

# HM Chief Inspector of Prisons for England & Wales

HC 207

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## CORRECTION

There is an error in Appendix 6 (page 69) under other establishments and should read –

Military Corrective and Training Centre	SFU	3	3	3	3
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*February 2008*

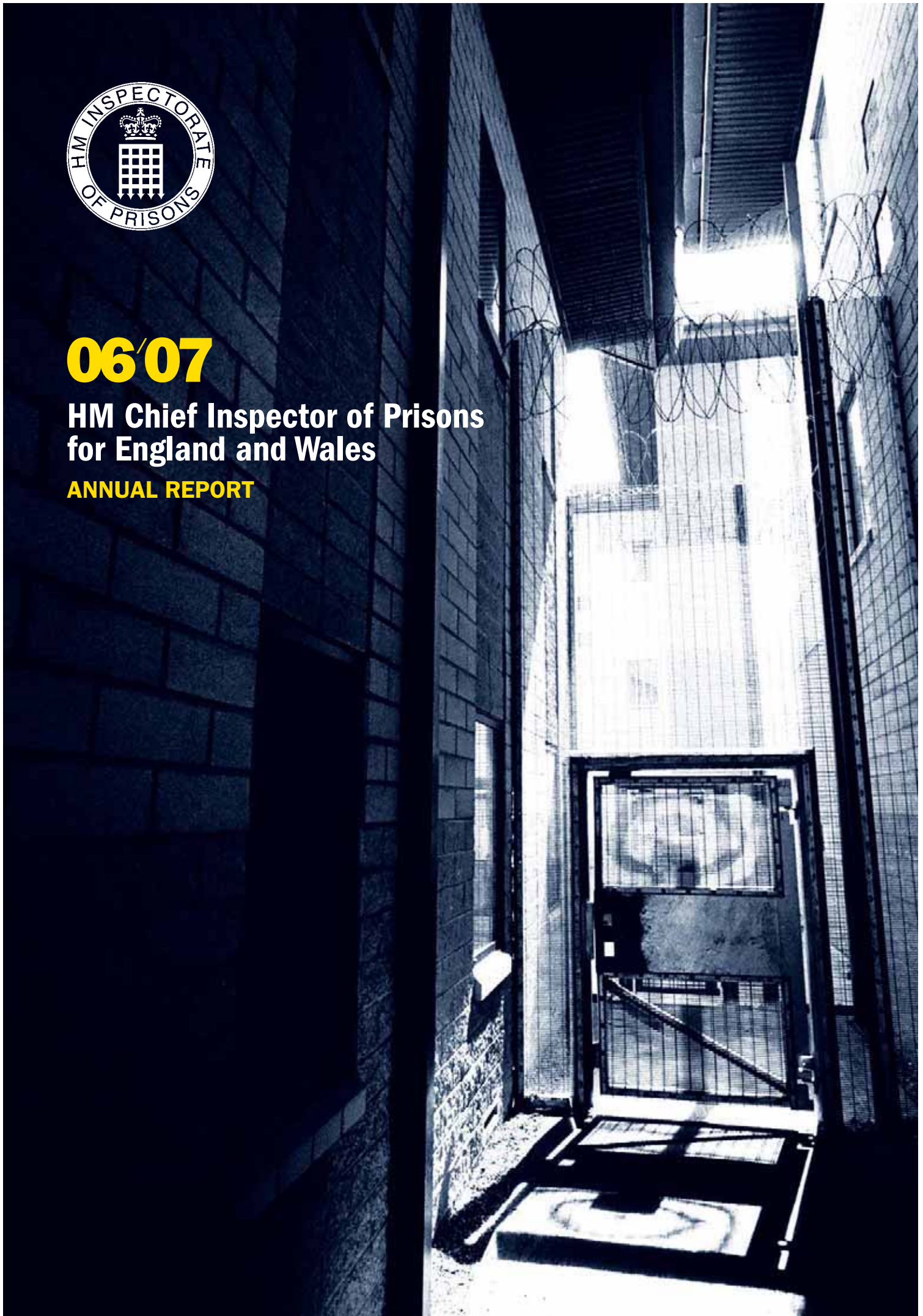
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**06/07**

**HM Chief Inspector of Prisons  
for England and Wales**

**ANNUAL REPORT**



**06'07**

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## STATEMENT OF PURPOSE

To provide independent scrutiny of the conditions for and treatment of prisoners and other detainees, promoting the concept of 'healthy prisons' in which staff work effectively to support prisoners and detainees to reduce reoffending or achieve other agreed outcomes.

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\*Full summaries of prisoner and detainee survey responses can be accessed on our website at:  
<http://inspectrates.homeoffice.gov.uk/hmiprisons/>



SECTION

**01**

INTRODUCTION

## INTRODUCTION



Anne Owers, CBE  
Chief Inspector  
of Prisons

Last year, in my annual report, I chronicled some of the progress made in the prison system over the preceding five years; but also raised some serious concerns about whether this progress could be continued under the population pressure that was then building.

Sadly, those predictions have proved well-founded. During the reporting year, the prison population went from one all-time high to another, staving off disaster only by a series of short-term, often expensive, emergency measures, together with the crisis management skills of those working within the prison system. During November, there were nearly 81,500 prisoners, of whom around 1,000 a week were in fact held in police cells, waiting for a prison space to become available.

The effects on prisons and prisoners, in an increasingly pressurised system, are charted in this report. During our inspection year, there were 40% more self-inflicted deaths in custody than last year, with worrying increases at the most vulnerable time – the early days in an establishment – and among some of the most vulnerable prisoners – foreign nationals, indeterminate-sentenced and unsentenced prisoners, and women.

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This year, training prisons, as well as local prisons, felt the strain, with more suicides, poorer resettlement outcomes and, in many cases, insufficient activity. The management and use of indeterminate sentences continued to strand those prisoners in inappropriate prisons, and drive up the population. Even male juvenile prisons – the best-resourced male establishments – performed less well as a whole than those we inspected the previous year.

Nevertheless, it is a credit to those running and working in the prison system that prisons have remained as safe and decent as they have, in this period of unprecedented pressure – facing not only increased numbers, but also increased expectations. Prisons remain, overall, better places than they were 10 or 15 years ago, and a number of the prisons inspected this year had progressed, against the odds. Healthcare continues to show improvement in general, though in some particular prisons, and especially those in the private sector, there are concerns. There is more support during the vulnerable early days of custody, with first night centres and better detoxification, though too many prisoners spend their first night in a police cell, not a prison. The quality, if not always the quantity, of education and skills training is also improving.

**PRISONS  
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Diversity and race have deservedly had more attention, though our surveys show that perceptions of prison life among black and minority ethnic prisoners remain significantly more negative than those of white prisoners; Muslim prisoners' perceptions are even more negative; and other aspects of diversity – including the legal obligations on disability – are underdeveloped. There are some promising early signals from the new offender management model, and some examples of innovative resettlement practice that goes beyond mere target-chasing – though at present they are isolated and often reliant on fragile funding.

