



HM Chief Inspector of Prisons for England and Wales

Annual Report 2010–11

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for England and Wales

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Our purpose

To ensure independent inspection of places of detention to report on conditions and treatment, and promote positive outcomes for those detained and the public.

Our values

- Independence, impartiality and integrity are the foundations of our work.
- Respect for human rights underpins our expectations.
- The experience of the detainee is at the heart of our inspections.
- We believe in the capacity of both individuals and organisations to change and improve, and that we have a part to play in initiating and encouraging change.
- We embrace diversity and are committed to ensuring the equality of outcomes for all.

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INTRODUCTION

by the Chief Inspector of Prisons



This is my first annual report as Her Majesty's Chief Inspector of Prisons.

I took up my role on 15 July 2010 and the period described by this report covers most of my first year in office. It was a year of change for the Inspectorate and for the bodies it inspects. Dame Anne Owers and her predecessors bequeathed an Inspectorate with an excellent domestic and international reputation for the independence and quality of its work. My priority in my first year as Chief Inspector was to preserve that legacy and to consider how we could build on it to meet the new challenges ahead.

My appointment began as a new government ushered in its 'rehabilitation revolution', sentencing reform and a drive to achieve major funding reductions, both in inspected bodies and the Inspectorate itself. All public bodies came under intense scrutiny and each had to justify its existence.

What I have therefore tried to do in this report is to set a baseline for the work of the Inspectorate itself and the state of the institutions it inspects. I hope this will provide a useful point of comparison as the work of the Inspectorate develops over the next few years and the government's reforms take effect.

Changes in the Inspectorate included, at the end of the year, the resignation of Nigel Newcomen, Deputy Chief Inspector for the last eight years, who will take up the post of Prisons and Probation Ombudsman. I want to acknowledge all he has achieved in his

time at the Inspectorate – the legacy is his too – and to thank him particularly for his patient advice and support as I settled into my role.

The Inspectorate

The need for independent, preventive inspection of all custodial institutions has become even clearer to me as my experience has grown. Even in the best run institutions, the power imbalance between detainee and custodian, the closed nature of the institution which is often compounded by the supposed lack of credibility of many detainees, the normative effects of custody in which staff, cut off from external reference points, can lose their bearings, and the too often unappreciated and unsupported nature of their work, all create an environment in which independent inspection is necessary.

Dame Anne Owers described, in a telling phrase, the 'virtual prison' – the one the governor thought they were running but which was very different from what was actually happening on the wings. I saw an example of this soon after I was appointed. When we inspected Forest Bank near Manchester, a generally good and safe prison, a number of prisoners talked to us about 'sheeting' and the prison had recorded these incidents on a number of occasions. A prison officer on a wing described it to us as 'horseplay'. Yet a very vulnerable young man who spoke to me described being tied up inside a duvet cover and 'battered' every night. Prison management, however, had limited knowledge of it. We were satisfied it did occur and needed to be stopped.

During the year we began a major project to review our Expectations, the standards against which we make our assessments. I want these Expectations to focus more on the outcomes for prisoners that we expect institutions to achieve and less on the process by which they do so. I hope that will lead to shorter, more accessible reports with fewer recommendations and that, as a consequence, institutions will have greater ownership of their response to my concerns and there will be more accountability for achieving improvement.

The importance of an independent Inspectorate was impressed on me during my appointment hearing before the Justice Select Committee (I welcomed the process and the cross-party support I received which, in itself, strengthened my independent mandate) and I was therefore pleased that the government's review of public bodies made no changes to the powers or remit of the Inspectorate.

However, we were expected to take our share of the public expenditure reductions. We will reduce our budget by 14% by 2014–15. This will be demanding but we should be able to achieve it without significant impact to our work. However, it depends, at least in part, on the government achieving the reduction in prisoner numbers to which it aspires.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an important safeguard for our work and underpins our human rights perspective. OPCAT requires signatory states, of which the UK is one, to establish a National Preventative Mechanism (NPM) which regularly and independently monitors all places of detention. In the UK, the NPM is comprised of 18 bodies from England, Wales, Northern Ireland and Scotland. This Inspectorate has the broadest remit of these bodies and coordinates the NPM on behalf of the UK. This year, the NPM published its first annual report in which it identified some places of custody that are not subject

to inspection. As a result, I have been asked to take on the inspection of court custody facilities.

Other new areas of work we began to explore in 2010–11 included the inspection of overseas escorts for immigration detainees (which have since begun) and the possible joint inspection of secure training centres with Ofsted. We have also worked with the Provost Marshal (Army) and the Ministry of Defence to assess the feasibility of inspecting British military detention facilities in Afghanistan.

Prisons

I have had a unique experience this year. Appointed from outside the Prison Service and having had little previously to do with prisons, I was immediately plunged into the prison world, personally visiting and reading reports about dozens of establishments. This report as a whole sets out a detailed review of what we found. I want to record here some of my own first impressions.

What had the strongest impact on me were the men in local prisons locked up for hour after hour, day after day in small shared cells with unscreened toilets. It is not that terrible things are done to prisoners; it is that for too many, nothing much happens at all. It is a lot of money to spend on doing nothing. People are sent to prison as a punishment and even a short sentence in the best run prison is a very severe punishment indeed. I have found no holiday camps.

However, that is not the whole picture by any means. The table opposite shows how the assessments we have made over the last six years have steadily improved. That is a credit to the Prison Service and is also, I think, evidence of the impact the Inspectorate has had. The figures should not be treated complacently – not least because in over a quarter of prisons, outcomes are still not good enough, poor outcomes persist in a number of establishments and there are some signs of slippage in 2010–11.

Table 1: Outcomes for prisoners are good/reasonably good – all prisons in England and Wales

	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11
	%	%	%	%	%	%
Safety	75	57	69	72	78	84
Respect	65	63	69	69	76	74
Purposeful activity	48	53	65	71	68	69
Resettlement	68	62	75	75	76	71

Most prisons we inspected this year were safe: of the 53 adult male prisons we inspected, we found eight were not sufficiently safe. In none was safety poor. In our surveys, 35% of prisoners told us they had felt unsafe in their current prison but only 14% told us they felt unsafe at the time of the inspection. There has been an indication of a downward trend in the number of self-inflicted deaths in prison. However, within this broad pattern of improvement, the inspection findings summarised in this report still identify areas of concern across all categories of prison that compromise the safety of the prisoners they hold.

The availability and use of drugs in prisons was shockingly high but I sometimes got the impression that it was accepted as an inevitable part of prison life. Some commentators assume that efforts to combat the use of drugs in prisons are not more robust because drugs keep prisoners compliant. Far from it. At Holme House for instance, drugs were a major issue, despite the prison's attempts to tackle it. Two out of five prisoners told us drugs were easy to obtain. A disturbing 17% of prisoners told us they had developed a drug problem while in the prison. The inspection team were advised that many incidents of violence in the prison were drug-related and almost twice as many prisoners than in comparator prisons said they had been victimised by other prisoners because of drug-related issues.

Reducing supply is only part of the problem; it is just as important to reduce demand. I was encouraged by the positive impact that the integrated drug treatment system (IDTS) was having where it had been

introduced. Despite this, we found too many prisoners maintained on opiate substitutes without the regular reviews necessary to support reduction and, where possible, end dependence. The recent decision to move responsibility for drug treatment in prisons to the Department of Health is welcome and creates an opportunity for better coordination and more consistency. I hope this will also enable prisons to tackle the inconsistencies in their approach to dealing with prisoners who have abused alcohol, which were highlighted by our thematic report on that subject.

Prisons do treat prisoners with more respect for their human dignity than they did five years ago. Most prisoners told us that they were treated with respect by staff and had a member of staff they could turn to if they had a problem. However, this was less so for prisoners from minority groups. Muslim prisoners in particular, who made up 10% of the prisoners we surveyed, had consistently more negative perceptions than the prison population as a whole. Our thematic report on Muslim prisoners warned that an exclusive emphasis on combating extremism, combined with the wider media portrayals of Islam, encouraged staff to associate all Muslim prisoners with terrorism. This, in turn, led to a risk of alienating Muslim prisoners, which was unlikely to support efforts to combat radicalisation.

Work on diversity strands other than race and religion was limited in many prisons. The sight of frail, older prisoners shoved aside in the meal queues or prisoners in wheelchairs struggling to move up a slope because, we were told, prison officers had not had the

necessary health and safety training to push them, was disturbing.

Health care was generally an improving picture. In particular, access to prison health care, the standard of facilities, record keeping and access to external care when required had improved. The government's health reforms are likely to mean that prison health becomes the responsibility of the proposed NHS National Commissioning Board. Our inspections have benefited greatly from the support we have received from the Care Quality Commission on prison health care and its support will continue to be essential as the new arrangements develop.

The care of prisoners with mental health problems remained one of the most troubling aspects of the prison system. The high levels of mental health need are obvious as you walk around most prisons. I sometimes found prisoners with learning difficulties or moderate mental health needs – ‘poor copers’ in prison jargon – seeking refuge from the pressures on the wings in segregation units or health care.

Prison staff need more help to identify and meet the needs of those whose mental health or learning disabilities make the business of safely navigating the routines of a prison a struggle. At the other end of the spectrum, prisons still hold too many prisoners with acute mental health needs for whom prison is a completely unsuitable environment. I very much welcome the government’s commitment to implementing the reforms suggested by Lord Bradley, with the aim of diverting more of those with mental health problems away from the criminal justice system altogether.

Perhaps the thing that has most surprised me is how little purposeful activity there is for prisoners. As in other healthy prison areas, purposeful activity has improved over the last five years. However, outcomes for prisoners

were still worse than any of our other tests. Outcomes in half of the 18 local prisons we inspected and six of the 17 category C prisons were not sufficiently good or even poor.

Inspection of learning, skills and work in prisons and young offender institutions is conducted jointly, with Ofsted in England, Estyn in Wales and the Education and Training Inspectorate in Northern Ireland. Ofsted’s latest annual report on education in England expressed concern over a deterioration in the quality of the learning and skills provision inspected. Five prisons (18.5% of the total) were judged to be inadequate and none were assessed as outstanding. Ofsted has been a key partner in our inspections of prison and immigration detention and the focus it brings to standards of education, training and employment reflect the priority I, and I think ministers, give to this area.

Even where work or education was available in prisons, I too often saw workshops operating at well below capacity with poor punctuality and attendance – often because other prison regime priorities or scheduled activities for prisoners conflicted with the learning and skills timetables.

The quality of provision in the young adult establishments inspected was of particular concern. In only one of the four inspections were outcomes judged as reasonably good, two were not sufficiently good and one was poor. Of all prisoners, young men aged between 18 and 21 years should be involved in activities that give them the habits, experience and training they need to get and hold down a job when they leave custody. In addition, a prison where young men are kept occupied is likely to be a safer and more positive place for prisoners and staff alike. Young adult establishments generally had high numbers of men locked in cells during the working day, even where there were sufficient activity places.

Resettlement saw less improvement than other areas and in any case we have, in my view, set the bar too low. Many voluntary and community organisations of all shapes and sizes, often heavily reliant on volunteers, play a key role in providing resettlement services. I was concerned that there were some indications that new funding arrangements were beginning to squeeze out some of these organisations – particularly the smaller community groups whose contribution was most difficult to measure.

I made a particular effort in my first few months to speak to prisoners' family organisations. Prisoners' families are often also punished because of the personal, social and financial repercussions that follow the imprisonment of a family member. However, they are more than victims. Often it will be family members who support prisoners while they are inside, find them a job when they come out, put a roof over their head and encourage them to stay out of trouble. While obviously not always appropriate, in many cases much more could be done to involve a prisoner's family in the resettlement process in a structured way.

Women

We inspected three women's prisons during the year and in 2010 we published a short thematic report drawing together findings from our inspections of the 14 existing women's prisons in England and Wales. We noted that there had been improvements in most establishments. Safety, in particular, had improved due to better treatment and support for women with substance abuse problems.

However, it was apparent that decisions to change the role of a number of women's prisons due to the rising male prison population meant that closed women's prisons were now more complex and more women were held further from their homes. Despite a stated commitment to reduce the

female prison population, the number of women in prison remained much the same. On 31 March 2011, the adult female prison population was 4,218. A year before, it had been 4,246.

Bronzefield, for instance, had to cope with distressingly high levels of self-harm. Because of their mental distress, some women repeatedly self-harmed – one woman had harmed herself more than 90 times in one month. This degree of self-harm led to a high level of the use of force as officers intervened to remove ligatures. The prison did its best to manage these women and keep them safe, but prison was clearly not a suitable environment for many with acute and complex mental health needs. There remains insufficient national strategic involvement in planning the management of high risk women with severe personality disorders. It was unacceptable to discover that one restricted security status woman who suffered from severe mental health problems had effectively been held in segregated conditions for three years.

Children and young people

In contrast to women, the number of young people in custody has fallen considerably. There are 1,000 fewer young people in custody than there were 10 years ago. The Youth Justice Board (YJB) decommissioned 710 places in the young people's estate in 2010–11. The specific focus the YJB brings to the needs and circumstances of young people is very important. It is not clear at the time of writing whether the government's plans to abolish the YJB will be implemented. It would be a big step backwards if, over time, any new arrangement resulted in the loss of that focus.

The challenge of the juvenile secure estate was illustrated by our inspection of Cookham Wood Young Offenders Institution. The institution had a very critical inspection in 2009 and when we inspected again this year, although there had been improvements, we still had major concerns. Safety had improved but this relied heavily on formal disciplinary procedures and had not prevented a number of very violent incidents. It felt tense. What Cookham Wood needed above all was a stable, experienced staff group but as a result of the recruitment freeze in place at the time, too many staff were on temporary secondment from other institutions and turnover was high. I was pleased that both the YJB and National Offender Management Service (NOMS) reacted quickly to our concerns but we will return to ensure real progress has been made.

Many young people in custody have been looked after by a local authority. This year we carried out a thematic review, funded by the YJB, of the care and management of looked after children in custody. This identified the difficulty young offender institutions (YOIs) faced in meeting the needs of these children and young people. We were therefore pleased when the YJB announced the funding of specialist social work posts in each YOI to address this problem.

Immigration detention

There was uneven progress and much inconsistency in immigration removal centres (IRCs) overall. This was reflected by the publication of both the best inspection report we have issued and one of the worst. Dungavel showed what could be done and became the first centre where outcomes for detainees were found to be good across all four of our healthy establishment tests. It created a virtuous circle. Dignified treatment, a full programme of activity and readily available advice for detainees about their cases and the practical implications

of release or return all combined to reduce tension and create a safer environment. This, in turn, helped to minimise the potential for disruption and use of force on removal: there had been no examples of the use of force for the purposes of removal in the six months prior to our inspection.

At the other end of the spectrum, we had such serious concerns over the lack of safety and stability at the recently opened Brook House near Gatwick Airport that we delivered the worst judgements on the various aspects of safety that have ever been received by an IRC.

Over the years, this inspectorate has often commented negatively on the impact of immigration detention on children's health and welfare. We therefore welcomed the government's stated intention to end the detention of children. We will continue to inspect any facilities in which children and their families are held, including the proposed pre-departure accommodation.

Our inspection of immigration detention also includes short-term holding facilities and escort arrangements, where we found steady improvement. However, children continued to be detained, sometimes for many hours or overnight. In some cases it was not possible to separate women and children from men.

Police custody

We have worked very closely with HM Inspectorate of Constabulary in our joint inspections of police custody and have been pleased by the positive way most forces have responded to our inspections and the improvements we have frequently seen as a result.

Progress has been seen this year in improving outcomes for police detainees in a range of areas, although much still needs to be done. There was evidence in most forces of a more strategic focus on custody and the

physical environment, although for others there was much ground to be made up in a time of reduced resources. We continued to see staff take a professional and respectful approach to detainees, although there needed to be a greater focus on diversity and privacy issues. Safety was a major focus of all the places we inspected, although many cells contained ligature points and governance of the use of force was lacking. Elements of basic care and welfare were still too reliant on detainees making requests. Forces and boroughs were effectively balancing the rights and entitlements of individuals with expediting investigations, although arrangements for providing appropriate adults suffered from a lack of central guidance about who was responsible. Arrangements for primary health care and support for substance users were extremely mixed, as were the outcomes achieved. In some areas, there was ineffective use of schemes to divert those with mental health problems who required a place of safety, and this meant that police cells were used inappropriately to detain those subject to section 136 of the Mental Health Act.

Our inspections of police custody have only been in place for three years and the context has continued to evolve. We have been sensitive to the new government's emphasis on local police accountability and the particular pressures on police budgets, and have taken care to ensure our inspection process reflects the changed context without compromising our expected standards. Work to revise our Expectations for Police Custody was completed by the end of the year and they will be published later in 2011.

This year has been about safeguarding the work of the Inspectorate and ensuring it maintains the same high volume of respected, high quality work that has a real impact on improving outcomes for prisoners and other detainees. Next year will be about building on that – inspecting new areas, refining our processes so that they are fit for the changed environment in which we are working and placing a new emphasis on insisting prisoners have purposeful activity and are given help to reduce the risk that they will reoffend when released. And in doing that, ensuring that the human rights underpinning of our work is solid, consistent and visible.



Nick Hardwick
Chief Inspector of Prisons

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THE YEAR IN BRIEF

During the reporting year, from April 2010 to March 2011, we published inspection reports of 97 custodial establishments, including:

- 53 prisons holding adult men
- three prisons for adult women
- six establishments for children and young people under the age of 18
- six immigration removal centres, nine short-term holding facilities and two inspections of immigration escorting arrangements
- 16 police custody suites, jointly with HM Inspectorate of Constabulary
- one prison, Magilligan, in Northern Ireland in partnership with Criminal Justice Inspection Northern Ireland
- the Military Corrective Training Centre at Colchester.

Of the 62 prison inspections in England and Wales, 36 were unannounced. Four of the six inspections of immigration removal centres were full announced inspections while the remaining two were unannounced follow-ups. Almost half of our police custody inspections were unannounced and we intend to increase this proportion in the future.

All inspections of prisons and immigration removal centres were carried out jointly with Ofsted in England, Estyn in Wales or the Education and Training Inspectorate in Northern Ireland. All full inspections were carried out with the Care Quality Commission (or its equivalent in other jurisdictions), the Dental Services Division of the NHS Business Services Authority, and the General Pharmaceutical Council. The Care Quality Commission also participated in the inspections of

police custody suites which we conducted in partnership with HM Inspectorate of Constabulary. Offender management was inspected jointly with HM Inspectorate of Probation. This coordinated approach to inspection minimises the impact on the inspected organisations as well as allowing us to develop a full picture of a custodial establishment, in which education, health care and offender management should be integral parts.

During 2010–11, we published thematic reports on:

- training planning for children and young people
- Muslims in prison
- the management of gang issues among children and young people in custody and in the community, in association with HM Inspectorates of Probation and Constabulary
- women in prison
- offender management, jointly with HM Inspectorate of Probation
- commissioning health care in prisons, jointly with the Care Quality Commission.

Of the 62 prisons inspected in 2010–11, outcomes for prisoners at only two – Blantyre House and Prescoed – were assessed as being good across all four tests of a healthy prison. Blantyre House is a male, semi-open resettlement prison, while Prescoed is a male open prison.

We also published our annual report on the experiences of 15 to 18-year-olds in custody.

In 2010–11, we began work on several more thematic reviews, including reviews of:

- the care of looked after children in custody
- resettlement provision for children and young people, focusing on accommodation and education, training and employment
- the extent to which non-custodial options are considered and taken up for women offenders, led by HM Inspectorate of Probation.

We continued in our role as the coordinating body for the UK's National Preventive Mechanism (NPM). Required by the Optional Protocol to the Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment (OPCAT), the NPM is a group of 18 organisations which inspect or visit places of detention throughout the UK. In 2011, we published the first annual report of the UK's NPM.

The outcomes for detainees were assessed as good across all four tests of a healthy establishment at one immigration removal centre (Dungavel).

Prisons in England and Wales assessed positively against all four healthy prison tests:

16 of 43 male adult closed prisons

1 out of 4 young adult prisons

4 out of 6 male open prisons

1 out of 3 women's prisons

5 out of 6 establishments for children and young people.



3 PRISONS



All inspections of prisons are conducted against published criteria known as Expectations, which draw on and are referenced against international human rights standards. Expectations are also based on the four tests of a healthy prison, which were first introduced by this inspectorate's thematic review, *Suicide is everyone's concern*, published in 1999. The four tests are:

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Resettlement

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

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. These range from good to poor as follows:

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 wellbeing of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

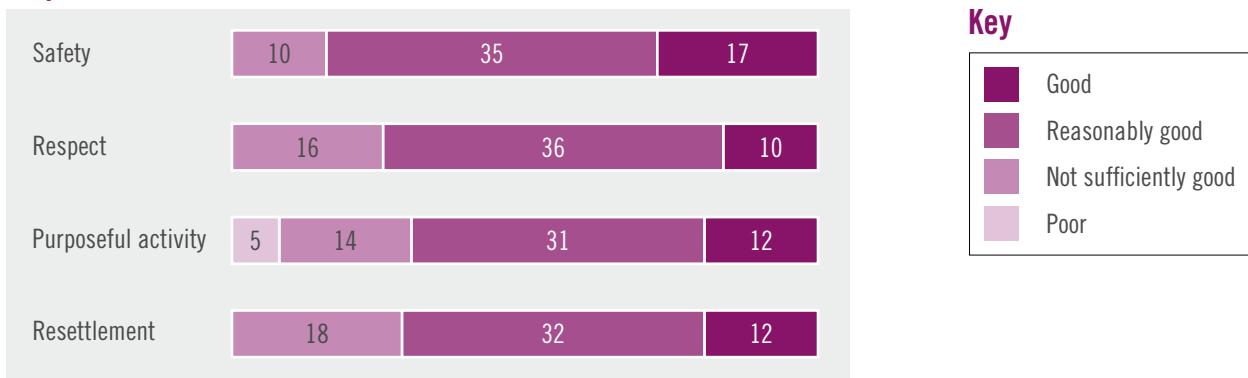
Outcomes for prisoners are poor against this healthy prison test

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.

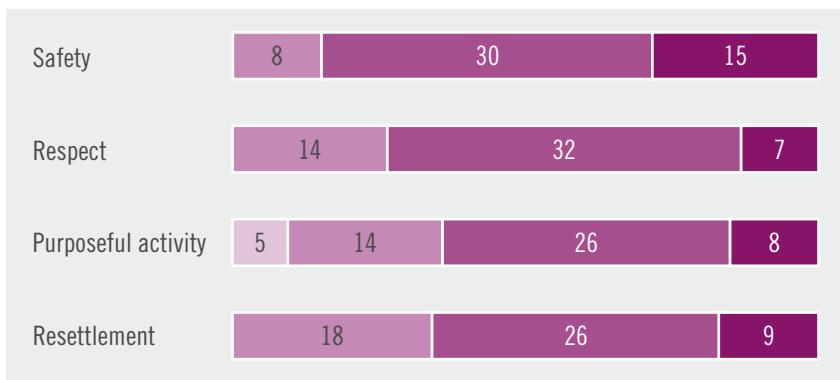
In 2010–11, we published the reports of 62 prison inspections, of which three were inspections of women's prisons and six were of establishments for children and young people under the age of 18. In addition, we inspected Magilligan prison in Northern Ireland, in conjunction with Criminal Justice Inspection Northern Ireland. The healthy prison assessments for each of the prisons inspected are included in Appendix 2. In our unannounced follow-up inspections, we assessed the outcome of 4,538 recommendations made across the prison estate, finding that 69% had been achieved or partially achieved.

Healthy prison assessments

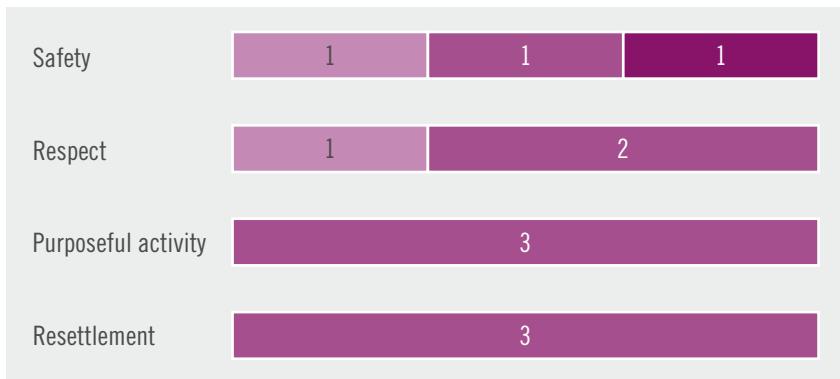
All prisons



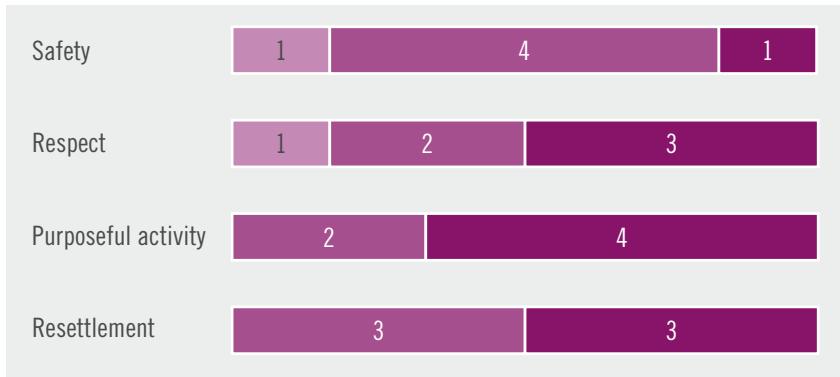
Adult male prisons



Women



Children and young people



Safety

Prisoners, particularly the most vulnerable, are held safely.

