 6.18 The use of data should be improved to monitor participation, equality of access and achievements in learning and skills and provide clear information on which to base future learning and skills development.

Induction

- 6.19 The induction process was satisfactory. During their two-day induction, all new arrivals had a learning and skills induction and were screened for their literacy and numeracy levels, using the BSA standard screening tool. Education staff were beginning to use the basic key skills builder (BKSB) initial assessment tool but this had not been fully implemented. Staff relied on interviews with prisoners and self-assessment to identify those with language difficulties and potential ESOL needs. Prisoners with learning support needs were encouraged to go to education.

Work

- 6.20 There were work opportunities for only about half the prisoner population (460) (see main recommendation HP51). The number of prisoners participating in work often fell to around 370. However, places in some areas, such as kitchen work, were often only 75% occupied.
- 6.21 Approximately 200 places were low skill domestic chores, such as wing cleaning and servery work and orderlies duties. Two contract workshops provided mundane and repetitive work assembling breakfast packs and folders. There were 26 places for vulnerable prisoners and 40 in the main prison workshop. Work in the high security unit was restricted to accredited industrial cleaning. The prison was not able to offer figures of those classed as unemployed.
- 6.22 All new arrivals were placed in low risk jobs, such as education, workshops etc, even if they were category C or D. Some security clearance arrangements were excessive and there were often delays of several weeks while prisoners awaited security and passed clearance requirements to move up to the next level. The prison had recognised these problems and drafted a new policy on security clearance criteria, which had not yet been implemented.
- 6.23 There was insufficient focus on developing relevant employment skills and no system to recognise and record prisoners' approach to work ethic (see recommendation 6.34).
- 6.24 The labour allocation process was satisfactory and waiting lists managed effectively. The new computerised data system was less effective in monitoring participation in work activities. Some prisoners had part-time employment and attended education.

Vocational training

- 6.25 There were 100 full-time vocational training places, including industrial cleaning, barbering, catering, multi-skills in construction, carpentry, brickwork, and waste and recycling. Vocational training programmes met the needs of learners who stayed for a shorter period as they awaited transfer to another prison. Skills training in the high security unit was limited to industrial cleaning. There was some under-utilisation in catering and barbering, and some security restrictions applied to the recycling and wastage area limited this provision. The planned roofing course had not started because of staffing problems.
- 6.26 In our survey, no foreign national prisoners said they were participating in vocational training courses. The participation in vocational training by all prisoners had also decreased since the last inspection from 54% to 43% of survey respondents.
- 6.27 Many learners viewed vocational training as a taster to help them identify their vocational interest. The majority of prisoners who stayed on the programmes achieved a qualification.

The pass rates for health and safety, catering and the construction skills certificate scheme (CSCS) award in 2009-10 were very high at 100%. Pass rates for industrial cleaning, multi-skills, bricklaying and carpentry qualifications were also very high at over 90%. The pass rates for the current academic year continued to be similarly high. Last year, the number of vocational qualifications achieved by the prison was low at 263. However, the number of vocational qualifications achieved in the first six months of the current year was much higher at 403.

- 6.28 The atmosphere in the vocational training workshops was calm and learners were well motivated to work. Learners worked well alone and in groups from very early stages of the programme. Vulnerable prisoners, in particular, highly appreciated the efforts by the vocational tutors to include them in the main provision. The prison placed a good emphasis on health and safety, and learners adhered to safe working practices. There was no analysis of data to monitor attendance and punctuality trends.
- 6.29 Learners made satisfactory progress in their programmes, and working areas tracked learner progress on large wall charts. All vocational training programmes used a clear and well-managed training record that clearly highlighted what needed to be achieved and what had already been completed. The standard of learners' practical work was particularly good in construction programmes. Qualified and professionally competent prison instructors used photographs very effectively to highlight the good standards of work, which in many cases was of a commercial standard.
- 6.30 The quality of training was satisfactory overall. In industrial cleaning, trainers had replicated different environments, including a dirty protest cell that provided extra qualifications (handling body fluids). Individual learning plans were not used throughout most programmes as the qualifications were very short and staff relied on the training record instead. However, opportunities to record the additional development of skills such as presentation, communication and teamwork skills were missed.
- 6.31 Some classrooms and work areas were too small to deliver training effectively. For example, the bricklaying classroom could only hold half the 18 learners it was meant to take and there was not enough space for learners to do all the different required tasks, such as mixing cement and building constructs. The classroom in multi-skills, although sufficiently big, was affected by the noise from overhead heaters.
- 6.32 The education department had established good systems to support the development of literacy and numeracy in the vocational training programmes. The initial assessment of literacy and numeracy needs was rigorously followed by a further diagnostic test that took place in the workshops to identify the correct level of literacy and numeracy for each learner. In the last year, seven literacy and nine numeracy qualifications had been achieved. Prisoner orderlies worked as support mentors in some classrooms, but this role required further development.
- 6.33 There were no clear lines of overall management of the vocational training provision and several managers were responsible for different aspects. The prison relied on each trainer managing their programme independently. Opportunities were missed to reinforce equality and diversity in the vocational training workshops. We saw several pieces of inappropriate material displayed in the classrooms.

Recommendation

- 6.34 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.

Housekeeping point

- 6.35 The roles and responsibilities for the management of vocational training should be clarified and staff should understand their roles.

Education

- 6.36 The education department offered a range of provision to meet the needs of many prisoners with 99 places in each session. The provision included literacy, numeracy and functional skills, ESOL at entry level 1-3 and across the range of speaking, writing, listening and speaking skills, information and communications technology (ICT), business studies, personal and social development, art, cookery, music, creative writing, counselling and mentor training. The prison also offered the Toe-by-Toe reading mentoring scheme and Storybook Dads, both of which were overseen by the library. Storybook Dads was particularly popular and had a waiting list. However, the programme did not have allocated accommodation or staff time, and the officer in charge was often unable to deliver it as he was allocated to other duties. Approximately 30 prisoners were engaged in Open University or distance learning programmes and were well supported by a dedicated tutor.
- 6.37 Prisoners with no record of prior achievement were given initial screening during induction and those who went to education were given useful further diagnostic testing. Target setting and review were not yet consistently managed through individual learning plans across the department, and not all learners had clear timely targets. Not all plans recorded learners' achievement of personal and employability skills. However, managers had recognised this and were developing a new and detailed document through consultation with staff.
- 6.38 Learners enjoyed their classes and spoke positively about their learning. Their standard of work in classes was satisfactory and some was good. Many learners developed good personal and social skills, building confidence and self-esteem.
- 6.39 Most teaching and learning were satisfactory and some aspects were good. Classes were generally well planned and tutors ensured that learners understood the aims and objectives of their lessons. Relationships between staff and learners and within groups were productive and respectful. In the better lessons, classroom management was very effective and tutors controlled and directed activities well. A few tutors used questioning well to challenge the different ability levels of learners and check their learning. However, many tutors did not plan effectively to meet the different needs and abilities of their learners. In these sessions there was too much group teaching or learners were left too long working on unchallenging tasks.
- 6.40 There was good education provision for many prisoners outside of the education department, such as in the high security unit, health care, segregation unit, workshops and the residential house blocks. Learners' programmes, although restricted to a narrow curriculum of skills for life and creative writing, were very well managed by a team of dedicated, trained and well-qualified education staff. Staff were trained in identifying additional learning needs, such as dyslexia.

Staff structured sessions well and very effectively recorded targets achieved and those needed for learners to progress. Staff motivated learners well and tried to engage them in formal education classes.

- 6.41 Learners' achievement of qualifications was good, with high pass rates in cookery (80%), functional English (80%), skills for life literacy level 1 and 2 (80%), ESOL (100%), preparation for work (97%), understanding counselling theories (100%) and personal and social development programmes (100%). However, achievements in art were poor, with none of the 135 learners who started the programme in the year ending August 2010 achieving the full qualification and only 31 achieving units.
- 6.42 The education department had good communication internally and with the library, advice and guidance service and other departments in the prison. It provided an extensive range of staff development that was targeted to meet both current developments and staff needs. Curriculum managers were enthusiastic about their role: they had clear targets and monitored the provision carefully. However, they had a wide brief along with a significant teaching load and were under pressure to fulfil all aspects of their role. Managers and staff throughout the education department actively pursued quality improvement.
- 6.43 Although most learners stayed in the prison long enough to achieve their learning aim, the education department did not have sufficiently detailed data to identify how many learners were transferred through prison requirements and how many left programmes because they chose to do so. The data was also not sufficient to support planning and curriculum development effectively. For example, managers did not have sufficient data to identify clearly retention, ongoing ESOL needs within the prison or to compare the performance of different groups of learners (see housekeeping point 6.18).

Recommendations

- 6.44 **There should be sufficient staff allocated to the Storybook Dads service to meet demand.**
- 6.45 **Links between education and prison managers should be improved to ensure the provision of high quality education and training that meets prisoners' needs.**

Library

- 6.46 The Greenwich Library and Information Service provided the library services. The library was staffed by a senior library assistant and three further assistants, two of whom were part-time, and one orderly who was informally trained by the library staff. No staff had formal librarianship qualifications, although they had considerable experience in library work.
- 6.47 The library was open to prisoners all day Monday and Wednesday, and Tuesday, Thursday and Friday mornings. Creative writing and library research classes took place on Tuesday and Thursday afternoons. The library did not open in the evenings or at weekends.
- 6.48 Access to the library was good for learners in education classes, who were timetabled for regular library sessions. However, access to the main library was variable and generally poor for other prisoners. Each house block had allocated visiting times, but prisoners had to make an application to attend and the organisation of escorted visits was irregular and varied between house blocks. The library provided an outreach service to the high security unit, health care, the segregation unit and the workshops. However, the range of books was limited

and there was no catalogue to help prisoners select books. In our survey, only 21% of respondents said they had weekly access to the library, against the comparator of 37% and the finding of 31% at the previous inspection

- 6.49 The library was of a reasonable size but had limited facilities for prisoners to work. Its three computers could only be used to run downloaded materials, chiefly legal information. Word processing facilities were not available to prisoners.
- 6.50 The library had a good range of foreign language stock, including many dictionaries. The book stock for Afro-Caribbean prisoners was insufficient, but staff were aware of this and had recently placed a large order to rectify this. The library carried a reasonable stock of large print materials and books for prisoners with limited reading skills, and the librarian was developing this further. The library carried some newspapers in foreign languages but only a very limited range of English newspapers and periodicals. It held no talking books, music recordings or materials in Braille, but it had an effective ordering service for written materials which prisoners regularly used. The librarian had good informal communication with the education staff and ensured that the stock properly reflected curriculum needs.

Recommendations

- 6.51 The library should open at weekends and in the evenings to increase access for prisoners in work.
- 6.52 Access to the library should be improved for prisoners who do not attend education classes.

Housekeeping point

- 6.53 A catalogue of library resources should be available to prisoners using outreach services.

Physical education and health promotion

Expected outcomes:

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

- 6.54 The PE department was satisfactory with good indoor and outdoor facilities and adequate staff. The gymnasium provided recreational PE and some appropriate vocational training. All activities were well promoted across the prison, but the number of prisoners using the gym had declined.
- 6.55 Indoor PE facilities in the main prison were good, with a well-equipped cardiovascular and weights area and an ample gym area for team sports. There was a small multi-gym in the high security unit (HSU). There were no sports and recreation staff to oversee activities in the HSU, although PE staff checked the equipment daily. Outdoor facilities included an all-weather pitch, although use of this had been reduced while staff were on a recent course. Staffing in the main

prison gym was satisfactory and included a senior PE instructor supported by a staff of eight PE instructors.

- 6.56 The induction into PE covered a wide range of information about the provision, but there were no formal links with health care to establish whether prisoners had specific needs. Prisoners completed a self-referral highlighting whether they had any adverse medical conditions.
- 6.57 The gym was not open in the evenings but opened at the weekend. Prisoners with disabilities were able to access the gym. The gym had been used frequently with small groups from the segregation unit to try and rebuild their confidence and begin reintegrating them into the mainstream population. PE activities were promoted on the wings and in education.
- 6.58 An estimated average of 320 prisoners used the gym each month. In our survey, only 29% of respondents said they went to the gym at least twice a week, against the comparator of 43% and the response of 33% at the last inspection. Many prisoners felt that it was sometimes difficult to access the gym as officers did not always unlock them. The manager of the gym had been on sick leave and many of the usage monitoring processes had not been maintained. There were no up-to-date data highlighting the percentage of prisoners using the gym or monitoring to identify if usage was fair and equitable.
- 6.59 There were plans to link the healthy living programme with other programmes in the prison, for example detoxification and substance misuse. Programmes such as first aid, football coaching and healthy living had only been offered in the previous few months.
- 6.60 All prisoners were given a clean gym kit and towel by PE staff. The quality of the showering facilities was adequate. The outdoor and overspill showers were screened for privacy for prisoners. The showers in the main gym gave prisoners some privacy from staff but not from other prisoners. The department had adequate processes to record accidents and share this information regularly with the prison health and safety group. The number of recorded accidents was very low.

Recommendations

- 6.61 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.
- 6.62 The prison should increase the number of prisoners accessing the gym and recreational PE.
- 6.63 Showers in the main gym area should be screened for privacy.

Housekeeping point

- 6.64 The PE department should analyse participation data to ensure fair and equitable access to the gym and recreational facilities.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 There was a well-resourced security department with a clear focus on the maintenance of physical and procedural security. Security arrangements were generally proportionate, although the needs of prisoners who did not require the highest levels of security needed fuller consideration. The large and increasing numbers of security information reports received were processed efficiently. We were not assured that decisions to place prisoners on closed visits were always justified.

Security

- 7.2 The prison had an extensive security department. There were 64 category A prisoners at the time of the inspection, seven of whom were high risk and three exceptional risk. It was, therefore, not surprising that the department and senior managers placed significant emphasis on physical and procedural security. There was regular covert testing of security measures to ensure all staff understood and adhered to the procedures.
- 7.3 In 2010, 8,300 security information reports (SIRs) had been received, an increase of 640 from the previous year. In 2011 to date, 2,333 SIRs had been received, which was a further increase. During the previous six months, the majority of reports related to violence and safer custody issues, physical and procedural security, and inappropriate activities.
- 7.4 SIRs were managed efficiently and effectively by the intelligence department. The increasing number submitted meant the intelligence team spent significant time processing the documentation, which affected the time available to analyse the intelligence; this had been recognised by the head of security.
- 7.5 Intelligence staff compiled a monthly intelligence report that provided an overview of the intelligence received. This assisted in the setting of intelligence objectives, which were discussed at monthly intelligence committee meetings and the monthly security committee meetings that took place about one week later. Security committee meetings were reasonably well attended, although the safer custody department did not attend consistently. Although the meetings discussed appropriate issues, the minutes did not indicate specific action taken in response to each intelligence objective. Some action points had remained unaddressed for several months with no indication of progress to address the issues.
- 7.6 There was a separate counter-terrorism intelligence unit (CTU). Some intelligence related to radicalisation was received but the issue was being properly managed at the time of the inspection. The CTU had good links with the national unit. Two of the four police intelligence officers based in the prison worked alongside the CTU and the CTU manager saw a key aspect of the unit's role as working with external agencies and partners.

- 7.7 A dedicated searching team (DST) based in the security department carried out all target and intelligence-led searching along with other routine searching. The team had conducted 344 cell searches in the six months since October 2010, around 60% of which were intelligence-led. Intelligence managers worked with the local police on intelligence related to the supply of drugs into the prison and possible links with gang activity in the community. However, DST records showed that finds of unauthorised articles, such as drugs and mobile telephones, were low.
- 7.8 The security arrangements were generally proportionate for the purpose of the establishment. However, the population was predominantly that of a local prison and we were not assured that the needs of the majority of prisoners who did not require the highest levels of security were given full consideration. For example, there were some restrictive policies and practices (of which the head of security was not always aware) justified on security grounds, such as not allowing prisoners to smoke in exercise yards, despite the local policy permitting smoking (see main recommendation HP46).
- 7.9 The security department contributed to the risk assessment that informed activity allocation decisions. For prisoners to be eligible for medium-risk activities, such as hotplate cleaners and various orderly positions, they needed to have had no drug intelligence or adjudications during the previous six months and to have completed 10 sessions of observations on a low-level job. These conditions were overly restrictive. At the time of the inspection, approximately half the activity places in the kitchen were not filled. The prison had recognised that its current activity allocation policy needed to be reviewed, and a new policy was due to be implemented.
- 7.10 There were 29 prisoners on closed visits at the beginning of April 2011, and the number subject to these restrictions had been as high as 42 in the previous six months. Many of the reasons cited for placing prisoners on closed visits did not relate directly to visits – such as positive mandatory drug tests or proven adjudications for possession of illicit drugs – and were, therefore, insufficient to warrant the restriction. Although there were monthly reviews, in practice prisoners remained on closed visits for three months.
- 7.11 Strip searching of new arrivals was routine. Standard risk category A prisoners were strip searched after a visit, but it was also routine practice to strip search 10% of all other prisoners following a visit. In our groups, prisoners said squat searching was a regular practice during strip searches. The local security strategy provided clear guidance to staff on the circumstances where it was appropriate to conduct a squat search and clearly stipulated that authorisation from a manager was required. Although some departments, such as reception, maintained a log of all squat searches, the DST team did not.
- 7.12 There were four prisoners on the escape list at the time of the inspection. Reviews were conducted monthly and took into consideration any further intelligence received and contributions from wing staff.

Rules

- 7.13 Rules were explained to new arrivals during the first day induction session. Prisoners signed compacts during induction with a copy retained in their wing file.