That work all represents a great deal of effort, much of it promoted and monitored by this Inspectorate. But at the same time there is evidence of slippage, and of a system and a workforce which are ill placed to take further pressure. Throughout this year, we have seen prisons where long-standing plans for adequate accommodation and workshops have been knocked back by the need to fund more cells. Prisoners, even those who are vulnerable, have been moved around from prison to police cell to another prison – a process that is hardly effective offender management. The full roll-out of the much-needed integrated drug treatment system has been delayed. Significant new investment in young adults, promised as long ago as 2001, has not materialised. And we have seen staff who are increasingly frustrated at the gap between what is expected and what is deliverable.

This is not likely to improve next year. The Prison Service, with the need to make 3% efficiency savings next year, is planning to reduce prison regimes – effectively closing all prisons down, except for very limited association, between Friday lunchtime and Monday morning, as well as reducing the core day on other days in some establishments. This will reduce prisoners' time out of cell in many prisons – a strategy fraught with risk in relation to order and control, as well as effective offender management. The messages it sends – to staff and prisoners who have embraced notions of decency and positive engagement – are as important as its direct impact. And this is only the beginning: further 3% savings are required the next year, and the one after. A more transparent mechanism for setting individual prisons' budgets with reference to the services they must deliver is desirable, and overdue; but that is likely to expose as much unmet need as waste.



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Meanwhile, the population continues to rise. Lord Carter's first report in 2003, which led to the creation of the National Offender Management Service (NOMS), predicted and planned for a population of under 80,000. His second report was published in the midst of the current population crisis, as the irresistible force of rising prisoner numbers met the immovable object of limited prison places. That crisis was predicted and predictable: fuelled by legislation and policies which ignored consequences, cost or effectiveness, together with an absence of coherent strategic direction.

The Carter report makes some assumptions about both the supply and demand for prison places over the next year or so. On the supply side, emergency proposals to increase capacity may see the return of the prison ship, and rapid conversions of unsuitable army camps, as well as no end to overcrowding and the continued use of police cells. None of this will enhance safety, decency or the reduction of reoffending. On the horizon loom the Titans – 2,500-strong prison complexes, flying in the face of our, and others', evidence that smaller prisons work better than large ones. They may be more efficient, but at the cost of being less effective.

On the demand side, Lord Carter proposes a package of medium-term measures, most of which depend on legislation not yet passed, and many of which revise legislation recently passed. Belated changes to indeterminate sentences for public protection (IPP) will not be effective until the autumn of 2008, by which time, on current trends, there will be over 5,000 of them. The report's big idea – a Sentencing Commission – could provide a mechanism for considered impact assessment of legislation and sentencing policy, something that has so far been sadly lacking. But, even if it survives the consultative and legislative processes, it would be presiding over a hugely inflated prison system. The Carter report's best hope is that prisoner numbers can be pegged at 96,000 by 2014; that is 18% more than at present, and a near doubling over 20 years.

Lord Carter's report was published in the same year as Baroness Corston's report on vulnerable women. They might have emanated from two different universes. In the Corston world, the focus is on the need to reduce the use of prison and support alternative interventions for mentally ill, substance-misusing women who are neither dangerous nor violent. For those who need to be in prison, she recommends small, local facilities as near to home as possible. It is very welcome that there is strong Ministerial support for her approach, and also that there will finally be specific standards for the treatment of women offenders. But in relation to her major recommendations, there has as yet

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AS MORE,  
PRISONS**

been little concrete action: minimal funding for pilot projects, together with evaluations and yet more reviews. We have been here before – in 2001, when similar innovative proposals were swept aside by the need to focus resources and energies on housing the expanding male population.

At a time of severely restricted public funding, there is now a real risk that we will get worse, as well as more, prisons. And the scramble to build new prisons will be at the expense of sufficient investment in innovative new approaches to reducing reoffending, as well as in some of the organisations that are crucial in trying to ensure that prison is genuinely a last resort. The effectiveness of community sentences depends on a Probation Service which is suffering from population pressure that is less visible, but just as acute, as that in prisons. Meanwhile, NOMS itself faces yet another restructuring.

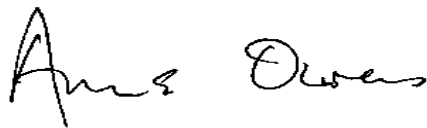
There is also the wider picture set out in the Government's Social Exclusion Unit's seminal report of 2002. That report recognised that prisons reflect clearly what is happening, or not happening, in the society around them. Sufficient investment in the voluntary and statutory sectors, to provide much more intensive and targeted assistance for those leaving prisons, is essential to prevent the revolving door syndrome. More resources for mental healthcare in the community and court diversion schemes – the case for which was powerfully made in our recent thematic report on prisoners' mental health – are necessary to reduce the need for prison, and to support people afterwards. The case for diversion is now finally being examined in a government review of offenders' mental health needs.

This is my sixth report as Chief Inspector of Prisons. Its message, to Ministers and Parliament, is clear. Our prison system is at a crossroads. There are recent signs of a more effective and measured approach to policy and strategy, some new initiatives and plenty of good operational practice to build on. But, on the other hand, there is a real risk that we will move more towards large-scale penal containment, spending more to accomplish less, losing hard-won gains and stifling innovation.

There is, nevertheless, considerable consensus about the links between criminal and social justice, and the need for prisons to be effective and purposeful. There is also a wealth of research material, as well as the findings of Inspectorate reports, which provide the evidence base for effective policy. Indeed, Lord Carter recognises that what is required is:

**“a focused and informed public debate about penal policy. It will be important to consider whether to continue to have one of the largest prison populations per capita in the world and to devote increasing sums of public expenditure to building and running prisons.”**

That has not yet happened. Lord Carter’s remit was narrow, and his was an internal review. What is surely needed is a Royal Commission, or a major public inquiry like the Woolf inquiry 15 years ago, which can allow wider discussion and draw on a range of experts to help develop a blueprint for a sustainable, coherent and effective penal policy for the future.

A handwritten signature in black ink that reads "Anne Owers". The signature is written in a cursive, flowing style.

Anne Owers  
HM Chief Inspector of Prisons



SECTION

# 02

## THE YEAR IN BRIEF

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### **During the reporting year (September 2006 to August 2007) we inspected:**

- 37 male prisons, 4 female prisons, 7 young adult and 10 juvenile establishments and units
- 6 immigration removal centres
- 13 short-term holding facilities and 3 immigration escorts
- the Military Corrective and Training Centre
- a police custody suite and a court custody suite under Operation Safeguard
- alleged terrorist detainees held at HMP Long Lartin
- 4 youth offending team inspections
- contributions to 3 joint area reviews of children's services
- collecting information about prisoners' journeys under escort to court and the length of time they spend away from the prison.

Thirty-five inspections were unannounced.