Of the 53 establishments holding adult males which we inspected in 2010–11, the outcomes for prisoners in relation to safety were good at 15 prisons, reasonably good at 30 and not sufficiently good at eight. None of the prisons were assessed as having poor safety outcomes overall. In our unannounced follow-up inspections in 2010–11, we assessed that more than two-thirds of our recommendations relating to safety had been achieved or partially achieved.

Table 2: Safety in adult male establishments

	Outcomes poor	Outcomes not sufficiently good	Outcomes reasonably good	Outcomes good
High security	0	0	2	0
Locals	0	3	13	2
Trainees ¹	0	3	11	9
Open/resettlement	0	0	2	4
Young adults	0	2	2	0
Total	0	8	30	15

Courts, escorts and transfers

We expect that prisoners travel in safe, decent conditions to and from court and between prisons. During movement, prisoners' individual needs are recognised and given proper attention.

During our inspections, we found that few prisons provided sufficient information for prisoners through local courts and escort contractors to allay fears and anxieties about what would happen to them on arrival. At Feltham, managers were concerned about the lengthy waits for young adults in court cells before returning to the prison and a complaints procedure had been introduced so that examples

could be forwarded to escort contract managers. Some prisoners who arrived at lunchtime at Bure, Canterbury and Bullwood Hall were held in vehicles while reception staff took their breaks.

Most prisoners transferring from local prisons were given little notice, which made it difficult to rearrange planned visits. Transfers to some prisons, such as Shepton Mallet (a longer-term prison for life-sentenced prisoners), had been planned and some prisoners had received written information about the prison in advance.

First days in custody

Prisoners are most vulnerable in the early days of custody. Prisoners should feel safe on their reception into prison and for the first few days of their time there. Prisons should mitigate risks through effective reception, first night and induction procedures. The individual needs of prisoners, both during and after custody, should be identified and plans developed to meet them. During their induction into the prison, we expect prisoners to be made aware of prison routines, how to access available services and how to cope with imprisonment.

Supportive staff in first night centres, along with clean and decent accommodation, contributed to feelings of safety and wellbeing among prisoners. At Nottingham, a local prison, first night arrangements provided reassurance. First night interviews were conducted in private and staff paid particular attention to safer custody issues. Insiders – peer supporters – helped new prisoners to understand procedures. In contrast, at Cardiff, another local prison, the physical environment was poor: cells for new arrivals were bleak, dirty and unprepared. Not all first night centres had sufficient capacity. At Norwich, for

¹ For the purposes of this table, as well as tables 5, 7 and 9, Canterbury and Bullwood Hall, which hold foreign national prisoners, and Parc, which has a dual function, are included in the trainees category.

example, prisoners could spend their first night in the segregation unit. Nonetheless, most prisons did have well-developed peer support schemes for new prisoners.

While some prisons provided comprehensive and informative induction programmes, induction arrangements at others were poor or undeveloped. At Leeds, there was no certainty that all prisoners would receive an induction. In too many local prisons, prisoners were locked up for long periods and, at Birmingham, this was without the opportunity for association, showers or exercise. While many training prisons provided good support for new prisoners, support was particularly poor at Wellingborough and Parkhurst, where conditions for new receptions were similar to some of the poorest local prisons we inspected.

Bullying and violence reduction

We expect everyone to feel safe from bullying and victimisation (including verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation should be known to staff, prisoners and visitors, and inform all aspects of the regime.

Unsurprisingly, prisoners in high security establishments had poorer perceptions of their safety than in other prisons, but the number of prisoners who said they had ever felt unsafe in prisons of the same functional type varied (Table 3). In the open prisons inspected, there was little recorded bullying or violence. Small prisons with a settled population and specific niche function, such as Shepton Mallet, which is dedicated to holding life and other indeterminate-sentenced prisoners, were also remarkably safe.

Table 3: Have you ever felt unsafe in this prison?

Prison type	Highest %	Lowest %	Overall %
Local prisons	46	19	38
Category C trainer prisons	36	23	28
Young adult prisons	41	35	38
Category B trainer prisons	46	35	40
High security prisons	59	54	56
Open	23	10	17

For local prisons, there was some correlation between their size and perceptions of safety. Feelings of safety were highest in Swansea (operational capacity: 402) and lowest in Birmingham (operational capacity: 1,450). Positive staff-prisoner relationships were also a significant factor. At Swansea, staff-prisoner relationships were excellent but at Birmingham some staff showed little appetite for engagement with prisoners.

Some local prisons, such as Altcourse, held prisoners safely despite their size and some had managed to maintain or improve levels of safety despite significant changes to their populations. Nottingham, where the population had almost doubled, had remained a reasonably safe and respectful prison.

We had some concerns about safety in young adult establishments. In 2010–11, 12% of young adults who responded to our survey had experienced some form of physical abuse from other prisoners.² At Stoke Heath, the number of violent incidents was relatively high and many prisoners said they felt unsafe. In the six months prior to our inspection, there had been 220 violent and anti-social incidents. Some prisons, such as Norwich, aimed to improve safety by integrating young adults with older prisoners and there was some evidence that this was working.

² A survey of a random sample of prisoners, which is representative of the total population in each establishment, is carried out for all full inspections (this includes full announced, full unannounced and full follow-up inspections). The survey results provide one source of evidence for the inspection but, when combined, also provide comparative information for each functional type of establishment.

Prisoners who were vulnerable or needed protection from others had more negative perceptions about their safety and, in some cases, their access to the regime was restricted. At Stoke Heath, vulnerable prisoners were not receiving appropriate levels of care and support. At other establishments, outcomes for vulnerable prisoners were better. The Phoenix Unit at Parkhurst and B1 landing at Leeds provided good support and a safe environment for prisoners with a range of vulnerabilities. In some establishments, vulnerable prisoners appeared to be safely integrated with the general population. Bure, a newly opened specialist category C prison for sex offenders, was very safe. This helped to ensure that prisoners' opportunities to participate in programmes and other activities to address their offending behaviour were not restricted by concerns about their safety, as was sometimes the case for those held on a vulnerable prisoners wing in a non-specialist prison.

Our thematic report on Muslim prisoners³ found that they were more negative about their safety and that these perceptions were strongly linked to mistrust of staff. At Full Sutton, for example, 47% of Muslims, compared with only 18% of non-Muslims, said they felt unsafe at the time of our survey.

Most prisons collated comprehensive data about indicators of violence and bullying but this was not always effectively analysed to identify patterns and themes. Some prisons sought the views of prisoners to help inform violence reduction strategies. Findings from prisoner focus groups at Coldingley were incorporated into a violence reduction plan and other prisons made good use of prisoner violence reduction representatives.

A range of factors contributed to levels of violence and bullying in prisons. Some prisons had made the link between illicit drug use, bullying for medication and levels of violence and were making efforts to address this. At Buckley Hall, the focus on reducing drug supply had been sustained – fights and assaults had reduced and it was generally a safer place. Despite a determined effort at Holme House to reduce both supply and demand, many incidents of violence in the prison were drug-related and almost twice as many prisoners than in other local establishments said they had been victimised by other prisoners because of drug-related issues. At Frankland, the number of serious assaults and violent incidents had increased a little from the previous year and debt, trading and bullying for medication were factors. There was too much acceptance that debt was inevitable and in some cases formal targets to reduce debt were set without tackling the underlying causes. The prison's physical environment and a lack of staff supervision were also factors in bullying. In Dartmoor, where over a third of prisoners said they had felt unsafe, staff supervision was inadequate.

There was no national training package to support bullying and violence reduction strategies and we found that few prisons provided training about local procedures. Only 25% of frontline staff at Wellingborough had been trained in violence reduction. Some prison staff and managers were not sufficiently alert and responsive to violent and bullying behaviour.

Table 4: Muslim prisoners' perceptions of safety – survey results September 2006 to April 2009. Have you ever felt unsafe in this establishment?⁴

Prison type	Muslim prisoners (%)	Non-Muslim prisoners (%)
Local prisons	47	41
Dispersal prisons	73	54
Training prisons (category B)	44	42
Training prisons (category C)	46	29
Young offender institutions	45	33
Open prisons	19	14
Overall (across all functional types)	46	36

Note: Any percentage highlighted in purple is significantly worse.

³ HM Inspectorate of Prisons, *Muslim prisoners' experiences: A thematic review* (June 2010).

A number of prisoners talked to us about 'sheeting' and these were incidents that the prison had recorded on a number of occasions. A prison officer on a wing described it to us as 'horseplay'. A very vulnerable young man who spoke to us described it as him being tied up inside a duvet cover and 'battered' every night. Prison management had limited knowledge of it. We are satisfied this does occur and needs to be stopped. In some cases prison officers on the wings had a passive attitude to bullying and unexplained injuries – however good the policies. (*Forest Bank*)

In other prisons, staff were more proactive in recognising and dealing with bullying.

There was an effective violence reduction strategy with good links throughout the prison and a proactive approach to identifying and challenging any manifestation of violence or anti-social behaviour. (*Swansea*)

The standard of investigations into incidents of suspected bullying varied. At Bristol, where most prisoners felt safe, efforts had been made to raise the profile of anti-bullying measures, and incidents were investigated quickly and thoroughly.

In contrast, at Leeds, a number of investigations had not been completed and in some instances there was a significant gap between a referral and the completion of an investigation.

The quality of ongoing monitoring of bullies was mixed, with some poor recording and limited evidence of perpetrators being challenged about their behaviour or of constructive targets being set for improvement.

Anti-bullying and anti-social behaviour monitoring systems were complex and their application confused, and they were not well used in comparison to the number of incidents. (*Stoke Heath*)

Few prisons had interventions to address bullying behaviour. The anti-social behaviour pack developed at Swinfen Hall was a positive new initiative but its effectiveness had not yet been evaluated.

Support for victims was inadequate or lacking in too many establishments. In some prisons, we found no evidence of victim support plans and at Winchester, staff were unaware that individuals in their care had been victims of violence or had support plans.

A prisoner on an open ACCT [suicide and self-harm monitoring] document and who was the victim of bullying had remained located on the induction unit with the perpetrator who had continued to bully him and other new prisoners. (*Woodhill*)

Support for victims was better at other prisons. At Onley, this was provided through the holistic day clinic run by health care. Bullwood Hall had a well-managed befrienders scheme which provided extra support to prisoners in need.

Suicide and self-harm

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

Currently available figures indicate there were 58 self-inflicted deaths in 2010.⁴ The death of a person in the care of the state rightly raises public concern as well as private grief. It is therefore welcome that a downward trend both in actual numbers

and as a proportion of the prison population has continued, from a high of 114 per 100,000 in 2007 to 68 per 100,000 in 2010. There was one self-inflicted death of a female prisoner in 2010 and four self-inflicted deaths of young prisoners (aged 18 to 20), which reflects a significant fall in both actual deaths and rate of deaths. In 2010, a further 124 prisoners died from natural causes and there was one homicide in a prison.⁵

If deaths in prisons are to be reduced, then lessons must be learned. While all deaths in prison are investigated by the Prisons and Probation Ombudsman and most establishments develop action plans in response to the Ombudsman's recommendations, it is of great concern that these action plans are not widely disseminated in some prisons or reviewed. Opportunities to share learning and update policies and practice are therefore missed. In one prison inspected (Wolds), no action plan had been completed. Few prisons routinely investigated serious or near fatal incidents of self-harm, again missing opportunities to share learning and improve practice.

Most prisons were providing good or satisfactory levels of care for prisoners at risk of self-harm. Overall, this was better in training prisons but we also identified supportive arrangements in some local prisons such as at Altcourse.

4 In addition to the 58 self-inflicted deaths, there are currently eight as yet unclassified deaths. Unclassified deaths may later be classified as self-inflicted, natural causes or other non-natural causes.

5 Ministry of Justice Statistics Bulletin, *Safety in Custody 2010 England and Wales* (July 2011).

Most prisons had brought safer custody issues together under a single management committee providing more coordinated governance and some prisons had centralised safer custody teams. While these tended to operate well, there were risks in this approach, such as the limited involvement of residential staff in safer custody issues and the chance that they would become disengaged.

There was still insufficient multi-disciplinary involvement in assessment, care in custody and teamwork (ACCT) procedures.⁶ ACCT reviews were often attended by residential officers only, even where others, including health care staff, had significant input into prisoners' care. At Parc, counsellors and chaplains provided good support for those at risk but were rarely involved in the reviews that planned that care. Other prisons promoted a greater multi-disciplinary involvement to support case managers and enhance decisions about care. We were pleased to see that more prisons were considering the role that families and friends of prisoners could play in keeping prisoners at risk safe and were making contact with them.

In many prisons, case managers did not consistently chair reviews of prisoners for whom they were responsible. Care plans often included generic targets and the quality of daily care and interaction with prisoners varied. At Norwich, inadequate support was, in some cases, a consequence of fatigue due to the large number of prisoners on open ACCTs. At Birmingham, where there were around 60 ACCTs opened every month, many of the underlying issues worrying prisoners could have been resolved with more effective personal officer work. At other prisons, such as Onley, entries evidenced better levels of care.

Few prisons had established programmes of refresher training for staff in ACCT procedures.

Assessment, care in custody and teamwork (ACCT) self-harm monitoring documents were completed to a very good standard. Care maps were detailed and dynamic, case reviews were multidisciplinary and observational records showed useful engagement with those in crisis. (*Onley*)

Some 'at risk' prisoners were monitored in cells through CCTV. In Gloucester and Swinfen Hall, there was insufficient governance of these cells. The constant observation cells at Bullwood Hall and at Stoke Heath were stark and dirty. It was positive that we found few prisons where prisoners at risk of self-harm were placed in strip clothing. At Parc however, the use of these extreme measures was not routinely monitored by management.

In many prisons, good support was provided by mental in-reach services but few prisoners had access to counselling.

In most prisons, Listener schemes were well utilised and continued to provide effective peer support. In some, however, it was difficult for prisoners to see a Listener at night, a time when they might feel the greatest need for support. Most Listeners felt reasonably well supported by staff and, with the Samaritans, contributed to safer custody management meetings. The absence of a Listener scheme at Brinsford was a significant concern.

Security and rules

Security measures should be proportionate, targeted and fair. At Ford, which experienced considerable prisoner disturbance at the start of 2011, dynamic security was weak and prisoners reported negatively on their treatment by staff. The number of security reports had fallen, although those relating to alcohol had risen. At Ashwell, staff were risk averse and security was disproportionate to the risks posed by the much reduced population.

⁶ Prisons use the ACCT care planning system to help identify and support prisoners at risk of suicide or self-harm.

Use of force

For the use of force to be lawful, it must be reasonable in the circumstances, necessary and proportionate. Given the potential for force to be misused in closed institutions, we expect all incidents of the use of force to be subject to rigorous scrutiny.

We had concerns about the governance and monitoring of the use of force across all types of establishments. In many prisons, there was little evidence of quality assurance or robust monitoring systems to ensure procedures were followed correctly and that the use of force was justified.

There had been two incidents where batons had been drawn, but with no independent assessment or enquiry into them. (*Lewes*)

Many of the prisons inspected did not film planned interventions. Where this did happen, they were often not reviewed and were of a poor quality. In Holme House, Bristol, Isle of Wight and Leeds, planned incidents were recorded and we found a significant number of incidents that appeared to be inappropriate or involved excessive use of force or poor practice. None of the incidents we highlighted had been formally investigated before we viewed the videos.

It was positive that more use of force reports recorded the efforts made to de-escalate incidents. At Stoke Heath, our review of use of force incidents found that only a minority had led to the full use of restraint techniques and there was evidence of de-escalation in almost all the records.

Segregation

Prisoners may be held in segregation as a punishment, for their own protection or because it is believed their behaviour is likely to be so disruptive that keeping them on ordinary location would be unsafe. We expect prisoners to be held in segregation for the shortest possible period under the supervision and care of appropriately trained and experienced staff. There should be a decent physical environment and, subject to the constraints of security or unless properly denied as part of an adjudicated punishment, prisoners in the segregation unit should have access to the same facilities and activities as prisoners on normal location. Good governance is essential.

Following a review in 2009 of Prison Service Order (PSO) 1700 on segregation units, the Prison Service had placed a greater emphasis on formal care planning for prisoners held in segregation. Many units were renamed as care and reintegration, reorientation or support units to reflect this change. In Wellingborough and Leeds, care planning had been developed and staff demonstrated good levels of care for segregated prisoners. Other segregation units had only limited care planning procedures while Dartmoor, Holme House and Full Sutton had failed to implement the new approach.

Staff cared well for prisoners in the segregation unit. Staff-prisoner relationships were excellent and staff had in-depth knowledge of the prisoners in their care. (*Nottingham*)

Survey findings indicated that prisoners from a black or minority ethnic background, foreign nationals, Muslim prisoners and those under the age of 21 were more likely to report having spent time in the segregation or care and separation unit in the last six months. At both Norwich and Whatton, we reported that black and minority ethnic prisoners were disproportionately more likely to be segregated.

Prisoners in many segregation units continued to be held in poorly maintained accommodation. Swinfen Hall and Gloucester had particularly bad living conditions. We were concerned that prisoners in some units did not have access to washing facilities and telephones on a daily basis. The state of sanitary facilities was a major concern and special cells and exercise areas were mostly austere.

The accommodation in the segregation unit was in a poor state. It was dirty, the toilets and sinks were grubby and there was graffiti on cell walls. The heat was unbearable in some cells, particularly the special accommodation, and this cell had not been changed since the previous inspection. (*Lincoln*)

In Full Sutton, cells were often cold, some were dirty and contained graffiti, and most toilets were filthy.

Although still evident in some prisons, routine strip-searching for those entering segregation had decreased notably. More units placed an emphasis on undertaking individual risk assessments before moving prisoners into segregation.

Governance of segregation was good in many prisons and had improved in others through better management. The governance of segregated prisoners in open prisons was less well developed. Cells used to hold prisoners awaiting a return to closed conditions were, in some prisons, not governed by the requirements of PSO 1700. In Kirkham we were, in many cases, unable to ascertain how long prisoners had been held in segregation and the outcome of this action. In Sudbury, the documentation relating to those held in the segregation unit was used inconsistently and was poorly completed with essential details missing.

There was uneven management of the segregation unit, and there were some examples of it being inappropriately used. (*Coldingley*)

There had been a significant throughput of prisoners in the previous six months, particularly for reasons of good order or discipline, but the authorising documentation was often poor and sometimes failed to provide adequate justification for decisions. (*Forest Bank*)

In most cases, reviews of prisoners in segregation remained perfunctory, with little emphasis on reintegration to a normal residential unit or meaningful target-setting to challenge and address poor behaviour. In Bullingdon, one prisoner was on a dirty protest during our inspection and staff interacted with him through the observation panel. He was offered a shower and exercise daily, but had been in his cell for four days without the door being opened, and the incident log was incomplete. Interactions with the prisoner were mechanistic and there were insufficient efforts to engage with him and to persuade him to come off the protest. In Parc, staff were professional and helpful but reviews had few appropriate targets. One man with mental health problems was held in the segregation unit without an appropriate care plan. He had been moved between segregation units in the G4S estate as he waited for a hospital bed. Such movements were unlikely to provide stability and continuity for the prisoner and we were told they gave staff in the originating prison 'a break' rather than addressing the prisoner's own needs.

Impressive exceptions were the units at Leeds and Feltham where staff developed meaningful reintegration plans, set targets and supported those in their care.

Segregation reviews were appropriately multidisciplinary, and, although this was not always possible, there was a clear emphasis on aiming to progress prisoners from the unit. A commendable initiative on G4 landing had established a progression unit that helped move on some prisoners who would previously have stayed for long periods in high security estate segregation units. (*Frankland*)

In many units, we observed good staff-prisoner interactions. At Ranby, staff were impressive in their knowledge and care of prisoners. This was also the case at Holme House, Winchester and Feltham. However, in some units, evidence of the level of care was not always found in written records.

At Feltham, purposeful activity was offered daily and, at Winchester and Brinsford, activities were offered off the unit which supported reintegration. In many of our inspections, however, we found little more than a basic regime for prisoners in segregation.

Special accommodation

Special accommodation, from which normal furniture and fittings have been removed, should only be used when no other alternative is available and for the minimum period of time until a prisoner no longer poses an immediate risk to themselves or others.

The use of special accommodation presented a disturbing picture in a number of establishments. Although the use of special cells was generally low, the number of times they were used in some prisons, compared to prisons with similar populations, was a concern. At Altcourse, Birmingham, Leeds and Winchester, special accommodation was used infrequently and, even then, often for only a few minutes. At Holme House, Parc and Norwich, special accommodation was used more frequently and for hours or days,

including in cases where records showed the prisoner was compliant. Governance arrangements were often underdeveloped. Documentation was sometimes incomplete and it was unclear in some cases why prisoners had been placed in special cells or why they had not been removed when they appeared calm and cooperative. The use of special accommodation at Isle of Wight was of particular concern and required urgent review. In one instance at Isle of Wight, a decision was made at 4.20pm to keep a prisoner in a special cell overnight, with no further review of the circumstances. A second prisoner had his clothes cut from him and was left naked in his cell despite records indicating his willingness to be compliant.

Use of special accommodation was too high, and paperwork did not always show that authorisation was properly given – or that use of special accommodation was justified at all. (*Feltham*)

At several establishments, we identified that prisoners who were actively self-harming were inappropriately placed in special accommodation and, in some cases, in strip clothing.

Adjudications

Adjudications are formal disciplinary processes that should be conducted fairly with any penalties applied for a good reason that the prisoner understands. We found adjudications were mostly well conducted. However, in a significant number of inspections we noted insufficient enquiry into and recording of disciplinary offences. Some establishments for young adults were over-reliant on using formal disciplinary procedures and under-used the minor reports system. Some prisons held regular meetings to review the quality of adjudications but at others, quality assurance procedures were poor. At Brinsford and Forest Bank, we found evidence of the use of unofficial punishments when staff had restricted prisoners' access to the regime without proper authorisation.

Respect

Prisoners are treated with respect for their human dignity.

In 39 of 53 establishments holding adult male prisoners, respect-related outcomes for prisoners were either good or reasonably good. Outcomes were not sufficiently good in 14 establishments and none were assessed as having poor outcomes. In our follow-up inspections, we assessed 1,810 respect-related recommendations and found that more than two-thirds had been achieved or partially achieved.

Table 5: Respect in adult male establishments

	Outcomes poor	Outcomes not sufficiently good	Outcomes reasonably good	Outcomes good
High security	0	0	2	0
Locals	0	4	14	0
Trainers	0	8	11	4
Open/resettlement	0	1	3	2
Young adults	0	1	2	1
Total	0	14	32	7

Staff-prisoner relationships

We expect that prisoners are treated respectfully by all staff 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.

The degree of positive engagement varied greatly between establishments. In almost all establishments where relationships were ‘exceptional’, ‘very positive’ or ‘mutually respectful’, outcomes for prisoners against the healthy prison test for respect were good. The quality of staff-prisoner relationships is a bellwether for decent treatment across the board. Unfortunately, these prisons were in the minority. In our surveys, young adult, foreign national, black and minority ethnic and Muslim respondents generally felt less well respected by staff.

Table 6: Staff-prisoner relationships

	Young adults under 21 (Comparator: over 21s)	Black and minority ethnic (Comparator: white prisoners)	Foreign national prisoners (Comparator: British nationals)	Muslim prisoners (Comparator: all other religions)
Do most staff, in this prison, treat you with respect?	65% (73%)	64% (74%)	66% (73%)	63% (73%)
Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71% (75%)	71% (76%)	72% (75%)	68% (76%)

Table 6: Staff-prisoner relationships

This table shows the proportion of prisoners who responded positively to questions about staff-prisoner relationships. The comparator is given in brackets. The responses are across all functional type establishments and all the figures are significantly worse than their counterparts.

In many prisons, staff spent too much time in offices, limiting opportunities for engagement with prisoners. Some staff refused to refer to prisoners by their title or preferred name.

Staff-prisoner relationships were not positive, with relatively little active engagement. Some officers congregated in groups and appeared disengaged and unwilling to interact with either prisoners or visitors to the wings. Officers invariably addressed and referred to prisoners by surnames alone. *(Birmingham)*

Prisoners were positive about being treated with respect by staff and having someone they could approach. We were impressed by the level of staff engagement with and support of prisoners. First names were routinely used. Interaction between staff and prisoners during association was relaxed and confident. *(Kingston)*

Personal officers

We expect that prisoners' relationships with their personal officers are based on mutual respect, high expectations and support. However, few of the prisons inspected had a fully functioning personal officer scheme. Too many staff appeared disengaged with the scheme and had a limited understanding of their role within it. Very few schemes supported prisoners in any meaningful way towards their reintegration into the community. Nevertheless, in most prisons, there were staff committed to providing a reasonable service as personal officers.