Recommendations

- 7.14 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.
- 7.15 Prisoners should only be placed on closed visits when there is sufficient intelligence to support this.
- 7.16 The dedicated searching team should keep records of the authorisation and number of squat searches conducted, and managers should review these regularly.

Housekeeping point

- 7.17 Action points identified at security committee meetings should be addressed promptly and should clearly demonstrate the action taken on each intelligence objective.

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.

- 7.18 The number of adjudications had increased. Charges were properly investigated and only a few adjudications were referred to the independent adjudicator. The use of force was significant and we were not assured it was always used as a last resort. Planned interventions had only recently begun to be recorded. Governance of use of force documentation and special accommodation was underdeveloped. Use of segregation was not excessive. The regime was limited, particularly for those on punishment. Formal care plans were not used routinely, but there was work to support reintegration and most segregated prisoners returned to normal location.

Disciplinary procedures

- 7.19 There had been 1,356 adjudications in 2010, which was an increase from the 1,085 charges laid in 2009. Quarterly data collated by the segregation unit contained some discrepancies but showed that in the six months from October 2010 most charges related to possession of unauthorised articles, threatening and abusive behaviour, and disobeying a lawful order. The records we sampled showed that charges were generally appropriate.
- 7.20 The number of referrals to the independent adjudicator was low – at 12 in the previous six months – and resulted in 48 additional days awarded. The referral of a prisoner to the independent adjudicator for refusal to relocate from the segregation unit was inappropriate and had resulted in him receiving an additional 21 days in custody, which ironically were being served in the segregation unit.

- 7.21 We found one example of the use of an unofficial punishment. Gym staff placed prisoners who misbehaved during gym sessions on a restricted access list, which in practice meant they could not attend the gym for a two-week period. No prisoners were subject to these restrictions during the inspection but we saw an example in case notes where the procedure had been used.
- 7.22 The room in the segregation unit where hearings were held was suitable and appropriately furnished. Prisoners had access to writing materials during hearings, and adjudications were remanded to enable prisoners to call witnesses and seek legal advice.
- 7.23 Documentation we sampled showed charges were properly investigated before a finding of guilt, and we saw examples where adjudicators had dismissed cases. The local punishment tariff had been reviewed in May 2010 and was available in the adjudication room but not published elsewhere for prisoners. The governor and deputy governor conducted regular quality assurance of a sample of completed adjudications, with feedback provided to adjudicators.
- 7.24 An adjudicating governors meeting was held every two months chaired by the deputy governor. Analysis of adjudication data was limited to an overview of data from the previous quarter. There was no evidence in the minutes of a discussion or exploration of the increase in adjudications since 2009.

Recommendation

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

Housekeeping points

- 7.26 Analysis of adjudication data should be developed to enable the identification of patterns and trends over time and for appropriate action to be taken to address any concerns.
- 7.27 The local punishment tariff should be published for prisoners.
- 7.28 Managers should ensure that data presented to the adjudicators meeting are accurate.

The use of force

- 7.29 The use of force was high with 382 incidents recorded in 2009 and 381 in 2010. Usage included the use of handcuffs for the management of a few prisoners, including one prisoner from the close supervision centre estate who was subject to controlled unlock procedures in 2010. A comprehensive policy had recently been developed to ensure that decisions to use restraints were appropriately informed by a comprehensive risk assessment. However, other than information in the use of force database, there was no routine monitoring of the application of this protocol.
- 7.30 The completed use of force documentation we sampled did not assure us that force was always used as a last resort. Although there was some variation in the quality of written statements, most gave a reasonable account of the incident and the circumstances leading up to it. The safer custody team had recently taken on responsibility for the collation of use of force paperwork and ensuring it was properly completed. We found some examples where the

orderly officer had not certified use of force records, and in a few cases a record of the injury to prisoner (form F213) was not attached to the documentation.

- 7.31 Some prisoners raised concerns with us about the improper use of force by the DST. The prison had recently commissioned two investigations into the use of force during searches.
- 7.32 There had been two uses of a baton in 2010 and one to date in 2011. The prison had commissioned an investigation into one apparently inappropriate use of a baton in 2010.
- 7.33 Planned interventions had only recently begun to be routinely video recorded. Managers did not review videos. The small number of recordings we viewed showed that staff dealt with incidents well with effective use of de-escalation.
- 7.34 The special accommodation log in the segregation unit indicated that special accommodation had been used on eight occasions in 2010 and twice in 2011 to date. The log included the use of the gated cell in health care which did not have a toilet. We found paperwork for one additional use of the special cell in health care during 2010 which had not been entered on the log. In two cases in 2010, the associated documentation for the use of the health care special cell was not filed with the log and could not be located by the prison.
- 7.35 Documentation authorising the use of special cell was not always properly completed. For example, in one case of the use of the special cell in the segregation unit the duty governor had failed to record why its use was authorised, and there was no record of observations during the 90 minutes the prisoner was in the cell. One prisoner on an open ACCT had been located in the special cell, but the exceptional circumstances of the case and any observations undertaken during the short time spent in segregation were recorded in his ACCT and not on the special cell documentation. This meant that we were unable to check whether the use of special accommodation was justified. There were two dirty protest cells in the segregation unit, which were unfurnished, but the prison did not complete special accommodation documentation when a prisoner was located in one of these.
- 7.36 Governance of use of force documentation required further development to ensure it was properly scrutinised by managers (see main recommendation HP47). The safer custody team maintained a comprehensive database of use of force but, at the time of the inspection, this information was not routinely analysed to enable the prison to identify and respond to any trends or concerns. A use of force committee had only recently been established.

Recommendations

- 7.37 **All planned interventions should be video recorded and subsequently reviewed, with appropriate action taken where necessary.**
- 7.38 **The use of unfurnished cells, specifically the two dirty protest cells in the segregation unit, should be recorded as use of special accommodation.**

Segregation unit

- 7.39 The segregation unit consisted of 14 cells, in addition to two dirty protest cells, two special cells and two designated close supervision cells (CSC). Accommodation was provided over two closed landings with shower, toilet and telephone facilities on each. There was a separate holding room for prisoners awaiting adjudication, and a room used specifically for searching.

- 7.40 A local risk assessment pro forma was used to decide the level of search prisoners were subject to when admitted to the unit, and we were assured that prisoners were not routinely strip searched. The controlled unlock protocol was used to inform decisions about a prisoner's unlock level and the use of personal protective equipment. Records showed that levels of unlock were regularly reviewed and de-escalated quickly in accordance with the level of risk.
- 7.41 Communal areas were reasonably clean and the unit was much improved as a result of the ongoing painting programme. Some toilets in cells were badly stained and one was missing a toilet seat. Showers were poorly ventilated and the ceiling of the shower on the ground floor was blackened with mould and mildew. There was no privacy screening around the bath on the upper landing. The exercise yard was austere with no seating. The designated CSC cells were equipped with cardboard furniture and no risk assessments were completed to authorise their use.
- 7.42 During the inspection there were six prisoners in the segregation unit: two were segregated in the two allocated CSC cells; two were serving an award of cellular confinement; one was located there for his own protection; and one for good order or discipline (GOOD). The residents we spoke to were positive about their treatment by staff in the unit. A personal officer scheme did operate but daily history sheet entries and case notes were poor and reflected very little active staff engagement with prisoners.
- 7.43 A published staff selection policy operated and all staff had either completed or were due to undertake modules of the working with challenging behaviour course. Staff also had support from a trained individual professional development facilitator based in the unit.
- 7.44 Records showed that the use of segregation was not excessive. In the six months to the end of February 2011, 134 prisoners had been segregated, primarily under GOOD or cellular confinement. Although some prisoners were transferred from the establishment following segregation, most were reintegrated into the mainstream population at Belmarsh. A small number of prisoners had spent a considerable time in segregation. For example, one resident at the time of the inspection was first segregated in early November 2010.
- 7.45 The detailed segregation policy document made clear that prisoners on an open ACCT should only be segregated in exceptional circumstances. Records indicated that in the six months to the end of February 2011 five prisoners on ACCTs had been segregated.
- 7.46 The developing prison service manager (DPSM) who had been responsible for the segregation unit since summer 2010 had devised a segregation unit risk assessment to inform decisions about a prisoner's regime while in the unit. The regime was limited, particularly for prisoners serving an award of cellular confinement and on the basic level of the incentives and earned privileges (IEP) scheme – they had access to the telephone only once a week and to a shower only three times a week. Other residents had daily access to telephones and showers. All prisoners could have exercise daily. In-cell education was provided but the tutor had to speak to one segregated prisoner undertaking this through a locked door, which was inappropriate. There was a small stock of library books in the unit, which was replenished fortnightly. Prisoners did not have routine access to the gym or other activities off the unit.
- 7.47 Formal care plans were not routinely used to support reintegration for long-term residents, other than those located there who were subject to the tackling antisocial attitudes scheme (see paragraph 3.5). However, the manager was keen to develop reintegration planning and we did see some examples of positive work by staff to support reintegration for prisoners. A prisoner located in one of the CSC cells had applied for access to the gym and was awaiting the outcome of this during the inspection.

- 7.48 The DPSM had re-established the segregation and monitoring review group during 2010 and two meetings had been held to date. The membership of the meetings was appropriate but the data presented to the meeting were not user-friendly, and minutes indicated only limited analysis of the available information.

Recommendations

- 7.49 The communal showers in the segregation unit should be adequately ventilated and maintained.
- 7.50 Cardboard furniture should only be used when authorised by a risk assessment.
- 7.51 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.
- 7.52 All prisoners in the segregation unit should be permitted to use telephones and showers daily whatever their incentives and earned privileges status.
- 7.53 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.
- 7.54 Data on segregation should be collated in a format that enables ready analysis of patterns and trends over time.

Housekeeping point

- 7.55 Toilets in cells in the segregation unit should be clean.

Incentives and earned privileges

Expected outcomes:

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

- 7.56 Prisoners were negative about the incentives and earned privileges scheme. Most prisoners were on the standard level of the scheme. There was very limited differential between standard and enhanced levels. Behaviour improvement targets for prisoners on the basic level were not meaningful but weekly reviews took place.
- 7.57 The incentives and earned privileges (IEP) scheme was described in a policy document dated September 2010. The scheme had been reviewed following consultation with prisoner representatives and some staff in 2010, although some of the issues raised by prisoners during the inspection were similar to those raised during the consultation.
- 7.58 Staff were clear about the distinction between the IEP scheme and the tackling antisocial attitudes (TASA) scheme (see paragraph 3.5). Although new arrivals signed a behaviour

compact linked to the IEP scheme, the local scheme was not explained to them during their induction (see housekeeping point 1.50). In our survey, between 13% and 15% of respondents said they did not know what the IEP scheme was in answer to several questions.

- 7.59 The scheme operated over three levels – basic, standard and enhanced. New arrivals were allowed to keep the IEP status they had attained at their previous establishment. However, we met one prisoner who had been at Belmarsh for a number of weeks and had repeatedly told staff he had attained enhanced at his previous establishment, but this was only confirmed when we made enquiries on his behalf.
- 7.60 The majority of prisoners, 85%, were on the standard level. In our survey, just 14% of respondents, against the comparator of 26%, said they were on the enhanced level. In the case notes we sampled, we found only one example of a prisoner who had progressed to enhanced, and many file entries related to negative behaviour. A residential officer told an inspector that he had never progressed a prisoner to the enhanced level during his 20 years' service.
- 7.61 Three negative entries within a 28-day period led to IEP warning procedures. Further unacceptable behaviour resulted in an IEP review board chaired by a senior officer. Some prisoners told us that they had been given negative entries that staff had not made them aware of. In our survey, only 37% of respondents, against the comparator of 50%, said they had been treated fairly in their experience of the IEP scheme. The review records we sampled indicated that prisoners had attended the review board.
- 7.62 The policy allowed for a prisoner to be downgraded to basic immediately for a range of serious single incidents, including possession of unauthorised articles such as a mobile telephone. We found one example of a prisoner on basic who appeared to have been placed on report and downgraded to basic for the same incident, which was inappropriate.
- 7.63 There were 16 prisoners on the basic level of the IEP scheme during the inspection, five as a result of being placed on stage two of TASA. The regime on the basic level provided prisoners with 30 minutes out of cell each day when they could make telephone calls and use the shower and clean their cell. They could also submit an application to use the gym for one hour a week.
- 7.64 There were weekly reviews of prisoners on the basic level and they were set behaviour improvement targets, although we saw targets that were not meaningful. For example, the target set for a prisoner placed on basic for behaviour that resulted from a disagreement with his cellmates was, 'Learn to get along with cellmates'. In some files that we sampled, prisoners had been placed on basic for refusing to attend work, but daily entries in wing files did not show engagement with the prisoner or any exploration of the reasons behind the refusal.
- 7.65 The differentials between standard and enhanced were very limited. Prisoners on enhanced had access to more private cash, gym and additional visits, including family visits. Only enhanced prisoners could buy items from approved catalogues. There were enhanced association areas on two of the four house blocks. In our survey, only 35% of respondents, against the comparator of 44%, said the different levels of the IEP scheme encouraged them to change their behaviour.

Recommendations

- 7.66 Managers should examine the low use of enhanced status and take action to ensure that suitable prisoners can progress to this level.
- 7.67 Prisoners should not be placed on report and downgraded to basic for the same single incident.
- 7.68 Behaviour improvement targets for prisoners on the basic level should address and challenge the underlying causes of their behaviour.
- 7.69 Daily entries in basic monitoring logs should evidence engagement with prisoners and record progress against behaviour improvement targets.
- 7.70 The differentials between the standard and enhanced levels should be improved.

Housekeeping point

- 7.71 Procedures to verify prisoners' enhanced status attained at a previous establishment should minimise delays in retaining their status.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 There was a well-run kitchen and prisoners were offered training leading to a qualification. The menu was nutritious with a suitable range of options. Lunch was served too early but other meal times were appropriate. There had been some consultation with prisoners but food comments books needed to be better managed. Serveries were well run but food temperature was not always checked and logged. Prisoners could not eat in association and those eating in cells had to do so on their beds.
- 8.2 The kitchen was well organised and food was stored appropriately. Its hygiene standards had been accredited by the local council in November 2010.
- 8.3 Staff and prisoners working in the kitchen were health screened. There was an accredited food hygiene training course for all prisoners working in the kitchen and the serveries. Prisoners working in the kitchen were offered training in food preparation up to national vocational qualification level 2.
- 8.4 A varied and healthy menu was offered to prisoners on a four-week cycle. Lunch was served too early at 11.30am but breakfast and tea times were appropriate. A breakfast of porridge or cereal with toast was provided every morning and a hot option was available at three lunchtimes a week. Fruit was available at lunch and evening meals and a supper snack was provided. Options for religious, cultural and dietary requirements were available.
- 8.5 Serveries were well run and supervised. Prison servery workers were enthusiastic and wore appropriate clean clothing. Correct utensils were used for serving halal food.
- 8.6 In our survey, only 20% of respondents said that the food was good against the comparator of 25%, although this was an improvement on the 10% response at the last inspection. The food we tasted was of good quality and served at the correct temperature, although we only found one wing servery where the temperature probe had been used and logged.
- 8.7 Prisoners could not eat in association and shared cells did not have enough chairs and tables for the occupants to sit and eat their meals, so they ate perched on their beds.
- 8.8 There had been consultation with prisoners about the food but there was some uncertainty about when this had taken place. The findings from the survey we were shown had been collated but did not indicate many possible changes. Food comments books were not present on all wings and those that were did not contain responses to any constructive comments.

Recommendations

- 8.9 Lunch should be served no earlier than noon.

- 8.10 The temperature of food should be checked daily at every servery and the results logged.
- 8.11 Prisoners should be offered the opportunity to dine in association where possible.
- 8.12 Prisoners required to take meals in their cells should have a table and chair to sit at.
- 8.13 Food comments books should be freely available at every servery and there should be weekly response to constructive comments.

Prison shop

Expected outcomes:

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

- 8.14 The prison operated the standard national DHL shop contract. Prisoners had weekly access to the shop although most new arrivals had to rely on initial reception packs for at least their first week. The product list was reasonable and reviewed quarterly, although consultation arrangements were basic. Only enhanced status prisoners could make catalogue purchases, which was too restrictive, and the delivery of catalogue orders took too long.
- 8.15 The prison shop service was delivered by DHL in line with nationally organised contract arrangements. In keeping with other prisons in the high security estate, packing and service provision was provided on site, in a small facility on house block four.
- 8.16 Shop sheets were issued to prisoners on Friday afternoons and completed forms were collected by DHL staff on Monday mornings. Prisoners' orders were delivered to them in spur order. Therefore, prisoners on spur one of house blocks one to four received their orders on Tuesday, those on spur two on Wednesday and spur three on Thursday. Prisoners in health care, segregation and the high security unit received their orders on Mondays.
- 8.17 Orders were only collected weekly, which meant that, depending on their day of arrival, new prisoners could wait for well over a week without access to the shop. The situation was mitigated by the availability of shop packs in reception. In our survey, 87% of respondents confirmed that they were offered a reception pack on arrival.
- 8.18 The shop list offered a standard product selection of approximately 350 items. In our survey, 41% of respondents said that the shop sold a sufficiently wide range of goods, compared with only 27% when we last visited Belmarsh, although this was worse than the 44% comparator. The shop sold some products aimed specifically at minority groups, and minority group views about the shop were consistent with general survey findings. The product list was reviewed quarterly and 11 new lines were due to be introduced.
- 8.19 The shop manager consulted with prisoners by attending intermittent general or wing-based consultative committees, and by speaking informally to prisoner representatives. There had been no formal survey of prisoner views.
- 8.20 Prisoners could order from three catalogues for general, clothing and CD purchases through a wing application. However, the delivery of their orders involved DHL, prisoners' monies, the

external store and reception. Delays in delivery were excessive as there were some bureaucratic and inflexible elements to the process – for example, deliveries or collections from the external store and reception only occurred once a week. We were also told that only prisoners on enhanced regime status could make catalogue purchases, which was too restrictive.