### **We also worked on thematic reviews of:**

- the mental health of prisoners
- prisoners' time out cell
- indeterminate sentences for public protection (with HM Inspectorate of Probation)

### **And participated in:**

- 5 offender management custodial inspections
- 11 offender management non-custodial inspections
- developing methodology for police cells inspection (with HM Inspectorate of Constabulary)
- 59 prisons and young offender institutions
- the Military Corrective and Training Centre
- 5 immigration removal centres
- 14 immigration short-term holding facilities (in 7 reports)
- 3 escort inspections
- a thematic review of extreme custody
- an inquiry into the quality of healthcare at Yarl's Wood immigration removal centre
- the experiences of young people in custody 2004–6
- a further review of foreign national prisoners
- a review of young adult male prisoners
- immigration detention expectations (2nd edition)
- Operation Safeguard.

### **During the year we published reports on:**

All full inspections are carried out jointly with Ofsted, the Healthcare Commission (or its equivalent in other jurisdictions), the Dental Practice Division of the NHS Business Services Agency, and the Royal Pharmaceutical Society. This minimises burdens on inspected organisations, as well as allowing us to obtain a full picture of custodial establishments, in which education and healthcare should be integral.

Full inspection reports on prisons made 3,533 recommendations for improvement. In relation to four establishments, the Prison Service has failed to produce an action plan in time, stating which recommendations are accepted. In relation to those where action plans have been produced, 95% of recommendations were accepted, wholly or in principle by the Prison Service. The percentage was slightly lower (92%) in privately managed prisons. Of 340 recommendations on immigration detention, 93% were accepted, wholly or in principle, by the Border and Immigration Agency (see Appendix 3).

## THE PRISON YEAR

IN BRIEF

**In prisons, 95% of recommendations were accepted and 71% were implemented, wholly or partially.**

Our unannounced follow-up inspections found that, overall, 71% of the 2,768 recommendations had been achieved or partially achieved (see Appendix 4). This is slightly lower than last year. Young offender institutions did best, achieving nearly 80% of recommendations. Local prisons, as last year, did worst, with only a 63% success rate – lower than last year. Training prisons, however, also did significantly worse than last year, with only 74% of recommendations achieved as opposed to 80% last year. This is likely to reflect the increasing strain on those prisons as a consequence of population pressure, which is evidenced in the rest of this report.

Again, there were considerable differentials between prisons of the same type, with some establishments achieving barely half the recommendations, while others, even under pressure, achieved 80% or more.

Our reports assess each establishment against our four healthy prison tests – safety, respect, purposeful activity and resettlement – to determine whether they are performing well or reasonably well (positive assessments), or not sufficiently well or poorly (negative assessments).

While there continued to be more positive than negative assessments overall, the proportion of positive assessments had dropped slightly since last year, from 64% to 59%. This overall figure, however, disguised some peaks and troughs. The peaks were the two therapeutic communities and the two small new units for girls, all of which performed extremely well. The most evident troughs this year were in training prisons, where only half of assessments were positive – compared with nearly two-thirds last year; and also in juvenile boys' establishments, where only 67% of assessments were positive, compared with 85% last year. In all other prisons there were lower positive percentages than last year, though only marginally so in female and open prisons.

IN BRIEF

**Almost all small local prisons out-performed the large locals, with many more positive assessments and more recommendations achieved.**

Among local prisons, the most striking finding during the year was that almost all small local prisons out-performed the large locals. The overwhelming majority of assessments in the six small local prisons were positive, with only one exception, and small locals were more successful in implementing recommendations from previous inspections. By contrast, the balance in the large locals was predominantly negative, with only one of the eight having more positive than negative assessments. This was particularly noticeable in



assessments of safety, which were positive in five out of the six small locals, but in only one of the eight large locals. These assessments were reflected in prisoner surveys.

Nevertheless, with some notable exceptions, inspections found that many local prisons were improving, some in very unpropitious circumstances and surroundings. It is also noticeable in this inspection year that the proportion of self-inflicted deaths that take place in local prisons has declined, from 75% to 51%. The number of such deaths remained virtually the same as last year. The fact that it did not follow the rising curve may reflect the improved emphasis on support in the early days of custody, including better detoxification. In our assessments, resettlement work in locals was also much more positive than last year, with 60% of local prisons performing reasonably well – again, this was more pronounced in small locals than large locals. Purposeful activity is the area in which local prisons, whether small or large, still struggle: all but three (two of which had a training function) were not performing well enough.

## IN BRIEF

**There were significant concerns about training prisons this year. Only half of assessments were positive and fewer recommendations than last year were achieved.**

This year has revealed significant concerns about male adult training prisons. Some individual training prisons had shown improvement since their last inspection, but overall, the 17 training prisons inspected this year were less safe and less respectful than last year. It is noteworthy that this year around one quarter of self-inflicted deaths took place in training prisons, compared with only 8% last year.

Though there had been a slight improvement in purposeful activity, nearly half of training prisons were still not performing well enough, and none were performing well. In surveys, only half the prisoners felt that their education would help them on release, and even fewer – 42% – felt that they had gained useful vocational skills. Category C training prisons in general did worse than category B prisons. Even more disappointingly, assessments of resettlement were poorer than those for local prisons: 10 of the 17 training prisons were not doing well enough in this extremely important core function, and surveys carried out this year confirmed this. To some extent, this must reflect the difficulty of making effective connections in the disparate areas from which prisoners in training prisons come. There was no clear geographical pattern, but prisons in the north-west, which had been part of the offender management pathfinder, were doing better overall than prisons in other areas.

These findings are of concern. They are likely to reflect the increasing size, population churn and diverse population in the training prisons that make up the majority of the male estate and which are intended to provide the most, and best, training and skills for prisoners. By contrast, inspections of the two



discrete therapeutic communities – at Grendon and Dovegate – were very positive. Both were providing safe and respectful environments, and achieving some extremely positive outcomes with some of the most challenging prisoners in the system.

**IN BRIEF**

**Assessments of young adult establishments had slipped slightly since last year, particularly with regard to safety and respect. Only 48% of young adults felt they had done anything to prevent reoffending.**

Assessments of young adult establishments had also slipped slightly since last year, particularly with regard to safety and respect. In our surveys, only 48% of young adults felt that they had done anything that might prevent them reoffending. It was pleasing that three young adult establishments, two of them on split sites with juveniles, performed well or reasonably well on all our tests. However, these three were also the only establishments, of the seven inspected, which were assessed positively on activity. The one young offender institution which was sited within a male adult prison performed poorly or not sufficiently well on all tests, and the two local prisons holding remanded young adults failed to provide sufficient activity. This reflects the finding in our young adult thematic review – that young adults fare worst in prisons that are not constructed around their needs.