Too many prisoners were not aware of their personal officer and many more experienced infrequent or no contact. Many of those who knew their personal officer found them unhelpful. Despite this, in our surveys, over 70% of prisoners said that they had a member of staff they could turn to for help.

The personal officer scheme at Stoke Heath was typical. It was reasonably effective but required considerable further development. Personal officers did not always record that they had introduced themselves to their charges promptly and did not maintain sufficiently frequent contact on a regular basis. Personal officer entries in case notes were often observational or focused on negative behaviour. They only infrequently included information about families, progress towards sentence planning targets or resettlement needs. We found some examples of inappropriate and sarcastic case notes. Not surprisingly, prisoners had limited confidence in the scheme.

At Kirkham, by contrast, most prisoners knew their personal officer and found them helpful. Personal officers were committed and effective. They maintained links with the offender management unit and were part of an overall resettlement-focused approach.

Environment

We expect to find prisoners living in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. The accommodation witnessed during our inspections ranged from new, state of the art modular-built cells with pre-designed integral sanitation, data points and vented window units, to damp Victorian cells with failing wall rendering, ill-fitting, draughty and leaking windows, damaged or no cell furniture, broken toilets and dirty, damaged mattresses. At Dartmoor, several cells on each wing were damp and had falling plaster, while one wing at Stoke Heath had leaking windows and damaged floors.

A common theme in most prisons was the placement of two prisoners in cells originally designed for one. At Altcourse, some cells designed for two were occupied by three prisoners. The occupants of these



cells could not store property or eat meals in any comfort. Toilets were often poorly screened, if at all, and were dirty and stained. On too many occasions, toilets lacked a lid or even a seat.

A number of prisons, including Albany, Blundeston, Coldingley, Gloucester and Bullwood Hall, still had electronic night sanitation in use. Prisoners complained of long waits to be able to access toilets, and this resulted in urine and faeces being thrown out of windows. The inadequacy of the system was accepted by some prisons with Albany routinely issuing buckets to prisoners. This was effectively a return to slopping out. Communal areas were normally satisfactory although shower rooms suffered from inadequate ventilation and often had no or poor screening. The showers for young adult prisoners at Feltham were dirty. External environments were generally satisfactory, but in some prisons uncleared rubbish thrown from cell windows by prisoners created a squalid appearance.

Clothing and access to laundry was another complaint. We frequently observed poor quality prison-issue clothing and a lack of facilities to allow prisoners to wear their own clothing, even in some category D prisons.

Incentives and earned privileges

The incentives and earned privileges (IEP) scheme should provide a consistent incentive to prisoners to behave well. It should be separate from any disciplinary scheme.

In some prisons, including Guys Marsh, a scheme which was sound on paper was not reliably implemented. The record keeping that was essential if prisoners' progress was to be monitored was haphazard and the incentives and disincentives underpinning the scheme were sometimes not awarded on a consistent basis. At Shrewsbury, we found the scheme to be in disarray following a major re-role, although in

several establishments, such as Bristol and Lewes, it was working reasonably well and, at Kingston, very well. Inconsistency in the practical use of IEP was the most common complaint among prisoners, and we found some evidence of this. In several establishments, the difference between standard and enhanced levels was so slight that it was not perceived as motivational. In other prisons, the basic level was sometimes overly punitive: at Altcourse, for example, it was similar to segregation but without the safeguards of segregation rules. A few establishments still paid different amounts for the same work according to a prisoner's IEP level, which was inappropriate.

Mail and telephones

An efficient mail service and reasonable access to telephones should help prisoners to maintain regular contact with the outside world.

In our surveys, an average of 40% of prisoners said that they had problems sending or receiving mail. Some prisons, such as Woodhill, did not deliver mail at all at weekends. We witnessed some effective mail systems but all too frequently this service was sacrificed in times of staff shortages.

Legally privileged mail was inappropriately opened on occasions in almost all of the prisons we visited. While there were control measures to monitor and minimise this, we found some evidence of deliberate tampering with privileged mail. There were good schemes in some prisons allowing prisoners to use email but such schemes had yet to be adopted in other establishments.

Around a quarter of prisoners reported difficulty in accessing telephones. Alterations to prison regimes had reduced the opportunity for prisoners to use the telephone. We found instances where unemployed prisoners were not allowed to use the telephone in the evening and so were unable to contact children and working relatives and friends.

There were not always enough telephones and restrictions in some prisons meant that a number could not be redialled for 30 minutes. Telephones were often out of order and situated in association areas without adequate noise screening. The cost of telephone calls was almost always an issue raised by prisoners. Calls to mobile phones were expensive and prisoners did not feel that this reflected the increasing use of mobile phones in the community.

Food and shop

The standard of catering was mostly reasonable, although there were major differences in the level of consultation about food with prisoners. Breakfast packs were still repeatedly issued the day before they were due to be consumed and lunch was served as early as 11.30am. In some larger prisons, the quality of the food, though often good at the point of loading on to the hot trolleys, often deteriorated due to the long delay before it was served. Most prisons took account of the diverse populations when compiling menus, although on average only around a quarter of prisoners in our surveys thought the food was good or very good. In general, provision for the requirements of halal was satisfactory, but at Buckley Hall procedures to prevent cross-contamination of halal food were inadequate, and at Forest Bank, the kitchen had no utensils for halal food.

While prisoners could buy items from the prison shop, they repeatedly complained about the high prices of some popular items.

Diversity

We expect that prisons demonstrate a clear and coordinated approach to eliminating discrimination, promoting equality of opportunity and fostering good relations, ensuring that no prisoner is unfairly disadvantaged. Prisons should develop, implement and monitor policies and plans to meet the specific needs of minority groups. Multiple diversity needs should be recognised and met.

The Prison Service has invested in diversity issues, especially race equality, for a number of years but our individual surveys of almost 6,000 prisoners in 2010–11 continued to show that those in a number of minority groups reported significantly more negatively on their experience of prison. This was most marked for prisoners with a disability (19% of respondents) whose answers to 63% of our questions were more negative than those without a disability. The equivalent disparities for other groups were 60% of the answers from Muslim prisoners (10% of respondents), 55% from black and minority ethnic prisoners (23% of respondents), and 51% from foreign nationals (10% of respondents).

Although a growing number of establishments had an overarching diversity policy covering all of the main protected characteristics, almost half did not. Most diversity policies emphasised race and foreign national prisoners. Disability was a growing priority in many places, but religion was often neglected as an aspect of diversity. The characteristic least attended to, both in written policies and in practice, was sexuality. Even diversity managers frequently shrugged their shoulders and said or implied that issues of gay identity were ‘too difficult’. Provision for Gypsy and Traveller prisoners, whose numbers appeared to be growing, was also weak and was hampered by the inability of the National Offender Management Service (NOMS) systems to identify and monitor them.

A growing number of prisons had appointed prisoners as diversity representatives or champions, and several had identified separate individuals to take responsibility for each of the strands. While a welcome development, these representatives often had insufficient support and training and no clear job description – with a notable exception at Winchester, where prisoner representatives had job descriptions and

received continuous training. Many senior managers were anxious about whether they could maintain even the limited commitment to such diversity initiatives in the changed financial climate.

There was a growing readiness in establishments to collect, analyse and act on objective data on equality issues, especially through the useful SMART monitoring tool. The NOMS Equalities Group had issued a short-term monitoring tool which could be applied to any aspect of equality, but we saw little use of it.

Race equality

Sustained attention has been paid to race equality in recent years. This has resulted in better policies, structures and processes in many establishments. Race equality action teams, often rebranded as diversity and equality action teams, were better at systematic monitoring and responding to prisoners' views. Nonetheless, inequalities persisted in some areas, such as the use of force or segregation and proven disciplinary hearings, where we found that black and minority ethnic prisoners were over-represented in some prisons. Our findings echoed national research carried out by NOMS itself. Similarly, we found that black and minority ethnic prisoners were under-represented in those granted release on temporary licence.

In most prisons, the standard of investigations into alleged racist incidents had improved and was now reasonably good. However, in many cases there was no routine quality assurance of investigations by external bodies. In our prisoner surveys, we found that black and minority ethnic prisoners almost everywhere perceived their treatment more negatively. In response to questions about legal rights and respectful custody, for example, 29 out of 34 questions

were answered significantly more negatively by black and minority ethnic prisoners. In the few places where survey results were not slanted in this way – such as Brinsford, Swinfen Hall and Ashwell – the systems in place to manage race equality were relatively robust and well embedded.

In the wake of the Race Review,⁷ many establishments appointed full-time race equality officers, but these posts were increasingly being combined with other roles. Much needed to be done to ensure that the advances in race equality were not lost through the attrition of this dedicated resource. Last year, we saw many impact assessments on diversity issues. This year, the activity seemed to have diminished.

In most prisons there was still some way to go in educating the whole staff group in positive ways of managing race equality, especially in those establishments where the proportion of staff from minority groups was much lower than the prison population. At Leeds, prisoners said most staff respected their heritage and that senior managers were committed to eradicating discrimination. However, they also said a small number of staff were overtly racist and this behaviour was not tackled robustly enough. In other prisons, some black and minority ethnic prisoners said they felt alienated by the staff's lack of cultural awareness.

Some prisons still had far to go on race equality. At Wolds, for example, systems were incomplete, a minority of staff had received diversity training, prisoners felt that staff did not respond appropriately to other prisoners' offensive language and behaviour, we heard some staff inappropriately referring to minority groups as 'coloureds and ethnics', and some of the responses to racist incident report forms were dismissive.

⁷ The Race Review assessed the progress made in addressing the failures identified by the Commission for Racial Equality in its formal investigation in 2003 into race equality in prisons following the murder of Zahid Mubarek. National Offender Management Service, *Race Review 2008: Implementing Race Equality in Prisons – Five Years On* (2008).

Foreign nationals

As at 31 December 2010, there were 10,866 foreign nationals in prisons in England and Wales, representing 13% of the prison population. This year, we found that provision for foreign nationals had improved in very few prisons since our previous visits. Foreign national prisoners' perceptions were more negative than those of other prisoners in several areas, especially in relation to legal rights and respectful custody.

In many establishments, we found that the UK Border Agency (UKBA) provided regular surgeries and had a good working relationship with administrative staff in the prison. The rationalisation programme, agreed by NOMS and UKBA, envisaged that foreign nationals in the adult male estate would be held in fewer prisons, dubbed 'hubs' or 'spokes'. Hubs would have permanent UKBA staff while spokes would have regular visits from them. The aim of the programme was to facilitate deportation, removal or early release and to reduce the number of foreign nationals held in prison.

The rationalisation programme had therefore resulted in significant numbers of foreign nationals concentrated in a few establishments. However, these were not necessarily the establishments providing the best service for foreign nationals. Other prisons with a small number of foreign nationals, such as Holme House or Kingston, provided a good service. Local prisons continued to hold a considerable number of foreign nationals.

We continued to find people held under immigration powers in prisons: four at Bristol, six at Woodhill and four at Norwich. At Ranby, we noted that too many foreign national prisoners reached their release date without being informed of their immigration status. In many cases, we could identify no clear reason why some remained in prison many months after the end of sentence.

In the past, many foreign nationals had believed, with some reason, that it was impossible for them to move to open conditions, however little evidence of risk there might be. It was encouraging this year to see more foreign nationals being given category D status, although this was still held up in many cases by slow or incomplete provision of information by the Criminal Casework Directorate within UKBA.

In a number of prisons, including Norwich, the foreign nationals coordinator had little time for this work. With budget cuts increasing, some managers seemed unsure whether such discrete roles could be preserved. Regular forums and consultation meetings took place in about half of establishments.

Managers at Guys Marsh, a 'spoke' prison, had given time to planning and consultation and had improved conditions for foreign nationals. Conversely, some of the 200 foreign nationals at Highpoint were very isolated due to a lack of English, and had a range of unmet needs. In our prisoner surveys, 46% of foreign nationals felt less safe than their British counterparts across all prison types.

The language difficulties faced by many foreign nationals continued to meet a patchy response. At Woodhill and Feltham, interpretation was well used, but in most establishments there was little use of the telephone interpretation service. While many establishments were improving systems for peer interpretation, using the language skills of prisoners and staff alike, very few appreciated the need to offer independent interpretation in contexts, such as adjudications and ACCT reviews, where confidentiality was important. Many prisons did not have sufficient translated information available.



There was virtually no information about the prison's regime in languages other than English, and the use of interpreting services was woefully inadequate. Many foreign national prisoners indicated that they felt isolated and had little understanding of the prison system. (*Dartmoor, a 'spoke' prison*)

At Altcourse, where 10% of prisoners were foreign nationals, provision was weak with no coordinator and little consultation. At Norwich, prisoners who did not speak English were not allowed to do paid work for health and safety reasons. In contrast Swansea, with only 18 foreign nationals, based good policy and practice on a recent needs analysis.

There was little identification of the domestic or welfare needs of foreign nationals, many of whom felt much less safe than British prisoners and reported poorer relationships with staff. There was little effective communication with those who did not speak or understand English well and many felt isolated and were unaware how to access services.

(*Birmingham*)

In 2010–11, we inspected Bullwood Hall and Canterbury, the two small prisons reserved exclusively for foreign nationals. The number held in these prisons was far smaller than elsewhere, but the experiment had been in progress for long enough to permit some initial evaluation. Managers and staff in both prisons had worked hard to promote safety and a constructive regime. The primary challenge was the lack of clear strategic guidance from the centre on their mission. The aim of speeding up removals may have been achieved to some degree, but the dynamics which we observed – such as frustration on the part of many prisoners at not knowing whether and when they would be removed – were very similar to those in other prisons. The approach to resettlement at Bullwood

Hall and Canterbury focused largely on resettlement in the UK, with little preparation for those being deported.

Disability

Most prisons had some mechanism for identifying prisoners with a disability when they first arrived, but in some cases the numbers identified did not accurately reflect the real need of the population. At Gartree, fewer than 3% of prisoners were formally identified as having a disability, compared with 21% of our survey sample who self-identified as having some form of disability. Some disparities may be due to how prisoners with a disability were identified. At Nottingham, for example, insiders were used to administer disability questionnaires, despite the personal nature of such information.

In our surveys, the general perceptions of prisoners with disabilities were worse than those of other prisoners. At Woodhill, for example, more negative views were expressed specifically about victimisation and safety issues. It appeared that negative views were mitigated where the disability liaison officer's role was clearly defined, time was made available for the work to be undertaken and appropriate training was given. Generally, prisoners with disabilities had better perceptions of health services, suggesting that disability continued to be seen largely as a medical issue.

In most cases, disability assessments focused almost exclusively on physical limitations, with few links to education or other departments that had knowledge about learning disabilities. One significant exception was Ashfield, where the prison had two disability liaison officers: one for physical disabilities and the other for learning disabilities or difficulties.

Birmingham had a disabled prisoners' forum and Buckley Hall and Woodhill both had prisoner disability representatives. Other establishments had neither. Altcourse

had recently introduced a disability working group but this did not include any prisoner representatives. In our surveys, prisoners with disabilities responded more negatively than others in response to all the questions about applications and complaints.

Many prisons did not have care plans in place for prisoners with disabilities, including Kirkham, Shrewsbury and Leyhill. This was in contrast to other establishments such as Bullingdon, Gartree and Shepton Mallett, where care plans were generally good. At Buckley Hall, care plans were supported by an annual disability survey which contributed to the development of an appropriate strategy and development plan. At Kingston, care plans were multi-disciplinary which ensured a comprehensive approach to need.

Some prisons had in place carer schemes for prisoners with disabilities. Coldingley made good use of prisoner orderlies and at Whatton there was a paid carer's scheme. At Woodhill, a similar scheme was in place, with prisoners undertaking specified tasks for up to four prisoners on the vulnerable prisoners unit. We remained concerned that while some prisons had clearly identified schemes for assisting disabled prisoners in wheelchairs, in some cases, staff still declined to do so.

Although most prisons did have appropriate evacuation plans for disabled prisoners, some were out of date or inadequate. At Bure, night staff were not aware of what the plans were or where they were stored.

Diversity provision was generally good with the exception of arrangements for prisoners with disabilities. There was inadequate care planning and recording of emergency evacuation plans. Shamefully, prison officers refused to push prisoners in wheelchairs. (*Holme House*)

Although most prisons had undertaken some work to ensure the availability of adapted cells, in some establishments key areas of the prison were either not accessible or not easily accessible. At Kingston and Usk, education departments were located on an upper floor with no disability access, although some alternative provision had been made.

Older prisoners

In many cases, the work with older prisoners went hand in hand with what was being done for prisoners with disabilities. Many prisons still did not identify older prisoners at reception. Some, such as Parc, had begun to run older prisoner forums but with little wider support. Disappointingly, the support group that had been run at Bullwood Hall had ceased. Despite this, we also came across positive examples of work with older prisoners, especially in those establishments where there were significant numbers. At Bure, an effective care programme was in place for the 30% of the population over 50 years old and they generally reported positively about their experiences. Similarly, at Usk, a quarter of prisoners were over 50 and all retired men were unlocked during the core day; on four days of the week, specific activities were made available on wings. Most prisons allowed free televisions to retired prisoners. A few, such as Bullingdon, Forest Bank and Holme House, did not.

At Isle of Wight, Age UK (formerly Age Concern) had developed a support project that included a range of meetings, and in some cases, activities. At Whatton, a specifically dedicated unit provided support for older and retired prisoners and was again facilitated by Age UK. At Albany,

where over 200 prisoners were over the age of 50, a daily activity group was provided and well attended. Despite this positive work at Albany, we also saw older prisoners living in some of the worst accommodation. Prisoners had no in-cell sanitation and there was no flexibility for older prisoners about when they could use the toilet. Consequently, many were still slopping out.

Sexual orientation and gender

Of all areas of diversity, sexual orientation and gender were consistently the least well developed and we regularly reported that this work needed greater emphasis. At many prisons, these strands were not covered by the diversity policy. In others, despite being mentioned in the policy, few actions were identified.

Some prisons had undertaken a reasonable amount of work to combat homophobia and to support prisoners. Generally, provision tended to be available where there was either a member of staff or prisoner who was interested or willing to take the work forward, rather than it being embedded at a strategic level. At Ford, the establishment had taken positive steps to engage with gay and bisexual prisoners and two meetings had been arranged, the first of which had been attended by the governor. There was an active peer supporter with responsibility for sexual orientation. His role was well advertised and he said he had been able to support a significant number of men. At Kingston and Holme House, dedicated staff led this work. At Buckley Hall, some links had been made with the community to offer support to prisoners. In some prisons, such as Parkhurst, Albany and Parc, previous support groups had ceased when certain prisoners had moved.

We were encouraged to see that at a number of sites, including Kingston, Blantyre House and Lewes, considerable work had gone into supporting individual transgender prisoners.

Faith and religious activity

Chaplaincies play a key role not only in providing opportunities for worship and faith-based learning, but also through involvement in the care of those subject to ACCT procedures and in other multi-disciplinary processes.

Chaplains were widely appreciated by prisoners but in several prisons, their resources were stretched. At Dartmoor, faith provision had declined since our previous inspection and access to chaplains was sometimes difficult. At Gartree, there had been no permanent Muslim chaplain for some months and the Roman Catholic Mass was held only on Monday evenings, clashing with association time. Buddhist provision was hard to source at some establishments.

In our surveys, there was a strikingly distinctive pattern in the views of Muslim prisoners. Apart from questions on religion and on the incentives scheme, Muslims reported significantly more negatively than others on every question relating to respectful custody. The same applied to safety – 21% of Muslims, compared with 13% of other prisoners, said they felt unsafe at the time of the inspection. In contrast, on access to a chaplain and on whether their religious beliefs were respected, Muslim prisoners were significantly more positive. The number of Muslim chaplains, and the hours available for them, had been increasing overall, evidently with positive results.

Muslim prisoners' experience – a thematic review

There are over 10,000 Muslims in prisons in England and Wales and in recent years they have come to public attention mainly as potential extremists. This thematic looked at the actual experience and perceptions of Muslim prisoners, and added to the evidence on which policy should be based. It was based mainly on in-depth interviews with 164 Muslim prisoners in eight prisons, interviews with Muslim chaplains and analysis of over 9,000 prisoner surveys, 12% completed by Muslims.

Muslim prisoners reported more negatively than non-Muslims across a range of questions and the discrepancy was even greater than the reported differences between the experiences of black and minority ethnic and white prisoners. It would be naive to deny that there are, within the prison population, Muslims who hold radical extremist views, or who may be attracted to them for a variety of reasons. While staff received training to identify extremism, there was a danger that this, coupled with wider media portrayals of Islam, encouraged them to associate all Muslim prisoners with terrorism. This in turn led to a potential deterioration in staff and Muslim prisoner relationships and the alienation of Muslim prisoners. Prisons were not yet effectively managing a complex and multi-dimensional population, and there was no equivalent focus on the promotion of equality and positive dialogue in prisons. Muslim prisoners reported feelings of psychological insecurity, often driven by frustration at stereotypical portrayals of Muslims and Islam by the media. Many felt that staff could not relate to them as individuals but rather viewed them all as a high risk group. An underlying concern was that non-Muslims did not comprehend the essential and central importance of Islam in their lives. Staff in high security prisons found it particularly difficult to balance the need for vigilance about potential radicalisation against the building of effective relationships with prisoners, and could either back away from confronting challenging behaviour, or challenge it inappropriately. We identified little evidence of forcible conversion to Islam, and conversion was generally for positive reasons. Race and ethnicity were important factors in Muslim prisoners' negative experiences and perceptions, but within each of the four broad ethnic groups that respondents were divided into – black, Asian, white and mixed heritage – religion added a further layer of perceived disadvantage. In all ethnic groups, Muslims were more negative than non-Muslims. Asian and particularly white Muslim respondents tended to report the most positive experiences of prison life, while black and mixed heritage Muslims reported the worst.

Applications

Prisoners were able to make applications to staff, although the management and effectiveness of application systems varied greatly between establishments. Good practice was identified at Ashwell, where applicants were well handled and tracked. Poor practice was found at Drake Hall, where the written applications policy was complex and confusing and forms were not always available on all units. Staff in some prisons responded quickly to applications but elsewhere the response was slow. Few prisons recorded the date on which the application was resolved, making tracking and monitoring difficult. We were concerned that a revised applications system introduced in relation to a death in custody at Lincoln was not used properly. Poor application processes were a source of considerable frustration: they made it difficult to resolve simple issues that often should, in any case, have been sorted out quickly on the wings.

Complaints

Most prisoners could easily access complaints forms, although there were a few exceptions. At Forest Bank, prisoners had to request complaint forms which may have inhibited some from making a complaint, especially if it related to a member of staff. At Bullwood Hall, a foreign national prison, complaint forms in languages other than English were only available on request from officers. Foreign nationals, black and minority ethnic prisoners, Muslims and prisoners with a disability had poorer perceptions than others in our surveys about applications and complaints. The confidentiality of the complaints process at Usk and Coldingley was compromised as the boxes were opened by operational staff.

The timeliness of responses was generally good but their politeness varied between prisons. In some cases, we saw typed responses that addressed the prisoner by title, offered apologies and outlined steps taken to rectify the complaint. In contrast, we found too many perfunctory, curt and, on occasion, condescending replies. Many

of the replies we examined accurately addressed the issue raised by the prisoner and sought to tackle his grievances. Other replies, however, were irrelevant.

Inappropriate investigators were, on occasion, appointed to look into complaints. For example, at Forest Bank, the subject of a complaint was asked to conduct the investigation. At Bure, in more than one case, the same person investigated the initial complaint and subsequent appeal.

In some prisons, complaints were thoroughly analysed to identify trends, but many other prisons failed to do this. At Coldingley and Shepton Mallet, we found evidence that staff had inappropriately encouraged prisoners to withdraw complaints.

Legal services

Good legal services teams were found at Guys Marsh, Swansea and Altcourse. Those without a legal services team included Lincoln, Ranby and Bure. The prison service has not offered legal services training to its officers for some years, which handicaps those trying to provide a service. However, few legal services officers regularly used the Community Legal Advice telephone helpline or website. This helpful source could be used to refer prisoners to specialist lawyers.

Knowledge of immigration process and timescales among legal services officers was variable. Despite foreign nationals making up approximately 13% of the prison population, not all legal services officers were familiar with the asylum and deportation processes. At Coldingley, staff were unaware of the process surrounding bail for time served for detainees being held under immigration powers. In our surveys, foreign national, Muslim and black and minority ethnic prisoners gave more negative responses on access to legal services, including communicating with and receiving visits from a solicitor.

In general prisoners had good access to legal textbooks and relevant prison service orders.

Health care

We expect that 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 should be equivalent to that which prisoners could expect to receive in the community.

Management and commissioning

When inspecting the health care provided to prisoners, we continued to work with the Care Quality Commission (CQC) as well as other health care professional and regulatory bodies in England, Wales and Northern Ireland.