Recommendations

- 8.21 Procedures to process prisoners' catalogue purchases should be speeded up, and a reasonable standard time for delivery established and communicate.
- 8.22 All prisoners should be able to make catalogue purchases.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The reducing reoffending policy and needs analysis, as well as identified development objectives, were out of date. The reducing reoffending strategy group had not met since September 2009. There were, however, indications of some slow progress since the appointment of the new head of reducing reoffending in July 2010.
- 9.2 The function of resettlement had stagnated before the head of reducing reoffending came into post in July 2010. The head of the offender management unit (OMU) had been in post throughout this time and developments in the work of this department, including public protection, had continued appropriately. The wider work of the small resettlement team and resettlement pathways had also continued to function, but there was little strategic direction. There had been no meeting of the reducing reoffending strategy group since September 2009. Progress since July 2010 had been steady, but slow.
- 9.3 There was a reducing reoffending policy for 2010-11 but it was out of date and the identified strategic objectives related to the previous year. The prison was updating the document and setting new development objectives for 2011-12. At the time of the inspection, the reducing reoffending strategy group had still not met, although its constitution and terms of reference had been agreed.
- 9.4 The last needs analysis had been undertaken for 2009-10 and had been based on offender assessment system (OASys) assessments, but as these only covered prisoners serving sentences over 12 months (approximately 45% of the population) the analysis had only limited value. Information was collated from the London initial screening and reducing reoffending tool (LISARRT) data (see paragraph 9.11) but this had yet to be analysed to identify the key resettlement needs of the whole population.
- 9.5 Despite this limited progress, there were advanced plans to reorganise the resettlement and reducing reoffending function. With the recent ending of the London Diamond initiative integrated offender management model, the prison had recently recruited two prison officers to double the complement of the resettlement team specifically to develop community links and provision. The OMU was also due to be reorganised to reflect layered offender management.

Recommendations

- 9.6 The reducing reoffending policy should be updated annually to reflect the function and provision of the service accurately.
- 9.7 There should be an up-to-date reducing reoffending strategy document that includes development objectives for each resettlement pathway.

- 9.8 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.

Housekeeping point

- 9.9 The reducing reoffending strategy group should meet at least quarterly to manage and direct the reducing reoffending and resettlement functions of the prison.

Offender management and planning

Expected outcomes:

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

- 9.10 All new arrivals were assessed through the LISARRT assessment tool, although there was no quality assurance system and some prisoners were missed. For prisoners serving less than 12 months or who were on remand, this was the extent of custody planning. All prisoners were invited to a pre-release board but there was no link with the initial assessments. The offender management unit worked well with in-scope prisoners but there remained a backlog of OASys assessments, despite recent improvements. Work with indeterminate-sentenced prisoners was reasonable and public protection arrangement were good.

Sentence planning and offender management

- 9.11 The induction process included a resettlement needs assessment using LISARRT, which had been adapted specifically to the needs of Belmarsh and broadly matched the level and range of provision available. The assessment was undertaken by induction staff and forwarded to the interventions (resettlement) team. Once logged on to the system, referrals were sent to respective pathway leads to take forward necessary work. This formed the extent of custody planning for prisoners on remand (367 at the time of the inspection) or serving sentences of less than 12 months (127).
- 9.12 Although LISARRT was, in principle, a positive initiative, it depended on all prisoners being assessed and referrals to pathways being picked up. We came across a number of individuals who had not been assessed and we were not assured that all referrals were consistently picked up. There was no system to ensure all prisoners were actually assessed, and no quality assurance scheme to ensure the effectiveness of assessments. There was also no mechanism to confirm that referrals to the individual pathways had been picked up.
- 9.13 Copies of assessments, and identified areas for further work, were not forwarded to personal officers or stored in wing files, and no copies were sent to the OMU or given to the prisoner himself. As a consequence, several prisoners who we spoke to were unsure of what referrals had been made and could not remember what areas had been discussed during the assessment. There was little information across the prison on the range of provision available for some pathways, especially housing and finance, benefit and debt, and some prisoners were unaware of what help they could access if their circumstances changed while at Belmarsh. In our survey, fewer respondents than the comparators said they knew who to

speak to about most pathway provision, including accommodation, money and finance, and claiming benefits.

- 9.14 The work of the OMU mitigated the limitations of the LISARRT for prisoners serving sentences over 12 months. At the time of the inspection, 145 prisoners were in scope for offender management (assessed as high or very high risk) and 258 were out of scope (low or medium risk). The unit consisted of two teams. One team was made up of three probation officers (2.75 full-time-equivalents) who managed all very high risk offenders (10 at the time of the inspection) along with some high risk and complex offenders and undertook a range of public protection risk assessments. The other team comprised eight prison officers and one probation service officer who were offender supervisors for all other in-scope prisoners and who completed the OASys for out-of-scope prisoners.
- 9.15 We reviewed the case notes of 35 prisoners managed by the OMU. Generally the quality of work was good. Prisoners were seen regularly, in some cases as often as fortnightly in the early stages of sentence. Offender supervisors were also knowledgeable about prisoners they were responsible for, and communication with community-based offender managers was reasonable. We saw some examples of planned one-to-one work oriented to analysing offences, although this tended to be undertaken by the probation offender supervisors.
- 9.16 Despite this work, many officer offender supervisors continued to express their frustration over their regular use for other functions across the prison. Offender supervisors were used to cover free flow daily and this had been built into the level of staffing for the department. More recently, staff had been drawn upon to cover other functions, such as visits and general wing supervision. As a consequence, on one day during the inspection the department was effectively closed.
- 9.17 Sentence planning arrangements were broadly appropriate. Video and telephone conferencing facilities helped to facilitate contact with offender managers unable to attend meetings. Arrangements for sentence planning boards for out-of scope prisoners had been reorganised in February 2011 and were now properly scheduled and chaired by one of the probation offender supervisors. However, there was a backlog of OASys and sentence plans for out-of-scope prisoners. In October 2010, there had been a considerable backlog of assessments and a new allocation system had been introduced. At the time of the inspection, all new cases since October had been completed or allocated for completion. Although the backlog was being slowly reduced, it was not known how many that pre-dated October were still outstanding. In our survey, only 28% of respondents said they had a sentence plan, against the comparator of 42%.
- 9.18 Approximately 90 prisoners a month were released from Belmarsh. The prison ran weekly pre-release boards that were divided into those with two weeks or less to go and those with approximately eight weeks before release. Boards were generally well organised with representatives from resettlement pathways, including Jobcentre Plus, the counselling, assessment, referral, advice and throughcare service (CARATs) and housing, to give advice. There were, however, no links between the original LISARRT and these boards. As a consequence, the identification of concerns and referrals to pathways for many prisoners started again, often too late to have a significant impact.

Recommendations

- 9.19 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.
- 9.20 LISARRT assessments should be copied to prisoners, the wings and the offender management unit to ensure that appropriate support to prisoners is available.
- 9.21 All appropriate prisoners should have a completed and up-to-date OASys assessment.
- 9.22 Officer offender supervisors should only be used for other functions in the case of an emergency or in line with agreed levels.
- 9.23 Pre-release boards should have copies of the original LISARRT assessments available to inform and support their work.

Categorisation

- 9.24 Arrangements for recategorisation were generally sound. Prisoners were automatically reviewed at set points depending on their length of sentence. At the time of the inspection, there were 187 category C prisoners and a further 22 who were category D. We were told that there had been some recent difficulties in moving prisoners, especially those categorised as D, primarily due to a recent reduction in availability in local category D prisons. Although there were arrangements with HMP Bure for the transfer of sex offenders, we were told that there were sometimes considerable delays in finding transfer places for those who denied their offences.

Public protection

- 9.25 There were good arrangements to manage public protection. All new arrivals were screened for harassment and child protection concerns and subsequent reviews were undertaken monthly. At the time of the inspection, 81 prisoners were subject to such arrangements.
- 9.26 New arrivals were also screened to identify potential multi-agency public protection arrangements (MAPPA) offences as early as possible. In most cases, there was little active involvement with these prisoners until the last six months of their sentence, when all cases were reviewed and there were detailed assessments by one of the probation offender supervisors. At the time of the inspection, 71 prisoners were categorised with a MAPPA level, including 10 MAPPA level three, and a further 121 were awaiting a decision on their category. A further 257 prisoners were charged with or awaiting sentence for offences that made them potential MAPPA cases.
- 9.27 The interdepartmental risk management team met monthly.

Indeterminate-sentenced prisoners

- 9.28 At the time of the inspection, the prison held 83 indeterminate-sentenced prisoners – 61 lifers and 22 on indeterminate sentences for public protection (IPP). Most of these prisoners were held on house block one. All indeterminate-sentenced prisoners were allocated to an offender

supervisor, and there were indications of regular and appropriate contact. Prisoners were reasonably positive about their level of contact; all those we spoke to had sentence plans and most had targets that included the completion of programmes at Belmarsh.

- 9.29 There was no other specific provision for this group of prisoners. Lifer forums had taken place previously but had not done so for some time. There were no lifer family days, although enhanced status prisoners could access generic ones offered four times a year (see paragraph 9.66). There was no mechanism to identify or offer support to potential lifers currently on remand.

Recommendation

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

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.31 Housing and accommodation provision was underdeveloped. Although prisoners with accommodation needs were identified at induction, there was little support and follow-up work, virtually no face-to-face contact with prisoners, very few referrals to community providers and 11% of prisoners were released with no fixed accommodation. There was a good focus on employment, training and education, and a successful preparation for work course. Prisoners had a health check before release with community contact for those with mental health needs. Provision for finance, benefit and debt work was limited. There was a basic money management programme, delivered through education, and prisoners could open a bank account before release, but there was no debt management support.

Accommodation

- 9.32 Accommodation provision was poor and not specialist. The one individual working in this area was not connected to any external housing organisation. New arrivals with housing needs were identified during induction but were rarely followed up or seen face to face by the housing worker. Prisoners were generally written to and asked for information or sent application forms for local housing registration. This approach put many prisoners off further contact. Many files we reviewed included requests for information from prisoners that had not been responded to, and there was no further action for many prisoners initially identified with housing needs. In the previous three months, there had been fewer than 20 referrals to community accommodation services (see main recommendation HP52).

- 9.33 Where cases were pursued the prison was little more than a signposting service. Although some links had been made to services in Greenwich and Lewisham boroughs, there was little further afield, and in most cases little was available at the prisoner's point of release.
- 9.34 There was little or no monitoring of outcomes for prisoners to establish the effectiveness of the service or how it could be developed further. The only figure that was collated was that of settled accommodation on release, although this was unreliable. Information was taken from P-Nomis of each prisoner released and if a release address was noted this was regarded as settled accommodation, even if it were temporary. Even with this approach, the prison still recorded a no fixed accommodation rate of around 11% for released prisoners. Although this was an improvement on the previous year's figure, there was no indication that the prison had done anything proactive to lead to this improvement.

Recommendation

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

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.36 Employment, training and education featured well in the reducing reoffending strategy, and the prison had a clear focus on improving the provision based on local and national priorities and the prison needs analysis. There was a good range of short accredited vocational training programmes that provided good employability skills. In some areas, such as catering and barbering, places were unoccupied. There was also good support in education for business enterprise training and courses in self-employment. Links were being re-established with local employers and voluntary support agencies.
- 9.37 The education department provided a well-planned and successful pre-release preparation for work programme. The discharge board worked well with agencies such as Jobcentre Plus and the careers information and advice support (CIAS) provider, Prospects. Prisoners Innovative and New Opportunities (PIANO) was in its early stages but had had recent success in getting four prisoners into employment in construction and a significant number into employability training. Financial support had also been provided for tools and equipment and driving lessons. There were insufficient staff for the CIAS provision to meet the needs of all prisoners requiring the service and support during sentence and before release.

Recommendations

- 9.38 **The prison should develop further links with employers and further education and training providers to support prisoners on release.**
- 9.39 **There should be more careers information and advice support staff to meet the needs of prisoners requiring support throughout their sentences and before release.**

Mental and physical health

- 9.40 There were no dedicated pre-release clinics for prisoners, but health care staff saw prisoners the day before their release for a health check and to give them up to five days of any prescribed medication. Letters outlining their care while in prison were provided for their GPs.

- 9.41 Prisoners under the care of the mental health in-reach team were referred to appropriate community teams who were invited to attend a pre-release meeting to discuss the prisoner's ongoing management on release. If teams were unable to visit the prison, telephone conference calls were arranged to ensure good communication with the community teams.
- 9.42 There was no palliative care policy, although the prison had developed links with a local palliative care organisation.

Recommendation

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

Finance, benefit and debt

- 9.44 Although there had been some recent developments under this pathway, it still remained underdeveloped. New arrivals were asked about their financial circumstances and any debt problems during induction, but there was no information to indicate the extent of this problem. There was no debt management provision for prisoners, although if their families had debt problems they could be referred to PACT (Parents and Children Together) who had access to some debt management services in the community (see also paragraph 9.67).
- 9.45 There were arrangements for prisoners to open a bank account before their release and a representative from a bank attended the prison most months. Prisoners were usually referred to this provision through pre-release boards. The education department had also recently started a personal money management course.

Recommendation

- 9.46 **The prison should provide specialist finance and debt advice and support to prisoners.**

Drugs and alcohol

9.47 Drug and alcohol strategy initiatives were well coordinated but the policy document was not informed by a needs analysis and there were no comprehensive action plans. Prisoners, including those with primary alcohol problems, could access one-to-one and group work interventions. Service provision included the short duration programme, as well as acupuncture and self-help groups, and there were good throughcare links with community providers.

- 9.48 Monthly drug strategy meetings were chaired by the head of reducing reoffending and attended by relevant departments. Two local drug intervention programme (DIP) providers were represented, and there were good strategic links with community planning bodies. A designated drug strategy manager was in post to implement and monitor the strategy.
- 9.49 The drug strategy policy document had recently been reviewed but was not informed by a needs analysis. There were also no demand reduction action plan or annual performance targets. The establishment had developed a separate alcohol strategy and the remit of the

counselling, assessment, referral, advice and throughcare (CARAT) service included prisoners with primary alcohol problems.

- 9.50 Drug and alcohol services were provided by a manager and nine workers from CRI (crime reduction initiative) and a team of 11 drug strategy officers. There were appropriate supervision arrangements and access to training for all staff. The CARAT team felt well integrated into the prison and a good level of joint work was evident.
- 9.51 Drug strategy officers saw new arrivals on the first night unit, gave them harm minimisation advice verbally and in written format, and made referrals to CARATs. There were currently four CARAT peer mentors for the different house blocks who offered induction input, promoted the service and also helped with integrated drug treatment system (IDTS) groups.
- 9.52 Since April 2011, there was no longer a key performance target but the CARAT team worked to a locally agreed target of 90 initial assessments a month. At the time of the inspection, 587 prisoners had engaged with the service, including alcohol-only clients. In line with national policy, CARAT documentation had changed significantly and the service had introduced 'node mapping' – an aid to individual goal setting and to structure client contact. Care plans were detailed and of good quality.
- 9.53 Prisoners could access structured one-to-one work supplemented by in-cell work packs as well as the full range of IDTS modules, which were jointly delivered by substance misuse nurses, drug strategy officers, gym and CARAT staff. Those with primary alcohol problems could undertake a six-session alcohol course and Alcoholics Anonymous self-help groups. There were separate group work sessions for vulnerable prisoners.
- 9.54 Prisoners with drug or drug and alcohol problems could also access the short duration drug programme (SDP), which was well established and managed. In the previous 12 months, 120 prisoners had started the programme and 93, against a target of 78, had successfully completed the course. The SDP team consisted of a treatment manager (a senior officer), two facilitators who were officers and a SDP CARAT worker. Groups ran at the Wilson Centre, a designated building for substance misuse interventions. Here prisoners could also attend for auricular acupuncture and smoking cessation support. Interview and group work rooms were also due to open on house block four, where prisoners on methadone prescriptions were located.
- 9.55 There was a good level of joint working between service providers and departments. CARAT workers contributed five-day IDTS clinical reviews and attended weekly mental health team meetings. Strong throughcare links had been developed with local DIP teams, and designated prison link workers visited regularly. Premises outside the gate were being refurbished to accommodate workers from DIPs and from ADFAM (a support group for families of drug and alcohol users), and the prison had appointed two link intervention officers whose remit included throughcare work with drug users.
- 9.56 Compact based drug testing (CBDT) was carried out by drug strategy officers, who met the target of 220 prisoners on compacts and undertook testing with the required frequency. The majority of prisoners had signed up to incentive based testing linked to their work. Voluntary testing was only available on spur one of house block two, but the 74 prisoners located there did not receive any additional support and the remit of the voluntary drug testing unit (VTU) was unclear.
- 9.57 Overall, prisoners were positive about the help they received from CARAT staff and drug strategy officers. In our survey, 86% of respondents said the intervention they received for a

drug or alcohol problem had been useful, compared with 75% in 2009 and the comparator of 77%.

Recommendation

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

Housekeeping point

- 9.59 The remit of the voluntary drug testing unit should be reviewed and clarified.