**IN BRIEF**

**Assessments were generally positive overall in the five women's prisons inspected, and relationships between staff and prisoners were good.**

In the five women's prisons inspected, assessments continued to be generally positive and, in general, relationships between staff and prisoners were good, as surveys confirmed. All but one were performing reasonably well on resettlement, a considerable improvement since last year. However, assessments of the three women's local prisons inspected were extremely mixed. Only one, Low Newton, was assessed as reasonably safe, and had relatively low levels of self-harm; it was also the only one of all the women's prisons inspected which was performing well on activity. These two findings may not be unconnected.

**IN BRIEF**

**In open prisons, three-quarters of prisoners surveyed said that they had done something which would make them less likely to offend, but none were performing well in resettlement.**

Open prisons also had predominantly positive assessments, although this was not the case at Wealstun, the only open prison inspected to be managed in conjunction with a closed training prison on one site. Overall in open prisons, three-quarters of prisoners surveyed said that they had done something that

would make them less likely to offend. Assessments of resettlement, however, in prisons designed specifically for that purpose, were disappointing: only three of the six were positive, and none of them were assessed as performing well. This must in part reflect the pressure on these prisons and the short stay of prisoners, some of whom are not suitable for open prisons' traditional resettlement focus on outside working. However, it also reflects the lack of proactive strategies to assess and respond to the needs of this changing population.

**IN BRIEF**

**The two new units for girls recorded overwhelmingly positive outcomes but the inspections of six larger boys' establishments produced much more negative findings, worse than last year.**

Inspection findings on juvenile prisons fall into two distinct and contrasting halves. On the one hand, the two new units for girls recorded overwhelmingly positive outcomes: of the eight assessments of these units, across our four tests, four were 'well', four 'reasonably well' and none were negative. These are small, purpose-built units that can engage individually with the very damaged young women in them. These initial findings were supported, and indeed exceeded, in later inspections of the other two girls' units.

By contrast, inspections of six boys' establishments produced much more negative findings – indeed, significantly more negative than our assessments of boys' juvenile establishments last year. There were fewer positive assessments of both safety and respect, with three of the six not performing well enough on safety. In our biennial analysis of surveys in all juvenile establishments, published this year, although safety had in general improved, nearly a third of young people had felt unsafe, particularly in large closed units. Given the considerable investment, it was also disappointing that purposeful activity was unsatisfactory in two establishments, though only one was not performing well enough on resettlement. These findings underline our concern about the ability of large establishments, and large units, to deal effectively with the needs of children and young people.

## **THE IMMIGRATION REMOVAL CENTRE YEAR**

**IN BRIEF**

**The proportion of positive assessments in immigration removal centres had improved since last year. However, during the year more than 2,000 children were detained, 80 for longer than a month.**

The response to inspection recommendations continues to be poorer in immigration detention facilities than in prisons. As last year, we found that 36% of our recommendations had not been implemented when we returned.



Nevertheless, the proportion of positive assessments in immigration removal centres (IRCs) had improved from last year, and in all but one case, those running the IRC were seeking to improve matters within their control. Most of the IRCs inspected this year were performing well or reasonably well on safety and respect, the notable exception being Harmondsworth, where respect was assessed as poor and where there were subsequently serious disturbances. The contrast between the best establishment – Dungavel – and the worst – Harmondsworth – was stark. It was encouraging that assessments of purposeful activity were more positive, and that two of the IRCs had responded well to the challenge of providing sufficient work and activity for their transient populations.

However, in all centres we found considerable frustration with the Border and Immigration Agency’s ability to handle casework effectively and expeditiously and to communicate with detainees. This exacerbated the problems of dealing with the large number of ex-prisoners held in IRCs, often for long periods, and contributed to the Harmondsworth disturbances. The same pattern was evident in our follow-up inspections of short-term holding facilities and escorts, where frequent and apparently random movements of detainees added to their vulnerability.

This year, more than 2,000 children were detained, 80 for longer than a month. While we found that staff, particularly at Dungavel, were alert to their vulnerabilities and needs, we remain of the view that the detention of children should be an exceptional measure, informed by prior and continuing independent assessments of the potential and actual effect of detention on children.

## THE CRIMINAL JUSTICE YEAR

### IN BRIEF

**The main areas of joint work this year have been offender management and inspections of custodial conditions in the police and court cells.**

During the year, chief inspectors worked closely together to plan and implement the undertaking to Ministers to improve and increase joint working across the criminal justice system. As well as planning and carrying out joint inspections, this has involved examining the structure of the criminal justice chief inspectors’ group and the possibilities for shared support services; planning for the new

statutory consultation processes; and regular meetings with the three criminal justice ministers to discuss and report on progress in joint work across criminal justice.



The main areas of joint work for the Inspectorate have been offender management and custodial conditions. Phase 2 of offender management, implemented in autumn 2006, brought some prisoners (high-risk and persistent and prolific offenders) within scope and required the setting up of offender management units, and close liaison with offender managers in outside probation services. Building on joint work in inspecting offender management in the community, the Prison and Probation Inspectorates have been inspecting these arrangements together, aligning inspection programmes wherever possible, to allow for joint inspection and assessment of how well offender management is working within prisons and across prisons and probation. Models, and effectiveness, vary (see the section on resettlement); reports will be produced in 2008 to provide assessments of the early stages.

Similarly, we have continued to contribute to phase 3 of the joint inspections of youth offending teams, supervising children and young people inside and outside custody. Those inspections found some improvements in the assessments of risk of harm and in the management of teams. However, they also pointed to the fact that children and young people under youth offending team supervision do not always have access to the services they need in the same way as all other children in the locality. In particular, the statutory entitlement to 25 hours' education for school-age children was rarely achieved.

The immediate product of joint work on custodial conditions was the joint inspections of police and court cells being used to house prisoners under Operation Safeguard, because there was no space in prisons. These initial inspections revealed some significant issues, particularly in relation to court cells (see the Operation Safeguard section), and the National Offender Management Service has responded to the findings. This is only the precursor to the more routine and regular inspection of police custody, a duty that is now required under the Optional Protocol to the UN Convention against Torture, to which the UK was one of the first signatories. The Protocol requires regular independent and expert inspection of all places of detention. We are working with HM Inspectorate of Constabulary to develop and pilot a methodology for such inspections.

In addition to this work, we are contributing to the joint inspections of approved premises, and have contributed to four inspections of youth offending teams. Our inspections of juvenile establishments fed into the joint area reviews of children's services carried out by Ofsted. As in previous years, the majority of our inspections of individual prisons and IRCs are carried out jointly with Ofsted and the Healthcare Commission.

## OTHER INSPECTION ACTIVITY

### IN BRIEF

**We inspected Magilligan prison, the prison on the Isle of Man, and the Military Corrective and Training Centre in Colchester.**

Our independent, human rights-based inspection criteria are applicable, or adaptable, to inspections in other jurisdictions or of other types of custody. This year, we inspected a prison in Northern Ireland, the prison on the Isle of Man, and the Military Corrective and Training Centre in Colchester.