With few exceptions, primary care trusts (PCTs) commissioned prison health care services. Following recent changes to the functions of CQC, it no longer has the power to inspect the commissioning function of PCTs. As a result, we are currently in discussions with a variety of stakeholders about how we might obtain evidence of commissioning in light of further planned changes to those arrangements.

In some prisons, particularly those with services provided by non-NHS suppliers, contractual arrangements were complex with multiple providers. Some suffered from fragmented and unsatisfactory governance arrangements.

The majority of prisons had developed their services as a result of health needs analyses. In some cases, the analyses were insufficiently comprehensive and, in a third of prisons, they were out of date. The trend to introduce GPs from local surgeries continued and prisoners were receiving access to GPs and care commensurate with that given in the community.

Two-thirds of prisons had improved the physical environment of the health centre and several had received very welcome investment for projects from the King's Fund. However, in some prisons, the environment remained poor with insufficient confidentiality and congestion at peak times. A number of prisons were providing wing-based health services that successfully addressed some of the health centre problems. Many prisons had PCT infection control audits and consequent action plans to ensure compliance with standards.

The majority of prisons had adopted SystmOne, an electronic system for the management of clinical information. The standard of record keeping had improved and several prisons used it to undertake audits of clinical records. The system enabled efficient monitoring of important administrative issues such as waiting times.

Arrangements for making applications for health care had improved in prisons using nurse triage, with instant appointment bookings as required. Elsewhere, paper-based application processes continued to be a concern as they often lacked confidentiality. Prisoners often missed their appointments because they did not receive sufficient advance notification.

The older prisoners' reminder cards were a novel, popular and colourful way to remind them to attend for health appointments. (*Kingston*)

In some prisons, there were good processes to engage with service users and learn from their experiences, including the use of health trainers to support prisoners. However, there was often an absence of health information in a variety of languages and, in some cases, no prison health consultation forum. Many prisoners could only make health care complaints through the general complaints system, which did not provide sufficient patient confidentiality. Some prisons used both prison and PCT systems, but few used the PCT Patient Advice and Liaison Service effectively.

Care and treatment

Prisoners' first contacts with health care were in reception. In some reception suites, the environment was poor and lacked privacy. We noted a trend to make the reception health screen more comprehensive but then not to offer a secondary health assessment as expected. At the end of the sentence, the standard of discharge planning was variable. Several prisons provided discharge clinics where prisoners' take-home medications were ordered and they were given advice on accessing health care in the community. In others, health services received short notification of a prisoner's release date which made care planning difficult.

Support for lifelong conditions was available in the prisons we inspected. Some clinics were GP-led, some nurse-led and others were run by external visiting specialists. While generally improved, some clinics were being run by members of staff without appropriate qualifications. Most prisons had a lead senior nurse for the care of older prisoners (as appropriate), but not all had a strategic approach to health surveillance in this population.

In a minority of prisons, including Winchester, we found that health care beds were still being used for non-clinical purposes as part of prisons' certified

normal accommodation. This practice should cease. Regimes for inpatients had improved as had time out of cell, though in some inpatient areas there was a lack of meaningful daytime activity.

Generally, prisons had taken steps to improve prisoners' access to external health care appointments so that the NHS target of 18 weeks was usually achieved. The overt use of handcuffs, even during medical examinations, remained a common and intrusive practice.

Prisoners who had recently visited the general hospital told us of their embarrassment at being handcuffed and chained at all times, even during physiotherapy treatment and an x-ray procedure. Exposure to x-rays represented a safety hazard for the escorting officer.
(Winchester)

With few exceptions, Independent Monitoring Boards continued to express their concerns about aspects of services for prisoners with mental health problems. The most recent government strategy for mental health indicates that prevalence rates for mental health problems are higher in the prison population than they are for the general public.⁸ Generally, mental health in-reach teams provided support for prisoners with serious mental illnesses. They coordinated activity with primary mental health care workers who supported prisoners with mild to moderate problems. In some prisons, there were insufficient personnel to provide mental health primary care, and activities designed to provide a meaningful and therapeutic day were not available. The training of uniformed officers in the recognition and support of prisoners with mental health issues was inadequate. The care programme approach and multi-disciplinary team meetings were widely used to ensure continuity of care for prisoners with serious and complex needs.

⁸ Department of Health, *No health without mental health* (2011).

We have been working with the Department of Health to introduce a revised target to reduce the time taken to transfer prisoners to NHS facilities. Generally, the situation had improved, but there were still delays, particularly for prisoners requiring high security hospital or personality disorder unit placements.

Pharmacy

Pharmacy services were generally satisfactory but, in too many prisons, prisoners did not have access to a pharmacist to discuss medication issues. As in previous years, we found evidence of deficiencies in medicines management, including poor record keeping, incomplete prescription charts and secondary dispensing, all of which contravened professional standards.

Dental services

The standard of dental services appeared to be improving though planning to meet the requirements of national quality initiatives, such as the provision of a separate room for washing or disinfection, was lacking. While most prisons offered the full range of NHS treatments, a few offered only emergency treatment to those on remand or in the last six months of sentence. Overall, waiting times had decreased, though there were unacceptably long waiting times of three to four months in a few prisons.

Substance use

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

In our surveys, 28% of all adult and young adult men reported they had arrived at prison with a drug problem and 7% said that they had developed a drug problem in prison. The proportion arriving with a drug problem was highest in local prisons

(38%). In local prisons, 9% of survey respondents said they had developed a drug problem in the prison, with a similar proportion in category C trainers and high security prisons. Nearly a third of the local and a quarter of the young adult population thought they would leave prison with a drug problem.

Of all adult male prisoners surveyed, 22% reported arriving into prison with an alcohol problem and 19% said they would have an alcohol problem on release. Similar proportions of the local (29%) and young adult (27%) populations reported arriving with an alcohol problem, while 26% of the local and 23% of the young adult populations believed they would leave with an alcohol problem.

Supply reduction

While mandatory drug testing (MDT) rates provided an indicator, they did not reliably measure drug availability within establishments. At Guys Marsh, for example, the random MDT rate stood at 17.6%, but there had also been a high level of refusals (31 in six months). Other establishments did not manage to meet weekend testing targets.

We frequently saw MDT programme staff diverted to other duties, resulting in a lack of timely target testing and abandoned tests. At Frankland, 35% of prisoners, compared with 24% in other high security establishments, said it was easy to get illegal drugs, but suspicion, risk and frequent mandatory drug testing were not always conducted due to staff shortages. At Camp Hill, MDT rates could be as high as 23% but very few suspicion and weekend tests were completed. Prisoners used illicit drugs on top of prescribed medication, which could cause significant harm to health, but confirmed MDT results were not routinely shared with the integrated drug treatment system (IDTS), the counselling, assessment, referral, advice and throughcare (CARAT) service, or security.

At Full Sutton, only 17% of prisoners, compared with 31% in other high security establishments, reported drug availability, the MDT positive rate stood at 3.3% and MDT was well resourced, with staff enthusiastic about testing and respectful of the needs of the prisoners being tested. At Birmingham, we found proactive supply reduction measures, including strong links with local police and searching and intelligence information that had resulted in significant drug finds.

The diversion of prescription drugs was a major issue in high security and vulnerable prisoner populations. At Albany, prisoners told us that several types of prescription drugs were not routinely detected by MDT and were regularly diverted and abused. At Frankland, prescription drugs were more widely available in the prison than street drugs and high rates of dispensed in-possession medication were likely to be contributing significantly to the problem. Here, 42% of vulnerable prisoners said it was easy to get illicit drugs compared with 26% of other prisoners.

Clinical management

In most local prisons, the IDTS had been implemented, resulting in improved clinical management. The majority had established dedicated stabilisation units. While at most local prisons treatments began immediately, prisoners arriving at Birmingham could only access basic first night symptom relief. However, at Bristol, IDTS was well established, with several innovative and successful additions to the normal service, and at Forest Bank we observed excellent integration of drug services. Joint working between clinical IDTS and CARAT services was ad hoc at Woodhill, Birmingham and Leeds. At Altcourse, clinical reviews were held with no IDTS nurse or CARAT worker present and prisoners could not access a 28-day psychosocial support programme.

Prisoners could continue their treatment regime at category C establishments although some limited numbers, creating a backlog at local prisons. At other prisons, methadone dosage was capped. It was noticeable that large numbers of prisoners received methadone maintenance treatment without regular treatment reviews. In the autumn, Prison Service Instruction 45/2010 was issued which required clinical reviews by a multi-disciplinary team every three months as a minimum. However, staff shortages continued to negatively impact on joint work. For example, at Holme House low CARAT staffing levels and inconsistent GP availability meant that work which needed to take place to encourage prisoners to reduce their methadone dosage was hampered by the lack of clinical review. Seventy per cent of prisoners on methadone were on maintenance doses with reviews described as 'hit and miss'.

An increasing number of prisoners reported alcohol problems on arrival but our thematic report on alcohol services in prisons⁹ found inconsistent screening processes and a shortage of health care staff with training in alcohol misuse or dual diagnosis. We saw good practice in Swansea but the majority of local prisons offered little help beyond basic clinical detoxification.

The provision of a dedicated clinic offering health promotion advice, brief interventions and GP referral for prisoners with alcohol problems provided helpful support to those prisoners. (*Swansea*)

Dual diagnosis services for the many drug and/or alcohol users experiencing substance and mental health problems remained patchy. At Woodhill, the mental health in-reach service was reluctant to see clients receiving opiate substitutes, and the team's skill mix did not include dual diagnosis expertise. Good service provision was evident at Guys Marsh, Stoke Heath and Swansea.

⁹ HM Inspectorate of Prisons, *Alcohol services in prisons: an unmet need* (2010).



Purposeful activity

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

In 34 of the 53 adult male prisons inspected, outcomes relating to purposeful activity were assessed as being either good or reasonably good. However, in 14 prisons, outcomes were not sufficiently good while outcomes were assessed as poor in five prisons. In our follow-up inspections, we assessed that 71% of recommendations relating to purposeful activity had been achieved or partially achieved.

Table 7: Purposeful activity

	Outcomes poor	Outcomes not sufficiently good	Outcomes reasonably good	Outcomes good
High security	0	0	1	1
Locals	3	6	8	1
Trainers	1	6	13	3
Open/resettlement	0	0	3	3
Young adults	1	2	1	0
Total	5	14	26	8

Time out of cell

We expect that all prisoners are actively encouraged to engage in out of cell activities, and that prisons offer a timetable of regular and varied extra-mural activities. Our inspections found that the accuracy with which prisons calculated their time out of cell varied. Some matched the maximum which could be achieved under the published core day but others described time out of cell which was simply not achievable. We often found a significant difference between the time out of cell of an enhanced, fully-employed prisoner and a new arrival on induction or someone who had yet to be allocated to employment.

Time out of cell was reported at an average of 8.2 hours, but this was not possible even if all prisoners were out of their cells for the maximum time allowed by the core day. Only enhanced prisoners in full-time employment were able to spend up to eight hours out of their cell each day. (*Swansea*)

The prison reported a time out of cell figure of about 7.7 hours a day for 2009–10. A fully employed prisoner could achieve about eight hours unlocked but for a significant number of prisoners this could be as low as three hours. A random roll check showed 43% of prisoners locked up during the working day. (*Lewes*)

The majority of adult male prisons offered prisoners between seven and nine hours out of their cells. In some prisons, the reduction in the core day, which was introduced in 2008–09, had also reduced prisoners' time out of cell in the evening. Prisoners were sometimes locked up as early as 6.30pm during the week. This made it very difficult for them to telephone family and friends in the evenings, and the reduced core day also meant prisoners were locked up after the evening meal on weekends.

Table 8: Purposeful activity

	Spend 10+ hours a day out of cell (weekday) (%)	Have association 5+ times on weekdays (%)
High security	11	87
Locals	12	52
Trainer category B	12	74
Trainer category C	14	75
Open/resettlement	48	75
Young adults	5	55

Access to time out on association was generally predictable and reliable, and we found staff shortages impacting on association in only a minority of prisons.

Similarly, time in the fresh air was usually predictable and reliable, although subject to cancellation in inclement weather. It rarely lasted as long as an hour. In only a minority of cases did we find unauthorised and unrecorded cancellations.

Some wing staff appeared to cancel exercise without the authority or knowledge of senior managers. (*Altcourse*)

Learning, skills and work

Inspection of learning, skills and work in prisons and young offender institutions is conducted jointly, with Ofsted in England, Estyn in Wales and the Education and Training Inspectorate in Northern Ireland. We expect that there should be sufficient purposeful activity for the total prisoner population. Prisoners should be encouraged and enabled to learn both during and after sentence and should have access to good library facilities.

This year, although there were improvements overall in the number of places available in work, education and training, there was still too little activity in many prisons to engage the number of prisoners held. In some prisons, even where provision was adequate, places were underutilised.

There were activity places for around 91% of the population, but on average only three-quarters of these were filled, which meant only about 69% of the population were usefully engaged in activity at a time. (*Guys Marsh*)

The range of learning and skills provision was mostly satisfactory, with some good examples of extensive vocational training and employability skills training. Provision for literacy and numeracy was often, but not always, available to support vocational training in workshops. The breadth of vocational training and programmes to meet individual needs had improved, but links to regional skills gaps remained underexplored. There were too many prisoners on waiting lists for vocational training.

The quality of initial assessments and information sharing between prisons had improved and fewer prisoners were required to repeat assessments as they transferred to a new prison. Assessments of English for those for whom it was an additional language were underdeveloped and there was insufficient English for speakers of other languages (ESOL) provision to meet demand. The quality of individual learning plans varied greatly; some were detailed and helpful with clear objectives, while others were not clear about what needed to be done to make progress. Learning plans were not always shared with relevant staff across the prison and too often neither targets nor achievements were linked into sentence plans.

Overall, standards of teaching and learning in prisons were generally satisfactory and access to education and training for vulnerable prisoners had improved. Although many prisoners made good progress, some pockets of poor performance remained. In too many prisons, punctuality and attendance remained poor, often because other prison regime priorities or scheduled activities for prisoners conflicted with the learning and skills timetables.

Local prisons, which have to provide meaningful activity in the face of overcrowding and with a transient population, were showing improvement. Of 18 inspected, half were assessed as offering reasonable outcomes for prisoners in activity. The main problems were a continued lack of places, even where these had increased, and the absence of strategic leadership in approach to the provision of learning and skills.

Management of learning and skills was weak and none of the concerns identified at our last inspection had been addressed. (*Norwich*)

In over two-thirds of training prisons inspected, outcomes for prisoners were judged as good or reasonably good. In six training prisons, outcomes were assessed as not sufficiently good and in one such

prison, outcomes were poor. Where outcomes were poor, prisoners were underoccupied in mundane work and access to vocational training and qualifications was inadequate. Where they were good, there was a strong link between strategic provision and operational management, ensuring high levels of participation in good quality work, education and training, and a strong focus on the role of the prison as a training establishment.

Strategic planning following the last inspection had been well informed and thorough. There had been a clear focus on improving the number and range of job opportunities at the same time as reducing the proportion of low quality work. The strategy had been successful and the number and quality of activity places had improved, with activities for over 80% of the population. (*Highpoint*)



At the two high security prisons inspected this year, outcomes for prisoners were good and reasonably good. At both prisons, there were sufficient places but in one, these were underutilised. In both, there was a clear vision and strategic direction for learning and skills and the provision was well managed.

The quality of provision in the young adult establishments inspected was of particular concern. In only one of the four inspections were outcomes judged as reasonably good, two were not sufficiently good and one was poor. Of all prisoners, young men aged between 18 and 21 years should be involved in activities that give them the habits, experience and training they need to get and hold down a job when they leave prison. In addition, a prison where young men are kept occupied is likely to be a safer and more positive place for prisoners and staff alike. Young adult establishments generally had high numbers of men locked in cells during the working day, even when there were sufficient activity places. Moreover, the nature of the provision did not match identified need.

Learning and skills overall lacked effectiveness. The provision of education needed to be better aligned with the identified needs of prisoners. Learning was too often uninspiring and allocation inappropriately sequenced. (*Stoke Heath*)

In the six open prisons inspected, outcomes for prisoners in activity were reasonably good in three and good in three.

Initial screening and assessment were rigorous and take-up of education and work by prisoners excellent. All prisoners had access to meaningful activity. (*Usk/Prescoed*)

Libraries

Most prisoners have no access to the internet (this is in itself an issue that needs review) and so libraries are a vital resource

for education and learning. Access to libraries was generally poor, particularly in the evenings and at weekends, and prisons rarely provided space for private study. Facilities were generally adequate but the range of provision was often unimaginative.

Physical education and health promotion

Physical education and health promotion are important for those living in the confined and often sedentary prison environment. Physical education (PE) provision in many prisons was good and promoted healthy living effectively. Peer supporters or 'champions' were being deployed in some prisons to advertise the PE activities available and encourage prisoners to use the facilities. While the vast majority of prisons sought to meet the different needs of the prisoners in their care by, for example, offering dedicated older prisoner gym sessions and working with those under IDTS, some sites were inaccessible to disabled prisoners. In a minority of prisons, gym facilities were insufficient to meet demand while in others, facilities were sufficient but the take-up was low. In a small number of cases, allocation was not managed fairly.

Some gyms supported resettlement pathways with good developmental work with families. This included sports days and links with family days. Some open prisons had forged good links with the community. Although the range and number of accredited PE courses tended to be limited, pass rates were generally high. Where the range of courses was better, the qualifications and the work experience prisoners gained gave them the opportunity of finding employment in the leisure industry on release. However, in some prisons accredited courses were unavailable due to staff shortages.

Prisoners could undertake a good range of qualifications in physical education that enabled them to become accredited fitness instructors. Qualified prisoners ran the well attended fitness suite. (*Leyhill*)

Resettlement

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

Of the 53 establishments holding adult male prisoners inspected this year, 35 were assessed as having either good or reasonably good resettlement outcomes. Outcomes for prisoners in 18 establishments were not sufficiently good. Of the 849 recommendations relating to resettlement assessed during our follow-up inspections in 2010–11, 68% had been achieved or partially achieved.

Table 9: Resettlement in adult male establishments

	Outcomes poor	Outcomes not sufficiently good	Outcomes reasonably good	Outcomes good
High security	0	0	2	0
Locals	0	5	12	1
Trainers	0	9	10	4
Open/resettlement	0	2	0	4
Young adults	0	2	2	0
Total	0	18	26	9

Strategic management

We expect that resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Most prisons we inspected had resettlement strategy documents or policies. More than half, however, were not informed by any systematic analysis of actual need among prisoners, or were, at best, informed by analysis that was limited and failed to identify gaps in provision. Many strategies made no reference to the needs of specific groups of prisoners held, such as young adults, foreign nationals or those serving life or indeterminate sentences. Most prisons had regular, well attended resettlement committee meetings but many lacked involvement from voluntary sector partners and some failed

to provide sufficient strategic oversight, leading to disjointed reintegration services. The prisons that performed best combined a focused strategic approach with strong governance through positive leadership, good managerial oversight and a commitment to integrate resettlement into the wider functions of the prison.

Offender management

In relation to offender management, we expect that all prisoners have a sentence or custody plan based on 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, should be involved in drawing up and reviewing plans.

HM Inspectorate of Probation joined us on 13 of our inspections this year and made a valuable contribution to our assessments of resettlement. All inspected prisons had implemented the national offender management model, addressing risk and resettlement needs. Direct engagement with prisoners was provided mainly by offender supervisors, usually prison or probation service officers trained in the implementation of the standard assessment tool known as OASys. Training in skills appropriate to case management, such as motivational interviewing, was, however, rarely provided.

The offender management model emphasises the importance of community-based offender managers directing risk reduction interventions and resettlement. However, in practice, offender managers' contact with prisoners was unreliable. An increasing number of prisons mitigated this by the use of video or telephone conferencing. We were concerned that prisoners were not always allocated an offender manager or had several changes during their sentence. We found that the best relationships with community-

based offender managers depended on prisoners being held close to home or in circumstances where caseloads were allocated to offender supervisors by geographical area. Offender supervisors were enthusiastic and motivated, but they often carried excessive caseloads or were redirected to other work. Thus, their capacity to spend time with prisoners was restricted, and the quantity and quality of their contact was variable. There are plans to extend the offender management system to all prisoners but, in most prisons, it is not seen as central to the purpose of the establishment and some offender supervisors said they felt marginalised.

Most prisoners had sentence plans but were often frustrated by their inability to achieve targets or make progress in their prison. This was a particular concern for those who required interventions addressing issues such as domestic abuse. Many prisons had backlogs in OASys assessments and reviews. Delays were aggravated in some training prisons by the transfer of a prisoner from a local prison before an initial OASys assessment had been completed. For prisoners serving indeterminate sentences, delays in completing sentence plans or accessing programmes jeopardised their chances of release once they had served their minimum sentence.

Prisoners sentenced to less than 12 months and those on remand did not always receive a service which fully met their resettlement needs. Assessments and referrals were made but supervision and delivery of basic custody planning was, with a few exceptions, limited.

All prisoners, including remand and unsentenced prisoners, were invited to an assessment interview at the daily resettlement clinic within two days of their reception. A resettlement induction plan was completed, which addressed all the resettlement pathways and was the basis for referrals to specialist departments in the resettlement unit or the wider prison. The initial assessment was backed up by wing surgeries, held on a different house block each day, attended by resettlement staff. This meant that each wing was visited every six days. The surgeries were both for arranged appointments and drop-in visits.
(Woodhill)

Home detention curfew arrangements in most of the prisons we inspected were well established and assessments of risk were reasonable. However, most prisons struggled to ensure that all assessments were completed as soon as prisoners were eligible, which delayed their release.

Release on temporary licence (ROTL) was not used for resettlement purposes to any great extent in category C prisons, but in category D prisons, we found good arrangements for prisoners to spend time in the community.

There was extensive use of ROTL. In the previous six months, 1,073 ROTL applications of all kinds had been approved for determinate-sentenced prisoners and 1,024 for indeterminate-sentenced prisoners. There was a well-developed working out scheme, which was attended by more than 200 prisoners every day. At the time of the inspection, there were 243 prisoners on the waiting list and resettlement staff estimated that 180 had reached eligibility for working out.
(Sudbury)

Public protection

Public protection teams were established in all prisons inspected and arrangements for identifying high risk receptions were usually robust. Information was generally shared across prison departments through interdepartmental meetings and communicated with offender managers, but recording of information was sometimes fragmented.

In all the prisons inspected, a standard process had been introduced which ensured that prisoners were informed of the restrictions placed on them and how they could apply for contact with named children. Applications were decided on the basis of consultation with carers and social services.

Indeterminate-sentenced prisoners

Prisoners sentenced to life imprisonment or indeterminate sentences for public protection (IPPs) were subject to offender management but, in most establishments, no longer received any specialist services. In many prisons, we found that specialist lifer teams had been disbanded, although life-sentenced prisoners were usually allocated to the most skilled and experienced offender supervisors. Similarly, support structures such as lifer groups and lifer days were being withdrawn. These structures were a useful means of communicating with a group of prisoners serving lengthy sentences, keeping them informed of developments that affected their lives and maintaining community ties which could provide valuable support on their eventual release.

There were about 90 indeterminate-sentenced prisoners all managed through the offender management unit. They had no opportunities to meet as a group, engage in specific regular events or receive peer support, although some life-sentenced prisoners had undertaken accompanied town visits and there was evidence of some onward progression. (*Dartmoor*)

Because their progress depends on the decision of the parole board, the timeliness of the preparation of reports and hearings convened is crucial to this group. In most prisons, reports were submitted on time but the parole board was often not able to arrange hearings to schedule, which was unjust and a particular frustration to prisoners who wished to progress in their sentences. IPP prisoners were particularly concerned as this invariably meant prolonged stays in custody beyond their initial tariff or minimum term. Many prisoners we spoke to in these circumstances held particular grievances that they were not being treated fairly.

Resettlement pathways

We expect that prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Re-offending National Action Plan. An effective multi-agency response should be used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community. We found that provision across the seven resettlement pathways in most prisons was developing and was good in several, notably Kirkham, Sudbury and Forest Bank. In Forest Bank, pathways were generally well developed with interesting and effective links to community partners.

Accommodation

Dedicated accommodation services were sometimes provided by prison staff, but were often provided, impressively, by partner agencies, including St Giles Trust, Shelter, Nacro, De Paul UK, New Bridge and St Mungo's. Assistance with finding accommodation or sustaining tenancies was a principle focus and it was encouraging that many of these agencies trained prisoner peer supporters to assess and assist others. Many prisons reported releasing very few prisoners without housing, but we lacked confidence in the value of some of the data or indicators provided. For example, we were often led to believe that housing on release was

permanent, but closer scrutiny showed it may have been temporary. In our surveys, about a third of prisoners indicated that finding accommodation on release would be problematic. Even in open prisons, one-fifth of prisoners anticipated difficulties.

Education, training and employment

Provision for progression into education, training and employment on release was variable. In our surveys, relatively few prisoners knew who to contact for help in finding a job. With the exception of open prisons, between 43% and 52% of prisoners believed they would have problems finding a job on release. While some prisons were developing good links with local employers, the majority had few or no meaningful relationships. Pre-release courses to help prisoners prepare for work, education or training were available in some prisons but their quality and content was variable. While careers information and advice was available in most prisons, it was often insufficient to support the resettlement of prisoners.