Children and families of offenders

- 9.60 Provision to support the children and families of prisoners was generally good. PACT provided good support and the family man programme was an effective intervention. Visits were managed well, although survey results indicated some continued frustrations. Quarterly family visits were restricted to the small number of enhanced prisoners.
- 9.61 PACT (Parents and Children Together) ran the visitors' centre, which was large and well organised. The centre sold drinks and snacks and provided a good range of information, and staff were on hand to offer advice to visitors. PACT had a range of community contacts with whom they could put visitors in touch where required.
- 9.62 Social visits were available six days a week from 2.15pm to 4pm, with Wednesday allocated to staff training. The centre was open from 8am, and visitors could book in from 12.30pm. Although busy, we observed staff dealing with visitors in a respectful manner. Nevertheless, due to the necessary security required, it took around an hour for most visitors to get through to the visits hall.
- 9.63 Visitors told us that staff were generally pleasant and respectful towards them, but they were often frustrated by the time it took and the inconsistencies involved in visits. For example, visitors were told that they could not wear certain clothes or bring certain articles into the visits hall that they had been able to previously. In our survey, only 29% of respondents, against the comparator of 49%, said that their family or friends were treated well by visits staff. There had been no recent prison survey of visitors to ascertain their experiences and views.
- 9.64 The visits hall and connected waiting area where dog searches were carried out had recently been refurbished. The areas were large and bright, but drab. The extended area now offered sufficient space for 63 (from 58) visits at each session. There was a snack bar staffed by the Samaritans and a children's play area staffed by a combination of volunteers and PACT staff.
- 9.65 Prisoners moved to visits at free-flow – usually about 2pm – and usually went straight into the visits area. Recent problems with prisoners having to wait in a corridor outside the visits hall appeared to have been resolved at the time of the inspection. There were two large waiting areas for prisoners but they were usually only used for prisoners waiting for legal visits. Nevertheless, they were scruffy, dirty and had a considerable amount of graffiti. Prisoners were expected to wear very bright coloured bibs for the duration of the visit which, given the amount of security, was disproportionate.

- 9.66 The prison ran four family days a year, which was not adequate to meet the needs of the population. Prisoners could also only attend if they were enhanced status, which excluded the majority of the population.
- 9.67 The PACT team attended pre-release boards (see paragraph 9.18) and picked up referrals from prisoners wanting help for their families and support in maintaining contact. The prison also had a well-established family man programme to help prisoners develop and maintain ties and relationships with their families, not just their children. The programme ran for nine weeks and was delivered four times a year. PACT also had a significant input to this programme. A family day visit was facilitated at the conclusion of the programme and prisoners did not have to be enhanced status to qualify for this.

Recommendations

- 9.68 The prison should survey visitors on their experience of visits, and recommendations from this should be incorporated into the reducing reoffending policy.
- 9.69 Prisoners should not have to wear bibs during visits.
- 9.70 Visitors holding rooms should be decorated and cleaned.
- 9.71 Family visits should be available to all prisoners.

Attitudes, thinking and behaviour

- 9.72 The range of accredited offending behaviour programmes had increased and the planned introduction of CALM (controlling anger and learning to manage it) was expected to offer over 100 offending behaviour spaces in the next 12 months. Waiting lists were appropriately managed but there was little available for the few sex offenders.
- 9.73 There had been an increase in the number and range of accredited programmes since the last inspection. This had followed a needs assessment across the high security estate. The COVAID (control of violence for angry impulsive drinkers) programme had been introduced in 2009 and was delivered along with the short duration drug programme (see paragraph 9.54) and the thinking skills programme. Staff had recently undertaken facilitator training to run the CALM programme, scheduled to be delivered later in 2011. The prison expected to facilitate 112 prisoners through these three programmes in the next 12 months. Waiting lists for programmes were not excessive and were generally well managed. A range of criteria for prioritising prisoners for programmes had been agreed and were appropriate.
- 9.74 Staff in the psychology department had recently completed training to undertake assessments of the small number of sex offenders held by the prison. Although this population could access the thinking skills programme, there was limited access for the sex offender treatment programme at other establishments. For those with little motivation to address their offending behaviour or who denied their offence, progress was slow and provision at other prisons was limited. The prison had tried to introduce the A2Z motivational enhancement programme but had failed to secure the necessary funding.

Recommendation

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

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

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- 10.1 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)
 - 10.2 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)
 - 10.3 Multidisciplinary case management arrangements for prisoners held in the high security unit and special secure unit should be improved. (HP48)
 - 10.4 Managers should monitor relationships between staff and prisoners and endeavour to build more appropriate and constructive relationships. (HP49)
 - 10.5 The application and complaint systems should be reviewed and prisoners consulted to understand their dissatisfaction with both processes. (HP50)
 - 10.6 The number of purposeful activities should be increased to meet the needs of the population. (HP51)
 - 10.7 The prison should introduce specialist housing advice for all prisoners. (HP52)

Recommendations

To Prison Escort and Custody Services

-
- 10.8 Escort vans should be free of graffiti and in good working order. (1.11)
 - 10.9 Prisoners should be returned from court when their case has finished. (1.12)

Recommendations

To the governor

Courts, escorts and transfers

-
- 10.10 Prisoners should be moved from reception to their residential units as soon as they are ready. (1.13)
 - 10.11 Prisoners should be given information about the prison at court in a language they understand. (1.14)
 - 10.12 Prisoners being produced in court should be given an adequate meal before departure. (1.15)

- 10.13 Prisoners should be offered smart clothing for a court appearance if they have none of their own. (1.16)
- 10.14 Property and private cash should accompany prisoners to court appearances. (1.17)

First days in custody: reception

- 10.15 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)
- 10.16 Prisoners in reception should be offered cold and hot drinks on arrival and hourly. (1.29)
- 10.17 The prisoner orderlies in reception should be routinely introduced to each new arrival and should offer a confidential Listener session. (1.30)
- 10.18 New arrivals without funds should be advanced sufficient funds to buy a full reception pack. (1.31)

First days in custody: first night

- 10.19 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)
- 10.20 All new arrivals should be offered a shower on their first night. (1.40)

First days in custody: induction

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

Residential units: accommodation and facilities

- 10.22 Toilets should be descaled and kept clean, and those in single cells should have adequate screening. (2.9)
- 10.23 Cells and recess areas should be redecorated and suitably refurbished. (2.10)
- 10.24 Emergency cell call bells should be responded to within five minutes, and governance arrangements to monitor this should be improved. (2.11)
- 10.25 Delays in delivering and sending out mail should be reduced. (2.12)
- 10.26 Consultation arrangements with prisoners should be improved. (2.13)

Residential units: clothing and possessions

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

- 10.28 Stocks of clothing and bedding should be increased and should be available for exchange weekly. (2.21)
- 10.29 Applications for access to stored property should be dealt with within a week. (2.22)

Residential units: hygiene

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

High security unit/special secure unit

- 10.31 The physical environment in the high security units should be improved, and showers should be refurbished. (2.34)
- 10.32 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)
- 10.33 The regime on the high security units should be improved. (2.36)
- 10.34 Support services for high security unit staff should be improved and delivered in line with operating standards. (2.37)

Staff-prisoner relationships

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

Personal officers

- 10.36 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)
- 10.37 The quality assurance of personal officer work should be improved. (2.51)

Bullying and violence reduction

- 10.38 There should be a prisoner survey and regular consultation with prisoners to help inform the anti-bullying strategy. (3.11)
- 10.39 All alleged bullying incidents and reported violent incidents should be fully investigated. (3.12)

Vulnerable prisoners

- 10.40 Vulnerable prisoners should receive an induction equivalent to that for prisoners on main location. (3.18)
- 10.41 All vulnerable prisoners should be kept in a safe environment and be able to access a full regime. (3.19)
- 10.42 The role of the contingency unit should be made clear and the policy document describing its use should be fully implemented. (3.20)

Self-harm and suicide

- 10.43 Case management and support arrangements for prisoners at risk of self-harm in the health care centre should be improved. (3.31)
- 10.44 Entries in assessment, care in custody and teamwork (ACCT) documents should always reflect a high standard of prisoner care. (3.32)
- 10.45 All prisoners at risk of self-harm should be properly occupied during the day. (3.33)

Applications and complaints

- 10.46 Applications should be responded to expeditiously and a log of response times kept. (3.41)
- 10.47 Applications should be treated confidentially and not left on landings unattended. (3.42)
- 10.48 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)

Legal rights

- 10.49 Prisoners should be facilitated to telephone their legal representatives when required. (3.52)
- 10.50 The legal services officer should receive formal training. (3.53)

Faith and religious activity

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

Substance use: clinical management

- 10.52 First night prescribing regimes for opiate-dependent prisoners should be in line with national guidance. (3.72)
- 10.53 The stabilisation unit should have designated 24-hour nurse cover and the facilities to administer substitute opiate treatment. (3.73)
- 10.54 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)
- 10.55 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (3.75)
- 10.56 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)

Substance use: drug testing

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

Diversity

- 10.58 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)
- 10.59 All staff should receive 'challenge it, change it' training. (4.8)

Diversity: race equality

- 10.60 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)
- 10.61 Racist incident report forms should be collected daily by the race equality officer or designated deputy rather than by the night staff. (4.23)
- 10.62 There should be interventions for prisoners displaying racist behaviour. (4.24)
- 10.63 Consultation meetings with black and minority ethnic prisoners should be introduced and held regularly. (4.25)

Diversity: foreign nationals

- 10.64 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)

Diversity: disability and older prisoners

- 10.65 There should be regular forums with prisoners with disabilities and older prisoners. (4.46)
- 10.66 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)
- 10.67 Personal emergency and evacuation plans (PEEPs) should be meaningful and include a full synopsis of the individual prisoner's needs and problems. (4.48)
- 10.68 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)
- 10.69 Prisoners over the age of retirement should not have to pay for their television. (4.50)

Diversity: gender and sexual orientation

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

Health services: general

- 10.71 The reception health care room should be refurbished to ensure patient confidentiality, staff safety and compliance with infection control guidance. (5.9)
- 10.72 A health care worker should be designated to ensure that the health and social care needs of older prisoners are met. (5.10)

Health services: clinical governance

- 10.73 There should be appropriately trained and graded nursing staff and support staff to support the health service. (5.25)
- 10.74 The current discipline officer provision to health care should be reviewed to ensure the optimum clinical and discipline support is provided. (5.26)
- 10.75 Clinical staff with specialist qualifications should be able to practise their skills. (5.27)
- 10.76 Clinical supervision should be encouraged and supported. (5.28)
- 10.77 There should be health care staff stability on the house blocks to provide continuity of care for patients. (5.29)
- 10.78 The new resuscitation equipment should be introduced as a matter of urgency, and it should be subject to regular audit. (5.30)
- 10.79 There should be a dedicated health care forum for prisoners, chaired by a senior nurse. (5.31)

Health services: primary care

- 10.80 Secondary health screening for new arrivals should be completed in the required time, and this should be subject to regular audit. (5.43)
- 10.81 Patients who require specialist medical equipment should receive this without delay. (5.44)
- 10.82 The health care application system should be reviewed to ensure it is efficient and confidential. (5.45)
- 10.83 Nurses should use triage algorithms to ensure consistency of care. (5.46)
- 10.84 Prisoners should be able to book GP appointments in advance. (5.47)
- 10.85 Prisoners with lifelong conditions should be monitored regularly by appropriately trained nursing staff. (5.48)
- 10.86 Barrier protection should be freely available to prisoners. (5.49)

- 10.87 The telemedicine facility should be used to improve patient care and reduce the necessity for some prisoners to attend NHS hospitals. (5.50)
- 10.88 There should be consistency in the nursing staff who deliver health support to the high security unit. (5.51)

Health services: pharmacy

- 10.89 Prisoners should have access to a complete pharmaceutical service, including pharmacy-led clinics, counselling sessions, clinical audit and medicine review. (5.59)
- 10.90 Patient group directions (PGDs) should be expanded to enable nurses and the pharmacist to supply more potent medications by. A copy of the original PGD should be held in the pharmacy and read and signed by all relevant staff. (5.60)
- 10.91 The in-possession policy should ensure that the quantity of medication supplied corresponds to the correct number of in-possession days prescribed. (5.61)

Health services: dentistry

- 10.92 The dental surgery should be refurbished to meet infection control guidelines. (5.71)
- 10.93 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)
- 10.94 A separate decontamination room should be installed in the dental surgery to ensure compliance with Department of Health regulation. (5.73)

Health services: inpatient care

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

Health services: mental health

- 10.96 Registered mental health nurses should be able to carry individual caseloads to ensure there is sufficient primary mental health support for prisoners. (5.88)
- 10.97 The occupational therapist should have access to clinical supervision. (5.89)

Time out of cell

- 10.98 Prisoners should be fully occupied in work or education during the core day. (6.7)
- 10.99 All prisoners should have more time out of cell. (6.8)
- 10.100 All prisoners should have at least one hour's exercise in the open air every day. (6.9)

Learning and skills and work activities: leadership and management

- 10.101 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)

Learning and skills and work activities: vocational training

- 10.102 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)

Learning and skills and work activities: education

- 10.103 There should be sufficient staff allocated to the Storybook Dads service to meet demand. (6.44)
- 10.104 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)

Learning and skills and work activities: library

- 10.105 The library should open at weekends and in the evenings to increase access for prisoners in work. (6.51)
- 10.106 Access to the library should be improved for prisoners who do not attend education classes. (6.52)

Physical education and health promotion

- 10.107 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)
- 10.108 The prison should increase the number of prisoners accessing the gym and recreational PE. (6.62)
- 10.109 Showers in the main gym area should be screened for privacy. (6.63)

Security and rules

- 10.110 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)
- 10.111 Prisoners should only be placed on closed visits when there is sufficient intelligence to support this. (7.15)
- 10.112 The dedicated searching team should keep records of the authorisation and number of squat searches conducted, and managers should review these regularly. (7.16)

Discipline: disciplinary procedures

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

Discipline: the use of force

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

10.115 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)

Discipline: segregation unit

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

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

10.118 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)

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

10.120 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)

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

Incentives and earned privileges

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

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

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

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

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

Catering

- 10.127 Lunch should be served no earlier than noon. (8.9)
- 10.128 The temperature of food should be checked daily at every servery and the results logged. (8.10)
- 10.129 Prisoners should be offered the opportunity to dine in association where possible. (8.11)
- 10.130 Prisoners required to take meals in their cells should have a table and chair to sit at. (8.12)
- 10.131 Food comments books should be freely available at every servery and there should be weekly response to constructive comments. (8.13)

Prison shop

- 10.132 Procedures to process prisoners' catalogue purchases should be speeded up, and a reasonable standard time for delivery established and communicate. (8.21)
- 10.133 All prisoners should be able to make catalogue purchases. (8.22)

Strategic management of resettlement

- 10.134 The reducing reoffending policy should be updated annually to reflect the function and provision of the service accurately. (9.6)
- 10.135 There should be an up-to-date reducing reoffending strategy document that includes development objectives for each resettlement pathway. (9.7)
- 10.136 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)

Offender management and planning: sentence planning and offender management

- 10.137 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)
- 10.138 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)
- 10.139 All appropriate prisoners should have a completed and up-to-date OASys assessment. (9.21)
- 10.140 Officer offender supervisors should only be used for other functions in the case of an emergency or in line with agreed levels. (9.22)

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

Offender management and planning: indeterminate-sentenced prisoners

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

Resettlement pathways: accommodation

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

Resettlement pathways: education, training and employment

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

10.145 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)

Resettlement pathways: mental and physical health

10.146 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)

Resettlement pathways: finance, benefit and debt

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

Resettlement pathways: drugs and alcohol

10.148 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)

Resettlement pathways: children and families of offenders

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

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

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

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

Resettlement pathways: attitudes, thinking and behaviour

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

Housekeeping points

Courts, escorts and transfers

- 10.154 The dogs present at prisoner movements on and off escort vans should be kept under control so that they do not intimidate prisoners unnecessarily. (1.18)

First days in custody: reception

- 10.155 All holding rooms should display a comprehensive range of information about the prison and contain reading material for prisoners. (1.32)

First days in custody: first night

- 10.156 First night cells should be equipped with a pillow for each occupant. (1.41)
- 10.157 A log of the location of first night prisoners should be displayed in the office of the first night wing. (1.42)

First days in custody: induction

- 10.158 The prison should check the accuracy of translated induction material. (1.49)
- 10.159 The induction presentation should include information about the incentives and earned privileges scheme. (1.50)

Residential units: accommodation and facilities

- 10.160 The offensive materials display policy should be adhered to. (2.14)
- 10.161 Notices advising prisoners that their telephone calls are subject to monitoring should be displayed in a range of languages. (2.15)

Residential units: clothing and possessions

- 10.162 Prisoners should be allowed to have duvets and curtains as earned privileges. (2.23)

High security unit/special secure unit

- 10.163 Management of the high security unit servery should be improved, and prisoners should be permitted to dine in association. (2.38)

Application and complaints

- 10.164 Complaint forms should be quality assured each month by a member of the senior management board. (3.44)

Legal rights

- 10.165 The legal services officer's duties should be covered during his absence. (3.54)
- 10.166 The bail information officer's duties should be covered in her absence. (3.55)
- 10.167 The system for booking legal visits should be reviewed to ensure that it operates at optimum efficiency. (3.56)

Diversity

- 10.168 The Travellers consultation meeting should take place more frequently. (4.9)
- 10.169 Attendance at the equality diversity action team meeting should be improved. (4.10)

Diversity: race equality

- 10.170 The list of prisoners displaying racist behaviour should be shared with the race equality officer. (4.26)

Diversity: foreign nationals

- 10.171 Foreign national prisoners should only need to apply once, rather than monthly, for a free five-minute telephone call. (4.39)

Health services: general

- 10.172 Health care rooms used for clinical purposes should not have carpets. (5.11)
- 10.173 Health promotion for prisoners should be improved. (5.12)
- 10.174 Medicine trolleys should be secured to the fabric of the building when not in use. (5.13)

Health services: clinical governance

- 10.175 There should be regular minuted staff meetings to inform staff, discuss issues affecting health and improve staff relationships. (5.32)