This year, we inspected Magilligan prison, under the authority of, and in partnership with, the Criminal Justice Inspectorate of Northern Ireland. As in previous years, the inspection was disappointing. Though some progress was being made, and there was some progressive work, two principal factors – the very poor built environment and the limited role of residential staff – were inhibiting progress. More prisoners reported feeling unsafe than at the time of the last inspection. We recommended, once again, that the H blocks should be demolished, and that the prison’s good resettlement work should extend beyond specialists and become a core function for all staff.

The second inspection of the Isle of Man prison similarly found that the most important recommendation – that the island should have a new, purpose-built prison – had still not been achieved, though building was under way. In spite of the positive approach of prison staff, the inspection found that it was not possible for the existing prison to provide the work and educational skills needed for successful resettlement. Disappointingly, many of the other recommendations in our first report – for example on safety, resettlement and healthcare – had not been progressed, though a new management team was beginning to do so. We look forward to inspecting progress at the new prison, to be opened in early 2008.

Our second independent inspection of the armed services’ only detention and training facility, the Military Corrective and Training Centre at Colchester, was carried out without warning, to follow up the first independent inspection of two years ago. We were able to report impressive progress and had no significant concerns in relation to any of our four tests, though in each test there were areas for development. The establishment was much more focused on its training role, and had made progress in other areas such as diversity and the management of vulnerable detainees. It was clear that those running the establishment were committed to best practice and continuous improvement, which we hope to record at our next inspection.



SECTION

03

**THEMES**

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## SAFER CUSTODY



Last year we were pleased to report a reduction in the number of self-inflicted deaths and, in particular, a reduction in the number that occurred within the early days of custody – and we related this to better support and detoxification for prisoners at that very vulnerable time. But we also flagged a concern about the effect that population pressures appeared to be having – particularly the movement of prisoners and the use of police cells for those sentenced or remanded by the courts. Sadly, that concern appears to be well founded.

### Suicide and self-harm

In this reporting year, the number of self-inflicted deaths has risen by 40%: up from 63 to 88. This is not merely a reflection of an expanding population. There were 115 deaths per 100,000 prisoners in 2007, compared with 86 in 2006. Equally importantly, 20% of deaths occurred within the first seven days at an establishment, compared with only 8% last year; and 39% occurred within the first 28 days, compared with 24% last year.

Inspection reports have clearly charted the background to these figures. Many prisoners spend their first night in custody in a police cell (or even, in mid-2007, in a court cell) without any of the systems of support, detoxification or risk assessment that have been developed in prisons – as our joint inspections of both police and court cells during 2006–7 demonstrated. At one prison 20% of new arrivals had spent time in police cells. Vulnerable prisoners, supposedly protected from these arrangements, nevertheless were slipping through and there was one suicide in a court cell. Other prisoners could travel long distances in escort vans to find a prison with spaces; and they could not be sure of returning to the same prison if they left again for a court appearance.

**‘Mark is 19, but with a mental age of 8. He is a serial self-harmer, with scars up his arms. His grandmother had just died when he was arrested in north London, and remanded to prison for the first time. He spent his first night in a police cell in Birmingham before being moved to a prison in Bedfordshire.’**

Equally importantly, prisoners were also moving between one prison and another to find a space. Inspections found London prisoners being sent to Birmingham, displacing West Midlands prisoners to Liverpool, sometimes for only a matter of days and sometimes while awaiting medical appointments. Those moves exacerbated prisoners’ vulnerability and also exposed problems in the transfer of essential information about prisoners. In two women’s prisons, we found that extremely vulnerable women had been transferred, in breach of the transfer protocol, and with inadequate communication about their needs.

In spite of the pressures, some prisons continued to provide good support for newly-arrived prisoners; though it was a disappointment to find poor procedures and inadequate communication in others, even where deaths had previously occurred.

**‘In prison A, five out of six recent deaths had taken place within the first days of custody. There was no supportive first night strategy and most prisoners could not phone their families or shower. Only 48% of prisoners said they felt safe on their first night.’**

**‘In prison B all new arrivals could shower and phone home. Trained first night officers assessed their immediate needs and 84% of prisoners said they felt safe on their first night.’**

It was noticeable that a smaller proportion of all self-inflicted deaths occurred in local prisons – 51% compared with

75% last year. In contrast, there has been a considerable rise in the number and proportion of self-inflicted deaths in training prisons – from 5 (8%) to 23 (26%). This may well reflect the increased transience of the population in those prisons, and the increased vulnerability of some longer-term prisoners. Self-inflicted deaths were heavily concentrated among certain kinds of prisoners: unsentenced and remanded, foreign nationals, and indeterminate-sentenced prisoners, particularly lifers. This suggests an increased vulnerability among those groups of prisoners, which may well be

in-depth understanding, and multi-disciplinary care planning and reviews, in some cases with rigorous quality assurance checks. In too many others, however, we found evidence of poorer practice: single officers closing cases, failure to involve other departments, poor care plans and reviews that were not followed up. Management checks had not picked up these and other inadequacies – such as the prisoner whose ‘plan’ simply urged him to ‘refrain from self-harm’, or an entry that described a suicidal prisoner as ‘a constant drain on staff resources – with pathetic whinges and moans’.

**Table 1: Self-inflicted deaths (SIDs)**



	Number 2007	(2006)	% of SIDs	% of prison pop.
<b>Unsentenced</b>	41	(22)	44%	16%
<b>Foreign nationals</b>	23	(6)	25%	13%
<b>Lifers</b>	18	(6)	20%	8%
<b>IPPs*</b>	4	(2)	4%	4%
<b>Women</b>	8	(3)	9%	5%

\*indeterminate sentences for public protection

associated with the uncertainty about their future and length of stay in prison. There was also a significant rise in the number and percentage of self-inflicted deaths among women, reversing recent downward trends: there were seven such deaths in the reporting year, compared with three last year. Those recalled to prison also face considerable uncertainty and delay. In one large local prison, four out of 11 prisoner deaths in recent years were licence revokees. It was also troubling that the number of self-inflicted deaths in dispersal prisons had risen. There were none in 2005–6, but eight in this reporting year.

Suicide prevention procedures in all prisons are now underpinned by the assessment, care in custody and teamwork (ACCT) framework, designed to be a more proactive and multi-disciplinary process. Inspections have found, however, that in practice this is very variable. In some prisons, there is evidence of

**‘In prison C a bi-monthly newsletter to all staff set out local and national developments. All prisoners who had recently had an ACCT form closed were interviewed, and there were helpful hints for staff about how to do this. There was a system to support prisoners who had witnessed self-harm.’**

**‘In prison D there was nothing to explain to staff how and when to open ACCT documents. No ACCT forms had been opened on four prisoners who had cut themselves. Care plans were poor: in one case, the action identified was for the prisoner “to refrain from self-harm”’.**

Equally, there is little evidence that personal officer work, which is an essential part of the support for the most vulnerable, was operating effectively. In many large local prisons, it was simply inoperative. This was reflected in poor entries in prisoners’ wing history sheets (typically, either referring to them as ‘quiet and compliant’ or recording disciplinary infractions). It is noticeable that in





therapeutic communities, where there is intensive prisoner and staff interaction, rates of self-harm are extremely low, even though they hold some of the most damaged and damaging prisoners. And our mental health thematic found that mentally disordered prisoners, who are often also suicidal, valued activity and support from staff more than healthcare interventions.