Medical and physical health

The standard of discharge planning from health services was variable. Several prisons provided discharge clinics offering advice on accessing medication or health care in the community. In others, planning was often perfunctory. Pre-release planning for the discharge of prisoners with mental illnesses was generally good.

Prisoners at Albany were not routinely seen prior to release despite the nature of the population. Prisoners at Parkhurst were seen and given verbal information to assist with their post-discharge continuing care. Prisoners at Camp Hill received an appointment with health care a week prior to release at which they were given information to take away with them.
(Isle of Wight cluster)

Drug and alcohol strategies

Of the prisons inspected, we found that 88% had drug strategies in place but only 75% had either a combined or separate alcohol strategy. Only two-thirds of prisons used an up to date needs analysis to inform their strategies. We found very good approaches to strategic planning at Parc, Guys Marsh, Swinfen Hall, Bristol, and Full Sutton. We fully endorse Lord Patel's recommendation¹⁰ that prison drug strategies should be not be developed in isolation but linked to other relevant initiatives and strategies in the community as they develop.

The pressure on CARAT teams has been considerable over the last year, with many dealing with reductions in staff. We consistently found that the service had become too stretched and target-focused, and there continued to be virtually no service user consultation in the development of CARAT services. We await the results of the national review of CARAT services in the hope that our concerns will be addressed.

Nonetheless, we did find several examples of good practice. At Dartmoor, an accredited CARAT peer mentoring scheme was being piloted which would allow local prisoners to undertake voluntary work at the community drug project on release.

The lack of provision of alcohol treatment programmes continued to be a serious omission in many prisons, though we did see a slight improvement with a few more establishments providing some interventions. We were also pleased to see that designated alcohol workers had been appointed in some establishments, but demand for all alcohol services still outstripped the available resources. Just under half of the prisons inspected had no alcohol-related services or programmes available.

¹⁰ Professor Lord Patel of Bradford OBE, *The Patel Report: Reducing drug-related crime and rehabilitating offenders* (2010).

An important finding of our thematic report on alcohol service provision was that where they did exist, enhanced services for alcohol were dependent on staff initiatives and locally sourced funding, which could be difficult to obtain or sustain. There remains a clear need for a nationally coordinated approach to tackling prisoners' alcohol-related problems. We await the publication of a long overdue, up to date prison service alcohol strategy.

In just over three-quarters of the prisons inspected, we found that accredited drug programme provision was adequate. At Coldingley, we found the RAPt 12-step programme to be an example of excellence: it provided a beneficial, life-changing experience and was instrumental in helping prisoners to decide to live drug and crime-free lives.¹¹ Good provision was also found at Bristol, Full Sutton and Dartmoor. We found that in 97% of the prisons inspected, the links with local drug intervention programmes (DIPs) were evidenced as being good for prisoners' resettlement outcomes.

Finance, benefits and debt

Services addressing finance, benefits and debt were developing but were too often absent or limited. Specialist advice from Citizens Advice, Jobcentre Plus and, less frequently, the Legal Services Commission and local solicitors, was available in many prisons. With the exception of open prisons where respondents were most positive, our surveys found that between one-fifth and one-third of prisoners believed they would experience difficulties with their finances and claiming benefits after release. However, many prisons provided money management or budgeting courses through their education department and almost half of the prisons inspected gave prisoners the opportunity to open bank accounts. Disappointingly, the take up of many of these services was limited and outcomes were not rigorously assessed.

Attitudes, thinking and behaviour

The lack of meaningful needs analysis in most prisons meant it was often difficult to establish whether the provision of accredited programmes, intended to help reduce risk and offending-related behaviour, met the needs of prisoners. The programmes delivered were generally well managed and appropriately targeted, but demand often outstripped availability. This led to long waiting lists and some prisoners being released without accessing the interventions.

In about a quarter of the prisons inspected, there were either no accredited interventions at all or only programmes addressing substance misuse. In our surveys, the perceptions of those in local prisons about the provision of and access to offending behaviour programmes were more negative than those in other prisons, and fewer felt that the interventions would help them on their release. In many prisons where sex offenders were held, there was often insufficient provision of accredited programmes to enable these offenders to reduce the risk they posed. This was particularly true of local prisons.

Accredited programmes to address domestic violence, alcohol issues and victim awareness were lacking but some establishments recognised this and delivered some non-accredited interventions. These included the chaplaincy-led restorative justice programme, Sycamore Tree, which developed victim awareness; the Cognitive Skills Booster Programme delivered in partnership with probation services in Wellingborough; and the Community Domestic Violence Programme at Bullingdon, again in partnership with the local probation trust.

¹¹ The RAPt programme was set up by the Rehabilitation of Addicted Prisoners Trust and is based on the 12 steps model which requires total abstinence from drugs and alcohol.

Children and families

All prisons provided some services under the children and families pathway, but there were wide variations in both quantity and quality. Numerous establishments were running parenting and/or relationship courses for prisoners, or had developed effective partnerships with organisations such as Ormiston Trust, Sure Start, Barnado's, Prison Advice and Care Trust (PACT) and Nacro, as well as local authorities. Nearly all prisons hosted family or children's days in some form, but again these varied in quantity and quality. It was disappointing that access to family days was, in some prisons, inappropriately linked to incentives and earned privileges or that other limitations were needlessly imposed.

A learning together club ran one evening a month. This was a good initiative that allowed prisoners to spend quality time with their children, grandchildren or younger siblings without their carer. The children could bring in homework and suitable educational resources were provided for those who did not bring any or were below school age. (*Parc*)

The Ormiston Trust provided a range of support and interventions, including Storybook Dad, a four-day parenting course and baby-bonding sessions. (*Norwich*)

At least 12 establishments we visited had family support workers, most providing good and useful interventions and assistance.

The prison had a welcoming visitor centre that also provided a wider family support service, including a child support worker who worked with local schools. (*Gloucester*)

The treatment of visitors was often less than satisfactory. Visits at many establishments, as we have repeatedly reported, started later than published, sometimes with delays of 30 minutes or more.

Most establishments had a visitor centre which we described as 'good' or 'excellent'. Many of the best were managed by voluntary sector groups. Some establishments, however, had either no facility or facilities that were unfit, unwelcoming or disrespectful. These disparities were reflected in the wide variation in the quality of visits rooms. Some lacked privacy, support for children was absent and visits involved the imposition of security practices that appeared disproportionate. Visits were terminated at Lewes and Coldingley if prisoners needed to use toilet facilities. At Highpoint, prisoners could use toilet facilities during a visit, but only if they agreed to be strip-searched first. Prisoners had to wear coloured bibs in nine establishments, which we believed was unnecessary given the security precautions in place.



Women

In 2010, we published a short thematic report drawing together findings from our inspections of the 14 existing women's prisons in England and Wales. We also compared the results of our most recent surveys of women prisoners with previous findings. It was apparent that decisions to change the role of a number of women's prisons due to the rising male prison population meant that closed women's prisons were now more complex and more women were held further from their homes. We found that outcomes for women were much better in open or semi-open conditions. There had been improvements in most women's prisons and safety, in particular, had increased due to better treatment and management of women with substance use problems. Health care, and particularly secondary mental health care, had also improved.

However, the extent and seriousness of self-harm, particularly in local prisons, remained a major concern. Resettlement services were not always sufficiently aligned to the specific needs of the women in the prison. Work with foreign nationals was often underdeveloped despite their over-representation in the population. The lack of sufficient primary mental health care, the need for more alcohol services and the absence of custody planning for short-sentenced and remanded women continued to be problematic. Overall, we noted commendable work in most women's prisons but a prison environment simply could not meet the complex needs of many of the women held. Despite a stated commitment to reduce the women's prison population, the number of women remained much the same. On 31 March 2011, the adult female prison population was 4,218. A year before, it had been 4,246.

In 2010–11, we carried out inspections at only three women's prisons. Two of these were full inspections of the larger local prisons, Holloway and Bronzefield,

which each serve courts in London and the south. These prisons encompass the full range of problems for women in custody, concentrated in a way not found in male prisons. A very high proportion of the women entering local prisons are dependent on drugs, rates of self-harm are very high, many have mental health problems and a high proportion are the primary carer for their children. The populations of these prisons run from remanded women to those with restricted security status serving life sentences, and also include mothers and their babies. Our third inspection was a short follow-up inspection of Drake Hall, a prison for sentenced women in the Midlands which had recently been redesignated from a semi-open to a closed prison. Performance at each of the three prisons was generally good, but we found that safety at Holloway was compromised by inherent problems with the design of the building and there were significant problems with health care at Bronzefield. At Drake Hall, 73% of our previous recommendations were assessed as having been achieved or partially achieved.

Safety

We found that outcomes for women prisoners in relation to safety were good at Drake Hall, reasonably good at Bronzefield but not sufficiently good at Holloway.

It was disappointing to find at Holloway that previously good reception and first night arrangements had deteriorated. Despite some reasonable attention to violence reduction procedures, its poorly designed residential units made staff supervision difficult and the shared dormitories continued to expose women to low level intimidation and pilfering. Too many women reported feeling unsafe: 64% of women felt unsafe on their first night in prison, which was significantly worse than prisoners in all other prison types.

At Bronzefield there was a need to provide more effective first night support, but most women felt safe and bullying was not a major issue. As a relatively new prison, Bronzefield did not suffer from the same design flaws as Holloway. The prison was easy to supervise effectively, there was no dormitory accommodation and most women had their own cells. However, neither prison had fully effective first night prescribing for women who were dependent on drugs. At Drake Hall, it was commendable that there were few issues of safety despite the large site and relatively low staffing levels.

In common with other local women's prisons, Holloway and Bronzefield had to cope with distressingly high levels of self-harm. Because of their level of mental distress, some women repeatedly self-harmed – one woman had harmed herself more than 90 times in one month. This level of self-harm inevitably led to a high level of the use of force as officers intervened to remove ligatures. Both Holloway and Bronzefield did their best to manage these women and keep them safe, but their needs often went beyond the care that the prisons could provide. The prisons were not suitable environments for many women with acute and complex mental health needs. There was insufficient national strategic involvement in planning the management of high risk women with severe personality disorders. It was disturbing to discover that one restricted security status woman who suffered from severe mental health problems had been held in segregated conditions effectively for three years. Although the level of self-harm at Drake Hall had increased, it was much lower than at the local prisons and the few women involved received appropriate support.

Respect

At Holloway and Drake Hall, we judged that outcomes for prisoners were reasonably good in relation to respect, but at Bronzefield we found they were not sufficiently good, principally because health services were not delivered to the appropriate standard.

The quality of relationships we observed between staff and prisoners were generally reasonably good. However, at all three prisons, women had mixed views about officers and there appeared to be a minority of staff who did not always treat prisoners appropriately. At Holloway, women complained particularly about the male officers and while this was not the case at Bronzefield, the proportion of male staff was too high for a women's prison. These problems were not always identified and dealt with by managers and many women did not believe their views would be taken seriously. Consultation arrangements at Holloway and Drake Hall were insufficiently developed to deal effectively with issues about relationships, but those at Bronzefield were good.

All three prisons had racially diverse populations and race equality procedures were mostly good. However, at Drake Hall, diversity issues were seen as a specialist area and not sufficiently embedded in the day to day work of residential staff. Provision for foreign national women varied and continued to be surprisingly underdeveloped at Drake Hall, despite it being a designated centre for foreign nationals. There was a strong reliance on the services of the voluntary sector organisation Hibiscus to support foreign nationals at each of the three prisons. Women who did not speak or understand English well did not always get important information translated and telephone interpreting services were not used often enough. More work was needed on wider diversity areas, including ensuring the specific needs of women with disabilities were met through individual care plans. Only Bronzefield covered sexuality in its diversity policy and, even there, issues of sexuality were just beginning to be addressed.

Big demands are placed on health services in women's prisons, particularly in local prisons where our inspections found that the services were stretched, often due to staff shortages. At Holloway, it had not been possible to run the full range of nurse-led clinics and while mental health services

were mostly good and comprehensive, there were some gaps in primary mental health provision. We were concerned at Drake Hall that the arrangements for breast screening were inadequate and that it was not easy for women to see a female GP. Delivery of a decent standard of health services was severely compromised at Bronzefield by inadequate staffing across all areas.

Across the range of health care provision specialist inspectors' findings were damning. Administration was chaotic. The appointment system was unnecessarily complicated. There were no female GPs. Communication between health care staff was poor. Pharmacy services were tortuous and inconsistent. A new dentist had not been inducted into the prison. A notice in the dentist's surgery stated that treatment would only be offered if a woman had been 'in pain for at least three days'. Inpatient and mental health care were better – although there were only 15 women on the mental health caseload, which seemed an unfeasibly low number given the very visible need throughout the prison. *(Bronzefield)*

Purposeful activity

In relation to purposeful activity, we judged that outcomes for prisoners were reasonably good at each of the prisons inspected. All three prisons provided a reasonable amount of time out of cell and had sufficient activity places. However, these were not always well used. At Holloway, we found nearly a third of the women locked in their cells during activity periods. Education provision was generally satisfactory and women usually achieved well, but sometimes there were too few courses to meet the needs of the more able and those on longer sentences wishing to progress. In all of the prisons, there was more scope to formally recognise the skills women acquired at work, although this was difficult at the local prisons where the average length of stay was very short. At Drake Hall, we were concerned that there was virtually

no accreditation in work areas. Women were able to use some good PE facilities which helped to promote healthy living.

Resettlement

Neither Holloway nor Bronzefield had clear resettlement strategies and although there was a reasonably good written strategy at Drake Hall, it did not set out how the needs of different groups of women would be met. The lack of a national strategy for women's prisons was still apparent. At Holloway, we found no clear strategic direction about the prison's resettlement role and the services that therefore needed to be developed. Nonetheless, we assessed all three prisons as performing reasonably well on resettlement.

All of the prisons had good offender management arrangements for women serving sentences of over 12 months and most assessments and sentence plans were up to date. However, little was done to tailor support to women serving life sentences at Drake Hall and although individual support was good at Bronzefield, the prison lacked the psychology provision usually found in other first stage lifer prisons. At the local prisons – where the majority of women were on remand or serving sentences of less than 12 months and were therefore not covered by formal sentence plan arrangements – there was still no fully effective system with an appropriate person responsible for directing women to services and setting targets to ensure resettlement needs were met. Bronzefield had very recently introduced such a system but it was too early to judge its success.

Services to support women with drug problems were reasonably good at each prison. Our surveys at the local prisons continued to indicate an increasing number of women reporting problems with alcohol, but support for them remained very limited, except at Bronzefield where a full-time alcohol worker had just been employed. Although some useful interventions were



run, Bronzefield and Holloway had no accredited offending behaviour programmes other than drug programmes. Women were usually expected to transfer elsewhere to complete interventions, such as the thinking skills programme at Drake Hall. Each of the prisons had begun to recognise the needs of women who had been victims of domestic violence or sex workers and provide some appropriate support.

Both Bronzefield and Holloway contained mother and baby units which provided generally safe and stimulating environments for babies living in prison with their mothers. Babies were usually able to stay with their mothers up to the age of 18 months at Bronzefield and nine months at Holloway. Bronzefield benefited from good purpose-built facilities whereas Holloway had converted prison accommodation. We were concerned that mothers and their babies at Holloway were unreasonably expected to remain confined to their rooms after 8pm, not even being able to leave to make up a bottle, the equipment and ingredients for which all had to be held in their cells. The managerial and staffing arrangements for the Holloway mother and baby unit were less cohesive than at Bronzefield and not all managers and staff working in the mother and baby unit had appropriate training.

In our survey, just under half the women at Bronzefield said they had children under the age of 18. Support for women at Bronzefield to maintain contact with their children and other members of their families was good. A full-time family support worker provided a supportive link

between prisoners and their families and liaised with social services and others as necessary. This was reflected in visiting arrangements. Visits not only started on time, but sometimes began early. A variety of children's and family visits were run. They included monthly children's days which were open to all women with their children, grandchildren, nephews and nieces; family days during each school holiday; fathers' days, which included grandfathers, husbands and fathers; and themed children's days in the school holidays.

In contrast, at Holloway, where a similar proportion of the women had dependent children, work to help them maintain contact with their families and children was less developed. Not all women could have a weekly visit, access to the booking line was difficult and visits did not start on time. The visitor centre offered a good range of services and the PACT kinship worker provided a valuable service, but there were fewer children's and family days.

Seventy-one per cent of women at Drake Hall told us they had dependent children and work on a children and families pathway was a clear part of the overall resettlement strategy, with a regularly updated action plan. Regular children's days were run but only for women's own children up to the age of 16. They did not extend to grandchildren or younger siblings. A new visitor centre was a huge improvement but visits did not start at the advertised time and visitors reported difficulties booking visits.

Children and young people

The landscape of the secure estate for children and young people under 18 has changed considerably. There has been a 45% drop in the number of children and young people entering the youth justice system and there are 1,000 fewer young people in custody than there were 10 years ago. The Youth Justice Board (YJB) decommissioned 710 places in the young people's estate in 2010–11. While we welcome the fall in the number of young people in custody, one inevitable consequence is that young people may be held further from home than before.

During 2010–11, we inspected six establishments holding children and young people. Three of the establishments received unannounced follow-up inspections in which we found that more than three-quarters of our previous recommendations had been achieved or partially achieved.

The views of young people are an integral part of our work and, in addition to our inspections, we carried out our annual survey at every establishment holding young people aged 15 to 18. This year, 1,162 young people completed the survey: about half of the young men in custody and 90% of the young women. Survey findings for each establishment are analysed in its inspection report, but an annual digest of survey findings from across the estate is also published.¹²

Safety

Just under a third of young men and just over a fifth of young women reported that they had felt unsafe at some point in prison. Young people arriving late remained a problem in the majority of young offender institutions (YOIs) inspected, although most establishments had developed good systems to monitor this. Young people often talked about the treatment they received from escort staff which exacerbated their anxieties after long waits in court and lengthy journeys.

'They don't care about us – we are just another person off to jail.' (Young person, Parc)

The majority of reception staff dealt sensitively with young people, but arriving in custody remained a daunting experience. Routine strip-searching marred efforts by reception staff to reassure new arrivals, apart from at Parc and the Josephine Butler Unit, where strip-searching was intelligence-led.

Internal safeguarding arrangements were generally sound, but the level of involvement with local safeguarding children boards was insufficient, generally explained by boards' own resource constraints rather than a lack of commitment to their role. This was mitigated in most establishments by good working arrangements with the local authority designated officer, but independent oversight of safeguarding procedures generally needed improvement.

The overall care of the most vulnerable and troublesome young people, including those who self-harmed or were segregated, had improved and most establishments had a multi-agency forum in which they discussed individual young people and shared information about them. However, the coordination of a wide range of assessments and care plans for different purposes was poor, resulting in a disjointed approach to caring for the most challenging young people.

Table 10: Outcomes for children and young people in custody

	Outcomes poor	Outcomes not sufficiently good	Outcomes reasonably good	Outcomes good
Safety	0	1	4	1
Respect	0	1	2	3
Purposeful activity	0	0	2	4
Resettlement	0	0	3	3
Total	0	2	11	11

¹² HM Inspectorate of Prisons/Youth Justice Board, *Children and Young People in Custody 2009–10: An analysis of the experiences of 15–18-year-olds in prison* (2010).

Following the loss of central funding, only three establishments had retained their social worker posts. This year, we carried out a thematic review of the care and management of looked after children in prisons funded by the YJB.¹³ This exposed the difficulties that YOIs experienced in identifying, assessing and managing the needs of looked after children without social work expertise to help them interpret relevant legislation and guidance and ensure that the needs of looked after children were met. We are pleased to learn that the YJB has recently secured funding to reinstate this valuable resource for the next three years.

A stable and experienced staff team has a vital role to play in ensuring an establishment is safe. We were therefore concerned that Cookham Wood, which had a disturbing history of violence between young people and towards staff, had been badly affected by a recruitment freeze that resulted in a number of posts being filled on a temporary basis. Bullying between young people and the use of force by staff was high and although real progress had been made in reducing both of these, the disruption to a stable staff team had affected what could be achieved.

What Cookham Wood needed above all was support in developing a stable, experienced and confident staff group who had the skills and desire to work with some very challenging young people – and achieving this was made much more difficult by the recruitment controls that were in place at the time. (*Cookham Wood*)

However, overall, bullying was not found to be widespread and establishments generally tackled it well. For young men in the London area, their involvement in gangs in the community made them concerned for their safety in prison.

'There have been times when gangs that I have a problem with will see me during visits – and I would have no other choice but to fight.' (*Young person, Feltham*)

In most establishments the use of force remained high, although governance was usually good and the requirement to produce restraint minimisation strategies was improving monitoring arrangements.

The use of formal adjudications was high in almost all establishments. In our annual survey, 58% of young men and 30% of young women reported that they had had an adjudication. Some charges were due to minor infringements of rules or childish behaviour and could have been dealt with differently. However, proceedings were becoming more age-appropriate with good use of the independent advocacy service in some establishments.

Long-awaited guidance for the pharmacological management of substance misuse among young people was published in 2009, setting out good practice in the treatment of drug and/or alcohol-dependent children and young people.¹⁴ The guidance had been implemented at Feltham, and at Ashfield we saw a high level of care, safe management and flexible prescribing. Children and young people continued to be subject to mandatory drug testing and while a national review of this practice had been completed, the outcome has still not been published. In the absence of national guidance most, but not all, establishments had appropriately adapted the adult-oriented procedures for mandatory drug testing to make them more sensitive to young people.

Respect

The majority of young people feel that one of the most important aspects of life in custody is how they are treated by staff. In our survey, 69% of young men and 81% of young

¹³ HM Inspectorate of Prisons, *The care of looked after children in custody: A short thematic review* (May 2011).

¹⁴ Department of Health, *Guidance for the pharmacological management of substance misuse among young people in secure environments* (2009).

women said that staff treated them with respect. Young men from black and minority ethnic groups reported less favourably: only 57% said they were treated respectfully. Some young people were very negative about the way they were treated, but during inspections we observed generally good relationships between staff and young people.

'My key worker talks to me every time he is in and treats me like a person not a number.' (*Young person, Parc*)

Support from personal officers/key workers was generally not rated highly by young people. Sixty-seven per cent of young women said that a member of staff had checked on them within the previous week to see how they were getting on, but for young men this dropped to 39%. Few personal officers attended important meetings relating to the care of the young people for whom they were responsible.

Overall, living environments were well maintained and few young people complained about their accommodation. However, while efforts had been made to improve the environment at Cookham Wood, the accommodation remained unsuitable for holding adolescent boys. Only 64% of young men reported that they could shower daily, compared with 96% of young women, who had en-suite facilities. The majority of young people were able to eat their meals out of their cells most of the time, but the quality of food was a concern and we heard a significant number of complaints. In three establishments, external nutritionists had been consulted but young men said they frequently felt hungry.

Health care was good in all establishments except for Parc, which had experienced staffing problems. Across all establishments, we noted good and improving mental health services.

In terms of diversity, race tended to be dealt with well but other aspects were underdeveloped. This included work with foreign nationals who were sometimes a significant proportion of the population (23% at Feltham). Cookham Wood had a significant number of Travellers and little work had been done to address their specific needs. Further work was also needed in relation to young people with disabilities. There was a failure to identify which young people had learning difficulties or disabilities, yet this could have a significant impact on their experience in custody.

Purposeful activity

Few establishments holding young men met our expectation to provide 10 hours each day out of cell. Young women fared far better and spent a good deal of their time unlocked. Access to time in the open air had improved but was still too limited. In our survey, 31% of young men and 68% of young women said they were usually able to exercise outside each day. Most establishments had association scheduled every day and cancellations were rare. However, it was possible to have association reduced as punishment for misbehaving or being on the lowest level of the rewards and sanctions scheme. Only 59% of young men reported that they had association every day, although daily association was the norm for young women.

Forty per cent of young men and 53% of young women said they were 14 or younger when they were last at school. A large majority had truanted, while 90% of young men and 75% of young women said they had been excluded from school. While in custody, the majority of young people undertook some form of education or training. In our survey, 69% of young men and 70% of young women said they thought this would help them on release. Most young people were able to gain some form of meaningful accreditation during their time in custody, and for many this was their first experience of educational

achievement. Nonetheless, accreditation at higher levels was limited. Vocational training opportunities continued to vary and in some establishments they were insufficient to meet demand.

Given the short length of stay, achievements and standards were good. Effort was made to ensure that all young people had an opportunity to gain some form of nationally recognised qualification and 96% had left with a recognised accreditation in the previous year. (*Feltham*)

'Education do not provide work at my level so I feel like I'm wasting time.'
(*Young person, Cookham Wood*)

Overall, the quality of teaching and learning was assessed as at least satisfactory and most establishments had effective learning support arrangements in place. The impact of the changed funding arrangements, which had reduced taught hours to 15 a week from an average of 25, was variable. Generally, it meant that young people spent either a morning or an afternoon in education or vocational training. There was great variation in the way that establishments made up the balance of 10 hours a week with activity delivered by prison staff, but some young people spent much of the time unoccupied or carrying out domestic tasks on their wing.