Health services: pharmacy

- 10.176 The regular checks of controlled drugs should also cover the expiry date. (5.62)
- 10.177 All stakeholders should be represented at medicines and therapeutics committee meetings. (5.63)
- 10.178 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in all health care areas. Corrective action should be taken where necessary and monitored by pharmacy staff. (5.64)

10.179 Calibration records for methadone dispensing equipment should be audited regularly. (5.65)

10.180 Old pharmacy reference books should be removed and only the most recent copy kept. (5.66)

Learning and skills and work activities: leadership and management

10.181 The use of data should be improved to monitor participation, equality of access and achievements in learning and skills and provide clear information on which to base future learning and skills development. (6.18)

Learning and skills and work activities: vocational training

10.182 The roles and responsibilities for the management of vocational training should be clarified and staff should understand their roles. (6.35)

Learning and skills and work activities: library

10.183 A catalogue of library resources should be available to prisoners using outreach services. (6.53)

Physical education and health promotion

10.184 The PE department should analyse participation data to ensure fair and equitable access to the gym and recreational facilities. (6.64)

Security and rules

10.185 Action points identified at security committee meetings should be addressed promptly and should clearly demonstrate the action taken on each intelligence objective. (7.17)

Discipline: disciplinary procedures

10.186 Analysis of adjudication data should be developed to enable the identification of patterns and trends over time and for appropriate action to be taken to address any concerns. (7.26)

10.187 The local punishment tariff should be published for prisoners. (7.27)

10.188 Managers should ensure that data presented to the adjudicators meeting are accurate. (7.28)

Discipline: segregation unit

10.189 Toilets in cells in the segregation unit should be clean. (7.55)

Incentives and earned privileges

10.190 Procedures to verify prisoners' enhanced status attained at a previous establishment should minimise delays in retaining their status. (7.71)

Strategic management of resettlement

10.191 The reducing reoffending strategy group should meet at least quarterly to manage and direct the reducing reoffending and resettlement functions of the prison. (9.9)

Resettlement pathways: drugs and alcohol

10.192 The remit of the voluntary drug testing unit should be reviewed and clarified. (9.59)

Examples of good practice

10.193 First night staff considered a range of information when deciding which new arrivals should share cells to enhance their feelings of safety and avoid tensions. (1.43)

10.194 The Islamic awareness weekly class raised awareness and cultural tolerance among prisoners of different faiths. (3.64)

10.195 Prisoner diversity representatives were empowered to deal with issues on the wings and had a positive experience of dealing with or signposting diversity issues. (4.11)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Andrew Rooke	Inspector
Andrea Walker	Inspector
Samantha Booth	Senior researcher
Michael Skidmore	Research officer
Rachel Murray	Research officer

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Bridget McEvilly	Health services inspector
Eileen Robson	Pharmacy inspector
Bob Cowdrey	Ofsted inspector
Maria Navarro	Ofsted inspector
Sandra Summers	Ofsted inspector

Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	2	464	53.9
Recall		13	1.5
Convicted unsentenced		128	14.8
Remand	3	231	27.1
Detainees		2	0.2
Total	5	838	

Sentence	18-20 yr olds	21 and over	%
Unsentenced	3	354	40.1
Less than 6 months		107	12
6 months to less than 12 months	1	35	4
12 months to less than 2 years		81	9.1
2 years to less than 4 years		85	9.6
4 years to less than 10 years		112	12.6
10 years and over (not life)		35	3.9
ISPP			
Life	1	76	8.7
Total	5	885	100

Age	Number of prisoners	%
Under 21 years	5	0.6
21 years to 29 years	391	43.9
30 years to 39 years	261	29.3
40 years to 49 years	167	19.8
50 years to 59 years	46	5.2
60 years to 69 years	18	2
70 plus years	2	0.2
Total	890	100

Nationality	18-20 yr olds	21 and over	%
British	2	678	76.4
Foreign nationals	2	184	20.9
Total	4	862	

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced		46	5.2
Cat A	4	63	
Cat B		74	8.3
Cat C		166	18.7
Cat D		22	2.5
Other		514	
Total	4	885	

Ethnicity	18-20 yr olds	21 and over	%
<i>White:</i>			
British	1	396	44.6
Irish		11	1.2
Other white	1	80	9.1
<i>Mixed</i>			
White and black Caribbean		22	2.5
White and black African		4	0.4

White and Asian		1	0.1
Other mixed		23	2.6
<i>Asian or Asian British</i>			
Indian		18	2
Pakistani		10	1.1
Bangladeshi		5	0.6
Other Asian		20	2.2
		[53]	[6.0%]
<i>Black or black British:</i>			
Caribbean		89	10
African	1	57	6.5
Other black	1	84	9.6
	[2]	[230]	[26.1%]
<i>Chinese or other ethnic group:</i>			
Chinese		5	0.6
Other ethnic group	1	15	1.8
	[1]	[20]	[2.4%]
Not stated		45	5.1
Total	5	885	100

Religion	18–20 yr olds	21 and over	%
Church of England	1	172	19.4
Roman Catholic		126	14.2
Other Christian denominations	1	110	12.5
Muslim	1	137	15.5
Sikh		10	1.1
Hindu		3	0.3
Buddhist		15	1.7
Jewish		4	0.4
Other		10	1.1
No religion	1	222	25.1
Total	4	809	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			142	16
1 month to 3 months			165	18.5
3 months to 6 months			79	8.9
6 months to 1 year	2	0.2	116	13
1 year to 2 years			42	4.7
2 years to 4 years			3	0.3
Total	2	0.2	547	61.5

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.3	153	44.9
1 month to 3 months	1	0.3	93	27.3
3 months to 6 months	1	0.3	55	13.1
6 months to 1 year			30	8.8
1 year to 2 years			7	2.1
Total	3	0.3%	338	38

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 6 April 2011, the prisoner population at HMP Belmarsh was 865. The sample size was 216. Overall, this represented 25% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. Two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 198 respondents completed and returned their questionnaires. This represented 23% of the prison population. The response rate was 92%. In addition to the 11 respondents who refused to complete a questionnaire, three questionnaires were not returned and four were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Belmarsh in 2009.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between the best and worst wings.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2% from those shown in the comparison data as the comparator data have been weighted for comparison purposes.

Survey results

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	3 (2%)
	<i>21 - 29</i>	91 (46%)
	<i>30 - 39</i>	51 (26%)
	<i>40 - 49</i>	35 (18%)
	<i>50 - 59</i>	12 (6%)
	<i>60 - 69</i>	5 (3%)
	<i>70 and over</i>	1 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	99 (52%)
	<i>Yes - on recall</i>	19 (10%)
	<i>No - awaiting trial</i>	50 (26%)
	<i>No - awaiting sentence</i>	21 (11%)
	<i>No - awaiting deportation</i>	3 (2%)
Q1.4	How long is your sentence?	
	Not sentenced	76 (40%)
	<i>Less than 6 months</i>	28 (15%)
	<i>6 months to less than 1 year</i>	17 (9%)
	<i>1 year to less than 2 years</i>	16 (8%)
	<i>2 years to less than 4 years</i>	16 (8%)
	<i>4 years to less than 10 years</i>	17 (9%)
	<i>10 years or more</i>	8 (4%)
	<i>IPP (indeterminate sentence for public protection)</i>	1 (1%)
	<i>Life</i>	12 (6%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	Not sentenced	76 (44%)
	<i>6 months or less</i>	58 (33%)
	<i>More than 6 months</i>	40 (23%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	53 (27%)
	<i>1 to less than 3 months</i>	57 (29%)
	<i>3 to less than 6 months</i>	35 (18%)
	<i>6 to less than 12 months</i>	27 (14%)
	<i>12 months to less than 2 years</i>	13 (7%)
	<i>2 to less than 4 years</i>	7 (4%)
	<i>4 years or more</i>	3 (2%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	34 (17%)
	<i>No</i>	162 (83%)

Q1.8 Is English your first language?
 Yes 162 (86%)
 No 27 (14%)

Q1.9 What is your ethnic origin?

<i>White - British</i>	97 (49%)	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)
<i>White - Irish</i>	2 (1%)	<i>Asian or Asian British - other..</i>	1 (1%)
<i>White - other</i>	23 (12%)	<i>Mixed race - white and black Caribbean</i>	5 (3%)
<i>Black or black British - Caribbean</i>	31 (16%)	<i>Mixed race - white and black African</i>	1 (1%)
<i>Black or black British - African</i>	17 (9%)	<i>Mixed race - white and Asian</i> .	0 (0%)
<i>Black or black British - other ..</i>	0 (0%)	<i>Mixed race - other</i>	8 (4%)
<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Chinese</i>	3 (2%)
<i>Asian or Asian British - Pakistani</i>	3 (2%)	<i>Other ethnic group</i>	1 (1%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?
 Yes 8 (4%)
 No 183 (96%)

Q1.11 What is your religion?

<i>None</i>	48 (25%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	49 (26%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	35 (18%)	<i>Muslim</i>	32 (17%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	2 (1%)
<i>Other Christian denomination</i>	15 (8%)	<i>Other</i>	4 (2%)
<i>Buddhist</i>	3 (2%)		

Q1.12 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	183 (97%)
<i>Homosexual/gay</i>	2 (1%)
<i>Bisexual</i>	2 (1%)
<i>Other</i>	1 (1%)
<i>If other, please specify</i>	1 (100%)

Q1.13 Do you consider yourself to have a disability?
 Yes 32 (16%)
 No 162 (84%)

Q1.14 How many times have you been in prison before?

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
68 (35%)	29 (15%)	46 (24%)	52 (27%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

1 98 (52%)	2 to 5 72 (39%)	More than 5 17 (9%)
---------------	--------------------	------------------------

Q1.16 Do you have any children under the age of 18?

Yes	101 (52%)
No	92 (48%)

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	15 (8%)	68 (35%)	43 (22%)	36 (19%)	21 (11%)	8 (4%)	2 (1%)
Your personal safety during the journey?	14 (8%)	76 (42%)	42 (23%)	30 (17%)	11 (6%)	3 (2%)	3 (2%)
The comfort of the van?	4 (2%)	14 (7%)	20 (11%)	73 (39%)	74 (39%)	1 (1%)	2 (1%)
The attention paid to your health needs?	6 (3%)	26 (14%)	59 (31%)	43 (23%)	38 (20%)	7 (4%)	9 (5%)
The frequency of toilet breaks?	6 (3%)	20 (11%)	37 (20%)	33 (18%)	41 (22%)	7 (4%)	39 (21%)

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
72 (37%)	89 (46%)	27 (14%)	3 (2%)	2 (1%)

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
25 (13%)	90 (46%)	54 (28%)	17 (9%)	8 (4%)	1 (1%)

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	127 (66%)	61 (32%)	4 (2%)
Before you arrived here did you receive any written information about what would happen to you?	15 (8%)	167 (88%)	8 (4%)
When you first arrived here did your property arrive at the same time as you?	134 (71%)	45 (24%)	9 (5%)

Section 3: Reception, first night and induction

- Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)**
- | | | | |
|--|-----------|--|-----------|
| <i>Didn't ask about any of these</i> | 32 (17%) | <i>Money worries</i> | 24 (13%) |
| <i>Loss of property</i> | 23 (12%) | <i>Feeling depressed or suicidal</i> | 100 (53%) |
| <i>Housing problems</i> | 50 (27%) | <i>Health problems</i> | 124 (66%) |
| <i>Contacting employers</i> | 18 (10%) | <i>Needing protection from other prisoners</i> | 60 (32%) |
| <i>Contacting family</i> | 100 (53%) | <i>Accessing phone numbers</i> .. | 73 (39%) |
| <i>Ensuring dependants were being looked after</i> | 37 (20%) | <i>Other</i> | 11 (6%) |
- Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|--|----------|--|----------|
| <i>Didn't have any problems</i> | 42 (24%) | <i>Money worries</i> | 39 (22%) |
| <i>Loss of property</i> | 27 (16%) | <i>Feeling depressed or suicidal</i> . | 35 (20%) |
| <i>Housing problems</i> | 56 (32%) | <i>Health problems</i> | 57 (33%) |
| <i>Contacting employers</i> | 8 (5%) | <i>Needing protection from other prisoners</i> | 19 (11%) |
| <i>Contacting family</i> | 61 (35%) | <i>Accessing phone numbers</i> | 60 (34%) |
| <i>Ensuring dependants were looked after</i> | 13 (7%) | <i>Other</i> | 7 (4%) |
- Q3.3 Please answer the following questions about reception:**
- | | Yes | No | Don't remember |
|---|-----------|----------|----------------|
| Were you seen by a member of health services? | 157 (80%) | 32 (16%) | 8 (4%) |
| When you were searched, was this carried out in a respectful way? | 101 (54%) | 77 (41%) | 10 (5%) |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | Very well | Well | Neither | Badly | Very badly | Don't remember |
|-----------|----------|----------|----------|------------|----------------|
| 12 (6%) | 59 (30%) | 54 (28%) | 43 (22%) | 24 (12%) | 3 (2%) |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|----------|
| <i>Information about what was going to happen to you</i> | 81 (44%) |
| <i>Information about what support was available for people feeling depressed or suicidal</i> | 89 (48%) |
| <i>Information about how to make routine requests</i> | 72 (39%) |
| <i>Information about your entitlement to visits</i> | 89 (48%) |
| <i>Information about health services</i> | 95 (52%) |
| <i>Information about the chaplaincy</i> | 74 (40%) |
| <i>Not offered anything</i> | 44 (24%) |

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	<i>A smokers/non-smokers pack.....</i>	168 (87%)
	<i>The opportunity to have a shower.....</i>	21 (11%)
	<i>The opportunity to make a free telephone call.....</i>	117 (60%)
	<i>Something to eat.....</i>	159 (82%)
	<i>Did not receive anything.....</i>	9 (5%)
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)	
	<i>Chaplain or religious leader</i>	54 (29%)
	<i>Someone from health services</i>	142 (75%)
	<i>A Listener/Samaritans.....</i>	51 (27%)
	<i>Did not meet any of these people.....</i>	31 (16%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	<i>Yes.....</i>	18 (9%)
	<i>No.....</i>	173 (91%)
Q3.9	Did you feel safe on your first night here?	
	<i>Yes.....</i>	127 (65%)
	<i>No.....</i>	57 (29%)
	<i>Don't remember.....</i>	11 (6%)
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course.....</i>	21 (11%)
	<i>Within the first week</i>	142 (72%)
	<i>More than a week</i>	21 (11%)
	<i>Don't remember.....</i>	13 (7%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course.....</i>	21 (11%)
	<i>Yes.....</i>	101 (52%)
	<i>No.....</i>	51 (26%)
	<i>Don't remember.....</i>	20 (10%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
						<i>N/A</i>
	Communicate with your solicitor or legal representative?	10 (5%)	52 (27%)	35 (18%)	49 (26%)	26 (14%)
	Attend legal visits?	14 (8%)	71 (40%)	48 (27%)	16 (9%)	9 (5%)
	Obtain bail information?	3 (2%)	16 (9%)	47 (27%)	36 (21%)	23 (13%)
						47 (27%)

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

Not had any letters 35 (19%)
 Yes 78 (42%)
 No 73 (39%)

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	68 (35%)	97 (51%)	17 (9%)	10 (5%)
Are you normally able to have a shower every day?	119 (62%)	65 (34%)	8 (4%)	0 (0%)
Do you normally receive clean sheets every week?	142 (75%)	29 (15%)	15 (8%)	4 (2%)
Do you normally get cell cleaning materials every week?	117 (61%)	56 (29%)	13 (7%)	5 (3%)
Is your cell call bell normally answered within five minutes?	62 (33%)	71 (37%)	47 (25%)	10 (5%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	118 (64%)	60 (33%)	3 (2%)	3 (2%)
Can you normally get your stored property if you need to?	19 (10%)	86 (46%)	61 (33%)	20 (11%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
3 (2%)	36 (19%)	53 (28%)	48 (25%)	52 (27%)

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet 12 (6%)
 Yes 77 (41%)
 No 101 (53%)

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	48 (25%)	77 (40%)	28 (15%)	9 (5%)	8 (4%)	22 (11%)
An application form	52 (29%)	90 (50%)	17 (9%)	15 (8%)	1 (1%)	6 (3%)

Q4.7 Have you made an application?

Yes 159 (82%)
 No 36 (18%)

- Q4.8 Please answer the following questions concerning applications:**
(If you have not made an application please tick the 'not made one' option.)
- | | Not made one | Yes | No |
|--|---------------------|----------|----------|
| Do you feel <i>applications</i> are dealt with fairly? | 36 (20%) | 71 (39%) | 77 (42%) |
| Do you feel <i>applications</i> are dealt with promptly (within seven days)? | 36 (20%) | 57 (31%) | 88 (49%) |
- Q4.9 Have you made a complaint?**
- | | |
|-----------|-----------|
| Yes | 70 (36%) |
| No | 125 (64%) |
- Q4.10 Please answer the following questions concerning complaints:**
(If you have not made a complaint please tick the 'not made one' option.)
- | | Not made one | Yes | No |
|--|---------------------|----------|----------|
| Do you feel <i>complaints</i> are dealt with fairly? | 125 (67%) | 15 (8%) | 47 (25%) |
| Do you feel <i>complaints</i> are dealt with promptly (within seven days)? | 125 (68%) | 12 (6%) | 48 (26%) |
| Were you given information about how to make an appeal? | 79 (45%) | 27 (15%) | 69 (39%) |
- Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**
- | | |
|-----------------------------------|-----------|
| Not made a complaint | 125 (66%) |
| Yes | 20 (11%) |
| No | 45 (24%) |
- Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**
- | <i>Don't know who they are</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------------------------|------------------|-------------|----------------|------------------|-----------------------|
| 76 (41%) | 4 (2%) | 20 (11%) | 39 (21%) | 32 (17%) | 14 (8%) |
- Q4.13 What level of the IEP scheme are you on now?**
- | | |
|--|-----------|
| Don't know what the IEP scheme is | 26 (13%) |
| <i>Enhanced</i> | 28 (14%) |
| <i>Standard</i> | 125 (64%) |
| <i>Basic</i> | 3 (2%) |
| <i>Don't know</i> | 12 (6%) |
- Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?**
- | | |
|--|----------|
| Don't know what the IEP scheme is | 26 (14%) |
| Yes | 66 (37%) |
| No | 46 (26%) |
| <i>Don't know</i> | 42 (23%) |

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

<i>Don't know what the IEP scheme is</i>	26 (15%)
Yes	60 (35%)
No	52 (30%)
<i>Don't know</i>	34 (20%)

Q4.16 Please answer the following questions about this prison?