We continue to criticise the routine use of strip-conditions or unfurnished accommodation for prisoners at risk. In many cases, there was no evidence that other alternatives were considered. We found this in three of the young adult prisons we inspected, as well as in one local prison, despite the fact that this practice had been highlighted as a contributory factor in a recent death in custody report. Links between bullying and self-harm were also not always picked up and acted upon, especially in young offender institutions (YOIs); and only in one YOI did we find a counselling service for young people who had experienced previous abuse.

A third of self-harm incidents occurred within a month of arrival, though evidence shows that self-harm gets worse the longer an individual stays in prison. Women continue to account for a disproportionate number of incidents: they represent only 6% of the prison population, but nearly half of all self-harm incidents. And young women, under 21, are twice as likely to self-harm as adult women: statistics from the Safer Custody group showed that 89% of under-18s and 69% of 18–21-year-olds had self-harmed.

Within women's prisons, however, rates of self-harm vary. At one women's local prison that we inspected, incidents in the previous year had averaged 65 a week; yet in another there were only 12 a week, little use of force, and no recorded use of the special cell. One evident difference between the two establishments was that in the second there was sufficient activity

for nearly all the women; another was the supportive relationships that women in the second establishment reported they had with staff and the fact that they were clearly well known to them.

**'In prison E inspectors found only 22 women locked in their cells during the core day. On average, prisoners were unlocked for 10 hours a day, and 90% of the women were engaged in education or training. There were around 12 self-harm incidents a week.'**

**'In prison F only 25% of women were engaged in activities off the wings, and women said there was too little to occupy them. Only 30–40 women were involved in education. There were on average 65 self-harm incidents a week.'**

It was disappointing to find, in a number of prisons, that lessons had not been learnt, or action plans progressed effectively, following deaths in custody. In one case, there was no action plan; in another, the timescale for implementing recommendations was unacceptably long; in another, managers did not realise that a recommendation had not been implemented. There do not yet appear to be effective mechanisms in all prisons for ensuring that these actions are taken, and monitored at local or area level, although we found evidence of good practice in doing this in a few prisons.

There is still little evidence of lessons being learnt from near-deaths, or serious self-harm incidents. It is not yet clear when and how the National Offender Management Service will respond to recent judgments requiring such incidents to be independently investigated. But most prisons do not carry out any internal investigation: although at one local prison, this had happened and lessons had been learnt.

**'At local prison G, after a prisoner tried to commit suicide and was resuscitated by staff, the prison conducted its own inquiry and produced an action plan to identify what could be learnt to prevent a recurrence.'**

## Violence reduction

There are wide variations in the number of prisoners who report feeling unsafe in establishments of the same functional type (see Table 2 below). Sometimes this relates to size (prisoners in small local prisons tend to feel safer than those in large ones), but sometimes it is a function of local management and culture (Dovegate and Lowdham Grange are of similar size and run by the same private sector company). It is of concern that at three local prisons, a considerably greater percentage of prisoners had felt unsafe than at the time of our previous inspection.

The quality of violence reduction initiatives and governance was equally variable. Many establishments had an over-arching safer custody committee, but in some cases this had reduced attention paid to violence reduction and anti-bullying. Many establishments either failed to monitor incidents properly, or to use the information provided to them thoroughly. Similarly, we often found that systems were not sufficiently robust to ensure that all potential bullying incidents were reported, such as unexplained injuries, entries in wing files, and security incident reports. When incidents were reported, we found that investigations were sometimes superficial.

**'In training prison J only 22% of prisoners had felt unsafe. Anti-bullying systems were well understood, and there was good interaction and regular reviews of identified bullies.'**

**'In training prison K, 56% of prisoners said they had felt unsafe. There was no effective anti-bullying strategy and the coordinator had little time for his duties. Staff had not been trained to confront bullies and had no clarity about who was being monitored.'**

In three large local prisons, prisoners, in surveys and detailed safety interviews, reported a greater fear of victimisation by staff than by other prisoners. It was of particular concern that we identified weaknesses in following up such complaints from prisoners. In two of those prisons such complaints were not properly investigated at a sufficiently senior level.

In some prisons, bullying was directly linked to the availability of drugs, and the 'taxing' that accompanied this. The absence of effective staff supervision was another contributory cause, particularly on association – sometimes due to the layout of wings, but often due to the visibility or number of staff on duty.

We found little evidence of staff training, and systems had often been introduced without any support or proper guidance for staff implementing them. Leyhill was an exception, where a new training package had been developed. The great majority of prisons still had little by way of interventions for bullies and victims, particularly the latter.

It is disappointing that these findings largely mirror what we reported last year, and that there does not yet seem to be a consistently implemented and effective approach to violence reduction within the prison system.

**Table 2: Prisoners who had felt unsafe**

	Highest %	Lowest %
Local prisons	Wandsworth 58%	Shrewsbury 26%
Cat C training prisons	Maidstone 45%	Wealstun 21%
Cat B training prisons	Dovegate 57%	Lowdham Grange 29%
Young adult prisons	Norwich 61%	Deerbolt 15%

## OPERATION SAFEGUARD



The use of police cells to hold remanded and sentenced prisoners under Operation Safeguard has now become routine, and is expected to continue. It was only discontinued for a brief period during the summer when the initial impact of the early release scheme temporarily lowered the prison population. During May and June 2007, this was supplemented by the use of court cells to hold remanded and sentenced prisoners.

We have carried out joint inspections of these facilities with the inspectorates of constabulary and court administration; and during prison inspections we have talked to prisoners who had been held in police or court cells. Vulnerable prisoners – such as juveniles, foreign nationals, those at risk of self-harm, or those with healthcare needs – are supposed to be excluded. However, inspections have found that this is not always the case.

In one local prison, we found that one in five newly-arrived prisoners had spent time in police cells before getting a prison place. They reported problems with access to showers, bedding and food and a lack of activity and exercise. The transfer of property was a particular concern.

Together with inspectors from HM Inspectorate of Constabulary, we visited two police custody suites earmarked for Operation Safeguard: at Steelhouse Lane, in Birmingham, and Dartford, in Kent. These visits identified deficiencies in using them to house prisoners. The cells at Steelhouse Lane had no natural light or any means of ventilation, and prisoners could be held for several days. Prisoners had no access to their property, were not allowed to smoke, had nothing to occupy their time, and no facilities for outside exercise or association. At Dartford, all prisoners shared a cell, without any risk assessment, and once again had nothing to occupy their time.