Several young people told us that the gym was one of the best things in prison and that they would like more opportunities to use it. Levels of accreditation in PE were variable, as were links with other departments to promote healthy lifestyles. At Ashfield, young people benefited from community placements through ROTL which, for some, had led to sports-related employment on release.

Just under two-thirds of young men said that they wanted to go to school or college when they were released. This was a significant increase from 42% in the

previous survey. Just over two-thirds of young women also said that they planned to return to education.

Resettlement

All establishments had resettlement strategies but only three had based them on an up to date needs analysis. Although 91% of young men and 97% of young women said that they wanted to stop offending on release, fewer than half felt that they had done something in custody to make them less likely to offend in future. The majority of young people felt that getting a job would be most likely to help them stop offending, but only 20% of young men and 6% of young women said that they actually had a job to go to on release. Despite this, some young people remained optimistic.

'I've been helped a lot with my preparation for release and I feel I won't be coming back.' (*Young person, Feltham*)

Despite contact with Connexions services, barriers such as not having a suitable address, a lack of appropriate courses and not being able to start courses immediately after release meant that many young people did not have an education or training placement to attend and of those that did, few were able to sustain it.

A large number of young people had concerns about finding somewhere to live. Resettlement teams identified accommodation problems early, but often accommodation for young people not returning to their families was only confirmed very late in their sentence.

The use of ROTL was generally improving in the majority of establishments, giving young people work experience and the opportunity to arrange accommodation or education and training placements in preparation for their release. However, the number of young people granted ROTL was still too low.

'Before I get released I would like to go to college on ROTL, to get used to the world outside.' (*Young person, Cookham Wood*)

Our short thematic review of training plans for children and young people, published in May 2010,¹⁶ noted that arrangements for reviewing their progress while in custody were hampered by inadequate targets, infrequent meetings, variable attendance by key contributors and even a lack of appropriate locations for the discussions.

The majority of young people return to live with their families on release. Consequently, ongoing contact with families is an essential component of effective resettlement planning. However, families attended approximately 50% of training planning review meetings and very little action was taken to try to increase their attendance. Pre- and post-release family support offered by the community links worker in the Josephine Butler Unit (Downview) was an excellent resource, and chaplains, caseworkers and residential staff frequently helped young people to make contact with their families if they were in difficulty. However, very few establishments routinely monitored whether individual young people received regular visits. In our survey, 30% of young men and 47% of young women said they had had no visits in the last month or never had visits.

In practice, many young people did not receive any visits. During the inspection, at our request, caseworkers examined a sample of 65 young people they were responsible for and found that 20 did not receive any visits. (*Cookham Wood*)

Training planning for children and young people

Training plans should underpin and guide the management of a young person's time in custody and his or her transition back into the community. In our short thematic review of training planning, only 60% of all sentenced young people told us they had a training plan, despite the fact that training plans are mandatory. Though our inspections did not find young people without a training plan, this figure, at the least, suggests the need for greater efforts to ensure young people are aware of and engage with the planning process. Young people who told us they had a training plan were generally more positive about their resettlement prospects.

The quality of training plans varied across the estate. Some of the targets were generic and failed to take the necessary individualised approach. Arrangements for reviewing the progress of young people were sometimes hampered by infrequent meetings, variable attendance by key contributors and even a lack of appropriate locations for the discussions.

16 HM Inspectorate of Prisons, *Training planning for children and young people* (May 2010)

A black and white photograph showing the profile of a person's head and shoulders. The person is facing right, with their dark hair and a light-colored, possibly textured, shirt visible. The background is out of focus, showing some bright, possibly cloudy or overexposed areas.

4

IMMIGRATION DETENTION

There was uneven progress and much inconsistency in immigration removal centres (IRCs) overall. This was reflected in the publication of both the best inspection report we have issued and one of the worst. Dungavel became the first centre where outcomes for detainees were good across all four of our healthy establishment tests. At the other end of the spectrum, we had such serious concerns over the lack of safety and stability at the recently opened Brook House near Gatwick Airport, that we delivered the worst judgements on the various aspects of safety that we have ever given an IRC. One centre, Oakington, had its final inspection before closure.

Following a change in government policy, none of the inspected centres held children. However, it has subsequently become clear that children and families will be detained for short periods in a refurbished children's unit at Tinsley House and in 'pre-departure accommodation' at Pease Pottage. Neither has yet been inspected. Given our previous findings of the negative effects of detention on children's health and welfare, we will, in due course, carefully assess both these locations.

Table 11: Outcomes in immigration removal centres

	Outcomes poor	Outcomes not sufficiently good	Outcomes reasonably good	Outcomes good
Safety	1	2	2	1
Respect	0	4	1	1
Purposeful activity	0	1	4	1
Preparation for release	0	3	2	1
Total	1	10	9	4

Safety

Detainees are held in safety and with due regard to the insecurity of their position.

Most detainees reported reasonably positively on the behaviour of escort staff, but many were still experiencing numerous moves around the detention estate. For example, at Dungavel, we came across two detainees who had been held in seven places of detention in a two-month period. In all IRCs, detainees often arrived exhausted and disorientated after sometimes lengthy night-time moves. A presumption towards handcuffing detainees on escort meant that nominal risk assessments almost always resulted in hand restraints being used, even in clearly inappropriate circumstances. In Brook House, we came across two detainees with disabilities who could not walk without the aid of crutches, yet both were handcuffed to officers during escort to medical appointments, something that was unnecessary and demeaning.

In most centres, security and safety were generally appropriate and had usually improved, with the high point being Dungavel, where detainees reported feeling extremely safe. Dynamic security was based on good staff-detainee relationships and was excellent; there was minimal use of force and good management oversight of all security-related matters. In contrast, at Brook House a '*bleak and concerning picture was reinforced by the results of our in-depth safety interviews which produced the worst results that we have seen... They reflected a high level of frustration and aggressive behaviour among detainees, and a lack of confidence in staff to protect them or to manage difficult situations*'.

At Brook House, we found a largely demoralised staff group lacking the experience and support to tackle high levels of bullying, violence and, for an IRC, a surprisingly high level of reported drug use. Use of force was high, violence reduction arrangements were weak and there was no drugs strategy. It is instructive that many detainees who had previously been in prisons said they wanted to return to them.

With a population that was in some ways more challenging than that at Brook House, with high levels of mental disorder and more ex-prisoners considered to pose a higher risk to the public, Colnbrook had made considerable progress in enhancing personal safety. Outcomes were still not good enough, particularly for those people, including a small number of isolated women, who were held behind cell doors for most of their time in the austere and oppressive first days unit. However, violent incidents and bullying had reduced with the introduction of a well-conceived and comprehensive violence reduction strategy.

The major concern for most detainees in the inspected centres was the progress of their cases. The work of the on-site contact UK Border Agency (UKBA) management teams had improved and in many cases they were diligent in passing on information and attempting to obtain information from case owners. Despite regular surgeries, obtaining good quality legal advice remained problematic in all but one centre, where the findings were exceptional. In Dungavel, nearly all detainees were represented and many reported good quality advice. Both detainees and solicitors praised the work of centre staff in making this happen.

Mental health problems were evident for detainees in many centres, and some had reported significant trauma or torture. However, the process intended to provide safeguards for detainees who were not fit to be detained and/or had experiences

of torture did not appear effective. In all inspected centres, we found that ‘Rule 35’ letters written by doctors to advise UKBA of concerns about detainees’ health often received cursory replies or no replies at all from case owners. For example, in Colnbrook, of 125 Rule 35 letters, only 61 had received replies.

Respect

Detainees are treated with respect for their human dignity and the circumstances of their detention.

Staff-detainee relationships were generally good in most IRCs but once again Dungavel was the only establishment where outcomes were good in our overall test on respect. In four centres – Brook House, Colnbrook, Harmondsworth and the now closed Oakington – outcomes were not sufficiently good. In Brook House, significant staff turnover meant a number of inexperienced staff were trying to maintain order and control while lacking confidence and often feeling unsupported by managers. Management of detainees had, as a consequence, become too confrontational.

The physical environment in centres was a particular concern to us. The closed air conditioned units in the newer centres were the subject of much complaint. It was not just the uneven ventilation and stuffiness that concerned detainees, but the lack of control involved in not being able to simply open a cell window to get fresh air. The design of Colnbrook, Brook House and the new units in Harmondsworth is a matter for regret, given that they are more austere and restrictive than many prisons. The gloomy, six-person dormitory in Colnbrook’s vulnerable persons unit had inadequately screened toilets and one resident, who was an amputee, had been unable to use the shower throughout his time there. It was simply unsuitable accommodation, which we considered an oppressive and degrading environment for the residents.

While we found little evidence of intolerance on the basis of race or nationality, systems for managing diversity were underdeveloped in most centres and did not provide assurance that adequate systemic safeguards were in place. Ethnic and nationality monitoring had improved but was still not rigorous enough. A recurring issue in many centres was that of insufficient efforts to communicate effectively with those who spoke little English, either in groups or individually. Each centre had a significant proportion of such detainees, but few had systematic group consultation meetings using interpreters to help staff understand the perspectives of detainees and deal with emerging problems before they escalated. Chinese speakers in particular reported communication difficulties and less understanding of IRC systems and procedures. Telephone interpretation was available in all centres but tended to be used mainly by health care staff. Faith provision was generally very good in all centres, and appreciated by detainees.

The quality of health care was inconsistent. In Harmondsworth, there were many complaints about brusque and uncaring provision, and clinical governance was weak. As elsewhere, the primary mental health needs of the detainee population were not adequately met. Colnbrook had an especially high demand for mental health services. It managed this reasonably well but had little space for mental health nurse clinics and many patients had left the centre before they could be seen. Counselling services were limited across the inspected establishments.

Purposeful activity

Detainees are able to be purposefully occupied while they are in detention.

In most cases detainees had reasonable freedom of movement, especially at Dungavel, Oakington and Harmondsworth (inspected before the opening of the new units). At Harmondsworth, detainees could

move around the centre for 19.5 hours a day and had good access to all activities. However, unlock hours at Dover and Brook House were too restrictive. At Dover, detainees were locked behind their doors at 8.30pm and at Brook House, detainees had only nine to nine and a half hours of freedom of movement around the centre.

In general, the range of activities available had improved in response to longer stays in detention. At Colnbrook, for example, there was a wider choice of activities and education. Brook House was designed for short stays but held men for long periods and, as a consequence, did not have adequate education facilities or a sports hall. PE provision otherwise was reasonably good, as were library facilities in all centres, although library staffing was inadequate in Brook House and Harmondsworth.

Education had improved in quality at Colnbrook, where detainees were well used as mentors for fellow learners. Several education areas were welcoming and full of attractive displays. Since a considerable proportion of detainees had had access to prison education before transfer to an IRC at the end of their sentence, there was a need for some more advanced provision – notably at Dover, where a third of men were held for relatively long periods. ESOL provision had expanded, but in some cases it was only available at a basic level. At Dungavel, although such classes were available daily, they did not cater for those who were reasonably proficient in English.

It was welcome that most centres had expanded work places to help keep detainees occupied (Brook House had proportionately the least paid work available, and long waiting lists). It remained inappropriate that access to paid work was used as a lever for full cooperation with immigration procedures, and UKBA could and did exclude detainees from paid work for that reason. This inappropriately confused the roles of detention and UKBA staff.

Preparation for release

Detainees are able to keep in contact with the outside world and are prepared for their release, transfer or removal.

The provision of welfare services varied greatly across the estate. The welfare service at Dungavel was excellent. All staff saw detainees' welfare as their concern. A dedicated welfare officer handled more complex cases and tenaciously pursued detainees' issues even after they had been removed. At Harmondsworth, the welfare officer saw every detainee after arrival to assess need. However, while other centres had a named welfare officer, many dedicated insufficient resources to the role. At Dover, Oakington and Brook House, provision was underdeveloped. At Brook House, a welfare officer had only been appointed a week before the inspection.

Welfare provision was particularly crucial for detainees who were being removed after many years in the United Kingdom. They needed assistance to communicate with friends and family, track down property and conclude their affairs in the UK before returning to their countries of origin. Good welfare provision appeared to assist smooth returns. For example, at Dungavel, there had been no recorded uses of force in relation to removals. At Colnbrook where welfare provision was not as well developed, there had been 37 uses of force in the removal process in the six months prior to our inspection.

With the exception of Dungavel, detainees were not offered systematic pre-removal support. At Dungavel, the welfare officer met every detainee who had been served with removal directions to ensure their needs had been met and, where necessary, referred to other departments and agencies. At other centres, the lack of pre-removal systems resulted in avoidable confrontations over welfare and property needs.

Visits arrangements across the estate were generous. Staff at all centres were generally respectful to visitors and made them feel welcome. In some cases unnecessary rules marred the provision: at Colnbrook, visitors were not allowed to bring in a pen and paper and had to leave the visits hall in between visiting two separate detainees.

Detainees at non-Prison Service-run IRCs had access to the internet. While it was reasonable for establishments to block some websites, some useful and benign sites were often blocked. These included newspapers from detainees' countries of origin, legal websites and country of origin information. UKBA's own guidance and policies were blocked in some centres. Local staff could not easily unblock sites.

Overall detainees had good access to the outside world. Detainees could retain mobile phones without recording equipment. Centres provided assistance to those without mobile phones, often in the form of lending phones.

Short-term holding facilities

As in previous years, we continued to see improvements in the conditions for those held in short-term holding facilities (STHFs). We were pleased to find that Cayley House at Heathrow Airport was much better than the removals facility it replaced, Queen's Building. The physical conditions were a marked improvement on its predecessor, as were some of the procedural changes which had resulted in less use of force. Likewise, Edinburgh Airport STHF had been rebuilt since our previous inspection and conditions had significantly improved. Outcomes for detainees at Manchester, Luton and Birmingham airports were generally positive, though again some practices, such as routine handcuffing of detainees through security checkpoints at Manchester Airport, were unnecessary.

We spoke to two fully compliant detainees who presented no obvious risk factors, who told us they felt humiliated and criminalised at having to be handcuffed at the checkpoint, and then uncuffed immediately afterwards. Our first inspection of Heathrow Terminal 5 found positive treatment of detainees and some good work in relation to children. Staff in STHFs displayed a high degree of concern for detainees' welfare. We observed many positive interactions and an evident commitment to making detainees' time in STHFs as comfortable as possible.

Some children continued to be detained, sometimes for up to 24 hours and overnight. This could be because they were waiting, with their families, for a return flight having been refused admittance, for an immigration interview, or, in the case of unaccompanied minors, for collection by social services. In some cases, it was not possible to separate women and children from men.

Escorts

Two escort inspections took place in 2010–11, comprising observation of and interviews with detainees being escorted to scheduled flights at Heathrow and Manchester airports. Staff were respectful towards detainees (with some reported exceptions) but on the whole did not engage positively with them, and did not make sufficient use of telephone interpretation. A number of detainees, especially at Heathrow, knew very little about what was happening to them. Although complaint forms were available, detainees were generally unaware of how to make a complaint should they so wish. Medical care was sufficient. Some new vehicles were coming into use, but caged vans were still routinely used for most journeys involving adults.

The actual boarding of the aircraft is a sensitive time, and staff sometimes made themselves unnecessarily conspicuous at this point. There was less use of handcuffs within secure areas. Use of force was less common at Heathrow, with an appropriate emphasis on persuasion, and less ready use of physical coercion. A new Heathrow-wide 'rapid response team' had been established to ensure that those who had not boarded the scheduled flight were removed on the next available flight; it was too early to judge the impact of this innovation.

Until this year, we have inspected escorts, mainly on scheduled flights, as far as the point of take-off of the aircraft. During 2011, we will inspect the full process from the IRC to arrival at the destination airport. This will allow a more rigorous process of inspection throughout the time when detainees' movements are controlled by UKBA and its contractors, including on aircraft.

5

POLICE CUSTODY



The programme of joint inspections of police custody undertaken with HM Inspectorate of Constabulary continued into its third year, with 16 inspections completed during 2010–11. Nearly half of provincial forces and Metropolitan Police Service (MPS) boroughs have been visited since the inspection programme began. This year, we carried out a greater number of unannounced inspections of police custody with such inspections now accounting for three-quarters of the programme. A small number of follow-up inspections are planned for next year.

Inspections of police custody were introduced in response to the UK's international obligations to ensure the independent and regular monitoring of all places of detention.¹⁶ Criteria for police custody inspections, known as Expectations, were published in January 2010. These cover four key areas – strategy, treatment and conditions, individual rights and health care – and are referenced to the Police and Criminal Evidence Act 1984 (PACE) and a range of other guidance about safer detention and the respectful treatment of detainees.

Police custody inspections began in 2008. Since then, the inspection process has developed as our experience has grown. During the year, we consolidated that development by beginning a review of our Expectations with a view to reducing the number of individual expectations and producing more focused reports and recommendations. The new Expectations will be published in 2011.

Strategy

There is a strategic focus on custody that drives the development and application of custody-specific policies and procedures to protect the wellbeing of detainees.

Previously, we reported that police forces lacked effective attention to custodial issues at a strategic level. In contrast, in 2010–11, we found a good strategic focus on custody provision in the majority of forces visited, although there were exceptions. Where there was a drive from the chief officer group to improve custodial provision, it resulted in a clear focus on the safety of detainees and respectful treatment. We found a mixture of central and devolved management models, both of which could be effective. The benefits of centralised oversight, however, included greater consistency in practice and provision. For example, West Midlands, the second largest force in England and Wales, had recently implemented this model, producing clear benefits in rationalising its custody estate and creating a positive staff culture. A major weakness in some devolved management models was that custody staff were not permanent. This sometimes resulted in untrained staff working in custody or operational police staff being brought in for short periods as cover, leading to compromises in the safety, care and welfare of detainees. This was an issue in some provincial forces and several MPS boroughs we visited. Management arrangements in these forces were often confusing.

¹⁶ Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

A poor custody estate posed challenges to a number of the forces we visited, although some facilities were being rebuilt or refurbished. In North Yorkshire, a relatively modest outlay achieved real improvements in the estate. In contrast some forces, including South Yorkshire and Avon and Somerset, compounded old and out of date estate with historic and serious underinvestment. These forces faced real and significant challenges to upgrade custody suites at a time of reducing budgets.

With the strong support of the police authority, work to upgrade and refurbish the designated custody suites had started, demonstrating North Yorkshire's commitment to upgrade and professionalise its custody capability. The force clearly had a long-term strategic plan for the continued development of its custody estate. (North Yorkshire)

Contrary to guidance issued by the Association of Chief Police Officers, we continued to see little progress in governance arrangements for the use of force on detainees. Little, if any, monitoring of the use of force was taking place, meaning managers were unable to establish any trends. Nonetheless, we found that staff usually employed de-escalation techniques in order to prevent the need for force. The management of complaints was a further area of concern with widespread reluctance to take complaints while detainees remained in custody. Little, if any, information was provided to detainees about how to complain and what to expect if they chose to do so. In contrast, some forces, including in the MPS, had made progress in the effective dissemination of lessons learned.

Treatment and conditions

Detainees are held in a clean and decent environment in which their safety is protected and their multiple and diverse needs are met.

As previously reported, we found custody staff to be respectful in their daily interactions with detainees with examples of excellent practice found in West Midlands and the MPS borough of Greenwich. Attention to the diverse needs of detainees was more mixed with forces tending to adopt a 'one size fits all' approach. Very few specific policies had been developed, and this resulted in the particular needs of juveniles and females not being adequately met. For example, female detainees were not usually told about the availability of hygiene packs on arrival and few accommodations were made when dealing with children in custody. While some custody suites have specific cells allocated for juveniles, this does not, in reality, result in them experiencing different conditions in custody to adults. The physical layout of most custody suites affords little opportunity for the separation of juveniles from adults when out of their cells.

The lack of privacy when detainees were booked into custody was a significant issue. It is at this point that detainees are asked to disclose personal and sensitive details, often in the presence of other detainees or various officers. Facilities to meet the needs of disabled detainees were usually very limited.

We observed excellent relationships between staff and detainees and staff had some understanding of how juveniles and females could be particularly vulnerable in custody, although there was scope to develop this further. (*Greenwich*)

The booking-in desk afforded no privacy when booking in more than one person at a time. There were also a number of officers standing around in the custody area who were not connected to the case, and sometimes large numbers of people who were not wearing identification, and this added to the lack of privacy.

(*Wandsworth*)

Initial risk assessments were generally completed thoroughly and relevant information about detainees accessed and taken into account. However, such information was not always readily available. The custody sergeants' lack of access to the Police National Computer (PNC) in South Yorkshire meant they relied on other staff to provide relevant detainee information. Meanwhile, in North Wales, an overly risk-averse approach had been adopted: detainees at risk of self-harm were placed in a non-tear smock but the use of the smock was disproportionate to the likelihood of harm indicated in the risk assessments. We found that staff were attuned to issues around the rousing of detainees, although there were exceptions. In North Wales, some staff checked the breathing of sleeping detainees but did not understand the importance of physically rousing them. Some progress had been made in embedding pre-release risk assessments of vulnerable detainees, although this was not universal.

Ligature points were found in large numbers of cells across forces, although it was notable that the MPS had made significant progress in eradicating these, despite the generally old custody suites. Graffiti in cells, some of which was offensive, remained a problem in a small number of forces, although they were typically adopting a zero tolerance approach. We found some cells that were dirty and stained with blood and human waste, but these were the exception. We were disappointed that many elements of detainee care were by request only, including the provision of washing and showering opportunities, toilet paper, exercise and blankets. Many showers lacked privacy which was a particular issue for female detainees. Refreshments were usually provided on request or at set times, and while the quality of food was generally poor, some forces such as the MPS provided food from staff canteens when available.

Individual rights

Detainees are informed of their legal rights on arrival and can freely exercise those rights while in custody.

Most forces maintained a focus on PACE, and balanced the rights of individuals with the need to progress cases. Telephone and face to face translation services were usually available and used appropriately, although not in all cases. In Wandsworth, for example, we were concerned that interpreters were not always used properly. Delays in dealing with immigration detainees were also still evident, with some having to wait up to five days before being dealt with by UKBA. Provision of appropriate adults to support and advise juvenile and vulnerable detainees was still reliant on local arrangements. This led to huge vitiations in service provision with poor out of hours arrangements for juveniles and inadequate provision more generally for vulnerable adults. As previously reported, the police continued



to adhere to the PACE definition of a juvenile which meant that 17-year-olds were not automatically provided with an appropriate adult. This was out of line with international standards and other domestic legislation which treats all those under the age of 18 as a child or young person in need of additional protection and support. Place of safety beds for juveniles were rarely, if ever, available, which resulted in many children spending unnecessarily long periods of time in custody.¹⁷

Court cut-off times were often too early, which again resulted in longer than necessary stays in custody. They could be as early as midday during the week, and usually even earlier on Saturdays. There were concerns relating to poor practice in the handling of DNA and forensic samples taken from detainees in some forces, although this was balanced by very good practice elsewhere and was generally an improving picture. Where appropriate, we have referred our detailed findings to the Forensic Science Regulator for his consideration given his oversight role in respect of police forensics.

Health care

Detainees have access to competent health care professionals who meet their physical health, mental health and substance use needs in a timely way.

There continued to be two models of service commissioning: direct commissioning of forensic medical examiners (FMEs) and others, or services contracted out to established health service providers. As a result detainees experienced significant variations in access to health professionals and standards of care. For example, in Bedfordshire, performance data on the contracted out service was

17 Place of safety beds are beds in secure local authority accommodation for juveniles charged with an offence who need to be held overnight prior to a magistrate's court appearance.

regularly monitored and concerns about the performance of health professionals could be registered and addressed. However, in a third of forces we inspected, performance management structures were unclear and there was little performance data. While the majority of detainees waited less than 60 minutes to be seen by a health professional, it was common to have to wait longer, with detainees occasionally waiting up to four hours.

In directly commissioned services, clinical governance structures and reporting were underdeveloped, with no mechanisms to check staff qualifications and a failure to offer appropriate training for health personnel in working with detainees. We inspected several forces in which clinical rooms failed to meet basic clinical standards and infection control measures were absent. We found numerous examples of the poor management of medicines, although we were pleased to see the introduction of systems to enable detainees to access medication more efficiently in some forces, including Kent and some MPS boroughs. We were particularly concerned about lapses in stock control and the recording of controlled drugs in many forces.

The standard of clinical record keeping continued to vary. In the majority of forces, a summary of care plans was given to custody staff to ensure continuity of the detainee's care. We were concerned that FMEs routinely took written clinical notes away with them.

Substance misuse services were generally well developed though they typically excluded detainees with alcohol issues, for whom services were lacking.

Detainees with mental health problems were offered reasonably good care, although there were some exceptions where out of hours provision was inadequate. In some areas, provision was poorly developed to divert those with mental health problems who required a place of safety, and this meant that police cells were used inappropriately to detain persons subject to section 136 of the Mental Health Act. This was particularly true for provincial forces which often had a more complex task – fewer mental health services were available and were more spread out, and they were dealing with several primary care trusts. In North Yorkshire, there was no dedicated section 136 suite and so all those detained under section 136 were held in police stations. In contrast, there were excellent arrangements to support detainees with mental health problems in Hackney. Those detained under section 136 were not held in custody suites but were instead taken to a designated mental health suite at a local hospital.