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	12 (6%)	177 (94%)
In the last six months have you spent a night in the segregation/care and separation unit?	13 (7%)	171 (93%)

Q4.17 Please answer the following questions about your religious beliefs:

	Yes	No	<i>Don't know/N/A</i>
Do you feel your religious beliefs are respected?	89 (47%)	31 (16%)	68 (36%)
Are you able to speak to a religious leader of your faith in private if you want to?	91 (51%)	18 (10%)	69 (39%)

Q4.18 Can you speak to a Listener at any time if you want to?

	Yes	No	<i>Don't know</i>
	103 (54%)	18 (9%)	71 (37%)

Q4.19 Please answer the following questions about staff in this prison:

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	124 (68%)	58 (32%)
Do most staff treat you with respect?	116 (63%)	67 (37%)

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes	92 (47%)
No	102 (53%)

Q5.2 Do you feel unsafe in this prison at the moment?

Yes	42 (22%)
No	149 (78%)

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	102 (57%)	<i>At mealtimes</i>	10 (6%)
<i>Everywhere</i>	29 (16%)	<i>At health services</i>	10 (6%)
<i>Segregation unit</i>	12 (7%)	<i>Visits area</i>	10 (6%)

Association areas.....	15 (8%)	In wing showers.....	14 (8%)
Reception area	19 (11%)	In gym showers.....	6 (3%)
At the gym.....	5 (3%)	In corridors/stairwells.....	14 (8%)
In an exercise yard	13 (7%)	On your landing/wing.....	10 (6%)
At work.....	6 (3%)	In your cell.....	19 (11%)
During movement.....	21 (12%)	At religious services.....	4 (2%)
At education.....	5 (3%)		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes	31 (16%)	
No.....	164 (84%)	If No, go to question 5.6

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends).....	17 (9%)	Because of your sexuality.....	2 (1%)
Physical abuse (being hit, kicked or assaulted).....	10 (5%)	Because you have a disability	6 (3%)
Sexual abuse.....	1 (1%)	Because of your religion/religious beliefs.....	2 (1%)
Because of your race or ethnic origin.....	7 (4%)	Because of your age.....	5 (3%)
Because of drugs.....	3 (2%)	Being from a different part of the country than others.....	3 (2%)
Having your canteen/property taken	4 (2%)	Because of your offence/crime.....	9 (5%)
Because you were new here..	7 (4%)	Because of gang related issues	4 (2%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes	64 (33%)	
No.....	131 (67%)	If No, go to question 5.8

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends).....	27 (14%)	Because you have a disability	9 (5%)
Physical abuse (being hit, kicked or assaulted).....	15 (8%)	Because of your religion/religious beliefs.....	7 (4%)
Sexual abuse.....	3 (2%)	Because of your age	3 (2%)
Because of your race or ethnic origin.....	13 (7%)	Being from a different part of the country than others.....	2 (1%)
Because of drugs.....	13 (7%)	Because of your offence/crime.....	10 (5%)
Because you were new here..	22 (11%)	Because of gang related issues	2 (1%)
Because of your sexuality.....	0 (0%)		

Q5.8	If you have been victimised by prisoners or staff, did you report it?					
	<i>Not been victimised</i>	119	(65%)			
	Yes	24	(13%)			
	No	40	(22%)			
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?					
	Yes	41	(21%)			
	No	150	(79%)			
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?					
	Yes	70	(36%)			
	No	123	(64%)			
Q5.11	Is it easy or difficult to get illegal drugs in this prison?					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	11 (6%)	13 (7%)	8 (4%)	11 (6%)	19 (10%)	130 (68%)

Section 6: Health services

Q6.1	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	34 (18%)	5 (3%)	36 (19%)	22 (12%)	68 (36%)
	The nurse	27 (15%)	15 (8%)	73 (39%)	30 (16%)	31 (17%)
	The dentist	52 (29%)	2 (1%)	9 (5%)	8 (4%)	54 (30%)
	The optician	71 (39%)	2 (1%)	9 (5%)	9 (5%)	41 (23%)
Q6.2	Are you able to see a pharmacist?					
	Yes	52	(31%)			
	No	117	(69%)			
Q6.3	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	48 (26%)	14 (7%)	39 (21%)	31 (16%)	30 (16%)
	The nurse	27 (15%)	19 (10%)	59 (32%)	31 (17%)	26 (14%)
	The dentist	91 (49%)	8 (4%)	15 (8%)	29 (16%)	18 (10%)
	The optician	106 (60%)	4 (2%)	13 (7%)	24 (13%)	12 (7%)
Q6.4	What do you think of the overall quality of the health services here?					
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>
						<i>Very bad</i>
		20 (10%)	6 (3%)	44 (23%)	49 (26%)	36 (19%)
Q6.5	Are you currently taking medication?					
	Yes	90	(46%)			

No..... 104 (54%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

Not taking medication 104 (54%)
 Yes 50 (26%)
 No..... 37 (19%)

Q6.7 Do you feel you have any emotional well-being/mental health issues?

Yes 69 (36%)
 No..... 123 (64%)

Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

Do not have any issues/not receiving any help 146 (82%)
 Doctor 14 (8%)
 Nurse..... 15 (8%)
 Psychiatrist..... 13 (7%)
 Mental health in-reach team..... 9 (5%)
 Counsellor..... 9 (5%)
 Other..... 6 (3%)

Q6.9 Did you have a problem with either of the following when you came into this prison?

	Yes	No
Drugs	52 (29%)	127 (71%)
Alcohol	35 (21%)	135 (79%)

Q6.10 Have you developed a problem with drugs since you have been in this prison?

Yes 5 (3%)
 No..... 178 (97%)

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes 64 (34%)
 No..... 8 (4%)
Did not/do not have a drug or alcohol problem 119 (62%)

Q6.12 Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison?

Yes 50 (26%)
 No..... 21 (11%)
Did not/do not have a drug or alcohol problem 119 (63%)

Q6.13 Was the intervention or help you received while in this prison helpful?

Yes 42 (22%)
 No..... 7 (4%)
Did not have a problem/have not received help..... 140 (74%)

Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	21 (11%)	137 (74%)	27 (15%)
	Alcohol	11 (6%)	130 (76%)	29 (17%)

Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	
	Yes.....	34 (19%)
	No.....	18 (10%)
	N/A.....	123 (70%)

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	55 (29%)
	Vocational or skills training.....	10 (5%)
	Education (including basic skills).....	48 (25%)
	Offending behaviour programmes.....	12 (6%)
	Not involved in any of these	94 (49%)

Q7.2	If you have been involved in any of the following while in this prison, do you think it will help you on release?				
		Not been involved	Yes	No	Don't know
	Prison job	69 (45%)	28 (18%)	44 (29%)	11 (7%)
	Vocational or skills training	77 (57%)	29 (21%)	18 (13%)	11 (8%)
	Education (including basic skills)	69 (44%)	53 (34%)	21 (13%)	13 (8%)
	Offending behaviour programmes	81 (59%)	23 (17%)	21 (15%)	13 (9%)

Q7.3	How often do you go to the library?	
	Don't want to go	26 (14%)
	Never.....	59 (31%)
	Less than once a week.....	49 (26%)
	About once a week.....	32 (17%)
	More than once a week.....	8 (4%)
	Don't know.....	16 (8%)

Q7.4	On average how many times do you go to the gym each week?						
	Don't want to go	0	1	2	3 to 5	More than 5	Don't know
	45 (23%)	39 (20%)	29 (15%)	40 (21%)	14 (7%)	1 (1%)	25 (13%)

Q7.5	On average how many times do you go outside for exercise each week?					
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	26 (14%)	14 (7%)	53 (28%)	46 (24%)	34 (18%)	15 (8%)
Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)					
	<i>Less than 2 hours</i>					63 (33%)
	<i>2 to less than 4 hours</i>					42 (22%)
	<i>4 to less than 6 hours</i>					20 (10%)
	<i>6 to less than 8 hours</i>					26 (14%)
	<i>8 to less than 10 hours</i>					9 (5%)
	<i>10 hours or more</i>					11 (6%)
	<i>Don't know</i>					21 (11%)
Q7.7	On average, how many times do you have association each week?					
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	2 (1%)	6 (3%)	12 (6%)	63 (33%)	93 (48%)	16 (8%)
Q7.8	How often do staff normally speak to you during association time?					
	<i>Do not go on association</i>					8 (4%)
	<i>Never</i>					24 (13%)
	<i>Rarely</i>					63 (33%)
	<i>Some of the time</i>					68 (36%)
	<i>Most of the time</i>					20 (11%)
	<i>All of the time</i>					6 (3%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>				105 (55%)	
	<i>In the first week</i>				24 (13%)	
	<i>More than a week</i>				32 (17%)	
	<i>Don't remember</i>				30 (16%)	
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	105 (56%)	12 (6%)	26 (14%)	20 (11%)	13 (7%)	11 (6%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>				76 (40%)	
	<i>Yes</i>				32 (17%)	
	<i>No</i>				82 (43%)	
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>				158 (84%)	

<i>Very involved</i>	6 (3%)
<i>Involved</i>	12 (6%)
<i>Neither</i>	4 (2%)
<i>Not very involved</i>	5 (3%)
<i>Not at all involved</i>	4 (2%)

Q8.5 Can you achieve all or some of your sentence plan targets in this prison?

<i>Do not have a sentence plan/OASys</i>	158 (83%)
Yes.....	19 (10%)
No.....	13 (7%)

Q8.6 Are there plans for you to achieve all/some of your sentence plan targets in another prison?

<i>Do not have a sentence plan/OASys</i>	158 (83%)
Yes.....	25 (13%)
No.....	8 (4%)

Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?

<i>Not sentenced</i>	76 (41%)
Yes.....	30 (16%)
No.....	80 (43%)

Q8.8 Do you feel that any member of staff has helped you to prepare for your release?

Yes.....	21 (12%)
No.....	156 (88%)

Q8.9 Have you had any problems with sending or receiving mail?

Yes.....	90 (47%)
No.....	78 (41%)
<i>Don't know</i>	23 (12%)

Q8.10 Have you had any problems getting access to the telephones?

Yes.....	80 (42%)
No.....	103 (54%)
<i>Don't know</i>	6 (3%)

Q8.11 Did you have a visit in the first week that you were here?

<i>Not been here a week yet</i>	28 (15%)
Yes.....	39 (21%)
No.....	107 (56%)
<i>Don't remember</i>	16 (8%)

Q8.12 How many visits did you receive in the last week?

<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
28 (15%)	99 (53%)	52 (28%)	6 (3%)	1 (1%)

Q8.13 How are you and your family/friends usually treated by visits staff?

<i>Not had any visits</i>	53 (28%)
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<i>Very well</i>	12 (6%)
<i>Well</i>	28 (15%)
<i>Neither</i>	40 (21%)
<i>Badly</i>	24 (13%)
<i>Very badly</i>	10 (5%)
<i>Don't know</i>	22 (12%)

Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?

Yes	65 (36%)
No	117 (64%)

Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)

Don't know who to contact .	111 (68%)	<i>Help with your finances in preparation for release</i>	15 (9%)
<i>Maintaining good relationships</i>	13 (8%)	<i>Claiming benefits on release</i> ..	27 (17%)
<i>Avoiding bad relationships</i>	11 (7%)	<i>Arranging a place at college/continuing education on release</i>	14 (9%)
<i>Finding a job on release</i>	26 (16%)	<i>Continuity of health services on release</i>	18 (11%)
<i>Finding accommodation on release</i>	31 (19%)	<i>Opening a bank account</i>	16 (10%)

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

No problems	71 (40%)	<i>Help with your finances in preparation for release</i>	54 (31%)
<i>Maintaining good relationships</i>	29 (16%)	<i>Claiming benefits on release</i> ..	55 (31%)
<i>Avoiding bad relationships</i>	24 (14%)	<i>Arranging a place at college/continuing education on release</i>	41 (23%)
<i>Finding a job on release</i>	79 (45%)	<i>Continuity of health services on release</i>	27 (15%)
<i>Finding accommodation on release</i>	70 (40%)	<i>Opening a bank account</i>	46 (26%)

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

Not sentenced	76 (40%)
Yes	50 (26%)
No	64 (34%)

Main comparator and comparator to last time



Prisoner survey responses HMP Belmarsh 2011

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

Key to tables

		HMP Belmarsh 2011	Local prisons comparator	HMP Belmarsh 2011	HMP Belmarsh 2009
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		198	4938	198	131
SECTION 1: General information					
2	Are you under 21 years of age?	2%	6%	2%	3%
3a	Are you sentenced?	62%	66%	62%	60%
3b	Are you on recall?	10%	11%	10%	12%
4a	Is your sentence less than 12 months?	24%	18%	24%	17%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	4%	1%	2%
5	Do you have six months or less to serve?	33%	33%	33%	25%
6	Have you been in this prison less than a month?	27%	20%	27%	26%
7	Are you a foreign national?	17%	13%	17%	16%
8	Is English your first language?	86%	88%	86%	84%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	38%	26%	38%	47%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	5%	4%	
11	Are you Muslim?	17%	11%	17%	20%
12	Are you homosexual/gay or bisexual?	3%	3%	3%	3%
13	Do you consider yourself to have a disability?	17%	20%	17%	28%
14	Is this your first time in prison?	35%	28%	35%	36%
15	Have you been in more than five prisons this time?	9%	9%	9%	6%
16	Do you have any children under the age of 18?	52%	55%	52%	52%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	43%	49%	43%	56%
1b	Was your personal safety during the journey good/very good?	50%	60%	50%	63%
1c	Was the comfort of the van good/very good?	10%	13%	10%	17%
1d	Was the attention paid to your health needs good/very good?	17%	29%	17%	32%
1e	Was the frequency of toilet breaks good/very good?	14%	16%	14%	19%
2	Did you spend more than four hours in the van?	2%	4%	2%	2%
3	Were you treated well/very well by the escort staff?	59%	65%	59%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	66%	73%	66%	66%
4b	Before you arrived here did you receive any written information about what would happen to you?	8%	15%	8%	11%
4c	When you first arrived here did your property arrive at the same time as you?	71%	82%	71%	77%

Key to tables

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	12%	13%	12%	12%
1c	Housing problems?	27%	30%	27%	29%
1d	Problems contacting employers?	10%	13%	10%	11%
1e	Problems contacting family?	54%	50%	54%	52%
1f	Problems ensuring dependants were looked after?	20%	15%	20%	11%
1g	Money problems?	13%	18%	13%	19%
1h	Problems of feeling depressed/suicidal?	54%	53%	54%	56%
1i	Health problems?	66%	62%	66%	60%
1j	Problems in needing protection from other prisoners?	32%	21%	32%	26%
1k	Problems accessing phone numbers?	39%	41%	39%	33%
2	When you first arrived:				
2a	Did you have any problems?	76%	76%	76%	79%
2b	Did you have any problems with loss of property?	16%	14%	16%	21%
2c	Did you have any housing problems?	32%	25%	32%	21%
2d	Did you have any problems contacting employers?	5%	7%	5%	7%
2e	Did you have any problems contacting family?	35%	34%	35%	46%
2f	Did you have any problems ensuring dependants were being looked after?	8%	8%	8%	7%
2g	Did you have any money worries?	22%	23%	22%	19%
2h	Did you have any problems with feeling depressed or suicidal?	20%	22%	20%	22%
2i	Did you have any health problems?	33%	30%	33%	41%
2j	Did you have any problems with needing protection from other prisoners?	11%	9%	11%	11%
2k	Did you have problems accessing phone numbers?	35%	31%	35%	35%
3a	Were you seen by a member of health services in reception?	80%	89%	80%	78%
3b	When you were searched in reception, was this carried out in a respectful way?	54%	73%	54%	60%
4	Were you treated well/very well in reception?	36%	57%	36%	45%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	44%	45%	44%	40%
5b	Support was available for people feeling depressed or suicidal?	48%	45%	48%	44%
5c	How to make routine requests?	39%	37%	39%	37%
5d	Your entitlement to visits?	48%	44%	48%	40%
5e	Health services?	52%	49%	52%	45%
5f	The chaplaincy?	40%	47%	40%	37%
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	87%	85%	87%	88%
6b	The opportunity to have a shower?	11%	35%	11%	6%
6c	The opportunity to make a free telephone call?	60%	57%	60%	53%
6d	Something to eat?	82%	80%	82%	81%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	29%	47%	29%	27%
7b	Someone from health services?	75%	74%	75%	72%