The use of court cells is even more troubling, as these are not facilities designed for overnight stays. We carried out an unannounced visit, with HM Inspectorate of Court Administration, to cells in West London Magistrates' Court, where prisoners had been held over a weekend at times. This revealed a number of concerns, though we found that the agencies and staff were doing their best under pressure to provide a decent environment. Arrangements to assess and screen out unsuitable or vulnerable prisoners were inadequate, and journey times were unacceptably long. Prisoners were unable to communicate with their families or let them know where they were; there were no routine health checks; showering facilities and clothing were inadequate, and prisoners slept in their clothes; there were no activities, and prisoners were unable to smoke.

**'Reception procedures were perfunctory compared with those that operate in prisons, particularly in relation to assessing risk and vulnerability. All the prisoners spoken to were anxious about their inability to make a phone call. Prisoners at risk of suicide or self-harm were supposed to be screened out as unsuitable for court cells. However, we were told that a prisoner who had been identified by the Prison Service as at risk of suicide or self-harm, and was being actively monitored for this reason, had arrived the night before.'**

We will continue to monitor the use of Operation Safeguard with colleague inspectorates. Moreover, we are now piloting a methodology for routine inspection of police custody suites in general, together with HM Inspectorate of Constabulary. This is necessary, as part of the UK's new obligations under the UN Optional Protocol to the Convention against Torture (OPCAT), which requires regular independent inspection of all places of detention.



## DIVERSITY

The Inspectorate's new *Expectations* encompass disability, religion and sexuality, as well as race – reflecting statutory requirements and developing best practice.

### Race

The Prison Service now has a joint action plan, covering responses to recommendations by the Commission for Racial Equality, the Mubarek Inquiry and the Inspectorate's thematic report, *Parallel worlds*. Progress is being monitored by a scrutiny group, chaired by a Minister.

Inspections this year confirmed that the structures for monitoring and overseeing race equality in prisons are, in general, much more robust. More race equality officers were full-time appointments, though many still reported that they had insufficient time to cover their duties. More Governors were providing clear leadership, and in those prisons improvements were more likely to happen. Many race equality action teams were actively examining ethnic monitoring statistics; though the level of investigation and action remained variable, and prisons continued to find it difficult to understand and take action on apparent discrepancies. It was also rare to find the results of ethnic monitoring communicated simply and effectively to prisoners.

The quality of investigations into racist incidents remained variable, and was often poor. Investigations were usually carried out by untrained staff, without interviewing all those concerned and were often subject to long delays, which could exceed the complainant's stay in the prison. Nevertheless, they took up a great deal of the race equality officer's time. At one YOI, we found that some young people had to hand complaints in to officers, while another had boxes that were no longer in use and contained one

unanswered complaint that was four years old. Some establishments, however, had involved the local race equality council; others ensured that complainants were kept informed of progress throughout.

**'Complainants were kept informed of progress in complicated cases. Action taken to resolve issues was inclusive and involved consultation with the claimant.'**

**'Not all those involved in the incident were interviewed or even asked about the substance of the complaint. In some cases there was no evidence of a reply, or replies had been sent more than six weeks later.'**

In spite of these gradual improvements, survey results continue to show that black and minority ethnic prisoners respond more negatively about their treatment in prisons than their white counterparts in over 50% of survey questions. This was most pronounced in male local prisons, where responses were significantly worse in 98 out of 163 survey questions, but was also noticeable among young adults. However, responses were more mixed in women's prisons, where there is a large foreign national population (see section on women).

In all male prisons, black and minority ethnic prisoners were significantly more likely to say that they had felt unsafe, and nearly half reported this. In all male closed prisons they reported more victimisation by staff than by other prisoners. As in previous years, and as in our thematic, the only areas where black and minority ethnic prisoners were likely to report more positive experiences were the value of education and training.

Inspection reports provide some explanation of this. Prisoners rarely mentioned overt racism, and if it was reported robust action was usually taken. However, they continued to refer to covert discrimination, described as 'inconsistency', 'favouritism', 'ignorance'

and ‘subtle prejudice’. This reinforces the need for more staff training, and better and more direct communication between staff and prisoners. Yet training is extremely limited: staff are considered to be up to date with diversity training if they have done a three-hour course within the previous three years, and specific race training is usually lacking.

One difference in this year’s surveys is the shift in the relative experiences of black and Asian prisoners. Our thematic report found that Asian prisoners were less likely than black prisoners to feel safe, particularly from other prisoners, but more likely to feel respected. This year’s surveys show identical (and negative) findings on both safety and respect from both groups, and a similar tendency from both groups to fear victimisation from staff more than from prisoners. What is also very noticeable is that Asian prisoners, of all racial groups, report the least favourable resettlement outcomes.

## Religion

This year we have been able to split out survey results by religion. This has revealed some extremely worrying findings. Overall, 103 out of 163 responses from Muslim prisoners were significantly worse, and in some cases dramatically so, than those of non-Muslims, and worse than those of black and minority ethnic prisoners in general. Forty per cent of Muslims, compared with 22% of non-Muslims, said they had been victimised by staff; 28% said that they felt unsafe at that moment, compared with 17% of non-Muslims. In some prisons, these discrepancies were even greater: in Portland, 58% of Muslims, compared with 24% of non-Muslims, had felt unsafe; at Birmingham, these figures were 53% and 18%.

**‘In surveys, no Muslims believed complaints were sorted out fairly; fewer than a third believed staff treated them with respect; half said they had been victimised by staff; a third said they had been victimised by other prisoners; nearly two-thirds had felt unsafe. These findings came as a surprise to prison managers, and appeared to indicate a considerable chasm between staff and Muslim prisoners.’**

In general, prisons were sensitive to the religious needs of Muslims: all observed religious festivals, and most (though by no means all) had acceptable rooms for worship and a regular, sometimes full-time, Muslim chaplain. However, it was apparent that this did not percolate into Muslim prisoners’ day-to-day dealings with staff, and that there was considerable distance between them, and a degree of mutual mistrust in many prisons.

## Disability

In contrast to the work being undertaken on race, the response to the needs of prisoners with disabilities remains reactive, rather than proactive. Inspection reports show that attempts to grapple with the new statutory duties are limited and patchy. Information provided at reception is rarely shared between healthcare and residential staff; there is little monitoring of regimes to ensure equal access for prisoners with disabilities; reasonable adjustments, or thoughtful adaptations, are rarely in place.

In one prison, there were insufficient wheelchairs for those who needed them; another had cells adapted for wheelchair users where the toilet grab bars could not easily be reached. Disability liaison officers, where they existed, usually had insufficient time, training or guidance. There were some extremely effective individuals, but they were self-taught and largely unsupported either locally or centrally.





**'In 18 out of 24 inspections, disability officers said they did not have enough time, support or training to carry out their task.'**

Our survey results confirm this largely dismal picture. The 16% of prisoners who considered themselves disabled reported a much more negative experience of imprisonment than those who did not, in responses to 99 out of 163 questions. They were more likely to feel unsafe, and to have been victimised both by other prisoners and staff; they were less involved in activities; and reported more potential problems, and less available help, on release. These responses were not simply a reflection of age: they were noticeably more negative than the responses from prisoners over 60.