6

MILITARY DETENTION



The Military Corrective Training Centre (MCTC) in Colchester is the armed services' single, central custodial facility and, at the request of the Provost Marshal (Army), it is regularly inspected by HM Inspectorate of Prisons. In June 2010, we carried out an unannounced short follow-up inspection and found that considerable progress had been made in implementing many of the recommendations arising from our last visit in 2008. It was now a commendably safe and purposeful place, with much improved support for detainees who needed help to resettle back into civilian life. Inevitably, there was scope for further improvement, particularly in the area of diversity, but the Provost Marshal's staff are to be commended on the evident progress made in recent years.

7

APPENDICES

Inspection reports published 1 April 2010 to 31 March 2011

ESTABLISHMENT	TYPE OF INSPECTION	DATE PUBLISHED
Kirkham	Full announced	6 April 2010
Birmingham	Full follow-up	6 April 2010
Hackney police custody suites	Unannounced	14 May 2010
Guys Marsh	Full announced	14 May 2010
Altcourse	Full unannounced	25 May 2010
Harmondsworth IRC	Full announced	26 May 2010
Downview (Josephine Butler Unit)	Announced	2 June 2010
Brinsford	Full announced	3 June 2010
Surrey police custody suites	Announced	9 June 2010
Bristol	Full announced	15 June 2010
North Yorkshire police custody suites	Unannounced	15 June 2010
Wandsworth police custody suites	Announced	22 June 2010
Woodhill	Full follow-up	24 June 2010
Norwich	Full unannounced	25 June 2010
Manchester Airport STHF	Unannounced	29 June 2010
Pennine House STHF	Unannounced follow-up	29 June 2010
Manchester Airport escorts	Unannounced	29 June 2010
Edinburgh Airport STHF	Unannounced follow-up	29 June 2010
Dartmoor	Full follow-up	1 July 2010
Wolds	Full announced	6 July 2010
Shrewsbury	Short follow-up	7 July 2010
Feltham	Full announced	9 July 2010
Brook House IRC	Full announced	12 July 2010
Leeds	Full follow-up	13 July 2010
Stoke Heath	Full announced	13 July 2010
Kingston police custody suites	Announced	4 August 2010
Merton police custody suites	Announced	4 August 2010
Bexley police custody suites	Announced	4 August 2010
Ranby	Short follow-up	10 August 2010
Swansea	Full announced	11 August 2010
Holloway	Full unannounced	2 September 2010
Whatton	Short follow-up	8 September 2010
Birmingham Airport STHF	Unannounced	10 September 2010
Dallas Court STHF	Unannounced	10 September 2010
Heathrow Airport Terminal 5 STHF	Unannounced	10 September 2010
Cayley House STHF	Unannounced	10 September 2010
Heathrow Airport escorts	Unannounced	10 September 2010
Magilligan (Northern Ireland)	Full announced	13 September 2010
Greenwich police custody suites	Announced	15 September 2010
Brent police custody suites	Announced	15 September 2010
Kensington and Chelsea police custody suites	Unannounced	15 September 2010
Sudbury	Full announced	21 September 2010
Gartree	Full announced	22 September 2010
Leyhill	Short follow-up	29 September 2010
Usk/Prescoed	Full announced	30 September 2010

Inspection reports published 1 April 2010 to 31 March 2011 (*Continued*)

ESTABLISHMENT	TYPE OF INSPECTION	DATE PUBLISHED
Lewes	Short follow-up	1 October 2010
Shepton Mallet	Full announced	5 October 2010
Buckley Hall	Short follow-up	6 October 2010
Dover IRC	Full announced	7 October 2010
Military Corrective Training Centre	Short follow-up	22 October 2010
Ashfield	Full unannounced	26 October 2010
Coldingley	Full announced	27 October 2010
Nottingham	Full announced	28 October 2010
Blantyre House	Full announced	3 November 2010
Swinfen Hall	Full announced	4 November 2010
Forest Bank	Full follow-up	9 November 2010
Harrow police custody suite	Announced	11 November 2010
South Yorkshire police custody suites	Unannounced	11 November 2010
Oakington IRC	Short follow-up	16 November 2010
Dungavel IRC	Full announced	16 November 2010
Lincoln	Short follow-up	17 November 2010
Bedfordshire police custody suites	Unannounced	23 November 2010
Channings Wood	Short follow-up	24 November 2010
Bullingdon	Short follow-up	25 November 2010
Ashwell	Full announced	30 November 2010
Wetherby	Short follow-up	7 December 2010
Cardiff	Short follow-up	17 December 2010
Kingston	Full announced	21 December 2010
Drake Hall	Short follow-up	23 December 2010
Wellingborough	Full follow-up	7 January 2011
Bullwood Hall	Short follow-up	11 January 2011
Gloucester	Short follow-up	12 January 2011
North Wales police custody suites	Unannounced	18 January 2011
Avon and Somerset police custody suites	Announced	19 January 2011
Colnbrook IRC and STHF	Full follow-up	25 January 2011
Parc (young people's unit)	Short follow-up	26 January 2011
Luton Airport STHF	Unannounced	2 February 2011
Holme House	Full unannounced	9 February 2011
Highpoint	Short follow-up	9 February 2011
Leicester	Short follow-up	24 February 2011
Winchester	Short follow-up	25 February 2011
Bure	Full announced	2 March 2011
West Midlands police custody suites	Unannounced	4 March 2011
Onley	Short follow-up	8 March 2011
Parc (adults and young adults)	Full unannounced	9 March 2011
Frankland	Full follow-up	11 March 2011
Full Sutton	Full follow-up	15 March 2011
Canterbury	Short follow-up	16 March 2011
Cookham Wood	Full follow-up	22 March 2011
Isle of Wight	Full announced	23 March 2011
Bronzefield	Full unannounced	30 March 2011
Ford	Full announced	31 March 2011

Other publications – 1 April 2010 to 31 March 2011

TITLE	DATE PUBLISHED
Business Plan 2010–11	1 April 2010
Training planning for children and young people	7 May 2010
Commissioning health care in prisons	28 May 2010
Muslim prisoners' experiences	8 June 2010
The management of gang issues among children and young people in prison custody and the community	23 June 2010
Women in prison	9 July 2010
Children and young people in custody 2009–10	18 November 2010
Monitoring places of detention: First Annual Report of the United Kingdom's National Preventive Mechanism 2009–10	8 February 2011
A Joined-Up Sentence? Offender Management in Prisons in 2009–2010	9 March 2011

Healthy prison and establishment assessments – 1 April 2010 to 31 March 2011

PRISON/ESTABLISHMENT	TYPE OF INSPECTION	HEALTHY PRISON / ESTABLISHMENT ASSESSMENTS			
		SAFETY	RESPECT	PURPOSEFUL ACTIVITY	RESETTLEMENT
LOCAL PRISONS					
Altcourse	FU	4	3	4	2
Birmingham	FFU	3	2	3	2
Bristol	FA	3	3	2	3
Bullingdon	SFU	3	3	2	3
Cardiff	SFU	3	3	3	3
Forest Bank	FFU	2	3	3	4
Gloucester	SFU	3	2	1	2
Holme House	FU	3	3	3	3
Leeds	FFU	2	3	2	3
Leicester	SFU	3	3	3	3
Lewes	SFU	3	3	2	3
Lincoln	SFU	2	3	2	3
Norwich	FU	3	2	1	3
Nottingham	FA	3	3	3	3
Shrewsbury	SFU	3	3	2	2
Swansea	FA	4	3	3	2
Winchester	SFU	3	2	3	3
Woodhill	FFU	3	3	1	3
HIGH SECURITY					
Frankland	FFU	3	3	3	3
Full Sutton	FFU	3	3	4	3
TRAINER PRISONS – CAT B					
Gartree	FA	4	3	3	3
Kingston	FA	4	4	3	4
Isle of Wight – Albany	FA	3	2	3	2
Isle of Wight – Parkhurst	FA	3	2	2	2
TRAINER PRISONS – CAT C					
Ashwell	FA	3	3	4	4
Buckley Hall	SFU	3	3	3	3
Bure	FA	4	4	3	3
Channings Wood	SFU	3	3	3	3
Coldingley	FA	4	3	3	3
Dartmoor	FFU	2	2	2	2
Guys Marsh	FA	3	3	2	3
Highpoint	SFU	4	2	3	3
Isle of Wight – Camp Hill	FA	2	3	1	2
Onley	SFU	3	3	3	3
Parc	FU	3	2	2	4
Ranby	SFU	3	2	3	2
Shepton Mallet	FA	4	4	3	4
Wolds	FA	2	2	2	3
Usk	FA	4	4	4	2
Wellingborough	FFU	3	2	2	2
Whatton	SFU	3	3	3	3

Healthy prison and establishment assessments – 1 April 2010 to 31 March 2011 (Continued)

PRISON/ESTABLISHMENT	TYPE OF INSPECTION	HEALTHY PRISON / ESTABLISHMENT ASSESSMENTS			
		SAFETY	RESPECT	PURPOSEFUL ACTIVITY	RESETTLEMENT
YOUNG ADULT ESTABLISHMENTS					
Brinsford	FA	2	3	2	2
Feltham	FA	3	4	3	3
Stoke Heath	FA	2	2	2	2
Swinfen Hall	FA	3	3	1	3
OPEN/RESETTLEMENT PRISONS					
Blantyre House	FA	4	4	4	4
Ford	FA	3	2	3	2
Kirkham	FA	4	3	4	4
Leyhill	SFU	4	3	3	2
Prescoed	FA	4	4	4	4
Sudbury	FA	3	3	3	4
FOREIGN NATIONAL PRISONS					
Bullwood Hall	SFU	4	3	4	2
Canterbury	SFU	4	3	3	2
CHILDREN AND YOUNG PEOPLE'S ESTABLISHMENTS					
Ashfield	FU	4	3	4	4
Cookham Wood	FFU	2	2	3	3
Downview (Josephine Butler Unit)	FA	3	4	4	4
Feltham	FA	3	4	4	3
Parc	SFU	3	4	4	4
Wetherby	SFU	3	3	3	3
WOMEN'S PRISONS					
Bronzefield	FU	3	2	3	3
Drake Hall	SFU	4	3	3	3
Holloway	FU	2	3	3	3
EXTRA-JURISDICTION					
Magilligan	FA	3	3	3	3
IMMIGRATION REMOVAL CENTRES					
Brook House	FA	1	2	2	2
Colnbrook	FFU	2	2	3	3
Dover	FA	3	3	3	2
Dungavel	FA	4	4	4	4
Harmondsworth	FA	3	2	3	3
Oakington	SFU	2	2	3	2
MILITARY					
Military Corrective Training Centre	SFU	4	3	4	3

KEY TO TABLE**Numeric:**

- 1 – Outcomes for prisoners/detainees are poor
- 2 – Outcomes for prisoners/detainees are not sufficiently good
- 3 – Outcomes for prisoners/detainees are reasonably good
- 4 – Outcomes for prisoners/detainees are good

Type of inspection:

- FFU – Full follow-up
- SFU – Short follow-up
- FA – Full announced
- FU – Full unannounced

**Recommendations accepted in full inspection reports published
1 April 2010 to 31 March 2011**

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS (excluding recommendations no longer relevant)	ACCEPTED	PARTIALLY ACCEPTED	REJECTED
LOCAL PRISONS				
Altcourse	179	164	11	4
Bristol	217	172	31	14
Norwich	225	211	8	6
Swansea	134	110	19	5
Nottingham	200	186	10	4
Holme House	*	*	*	*
Total	955	843 (88%)	79 (8%)	33 (4%)
TRAINER PRISONS				
Guys Marsh	159	130	28	1
Wolds	235	201	30	4
Shepton Mallet	66	45	19	2
Coldingley	142	111	26	5
Gartree	126	108	10	8
Kingston	97	85	6	6
Total	825	680 (83%)	119 (14%)	26 (3%)
OPEN/RESETTLEMENT PRISONS				
Sudbury	-	-	-	-
Blantyre House	99	82	13	4
Kirkham	139	122	14	3
Total	238	204 (86%)	27 (11%)	7 (3%)
SPLIT SITES (TRAINER and OPEN)				
Usk and Prescoed	-	-	-	-
Total				
SPLIT SITES (LOCAL and TRAINER)				
Parc (adult and young adult)	*	*	*	*
Total	*	*	*	*
CLUSTER				
Isle of Wight	*	*	*	*
Total	*	*	*	*
YOUNG ADULT ESTABLISHMENTS				
Feltham	193	168	24	1
Brinsford	240	210	19	11
Stoke Heath	-	-	-	-
Swinfen Hall	-	-	-	-
Total	433	378 (87%)	43 (10%)	12 (3%)
CHILDREN AND YOUNG PEOPLE'S ESTABLISHMENTS				
Ashfield	94	78	10	6
Downview (Josephine Butler Unit)	67	63	2	2
Total	161	141 (88%)	12 (7%)	8 (5%)

**Recommendations accepted in full inspection reports published
1 April 2010 to 31 March 2011 (Continued)**

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS (excluding recommendations no longer relevant)	ACCEPTED	PARTIALLY ACCEPTED	REJECTED
WOMEN'S PRISONS				
Holloway	-	-	-	-
Bronzefield	*	*	*	*
Total	-	-	-	-
EXTRA-JURISDICTION				
Magilligan	-	-	-	-
Total	-	-	-	-
PRISON TOTAL	2,612	2,246 (86%)	280 (11%)	86 (3%)

IMMIGRATION REMOVAL CENTRES and SHORT-TERM HOLDING FACILITIES				
ESTABLISHMENT	RECOMMENDATIONS (excluding recommendations no longer relevant)	ACCEPTED	PARTIALLY ACCEPTED	REJECTED
IMMIGRATION REMOVAL CENTRES				
Harmondsworth	192	165	23	4
Dungavel	45	23	15	7
Dover	119	55	45	19
Brook House	185	105	42	38
Total	541	348 (64%)	125 (23%)	68 (13%)
SHORT-TERM HOLDING FACILITIES				
Manchester Airport	-	-	-	-
Detainees under escort – Heathrow	14	9	5	0
Detainees under escort – Manchester	-	-	-	-
Luton Airport	32	18	8	6
Birmingham International Airport	32	13	10	9
Cayley House	40	22	10	8
Dallas Court	20	11	5	4
Heathrow Airport Terminal 5	38	18	11	9
Total	176	91 (52%)	49 (28%)	36 (20%)
IMMIGRATION TOTAL	717	439 (61%)	174 (24%)	104 (15%)
OVERALL TOTAL	3,329	2,685 (81%)	454 (13%)	190 (6%)

KEY TO TABLE

Hyphen (-) – Indicates that outstanding action plans were not returned within the deadline.

Asterisk (*) – Indicates that the action plan was not due to be returned during the annual reporting period.

**Recommendations achieved in follow-up inspection reports published
1 April 2010 to 31 March 2011**

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS (excluding recommendations no longer relevant)	ACHIEVED	PARTIALLY ACHIEVED	NOT ACHIEVED
LOCAL PRISONS				
Leeds	175	68	39	68
Lincoln	177	70	54	53
Forest Bank	157	80	33	44
Lewes	142	81	23	38
Birmingham	145	49	36	60
Woodhill	202	88	51	63
Gloucester	144	56	33	55
Cardiff	146	58	23	65
Leicester	156	99	31	26
Winchester	186	80	43	63
Total	1,630	729 (45%)	366 (22%)	535 (33%)
HIGH SECURITY				
Full Sutton	107	60	26	21
Frankland	209	96	45	68
Total	316	156 (49%)	71 (22%)	89 (28%)
TRAINER PRISONS				
Dartmoor	167	58	38	71
Shrewsbury	134	79	18	37
Whatton	158	93	33	32
Buckley Hall	123	68	22	33
Channings Wood	147	73	19	55
Bullingdon	172	61	41	70
Wellingborough	192	74	49	69
Ranby	169	81	40	48
Onley	136	78	30	28
Highpoint	176	86	30	60
Total	1,574	751 (48%)	320 (20%)	503 (32%)
OPEN PRISONS				
Leyhill	115	45	15	55
Total	115	45 (39%)	15 (13%)	55 (48%)
CHILDREN AND YOUNG PEOPLE'S ESTABLISHMENTS				
Wetherby	154	91	23	40
Parc (children and young people)	119	80	19	20
Cookham Wood	198	86	58	54
Total	471	257 (55%)	100 (21%)	114 (24%)
WOMEN'S PRISONS				
Drake Hall	165	78	42	45
Total	165	78 (47%)	42 (25%)	45 (27%)

**Recommendations achieved in follow-up inspection reports published
1 April 2010 to 31 March 2011 (Continued)**

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS (excluding recommendations no longer relevant)	ACHIEVED	PARTIALLY ACHIEVED	NOT ACHIEVED
FOREIGN NATIONAL PRISONS				
Canterbury	115	61	19	35
Bullwood Hall	152	77	29	46
Total	267	138 (52%)	48 (18%)	81 (30%)
PRISON TOTAL	4,538	2,154 (48%)	962 (21%)	1,422 (31%)
MILITARY				
Military Corrective Training Centre	123	81	31	11
Total	123	81 (66%)	31 (25%)	11 (9%)
IMMIGRATION REMOVAL CENTRES				
Colnbrook (and STHF)	122	46	23	52
Oakington	101	39	28	34
Total	223	85 (38%)	51 (23%)	86 (39%)
SHORT-TERM HOLDING FACILITIES				
Pennine House	26	9	7	10
Edinburgh Airport	30	14	9	7
Total	56	23 (41%)	16 (29%)	17 (30%)
TOTAL	4,940	2,343 (47%)	1,060 (21%)	1,536 (31%)

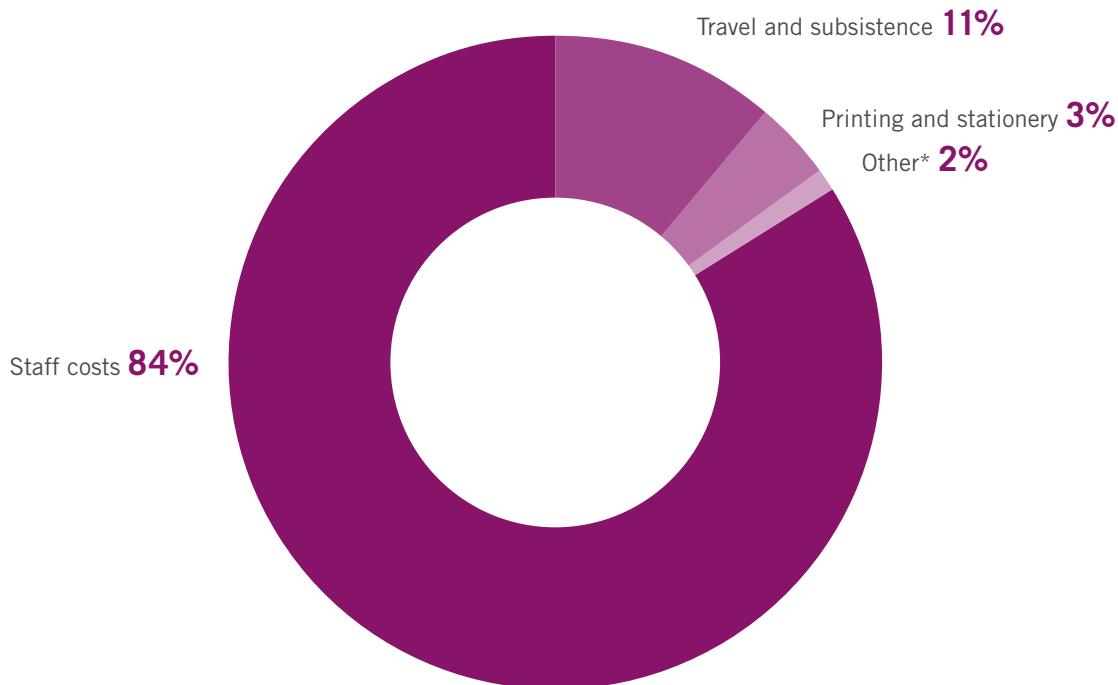
**2010–11 prisoner survey responses across all functional types:
diversity analysis – ethnicity/nationality/religion/age/disability**

	Total prisoner survey responses	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners	Under 21	Over 21	Consider selves to have a disability	Do not consider selves to have a disability
Number of completed questionnaires returned	5,719	1,320	4,332	542	4,991	542	5,048	671	4,988	1,062	4,546
	%	%	%	%	%	%	%	%	%	%	%
Was the attention paid to your health needs good/very good?	31	29	32	37	31	25	32	30	32	30	32
Were you treated well/very well by the escort staff?	66	61	67	59	66	58	67	61	67	65	66
Did you know where you were going when you left court or when transferred from another prison?	80	73	83	65	82	70	81	79	80	76	81
In the first 24 hours, did staff ask you if you needed help/support with the following:											
Problems contacting family?	48	51	47	52	47	52	47	60	46	41	50
Problems of feeling depressed/suicidal?	49	55	51	43	50	41	50	49	49	47	50
Health problems?	60	57	60	57	60	54	60	59	60	59	60
When you first arrived:											
Did you have any problems?	67	74	65	74	66	78	66	67	67	80	64
Were you seen by a member of health services in reception?	87	89	87	84	88	89	87	89	87	83	89
When you were searched in reception, was this carried out in a respectful way?	77	70	80	71	78	65	79	75	78	73	78
Were you treated well/very well in reception?	62	53	65	53	63	47	63	53	63	59	63
Within the first 24 hours did you meet any of the following people:											
Someone from health services?	76	72	78	73	77	69	77	76	77	77	78
Did you feel safe on your first night here?	78	70	80	65	79	65	79	74	78	68	80
Have you been on an induction course?	84	85	84	84	84	84	84	83	84	83	84
In terms of your legal rights, is it easy/very easy to:											
Communicate with your solicitor or legal representative?	49	45	51	41	50	43	50	38	51	48	50
For the wing/unit you are currently on:											
Are you normally offered enough clean, suitable clothes for the week?	55	52	55	61	54	50	55	46	56	58	54
Are you normally able to have a shower every day?	87	84	88	86	88	83	88	76	89	84	88
Is your cell call bell normally answered within five minutes?	41	39	42	43	41	35	42	34	42	43	41
Is the food in this prison good/very good?	24	19	25	24	24	15	25	18	24	27	23
Does the shop/canteen sell a wide enough range of goods to meet your needs?	46	35	49	42	46	29	48	48	46	45	46
Is it easy/very easy to get a complaints form?	83	78	84	73	84	74	84	76	84	82	83
Is it easy/very easy to get an application form?	88	83	89	77	89	80	89	81	89	85	89
Have you made a complaint?	48	50	47	45	48	54	47	41	48	55	46
Are you on the enhanced (top) level of the IEP scheme?	44	42	45	35	46	45	45	32	46	41	46
Do you feel you have been treated fairly in your experience of the IEP scheme?	54	43	58	41	56	42	56	47	55	48	56
Do the different levels of the IEP scheme encourage you to change your behaviour?	48	45	49	39	49	48	48	59	46	45	48
In the last six months have any members of staff physically restrained you (C&R)?	7	9	7	8	7	13	6	15	6	8	7
In the last six months have you spent a night in the segregation/care and separation unit?	11	14	11	13	11	19	11	18	11	12	11
Do you feel your religious beliefs are respected?	53	56	52	58	53	60	53	54	53	54	53
Are you able to speak to a religious leader of your faith in private if you want to?	56	62	54	56	56	75	54	58	56	57	56
Are you able to speak to a Listener at any time, if you want to?	57	48	60	51	58	47	58	42	59	60	57
Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75	71	76	72	75	68	76	71	75	76	75
Do most staff, in this prison, treat you with respect?	72	64	74	66	73	63	73	65	73	72	72
Have you ever felt unsafe in this prison?	36	39	34	46	34	42	35	37	35	49	32
Do you feel unsafe in this prison at the moment?	14	19	13	21	13	21	13	15	14	23	12
Have you been victimised by another prisoner?	20	21	20	26	19	23	20	23	20	33	17
Since you have been here, has another prisoner:											
Made insulting remarks about you, your family or friends?	10	9	10	12	10	9	10	12	10	16	8
Hit, kicked or assaulted you?	6	7	6	9	6	9	6	10	6	12	5
Sexually abused you?	1	2	1	2	1	2	1	1	1	3	1
Victimised you because of your race or ethnic origin?	3	9	2	9	3	10	2	3	3	6	3
Victimised you because of drugs?	3	1	3	2	3	2	3	2	3	7	2
Taken your canteen/property?	4	4	4	5	4	4	4	6	4	8	3
Victimised you because you were new here?	5	6	4	6	4	6	4	6	4	7	4