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7c	A Listener/Samaritans?	27%	23%	27%	10%
8	Did you have access to the prison shop/canteen within the first 24 hours?	10%	15%	10%	8%
9	Did you feel safe on your first night here?	65%	71%	65%	55%
10	Have you been on an induction course?	89%	76%	89%	86%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	59%	58%	59%	58%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	33%	41%	33%	39%
1b	Attend legal visits?	47%	59%	47%	56%
1c	Obtain bail information?	11%	25%	11%	16%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	42%	40%	42%	28%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	35%	49%	35%	40%
3b	Are you normally able to have a shower every day?	62%	79%	62%	67%
3c	Do you normally receive clean sheets every week?	75%	81%	75%	69%
3d	Do you normally get cell cleaning materials every week?	61%	62%	61%	63%
3e	Is your cell call bell normally answered within five minutes?	33%	35%	33%	38%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	64%	64%	76%
3g	Can you normally get your stored property if you need to?	10%	26%	10%	19%
4	Is the food in this prison good/very good?	20%	25%	20%	10%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	44%	41%	27%
6a	Is it easy/very easy to get a complaints form?	65%	79%	65%	73%
6b	Is it easy/very easy to get an application form?	79%	85%	79%	82%
7	Have you made an application?	82%	85%	82%	83%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	48%	55%	48%	56%
8b	Do you feel applications are dealt with promptly (within seven days)?	39%	46%	39%	42%
9	Have you made a complaint?	36%	42%	36%	43%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	24%	30%	24%	30%
10b	Do you feel complaints are dealt with promptly (within seven days)?	20%	33%	20%	35%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	31%	26%	31%	19%
10c	Were you given information about how to make an appeal?	15%	22%	15%	22%
12	Is it easy/very easy to see the Independent Monitoring Board?	13%	23%	13%	19%
13	Are you on the enhanced (top) level of the IEP scheme?	14%	26%	14%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	50%	37%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	44%	35%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	7%	6%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	11%	7%	
13a	Do you feel your religious beliefs are respected?	47%	54%	47%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	55%	51%	48%

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14	Are you able to speak to a Listener at any time if you want to?	54%	58%	54%	46%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	68%	70%	68%	71%
15b	Do most staff in this prison treat you with respect?	63%	68%	63%	63%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	47%	41%	47%	52%
2	Do you feel unsafe in this prison at the moment?	22%	18%	22%	23%
4	Have you been victimised by another prisoner?	16%	22%	16%	21%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	9%	11%	9%	10%
5b	Hit, kicked or assaulted you?	5%	7%	5%	6%
5c	Sexually abused you?	1%	1%	1%	2%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	2%
5e	Victimised you because of drugs?	2%	4%	2%	1%
5f	Taken your canteen/property?	2%	5%	2%	5%
5g	Victimised you because you were new here?	4%	6%	4%	5%
5h	Victimised you because of your sexuality?	1%	1%	1%	2%
5i	Victimised you because you have a disability?	3%	3%	3%	2%
5j	Victimised you because of your religion/religious beliefs?	1%	2%	1%	2%
5k	Victimised you because of your age?	3%	2%	3%	
5l	Victimised you because you were from a different part of the country?	2%	4%	2%	1%
5m	Victimised you because of your offence/crime?	5%	5%	5%	3%
5n	Victimised you because of gang related issues?	2%	4%	2%	
6	Have you been victimised by a member of staff?	33%	26%	33%	27%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	14%	12%	14%	11%
7b	Hit, kicked or assaulted you?	8%	5%	8%	5%
7c	Sexually abused you?	2%	1%	2%	4%
7d	Victimised you because of your race or ethnic origin?	7%	5%	7%	6%
7e	Victimised you because of drugs?	7%	5%	7%	2%
7f	Victimised you because you were new here?	11%	6%	11%	10%
7g	Victimised you because of your sexuality?	0%	1%	0%	1%
7h	Victimised you because you have a disability?	5%	3%	5%	3%
7i	Victimised you because of your religion/religious beliefs?	4%	3%	4%	6%
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	1%	4%	1%	3%
7l	Victimised you because of your offence/crime?	5%	5%	5%	5%
7m	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	38%	34%	38%	32%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	21%	25%	21%	24%
10	Have you ever felt threatened or intimidated by a member of staff in here?	36%	23%	36%	31%

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11	Is it easy/very easy to get illegal drugs in this prison?	13%	31%	13%	14%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	22%	26%	22%	22%
1b	Is it easy/very easy to see the nurse?	48%	49%	48%	63%
1c	Is it easy/very easy to see the dentist?	6%	10%	6%	16%
1d	Is it easy/very easy to see the optician?	6%	12%	6%	11%
2	Are you able to see a pharmacist?	31%	45%	31%	36%
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:					
3a	The doctor?	38%	45%	38%	46%
3b	The nurse?	49%	58%	49%	53%
3c	The dentist?	25%	32%	25%	47%
3d	The optician?	24%	35%	24%	38%
4	The overall quality of health services?	29%	40%	29%	40%
5	Are you currently taking medication?	46%	49%	46%	48%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	58%	57%	58%	64%
7	Do you feel you have any emotional well-being/mental health issues?	36%	34%	36%	35%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	48%	40%	48%	58%
8b	A doctor?	21%	33%	21%	24%
8c	A nurse?	23%	18%	23%	13%
8d	A psychiatrist?	21%	18%	21%	16%
8e	The mental health in-reach team?	15%	28%	15%	16%
8f	A counsellor?	15%	11%	15%	11%
9a	Did you have a drug problem when you came into this prison?	29%	35%	29%	31%
9b	Did you have an alcohol problem when you came into this prison?	21%	25%	21%	30%
10a	Have you developed a drug problem since you have been in this prison?	3%	9%	3%	4%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	89%	81%	89%	81%
12	Have you received any help or intervention while in this prison?	70%	67%	70%	65%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	86%	77%	86%	75%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	26%	32%	26%	24%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	24%	26%	24%	21%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	65%	59%	65%	52%

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		HMP Belmarsh 2011	Local prisons comparator	HMP Belmarsh 2011	HMP Belmarsh 2009
	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 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	29%	43%	29%	34%
1b	Vocational or skills training?	5%	10%	5%	7%
1c	Education (including basic skills)?	25%	26%	25%	22%
1d	Offending behaviour programmes?	6%	7%	6%	3%
2ai	Have you had a job while in this prison?	55%	66%	55%	67%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	34%	41%	34%	35%
2bi	Have you been involved in vocational or skills training while in this prison?	43%	52%	43%	54%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	50%	51%	50%	52%
2ci	Have you been involved in education while in this prison?	56%	62%	56%	65%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	61%	59%	61%	61%
2di	Have you been involved in offending behaviour programmes while in this prison?	41%	48%	41%	54%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	40%	48%	40%	54%
3	Do you go to the library at least once a week?	21%	37%	21%	31%
4	On average, do you go to the gym at least twice a week?	29%	43%	29%	33%
5	On average, do you go outside for exercise three or more times a week?	43%	37%	43%	43%
6	On average, do you spend ten or more hours out of your cell on a weekday?	6%	9%	6%	6%
7	On average, do you go on association more than five times each week?	48%	48%	48%	39%
8	Do staff normally speak to you most of the time/all of the time during association?	14%	17%	14%	17%
SECTION 8: Resettlement					
1	Do you have a personal officer?	45%	45%	45%	45%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	46%	62%	46%	56%
For those who are sentenced:					
3	Do you have a sentence plan?	28%	42%	28%	25%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	58%	59%	58%	42%
5	Can you achieve some/all of your sentence plan targets in this prison?	59%	62%	59%	7%
6	Are there plans for you to achieve some/all your targets in another prison?	76%	45%	76%	54%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	27%	26%	27%	19%
8	Do you feel that any member of staff has helped you to prepare for release?	12%	14%	12%	8%
9	Have you had any problems with sending or receiving mail?	47%	44%	47%	44%
10	Have you had any problems getting access to the telephones?	42%	32%	42%	36%
11	Did you have a visit in the first week that you were here?	21%	35%	21%	31%
12	Did you receive one or more visits in the last week?	32%	41%	32%	48%
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	29%	49%	29%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Belmarsh 2011	Local prisons comparator	HMP Belmarsh 2011	HMP Belmarsh 2009
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				
14 Have you been helped to maintain contact with family/friends while in this prison?	36%	34%	36%	33%
15 Do you know who to contact within this prison to get help with the following:				
15b Maintaining good relationships?	8%	14%	8%	12%
15c Avoiding bad relationships?	7%	10%	7%	8%
15d Finding a job on release?	16%	27%	16%	22%
15e Finding accommodation on release?	19%	30%	19%	19%
15f With money/finances on release?	9%	18%	9%	9%
15g Claiming benefits on release?	17%	32%	17%	22%
15h Arranging a place at college/continuing education on release?	9%	17%	9%	10%
15i Accessing health services on release?	11%	22%	11%	8%
15j Opening a bank account on release?	10%	17%	10%	6%
16 Do you think you will have a problem with any of the following on release from prison?				
16b Maintaining good relationships?	16%	14%	16%	19%
16c Avoiding bad relationships?	14%	14%	14%	17%
16d Finding a job?	45%	50%	45%	47%
16e Finding accommodation?	40%	41%	40%	46%
16f Money/finances?	31%	35%	31%	30%
16g Claiming benefits?	31%	33%	31%	31%
16h Arranging a place at college/continuing education?	23%	21%	23%	19%
16i Accessing health services?	15%	19%	15%	19%
16j Opening a bank account?	26%	30%	26%	35%
For those who are sentenced:				
17 Have you done anything, or has anything happened to you here to make you less likely to offend in future?	44%	47%	44%	48%

Diversity analysis



Key question responses (ethnicity, nationality and religion) HMP Belmarsh 2011

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 national 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		74	122	34	162	32	158
1.3	Are you sentenced?	58%	63%	55%	62%	68%	60%
1.7	Are you a foreign national?	18%	17%			28%	15%
1.8	Is English your first language?	86%	86%	27%	98%	84%	87%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			38%	38%	78%	29%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	7%	3%	5%	3%	4%
1.11	Are you Muslim?	36%	6%	28%	15%		
1.12	Do you consider yourself to have a disability?	14%	19%	12%	17%	7%	19%
1.13	Is this your first time in prison?	38%	32%	58%	30%	37%	34%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	16%	18%	17%	17%	24%	16%
2.3	Were you treated well/very well by the escort staff?	51%	64%	37%	63%	60%	60%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	61%	71%	45%	71%	70%	66%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	49%	57%	55%	53%	48%	55%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	50%	56%	52%	54%	45%	55%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	67%	66%	64%	67%	65%	66%
3.2a	Did you have any problems when you first arrived?	84%	71%	80%	75%	78%	74%
3.3a	Were you seen by a member of health care staff in reception?	78%	81%	79%	80%	75%	80%
3.3b	When you were searched in reception, was this carried out in a respectful way?	41%	61%	52%	54%	42%	56%
3.4	Were you treated well/very well in reception?	32%	39%	32%	37%	28%	39%
3.7b	Did you have access to someone from health care within the first 24 hours?	77%	74%	58%	79%	79%	75%
3.9	Did you feel safe on your first night here?	51%	75%	67%	65%	68%	66%
3.10	Have you been on an induction course?	92%	88%	91%	90%	97%	87%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	34%	34%	32%	50%	29%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national 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						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	33%	37%	47%	33%	50%	34%
4.3b	Are you normally able to have a shower every day?	54%	66%	68%	60%	58%	63%
4.3e	Is your cell call bell normally answered within five minutes?	27%	36%	37%	32%	30%	34%
4.4	Is the food in this prison good/very good?	24%	19%	15%	22%	30%	20%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	39%	42%	44%	40%	34%	43%
4.6a	Is it easy/very easy to get a complaints form?	56%	71%	58%	68%	63%	64%
4.6b	Is it easy/very easy to get an application form?	79%	78%	75%	79%	89%	76%
4.9	Have you made a complaint?	41%	33%	47%	34%	45%	33%
4.13	Are you on the enhanced (top) level of the IEP scheme?	15%	14%	12%	15%	16%	15%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	29%	42%	9%	43%	40%	37%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	33%	22%	38%	46%	34%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	8%	13%	5%	14%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	6%	3%	8%	14%	5%
4.17a	Do you feel your religious beliefs are respected?	42%	51%	52%	47%	35%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	49%	53%	68%	49%	71%	47%
4.18	Are you able to speak to a Listener at any time if you want to?	44%	60%	33%	59%	37%	58%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	57%	75%	59%	70%	57%	70%
4.19b	Do most staff in this prison treat you with respect?	60%	65%	56%	65%	60%	65%
5.1	Have you ever felt unsafe in this prison?	57%	42%	47%	48%	52%	46%
5.2	Do you feel unsafe in this prison at the moment?	28%	19%	24%	22%	19%	22%
5.4	Have you been victimised by another prisoner?	19%	14%	24%	14%	10%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	3%	12%	2%	7%	3%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	3%	3%	3%	0%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%	6%	0%	7%	0%
5.6	Have you been victimised by a member of staff?	36%	31%	30%	34%	39%	32%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	3%	12%	6%	10%	7%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national 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							
5.7h	Have you been victimised because you have a disability? (By staff)	4%	5%	3%	5%	0%	6%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	2%	3%	4%	16%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	26%	18%	18%	22%	13%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	44%	31%	26%	39%	49%	35%
5.11	Is it easy/very easy to get illegal drugs in this prison?	7%	16%	0%	15%	10%	13%
6.1a	Is it easy/very easy to see the doctor?	20%	23%	17%	22%	19%	23%
6.1b	Is it easy/ very easy to see the nurse?	46%	49%	53%	46%	55%	46%
6.2	Are you able to see a pharmacist?	31%	31%	32%	31%	32%	30%
6.5	Are you currently taking medication?	33%	55%	32%	49%	42%	48%
6.7	Do you feel you have any emotional well-being/mental health issues?	35%	37%	35%	36%	30%	37%
7.1a	Are you currently working in the prison?	20%	34%	15%	32%	23%	31%
7.1b	Are you currently undertaking vocational or skills training?	4%	5%	0%	6%	3%	5%
7.1c	Are you currently in education (including basic skills)?	31%	21%	44%	21%	26%	25%
7.1d	Are you currently taking part in an offending behaviour programme?	9%	5%	3%	7%	13%	5%
7.3	Do you go to the library at least once a week?	26%	18%	28%	20%	23%	20%
7.4	On average, do you go to the gym at least twice a week?	34%	26%	35%	27%	50%	24%
7.5	On average, do you go outside for exercise three or more times a week?	33%	49%	52%	41%	60%	40%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	4%	7%	9%	5%	10%	5%
7.7	On average, do you go on association more than five times each week?	38%	56%	42%	50%	57%	47%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	14%	14%	7%	15%	20%	13%
8.1	Do you have a personal officer?	37%	50%	63%	42%	50%	44%
8.9	Have you had any problems sending or receiving mail?	43%	50%	49%	47%	41%	49%
8.10	Have you had any problems getting access to the telephones?	46%	39%	34%	44%	43%	43%

Diversity analysis - disability



Key questions (disability analysis) HMP Belmarsh 2011

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

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	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		32	162
1.3	Are you sentenced?	50%	64%
1.7	Are you a foreign national?	12%	17%
1.8	Is English your first language?	97%	85%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	31%	40%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	10%	3%
1.11	Are you Muslim?	6%	19%
1.14	Is this your first time in prison?	17%	39%
2.1d	Was the attention paid to your health needs good/very good?	22%	16%
2.3	Were you treated well/very well by the escort staff?	53%	61%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	77%	65%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	48%	54%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	38%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	52%	68%
3.2a	Did you have any problems when you first arrived?	97%	72%
3.3a	Were you seen by a member of health care staff in reception?	78%	80%
3.3b	When you were searched in reception, was this carried out in a respectful way?	44%	56%
3.4	Were you treated well/very well in reception?	45%	35%
3.7b	Did you have access to someone from health care within the first 24 hours?	71%	77%
3.9	Did you feel safe on your first night here?	39%	70%
3.10	Have you been on an induction course?	84%	91%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	33%

Diversity analysis - disability

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	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		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	30%	36%
4.3b	Are you normally able to have a shower every day?	59%	64%
4.3e	Is your cell call bell normally answered within five minutes?	37%	32%
4.4	Is the food in this prison good/very good?	29%	19%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	40%
4.6a	Is it easy/very easy to get a complaints form?	47%	69%
4.6b	Is it easy/very easy to get an application form?	60%	82%
4.9	Have you made a complaint?	47%	33%
4.13	Are you on the enhanced (top) level of the IEP scheme?	7%	16%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	26%	39%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	32%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	7%
4.17a	Do you feel your religious beliefs are respected?	62%	45%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	61%	49%
4.18	Are you able to speak to a Listener at any time if you want to?	53%	54%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	52%	72%
4.19b	Do most staff in this prison treat you with respect?	52%	66%
5.1	Have you ever felt unsafe in this prison?	71%	43%
5.2	Do you feel unsafe in this prison at the moment?	44%	18%
5.4	Have you been victimised by another prisoner?	41%	10%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	2%
5.5i	Victimised you because you have a disability?	19%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	0%
5.6	Have you been victimised by a member of staff?	62%	27%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	6%
5.7h	Victimised you because you have a disability?	26%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	3%

Diversity analysis - disability

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
	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		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	35%	20%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	58%	32%
5.11	Is it easy/very easy to get illegal drugs in this prison?	19%	12%
6.1a	Is it easy/very easy to see the doctor?	29%	20%
6.1b	Is it easy/ very easy to see the nurse?	63%	44%
6.2	Are you able to see a pharmacist?	19%	33%
6.5	Are you currently taking medication?	80%	40%
6.7	Do you feel you have any emotional well-being/mental health issues?	84%	26%
7.1a	Are you currently working in the prison?	17%	31%
7.1b	Are you currently undertaking vocational or skills training?	3%	5%
7.1c	Are you currently in education (including basic skills)?	20%	26%
7.1d	Are you currently taking part in an offending behaviour programme?	10%	6%
7.3	Do you go to the library at least once a week?	17%	22%
7.4	On average, do you go to the gym at least twice a week?	13%	32%
7.5	On average, do you go outside for exercise three or more times a week?	38%	44%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	6%
7.7	On average, do you go on association more than five times each week?	37%	51%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	7%	15%
8.1	Do you have a personal officer?	44%	45%
8.9	Have you had any problems sending or receiving mail?	64%	44%
8.10	Have you had any problems getting access to the telephones?	52%	41%

Best and worst wing analysis



Prisoner survey responses - wing analysis HMP Belmarsh 2011

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

Any percentage highlighted in green is the best across the wings		House block 1	House block 2	House block 3	House block 4	Vulnerable prisoner spur
Any percentage highlighted in blue is the worst across the wings						
Number of completed questionnaires returned		47	51	43	32	18
SECTION 1: General information						
2	Are you under 21 years of age?	2%	2%	2%	0%	0%
3a	Are you sentenced?	60%	79%	59%	50%	56%
3b	Are you on recall?	11%	6%	10%	16%	11%
4a	Is your sentence less than 12 months?	7%	41%	29%	19%	23%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	0%	0%	0%	0%
5	Do you have six months or less to serve?	20%	49%	41%	24%	28%
6	Have you been in this prison less than a month?	11%	27%	51%	20%	22%
7	Are you a foreign national?	22%	16%	12%	16%	11%
8	Is English your first language?	84%	84%	88%	90%	89%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	38%	49%	39%	28%	33%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%	2%	10%	0%
11	Are you Muslim?	17%	12%	25%	22%	0%
12	Are you homosexual/gay or bisexual?	5%	0%	2%	0%	5%
13	Do you consider yourself to have a disability?	5%	12%	12%	26%	33%
14	Is this your first time in prison?	41%	36%	39%	10%	39%
15	Have you been in more than five prisons this time?	14%	4%	12%	13%	0%
16	Do you have any children under the age of 18?	61%	55%	55%	45%	39%
SECTION 2: Transfers and escorts						
For the most recent journey you have made either to or from court or between prisons:						
1a	Was the cleanliness of the van good/very good?	47%	45%	33%	57%	33%
1b	Was your personal safety during the journey good/very good?	58%	53%	39%	50%	61%
1c	Was the comfort of the van good/very good?	9%	11%	14%	7%	5%
1d	Was the attention paid to your health needs good/very good?	20%	17%	12%	21%	22%
1e	Was the frequency of toilet breaks good/very good?	11%	13%	10%	29%	11%
2	Did you spend more than four hours in the van?	2%	0%	5%	0%	0%
3	Were you treated well/very well by the escort staff?	62%	68%	49%	66%	50%
4a	Did you know where you were going when you left court or when transferred from another prison?	61%	68%	69%	72%	56%
4b	Before you arrived here did you receive any written information about what would happen to you?	11%	2%	7%	17%	0%
4c	When you first arrived here did your property arrive at the same time as you?	60%	79%	69%	87%	56%

Best and worst wing analysis

Key to tables

Any percentage highlighted in green is the best across the wings	House block 1	House block 2	House block 3	House block 4	Vulnerable prisoner spur
Any percentage highlighted in blue is the worst across the wings					
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	11%	12%	15%	17%	5%
1c	27%	27%	38%	27%	5%
1d	9%	6%	15%	13%	5%
1e	42%	55%	58%	66%	44%
1f	18%	21%	22%	20%	11%
1g	16%	8%	20%	13%	0%
1h	42%	61%	65%	44%	56%
1i	62%	73%	70%	66%	50%
1j	27%	33%	35%	24%	50%
1k	24%	47%	38%	44%	44%
2	When you first arrived:				
2a	61%	76%	80%	86%	88%
2b	21%	17%	15%	14%	5%
2c	26%	40%	25%	41%	30%
2d	2%	5%	0%	8%	5%
2e	28%	45%	29%	33%	41%
2f	12%	5%	5%	3%	18%
2g	21%	14%	34%	22%	12%
2h	14%	14%	25%	22%	23%
2i	17%	36%	32%	48%	35%
2j	9%	5%	12%	3%	35%
2k	35%	31%	32%	33%	47%
3a	75%	79%	88%	84%	70%
3b	53%	64%	47%	53%	41%
4	Were you treated well/very well in reception?				
	36%	48%	28%	31%	37%
5	On your day of arrival, were you offered information about any of the following:				
5a	49%	52%	34%	45%	25%
5b	49%	52%	46%	45%	50%
5c	37%	38%	46%	42%	25%
5d	54%	44%	39%	62%	44%
5e	56%	56%	51%	49%	44%
5f	39%	40%	44%	52%	19%
6	On your day of arrival, were you offered any of the following:				
6a	78%	92%	95%	93%	67%
6b	13%	18%	5%	3%	5%
6c	60%	73%	65%	68%	11%
6d	89%	83%	72%	87%	78%
7	Within the first 24 hours did you meet any of the following people:				
7a	32%	22%	44%	27%	5%
7b	66%	80%	80%	83%	61%

Best and worst wing analysis

Key to tables

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7c	A Listener/Samaritans?	27%	28%	32%	17%	28%
8	Did you have access to the prison shop/canteen within the first 24 hours?	9%	14%	2%	10%	11%
9	Did you feel safe on your first night here?	74%	69%	56%	81%	33%
10	Have you been on an induction course?	94%	94%	95%	88%	56%
For those who have been on an induction course:						
11	Did the course cover everything you needed to know about the prison?	53%	65%	53%	71%	56%
SECTION 4: Legal rights and respectful custody						
1	In terms of your legal rights, is it easy/very easy to:					
1a	Communicate with your solicitor or legal representative?	42%	35%	21%	31%	33%
1b	Attend legal visits?	55%	43%	41%	61%	33%
1c	Obtain bail information?	9%	12%	16%	7%	6%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	52%	38%	39%	42%	39%
3	For the wing/unit you are currently on:					
3a	Are you normally offered enough clean, suitable clothes for the week?	43%	35%	23%	29%	56%
3b	Are you normally able to have a shower every day?	63%	85%	42%	52%	65%
3c	Do you normally receive clean sheets every week?	82%	82%	65%	68%	72%
3d	Do you normally get cell cleaning materials every week?	72%	65%	45%	66%	61%
3e	Is your cell call bell normally answered within five minutes?	29%	49%	12%	39%	33%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	69%	58%	63%	50%
3g	Can you normally get your stored property if you need to?	7%	13%	5%	10%	11%
4	Is the food in this prison good/very good?	19%	22%	12%	23%	30%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	27%	52%	26%	42%	61%
6a	Is it easy/very easy to get a complaints form?	74%	65%	55%	62%	78%
6b	Is it easy/very easy to get an application form?	95%	81%	67%	71%	77%
7	Have you made an application?	92%	84%	70%	88%	78%
For those who have made an application:						
8a	Do you feel applications are dealt with fairly?	55%	48%	46%	44%	46%
8b	Do you feel applications are dealt with promptly (within seven days)?	49%	29%	33%	56%	33%
9	Have you made a complaint?	33%	39%	28%	44%	44%
For those who have made a complaint:						
10a	Do you feel complaints are dealt with fairly?	28%	35%	9%	23%	15%
10b	Do you feel complaints are dealt with promptly (within seven days)?	15%	25%	27%	27%	0%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	21%	22%	27%	50%	50%
10c	Were you given information about how to make an appeal?	18%	20%	7%	17%	21%
12	Is it easy/very easy to see the Independent Monitoring Board?	12%	15%	12%	11%	17%
13	Are you on the enhanced (top) level of the IEP scheme?	22%	14%	14%	9%	11%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	33%	40%	38%	47%	19%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	37%	27%	56%	13%
16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	2%	10%	7%	5%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	4%	10%	7%	12%
13a	Do you feel your religious beliefs are respected?	46%	56%	31%	64%	33%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	47%	48%	55%	41%

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14	Are you able to speak to a Listener at any time, if you want to?	59%	59%	44%	50%	70%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	87%	49%	60%	61%
15b	Do most staff, in this prison, treat you with respect?	70%	83%	42%	47%	65%
SECTION 5: Safety						
1	Have you ever felt unsafe in this prison?	37%	41%	51%	50%	72%
2	Do you feel unsafe in this prison at the moment?	18%	16%	28%	19%	33%
4	Have you been victimised by another prisoner?	2%	14%	19%	19%	39%
5	Since you have been here, has another prisoner:					
5a	Made insulting remarks about you, your family or friends?	0%	8%	7%	12%	22%
5b	Hit, kicked or assaulted you?	0%	4%	7%	9%	5%
5c	Sexually abused you?	0%	0%	0%	0%	5%
5d	Victimised you because of your race or ethnic origin?	0%	4%	0%	3%	11%
5e	Victimised you because of drugs?	0%	0%	5%	3%	0%
5f	Taken your canteen/property?	0%	0%	5%	0%	5%
5g	Victimised you because you were new here?	0%	2%	5%	0%	17%
5h	Victimised you because of your sexuality?	0%	0%	2%	0%	5%
5i	Victimised you because you have a disability?	0%	2%	2%	3%	11%
5j	Victimised you because of your religion/religious beliefs?	0%	0%	0%	3%	0%
5k	Victimised you because of your age?	2%	2%	2%	0%	5%
5l	Victimised you because you were from a different part of the country?	0%	2%	2%	3%	0%
5m	Victimised you because of your offence/crime?	0%	2%	2%	0%	28%
5n	Victimised you because of gang related issues?	0%	0%	5%	0%	5%
6	Have you been victimised by a member of staff?	16%	24%	49%	44%	33%
7	Since you have been here, has a member of staff:					
7a	Made insulting remarks about you, your family or friends?	7%	14%	17%	19%	11%
7b	Hit, kicked or assaulted you?	2%	4%	14%	9%	11%
7c	Sexually abused you?	2%	0%	0%	3%	0%
7d	Victimised you because of your race or ethnic origin?	9%	4%	5%	6%	11%
7e	Victimised you because of drugs?	0%	2%	12%	16%	5%
7f	Victimised you because you were new here?	2%	14%	19%	9%	11%
7g	Victimised you because of your sexuality?	0%	0%	0%	0%	0%
7h	Victimised you because you have a disability?	0%	4%	5%	9%	5%
7i	Victimised you because of your religion/religious beliefs?	2%	6%	5%	3%	0%
7j	Victimised you because of your age?	0%	0%	0%	3%	11%
7k	Victimised you because you were from a different part of the country?	0%	0%	0%	3%	0%
7l	Victimised you because of your offence/crime?	2%	2%	7%	3%	17%
7m	Victimised you because of gang related issues?	0%	0%	2%	0%	0%
For those who have been victimised by staff or other prisoners:						
8	Did you report any victimisation that you have experienced?	35%	46%	27%	23%	67%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	16%	16%	26%	24%	39%
10	Have you ever felt threatened or intimidated by a member of staff in here?	20%	35%	46%	44%	39%

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11	Is it easy/very easy to get illegal drugs in this prison?	5%	12%	17%	16%	23%
SECTION 6: Health services						
1a	Is it easy/very easy to see the doctor?	34%	19%	23%	6%	23%
1b	Is it easy/very easy to see the nurse?	70%	45%	37%	40%	50%
1c	Is it easy/very easy to see the dentist?	7%	5%	5%	7%	5%
1d	Is it easy/very easy to see the optician?	9%	5%	7%	3%	5%
2	Are you able to see a pharmacist?	45%	34%	19%	37%	17%
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:						
3a	The doctor?	42%	46%	27%	41%	40%
3b	The nurse?	81%	44%	42%	33%	44%
3c	The dentist?	33%	15%	21%	23%	33%
3d	The optician?	28%	16%	18%	40%	13%
4	The overall quality of health services?	45%	23%	22%	28%	33%
5	Are you currently taking medication?	47%	31%	39%	58%	67%
For those currently taking medication:						
6	Are you allowed to keep possession of your medication in your own cell?	76%	80%	35%	44%	67%
7	Do you feel you have any emotional well-being/mental health issues?	23%	37%	35%	41%	39%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:						
8a	Not receiving any help?	50%	41%	47%	65%	65%
8b	A doctor?	11%	18%	20%	19%	15%
8c	A nurse?	26%	23%	14%	19%	15%
8d	A psychiatrist?	11%	18%	14%	27%	15%
8e	The mental health in-reach team?	26%	12%	14%	0%	0%
8f	A counsellor?	0%	18%	20%	0%	35%
9a	Did you have a drug problem when you came into this prison?	10%	22%	38%	60%	23%
9b	Did you have an alcohol problem when you came into this prison?	20%	24%	18%	26%	17%
10a	Have you developed a drug problem since you have been in this prison?	2%	0%	5%	7%	0%
For those with drug or alcohol problems:						
11	Do you know who to contact in this prison for help?	92%	100%	81%	90%	81%
12	Have you received any help or intervention while in this prison?	73%	69%	65%	81%	59%
For those who have received help or intervention with their drug or alcohol problem:						
13	Was this intervention or help useful?	89%	92%	81%	80%	100%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	14%	19%	29%	45%	33%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	19%	19%	22%	35%	30%
For those who may have a drug or alcohol problem on release, do you know who in this prison:						
15	Can help you contact external drug or alcohol agencies on release?	63%	61%	67%	67%	100%

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SECTION 7: Purposeful activity						
1	Are you currently involved in any of the following activities:					
1a	A prison job?	27%	31%	19%	37%	53%
1b	Vocational or skills training?	7%	8%	5%	3%	0%
1c	Education (including basic skills)?	31%	27%	17%	20%	35%
1d	Offending behaviour programmes?	5%	10%	5%	10%	0%
2ai	Have you had a job while in this prison?	73%	50%	36%	54%	69%
For those who have had a prison job while in this prison:						
2aii	Do you feel the job will help you on release?	42%	38%	25%	46%	8%
2bi	Have you been involved in vocational or skills training while in this prison?	71%	35%	27%	38%	44%
For those who have had vocational or skills training while in this prison:						
2bii	Do you feel the vocational or skills training will help you on release?	59%	59%	50%	37%	29%
2ci	Have you been involved in education while in this prison?	77%	50%	42%	50%	59%
For those who have been involved in education while in this prison:						
2cii	Do you feel the education will help you on release?	63%	72%	57%	50%	61%
2di	Have you been involved in offending behaviour programmes while in this prison?	66%	35%	26%	43%	31%
For those who have been involved in offending behaviour programmes while in this prison:						
2dii	Do you feel the offending behaviour programme(s) will help you on release?	38%	59%	37%	44%	19%
3	Do you go to the library at least once a week?	16%	28%	15%	20%	39%
4	On average, do you go to the gym at least twice a week?	27%	30%	26%	36%	28%
5	On average, do you go outside for exercise three or more times a week?	44%	35%	45%	48%	35%
6	On average, do you spend ten or more hours out of your cell on a weekday?	5%	2%	2%	16%	11%
7	On average, do you go on association more than five times each week?	47%	64%	27%	55%	44%
8	Do staff normally speak to you most of the time/all of the time during association?	12%	30%	2%	7%	17%
SECTION 8: Resettlement						
1	Do you have a personal officer?	49%	59%	28%	37%	44%
For those with a personal officer:						
2	Do you think your personal officer is helpful/very helpful?	24%	68%	27%	54%	37%
For those who are sentenced:						
3	Do you have a sentence plan?	35%	32%	12%	20%	50%
For those with a sentence plan?						
4	Were you involved/very involved in the development of your plan?	71%	54%	69%	50%	41%
5	Can you achieve some/all of your sentence plan targets in this prison?	44%	67%	31%	31%	100%
6	Are there plans for you to achieve some/all your targets in another prison?	80%	83%	69%	69%	50%
For those who are sentenced:						
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	28%	34%	9%	42%	21%
8	Do you feel that any member of staff has helped you to prepare for release?	7%	19%	2%	16%	17%
9	Have you had any problems with sending or receiving mail?	50%	43%	51%	47%	50%
10	Have you had any problems getting access to the telephones?	34%	31%	50%	63%	30%
11	Did you have a visit in the first week that you were here?	23%	31%	12%	24%	11%
12	Did you receive one or more visits in the last week?	37%	36%	14%	36%	39%
For those who have had visits:						
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	31%	34%	14%	33%	39%
14	Have you been helped to maintain contact with family/friends while in this prison?	32%	45%	26%	35%	37%

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15	Do you know who to contact within this prison to get help with the following:					
15b	Maintaining good relationships?	10%	9%	6%	9%	0%
15c	Avoiding bad relationships?	10%	9%	3%	4%	0%
15d	Finding a job on release?	18%	13%	17%	21%	6%
15e	Finding accommodation on release?	18%	22%	20%	25%	0%
15f	With money/finances on release?	5%	9%	11%	16%	0%
15g	Claiming benefits on release?	15%	18%	20%	16%	6%
15h	Arranging a place at college/continuing education on release?	5%	7%	11%	16%	6%
15i	Accessing health services on release?	5%	13%	11%	21%	0%
15j	Opening a bank account on release?	8%	7%	9%	21%	6%
16	Do you think you will have a problem with any of the following on release from prison?					
16b	Maintaining good relationships?	14%	15%	25%	12%	12%
16c	Avoiding bad relationships?	5%	12%	18%	16%	18%
16d	Finding a job?	35%	38%	60%	44%	53%
16e	Finding accommodation?	30%	44%	42%	48%	35%
16f	Money/finances?	19%	29%	42%	32%	35%
16g	Claiming benefits?	26%	27%	33%	44%	35%
16h	Arranging a place at college/continuing education?	7%	33%	22%	28%	30%
16i	Accessing health services?	5%	11%	20%	16%	41%
16j	Opening a bank account?	26%	25%	20%	36%	30%
For those who are sentenced:						
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	58%	45%	50%	26%	21%