	Total prisoner survey responses	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners	Under 21	Over 21	Consider selves to have a disability	Do not consider selves to have a disability
Number of completed questionnaires returned	5,719	1,320	4,332	542	4,991	542	5,048	671	4,988	1,062	4,546
	%	%	%	%	%	%	%	%	%	%	%
Victimised you because of your sexuality?	1	1	1	2	1	1	1	1	1	2	1
Victimised you because you have a disability?	3	2	3	4	2	2	3	3	2	11	1
Victimised you because of your religion/religious beliefs?	2	5	1	4	2	8	2	2	2	4	2
Victimised you because of your age?	2	2	2	3	2	1	2	3	2	5	1
Victimised you because you were from a different part of the country?	4	5	4	6	4	5	4	4	4	5	4
Victimised you because of your offence/crime?	4	4	4	4	4	3	5	3	4	8	3
Victimised you because of gang-related issues?	3	5	3	3	3	6	3	6	3	6	3
Have you been victimised by a member of staff?	24	33	22	28	24	38	23	28	24	32	22
Since you have been here, has a member of staff:											
Made insulting remarks about you, your family or friends?	11	12	10	10	10	11	10	13	10	15	9
Hit, kicked or assaulted you?	4	4	4	7	3	7	3	5	4	6	3
Sexually abused you?	1	2	1	3	1	3	1	1	1	1	1
Victimised you because of your race or ethnic origin?	5	14	2	12	4	17	3	5	4	5	4
Victimised you because of drugs?	4	3	4	4	4	4	4	2	4	6	3
Victimised you because you were new here?	5	8	4	7	5	7	5	7	5	6	5
Victimised you because of your sexuality?	1	1	1	2	1	1	1	1	1	2	1
Victimised you because you have a disability?	2	3	2	3	2	4	2	2	3	11	1
Victimised you because of your religion/religious beliefs?	3	7	1	5	2	13	1	2	3	4	2
Victimised you because of your age?	2	2	2	3	2	2	2	3	2	3	2
Victimised you because you were from a different part of the country?	4	6	3	5	4	7	3	5	4	4	4
Victimised you because of your offence/crime?	5	7	4	7	5	7	5	4	5	8	4
Victimised you because of gang-related issues?	2	4	1	3	2	7	2	3	2	3	2
For those who have been victimised by staff or other prisoners:											
Did you report any victimisation that you have experienced?	40	40	40	53	38	42	40	33	41	46	37
Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	24	21	24	26	23	22	24	28	23	34	21
Have you ever felt threatened or intimidated by a member of staff in here?	22	27	21	23	22	33	21	21	22	29	20
Is it easy/very easy to get illegal drugs in this prison?	29	20	32	20	31	23	30	19	31	30	30
Is it easy/very easy to see the doctor?	36	29	38	32	36	26	37	35	36	37	36
Is it easy/very easy to see the nurse?	58	51	60	53	59	50	59	54	58	62	57
Are you able to see a pharmacist?	49	42	51	47	49	41	49	46	49	44	50
Are you currently taking medication?	47	37	50	45	48	35	49	22	50	76	41
Do you feel you have any emotional wellbeing/mental health issues?	28	23	30	29	28	22	29	24	29	53	23
Are you currently involved in any of the following activities:											
A prison job?	56	50	58	47	57	49	56	39	58	50	57
Vocational or skills training?	14	15	14	14	15	11	15	13	14	10	15
Education (including basic skills)?	31	40	29	46	30	36	31	36	31	31	31
Offending behaviour programmes?	12	10	13	8	13	12	13	9	13	9	13
Do you go to the library at least once a week?	44	45	44	51	43	43	44	26	46	43	44
On average, do you go to the gym at least twice a week?	52	63	49	52	52	66	50	53	52	35	56
On average, do you go outside for exercise three or more times a week?	44	45	44	40	45	45	44	43	44	32	47
On average, do you spend 10 or more hours out of your cell on a weekday?	15	12	16	12	16	11	16	7	16	13	16
On average, do you go on association more than five times each week?	64	58	66	47	66	59	64	52	65	58	65
Do staff normally speak to you most of the time/all of the time during association?	20	16	21	17	20	17	20	22	20	21	20
Do you have a personal officer?	67	67	67	67	67	64	68	68	67	68	67
Have you had any problems with sending or receiving mail?	41	43	41	31	43	46	41	47	41	45	41
Have you had any problems getting access to the telephones?	23	29	22	25	23	34	22	29	23	24	23

KEY TO TABLE

- Significantly better than the comparator
- Significantly worse than the comparator
- There is no significant difference

Expenditure 1 April 2010 to 31 March 2011

* Includes: information technology and telecommunications, translators, meetings and refreshments, recruitment, conferences, training and development

PURPOSE	EXPENDITURE (£)
Staff costs ¹	3,449,708.55
Travel and subsistence ²	451,367.29
Printing and stationery	102,582.97
Information technology and telecommunications ³	18,995.31
Translators	26,925.48
Meetings and refreshments ⁴	11,028.40
Recruitment ⁵	14,525.31
Conferences	7,518.89
Training and development	6,480.00
Total	4,089,132.20

- 1 Includes fee-paid inspectors and secondees.
- 2 Includes hotel/accommodation costs.
- 3 Includes one-off purchase of scanners for research team to process prisoner surveys.
- 4 Includes use of external facilities for full staff meetings due to limited space within internal buildings.
- 5 Includes costs for three members of staff applying for Government Social Research Fast Stream Scheme.

Inspectorate staff – 1 April 2010 to 31 March 2011

The Inspectorate staff come from a range of professional backgrounds. While many have experience of working in prisons, others have expertise in social work, probation, law, youth justice, health care and drug treatment, social research and policy. The majority of staff are permanent, but the Inspectorate also takes inspectors on secondment from NOMS and other organisations. Currently, 11 staff are seconded from NOMS, one is seconded from HM Inspectorate of Probation and one from Greater Manchester West Mental Health NHS Foundation Trust. Their experience and familiarity with current practice is invaluable.

The Inspectorate conducts an annual diversity survey of its staff in order to monitor diversity within its workforce and to gather feedback on its approach to equality issues. The results of the survey are acted on but are not published due to the small size of the staff group and the possibility that individual staff members may be identified.

	Nick Hardwick	Chief Inspector
	Nigel Newcomen	Deputy Chief Inspector
	Barbara Buchanan	Senior Personal Secretary to the Chief Inspector
	Michelle Reid	Personal Secretary to the Deputy Chief Inspector
A TEAM (adult males)	Vacant	Team Leader
	Karen Dillon	Inspector
	Sandra Fieldhouse	Inspector
	Andrew Rooke	Inspector
	Paul Rowlands	Inspector
O TEAM (women)	Michael Loughlin	Team Leader
	Joss Crosbie	Inspector
	Paul Fenning	Inspector
	Martin Owens	Inspector
	Lucy Young	Inspector
N TEAM (young adults)	Martin Lomas	Team Leader
	Keith McInnis	Inspector
	Gordon Riach	Inspector (part-time)
	Kellie Reeve	Inspector
	Kevin Parkinson	Inspector
	Andrea Walker	Inspector
J TEAM (juveniles)	Fay Deadman	Team Leader
	Angela Johnson	Inspector
	Ian Macfadyen	Inspector
	Ian Thomson	Inspector
I TEAM (immigration detention)	Hindpal Singh Bhui	Team Leader
	Beverley Alden	Inspector
	Colin Carroll	Inspector
	Martin Kettle	Inspector

(continued on next page)

P TEAM (police custody)	Sean Sullivan	Team Leader
	Gary Boughten	Inspector
	Peter Dunn	Inspector
	Vinnett Pearcy	Inspector
HEALTH SERVICES TEAM	Elizabeth Tysoe	Head of Health Services Inspection
	Paul Tarbuck	Deputy Head of Health Services Inspection
	Michael Bowen	Health Inspector (part-time)
	Helen Carter	Health Inspector (part-time)
	BrIDGET McEvilly	Health Inspector (part-time)
	Nicola Rabjohns	Health Inspector (part-time)
	Sigrid Engelen	Drugs and Alcohol Inspector (part-time)
	Paul Roberts	Drugs and Alcohol Inspector (part-time)
RESEARCH, DEVELOPMENT AND THEMATICS	Louise Falshaw	Head of Research, Development and Thematics
	Samantha Booth	Senior Researcher
	Laura Nettleingham	Senior Researcher
	Laura Paton	Senior Policy Officer and National Preventive Mechanism Coordinator
	Adam Altoft	Researcher
	Hayley Cripps	Researcher
	Rachel Murray	Researcher
	Catherine Nichols	Researcher
	Michael Skidmore	Researcher
	Amy Summerfield	Researcher
	Joe Simmonds	Research Trainee
	Helen Wark	Research Trainee
ADMINISTRATION	Lesley Young	Head of Finance, Human Resources and Administration
	Tamsin Williamson	Publications Manager (part-time)
	Jennifer Kim	Publications Assistant
	Stephen Seago	Administration Manager
	Sandra Charlton	Administration Officer
	Francette Montgry	Administration Officer
	Stephanie Moor	Administration Officer
	Jane Parsons	Press and Media Relations Manager (part-time)
EDITORS	Anne Fragniere	
	Brenda Kirsch	
	Adrienne Penfield	
	Emily Wood	
STAFF WHO LEFT SINCE THE LAST ANNUAL REPORT	Anne Owers	Sacha Ramdawar
	Hannah Bradbury	Oliver Ray
	Harry Dunton	Anita Saigal
	Hayley Folland	Sara Snell
	Olayinka Macauley	Lucy Trussler
	Stephen Moffatt	Mandy Whittingham
	Marie Orrell	
	Sherrelle Parke	
	Amy Pearson	

Report of September 2009 to March 2010

In the past, the Inspectorate's annual reporting period has run from September to August and our last published annual report was for the period from 1 September 2008 until 31 August 2009. With the appointment of a new Chief Inspector, the reporting period will now be aligned with the financial year and, as a result of this shift, we are presenting a brief overview here of the work the Inspectorate carried out from 1 September 2009 to 31 March 2010.

In the seven months between 1 September 2009 and 31 March 2010, we published inspection reports of 66 custodial establishments including:

- 29 prisons holding adult men
- three prisons holding adult women
- nine establishments holding children and young people
- four immigration removal centres, nine short-term holding facilities, and one inspection of immigration escorting arrangements
- jointly with HM Inspectorate of Constabulary, 11 police custody suites.

Of the 41 prison inspections, 22 were unannounced. All but two of our inspections of immigration detention facilities were unannounced. Eight of the 11 police custody inspections were announced. In 2010–11, the proportion of unannounced inspections of police custody increased.

In our follow-up inspections of prisons between September 2009 and March 2010, we assessed the outcome of 2,759 recommendations, finding that 69% had been achieved or partially achieved. This proportion was highest (80%) in establishments holding children and young people. Local prisons had the fewest recommendations achieved (61%). Across the immigration detention estate, we found that 56% of the 335 recommendations we made had been achieved or partially achieved.

From September 2009 to March 2010, we also published:

- a thematic review of alcohol services in prisons
- a joint inspection, led by HM Inspectorate of Probation, of indeterminate sentences for public protection
- our annual report on the experiences of 15 to 18-year-olds in prison
- Expectations for the inspection of police custody.

Our Expectations for the inspection of police custody were published in partnership with HM Inspectorate of Constabulary in January 2010. The expectations are the criteria against which the treatment of and conditions for detainees in police custody are assessed. The expectations also act as a guide to senior police officers and police authorities on the standards that we expect to find in police custody and the sources of information and evidence on which we will rely. The expectations are informed by the Police and Criminal Evidence Act 1984 and its associated codes of practice and government guidance on the safer detention and handling of people in custody. In addition, the expectations are informed by and referenced against international human rights standards.

Healthy prison assessments – all prisons 1 September 2009 to 31 March 2010

Safety	1	8	26	6
Respect		10	25	6
Purposeful activity		13	21	7
Resettlement		10	25	6

Key



Alcohol services in prison: an unmet need

Our thematic report on alcohol services in prison, published in February 2010, found that in 2008–09, 19% of prisoners reported alcohol problems on arrival, but this rose to 30% for young adults and 29% for women. Most had concurrent drug problems but for a considerable proportion of men in local prisons, alcohol was the only problematic substance. Yet we found that at every in prison, their needs were less likely to be either assessed or met than those with illicit drug problems. The little provision there was depended on local initiatives and locally sourced funding – a fragile and patchy basis for an essential service. We recommended the creation of a national strategy, based on need and backed by sufficient resources, training and support. The consequences of inaction are much more costly.

Inspection reports published 1 September 2009 to 31 March 2010

ESTABLISHMENT	TYPE OF INSPECTION	DATE PUBLISHED
Holme House	Short follow-up	1 September 2009
Low Newton	Short follow-up	3 September 2009
Haslar IRC	Full announced	8 September 2009
Bedford	Full announced	9 September 2009
Hertfordshire police custody suites	Announced	15 September 2009
High Down	Short follow-up	16 September 2009
Elmley	Short follow-up	17 September 2009
Wetherby (Keppel Unit)	Full announced	25 September 2009
Reading	Full announced	7 October 2009
Stafford	Short follow-up	13 October 2009
East Sutton Park	Short follow-up	14 October 2009
Pentonville	Full announced	20 October 2009
Wandsworth	Full announced	20 October 2009
North Sea Camp	Full announced	3 November 2009
Acklington	Full follow-up	10 November 2009
Eastwood Park (Mary Carpenter Unit)	Short follow-up	11 November 2009
Wayland	Short follow-up	17 November 2009
Portland	Full announced	18 November 2009
Latchmere House	Short follow-up	25 November 2009
Stansted Airport STHF	Unannounced follow-up	26 November 2009
Belmarsh	Full follow-up	27 November 2009
Parc (young people's unit)	Full announced	2 December 2009
Chelmsford	Full follow-up	2 December 2009
Werrington	Full announced	15 December 2009
Tinsley House IRC	Short follow-up	18 December 2009
Deerbolt	Short follow-up	21 December 2009
Enfield police custody suites	Announced	22 December 2009
Ealing police custody suites	Announced	22 December 2009
Lambeth police custody suites	Announced	22 December 2009
Tower Hamlets police custody suites	Unannounced	22 December 2009
Manchester	Full announced	23 December 2009
Gatwick Airport North Terminal STHF	Unannounced	6 January 2010
Gatwick Airport South Terminal STHF	Unannounced	6 January 2010
Port of Dover STHF	Unannounced follow-up	6 January 2010
Dover Enforcement Unit	Unannounced	6 January 2010
Leicestershire police custody suites	Announced	12 January 2010
Electric House STHF	Unannounced	19 January 2010
Lunar House STHF	Unannounced	19 January 2010
Cumbria police custody suites	Announced	27 January 2010
New Hall (Rivendell Unit)	Short follow-up	29 January 2010
Liverpool	Full announced	2 February 2010
Wiltshire police custody suites	Unannounced	3 February 2010
Gatwick Airport escorts	Unannounced	19 February 2010
Standford Hill	Short follow-up	3 March 2010
Edmunds Hill	Full follow-up	4 March 2010
Preston	Full announced	5 March 2010
Rye Hill	Full follow-up	9 March 2010

Inspection reports published 1 September 2009 to 31 March 2010 (Continued)

ESTABLISHMENT	TYPE OF INSPECTION	DATE PUBLISHED
Warwickshire police custody suites	Unannounced	10 March 2010
Campsfield House IRC	Announced	10 March 2010
Maidstone	Short follow-up	11 March 2010
Exeter	Full announced	12 March 2010
Foston Hall	Full announced	16 March 2010
Foston Hall (Toscana Unit)	Short follow-up	16 March 2010
Warren Hill	Full announced	17 March 2010
Glen Parva	Full unannounced	23 March 2010
Yarl's Wood IRC	Full follow-up	24 March 2010
Durham	Full follow-up	25 March 2010
Hindley	Full announced	26 March 2010
Dorset police custody suites	Announced	26 March 2010
Brinsford (juvenile)	Short follow-up	29 March 2010
Becket House STHF	Unannounced follow-up	29 March 2010
Communications House STHF	Unannounced	29 March 2010
The Mount	Full announced	30 March 2010
Hewell	Full announced	31 March 2010
West Mercia police custody suites	Announced	31 March 2010

Other publications – 1 September 2009 to 31 March 2010

TITLE	DATE PUBLISHED
Children and young people in custody 2008–09	9 December 2009
Expectations for police custody	21 January 2010
Alcohol services in prisons: an unmet need	18 February 2010
Annual Report 2008–09	24 February 2010
Indeterminate Sentences for Public Protection: A Joint Inspection by HMI Probation and HMI Prisons	4 March 2010

Healthy prison and establishment assessments – 1 September 2009 to 31 March 2010

PRISON/ESTABLISHMENT	TYPE OF INSPECTION	HEALTHY PRISON / ESTABLISHMENT ASSESSMENTS			
		SAFETY	RESPECT	PURPOSEFUL ACTIVITY	RESETTLEMENT
LOCAL PRISONS					
Bedford	FA	3	3	3	3
Belmarsh	FFU	3	2	2	2
Chelmsford	FFU	2	2	2	3
Durham	FFU	2	3	2	3
Elmley	SFU	3	3	2	3
Exeter	FA	2	3	2	4
High Down	SFU	3	3	3	3
Holme House	SFU	3	3	2	2
Liverpool	FA	2	3	2	2
Manchester	FA	3	2	3	2
Pentonville	FA	2	2	2	3
Preston	FA	3	3	3	3
Wandsworth	FA	1	2	3	3
TRAINER PRISONS – CAT B					
Rye Hill	FFU	3	2	2	2
TRAINER PRISONS – CAT C					
Acklington	FFU	2	3	2	2
Edmunds Hill	FFU	3	2	3	3
Maidstone	SFU	3	3	2	2
Stafford	SFU	3	3	3	3
The Mount	FA	2	2	3	3
Wayland	SFU	4	3	3	3
YOUNG ADULT ESTABLISHMENTS					
Deerbolt	SFU	4	3	3	3
Glen Parva	FU	3	3	2	3
Portland	FA	3	2	3	4
Reading	FA	3	3	3	3
OPEN PRISONS					
Latchmere House	SFU	4	3	3	2
North Sea Camp	FA	3	3	3	2
Standford Hill	SFU	3	3	3	3
CLUSTER PRISONS					
Hewell (closed)	FA	3	3	3	3
Hewell (open)	FA	3	2	4	3
CHILDREN AND YOUNG PEOPLE'S ESTABLISHMENTS					
Brinsford	SFU	2	3	2	3
Eastwood Park (Mary Carpenter Unit)	SFU	4	4	4	3
Foston Hall (Toscana Unit)	SFU	3	4	3	4
Hindley	FA	3	3	4	4
New Hall (Rivendell Unit)	SFU	3	4	4	4
Parc	FA	3	4	3	3
Warren Hill	FA	3	3	3	3
Werrington	FA	3	4	3	4
Wetherby (Keppel Unit)	FA	4	4	4	3

Healthy prison and establishment assessments – 1 September 2009 to 31 March 2010 (Continued)

PRISON/ESTABLISHMENT	TYPE OF INSPECTION	HEALTHY PRISON / ESTABLISHMENT ASSESSMENTS			
		SAFETY	RESPECT	PURPOSEFUL ACTIVITY	RESETTLEMENT
WOMEN'S PRISONS					
East Sutton Park	SFU	4	3	4	3
Low Newton	SFU	3	3	4	3
Foston Hall	FA	3	3	3	2
IMMIGRATION REMOVAL CENTRES					
Campsfield House	FA	3	4	3	4
Haslar	SFU	3	2	3	3
Tinsley House	SFU	2	2	2	2
Yarl's Wood	FFU	3	3	2	2

KEY TO TABLE

Numeric:

- 1 – Outcomes for prisoners/detainees are poor
- 2 – Outcomes for prisoners/detainees are not sufficiently good
- 3 – Outcomes for prisoners/detainees are reasonably good
- 4 – Outcomes for prisoners/detainees are good

Type of inspection:

- FFU – Full follow-up
- SFU – Short follow-up
- FA – Full announced
- FU – Full unannounced

**Recommendations accepted in full inspection reports published
1 September 2009 to 31 March 2010**

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS (excluding recommendations no longer relevant)	ACCEPTED	PARTIALLY ACCEPTED	REJECTED
LOCAL PRISONS				
Bedford	185	156	21	8
Pentonville	215	170	38	7
Wandsworth	216	169	40	7
Liverpool	198	169	25	4
Preston	187	134	47	6
Exeter	172	145	22	5
Manchester	247	178	64	5
Total	1,420	1,121 (79%)	257 (18%)	42 (3%)
TRAINER PRISONS				
The Mount	222	200	17	5
Total	222	200 (90%)	17 (8%)	5 (2%)
OPEN PRISONS				
North Sea Camp	185	163	16	6
Total	185	163 (88%)	16 (9%)	6 (3%)
CLUSTER (LOCAL, TRAINER and OPEN)				
Hewell	-	-	-	-
Total	-	-	-	-
YOUNG ADULT ESTABLISHMENTS				
Reading	165	139	24	2
Portland	173	144	23	6
Glen Parva	185	136	38	11
Total	523	419 (80%)	85 (16%)	19 (4%)
CHILDREN AND YOUNG PEOPLE'S ESTABLISHMENTS				
Hindley	131	107	19	5
Parc (children and young people)	146	122	21	3
Werrington	152	128	21	3
Warren Hill	179	159	15	5
Wetherby (Keppel Unit)	-	-	-	-
Total	608	516 (85%)	76 (13%)	16 (3%)
WOMEN'S PRISONS				
Foston Hall	167	139	25	3
Total	167	139 (83%)	25 (15%)	3 (2%)
PRISON TOTAL	3,125	2,558 (82%)	476 (15%)	91 (3%)

**Recommendations accepted in full inspection reports published
1 September 2009 to 31 March 2010 (Continued)**

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS (excluding recommendations no longer relevant)	ACCEPTED	PARTIALLY ACCEPTED	REJECTED
IMMIGRATION REMOVAL CENTRES				
Haslar	113	81	19	13
Campsfield House	101	71	17	13
Total	214	152 (71%)	36 (17%)	26 (12%)
SHORT-TERM HOLDING FACILITIES				
Gatwick Airport North	45	19	18	8
Gatwick Airport South	44	21	15	8
Dover Enforcement Unit	43	25	13	5
Electric House	41	16	15	10
Lunar House	44	16	20	8
Gatwick escorts	10	1	9	0
Communications House	-	-	-	-
Total	227	98 (43%)	90 (40%)	39 (17%)
IMMIGRATION TOTAL	441	250 (57%)	126 (29%)	65 (15%)
OVERALL TOTAL	3,566	2,808 (79%)	602 (17%)	156 (4%)

KEY TO TABLE

Hyphen (-) – Indicates that outstanding action plans were not returned within the deadline.

**Recommendations achieved in follow-up inspection reports published
1 September 2009 to 31 March 2010**

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS (excluding recommendations no longer relevant)	ACHIEVED	PARTIALLY ACHIEVED	NOT ACHIEVED
LOCAL PRISONS				
High Down	115	57	27	31
Elmley	137	60	31	46
Belmarsh	160	38	43	79
Chelmsford	153	47	32	74
Durham	124	37	35	52
Holme House	88	39	28	21
Total	777	278 (36%)	196 (25%)	303 (39%)
TRAINER PRISONS				
Stafford	160	78	44	38
Acklington	186	61	54	71
Wayland	86	44	20	22
Edmunds Hill	141	63	42	36
Maidstone	183	105	49	29
Rye Hill	212	92	54	66
Total	968	443 (46%)	263 (27%)	262 (27%)
OPEN PRISONS				
Latchmere House	99	44	18	37
Standford Hill	146	56	38	52
Total	245	100 (41%)	56 (23%)	89 (36%)
YOUNG ADULT ESTABLISHMENTS				
Deerbolt	104	68	21	15
Brinsford	164	55	30	79
Total	268	123 (46%)	51 (19%)	94 (35%)
CHILDREN AND YOUNG PEOPLE'S ESTABLISHMENTS				
Eastwood Park (Mary Carpenter Unit)	71	38	15	18
Foston Hall (Toscana Unit)	83	50	11	22
New Hall (Rivendell Unit)	118	74	29	15
Total	272	162 (60%)	55 (20%)	55 (20%)
WOMEN'S PRISONS				
East Sutton Park	104	58	21	25
Low Newton	125	67	26	32
Total	229	125 (55%)	47 (21%)	57 (25%)
PRISON TOTAL	2,759	1,231 (45%)	668 (24%)	860 (31%)

**Recommendations achieved in follow-up inspection reports published
1 September 2009 to 31 March 2010 (Continued)**

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS (excluding recommendations no longer relevant)	ACHIEVED	PARTIALLY ACHIEVED	NOT ACHIEVED
IMMIGRATION REMOVAL CENTRES				
Tinsley House	128	34	25	69
Yarl's Wood	125	58	24	43
Total	253	92 (36%)	49 (19%)	112 (44%)
SHORT-TERM HOLDING FACILITIES				
Stansted Airport	36	15	9	12
Port of Dover	24	4	8	12
Becket House	22	4	6	12
Total	82	23 (28%)	23 (28%)	36 (44%)
IMMIGRATION TOTAL	335	115 (34%)	72 (21%)	148 (44%)
OVERALL TOTAL	3,094	1,346 (44%)	740 (24%)	1,008 (33%)

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