The one exception, for male prisoners with disabilities, was healthcare, which they felt more positive about than other prisoners. This was not, however, the case for women with disabilities.

There is clearly a considerable amount for prisons to do to comply with their new duties and responsibilities under the Disability Discrimination Act 2005. This is an area where the National Offender Management Service as a whole needs to take a lead in issuing guidance and robust standards, rather than waiting for a tragedy or costly litigation.

### **Older prisoners**

Provision for the growing number of older prisoners continues to be patchy. Survey results, particularly in male local prisons, reveal more negative experiences in terms of access to regime and purposeful activity, although healthcare, resettlement and relationships with staff produced more positive responses. Links between health and social care, however, remain poorly developed (see the healthcare section).

Some prisons locked retired prisoners in their cells during the core day, and retirement pay was inconsistent and sometimes wholly inadequate – as little as £3.25 a week. It was particularly disappointing that the dedicated older lifers' unit at Norwich had little by way of purposeful activity or support. By contrast, other prisons – such as Whatton and Acklington – had developed age-appropriate activities and some innovative adaptations and educational opportunities, to allow older prisoners to remain mentally and physically active, and to be involved in plans for their care.

**'In prison A, our recommendation for a planned regime on the older prisoner unit had not been implemented. Older prisoners remained locked up if there was no prison officer on the wing, even though there were enough nursing staff.'**

**'In prison B, older prisoners were regularly consulted about their individual care needs, and there were individual care plans. Appropriate aids had been fitted to showers and toilets.'**

## 2006–7 Survey responses: ethnicity/religion/disability

### Key to tables

Any percentage highlighted in yellow is significantly better than the comparator



Any percentage highlighted in pink is significantly worse than the comparator



Percentages which are not highlighted show there is no significant difference



	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners	Consider themselves to have a disability	Do not consider themselves to have a disability
Number of completed questionnaires returned	1050	2618	298	3436	301	1905
	%	%	%	%	%	%
Did you have any problems when you first arrived?	72	66	73	67	83	71
Did you feel safe on your first night here?	69	81	69	81	65	69
Did the induction course cover everything you needed to know about the prison?	47	50	44	48	38	47
Do you feel applications are sorted out fairly?	39	46	36	46	44	45
Do you feel complaints are sorted out fairly?	15	18	10	18	18	16
Do you feel you have been treated fairly in your experience of the IEP scheme?	35	52	28	50	40	48
Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	60	68	54	66	69	65
Do <b>most</b> staff, in this prison, treat you with respect?	64	73	60	72	68	71
Have you ever felt unsafe in this prison?	44	34	48	34	52	33
Have you been victimised (insulted or assaulted) by another prisoner?	23	21	24	21	33	21
Have you been victimised (insulted or assaulted) by a member of staff?	34	22	40	22	31	23
Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23	24	28	24	39	23
Have you ever felt threatened or intimidated by a member of staff in here?	30	21	34	21	30	22
Do you think the overall quality of the healthcare is good/very good?	34	39	33	38	41	38
Do you feel your job will help you on release?	30	32	31	32	30	32
Do you feel your vocational or skills training will help you on release?	39	32	39	33	25	36
Do you feel your education (including basic skills) will help you on release?	54	41	52	42	35	46
Do you think the overall quality of the healthcare is good/very good?	34	39	33	38	41	38
Do you know who to contact, within this prison, to get help with finding a job on release?	41	47	37	46	39	47
Do you know who to contact, within this prison, to get help with finding accommodation on release?	47	45	41	45	38	46
Do you know who to contact, within this prison, to get help with your finances in preparation for release?	28	34	28	33	26	33

## PURPOSEFUL ACTIVITY

This year's inspection reports show that, overall, there was insufficient purposeful activity in adult male closed prisons. Nearly two-thirds of those prisons were assessed as performing poorly or not sufficiently well – and this year none of them, not even training prisons, were assessed as performing well. Almost half the training prisons inspected failed to live up to their name. However, it was commendable that this was a slightly lower percentage than last year, and that a number of training prisons had risen successfully to the challenge.

It was particularly disappointing to find two training prisons performing poorly, with very little time out of cell and insufficient, poor-quality work. These deficits were compounded by systematic failures in allocating prisoners to the activities that were available.

**'In training prison A, employment opportunities were limited. There was a maximum of 497 activity places each day, of which 150 were part time. On one day during our inspection, 220 out of 580 prisoners had no activity, and it was common for less than a third of prisoners to move off their residential units for work. The work that was available rarely provided qualifications or employability and there were few links with outside employers.'**

Six of the training prisons were not performing sufficiently well. In part, this was connected to population pressures: failure to adapt to re-roles, or to expand activities in line with increased population. But we also found under-utilisation of the activity spaces that existed, and in two prisons an over-reliance on low-skilled, repetitive work. Those prisons were also characterised by insufficient links with sentence planning, and by education provision that did not meet prisoners' needs and was not sufficiently integrated into the regime.

Nine training prisons were, however, performing reasonably well, in spite of the increased pressures. They were prisons which had managed to increase activity spaces in line with their increased population, develop relevant and accredited training opportunities, and allocate prisoners effectively – though there were still missed opportunities in terms of vocational qualifications and links with external organisations. There was some evidence of movement from low-skilled contract work to more vocational activities. It was particularly pleasing that three prisons, in follow-up reports, had improved their performance since the last inspection, in spite of increased numbers, and a high turnover of prisoners.

**Table 3: Purposeful activity**

Functional type	Number of prisons	Purposeful activity assessments			
		Well	Reasonably well	Not sufficiently well	Poorly
Male locals	15	0	3	11	1
Male training prisons	17	0	9	6	2
Male open	6	1	5	0	0
Young adults	7	1	2	2	2
Juvenile boys	6	1	3	2	0
Juvenile girls	2	1	1	0	0
Women	5	1	2	2	0
<b>Total</b>	<b>58</b>	<b>5</b>	<b>25</b>	<b>23</b>	<b>5</b>







**'In training prison B, there was work for the overwhelming majority of the population, and many workplaces offered vocational and accreditation opportunities. Eighty per cent of prisoners were in full-time activity.'**

It was less surprising to find local prisons, with their increasingly transient populations, still struggling to deliver enough activity. Only three out of 15 were performing reasonably well – and two of those were local prisons which also had a training function. More commonly, inspections found poor accommodation, insufficient space to provide activities for all prisoners, and short working days. Prisons which had tried to shift activity towards vocational training, for example construction courses, were considerably frustrated by the rapid movement of prisoners due to population pressure, so that prisoners were unable to stay long enough to complete courses.

Prisoners without full-time work were likely to spend considerable periods in their cells: sometimes more than 20 hours a day. Inspection roll-checks typically found between 30% and 40% (and sometimes over half) of prisoners locked up during the core day. Some prisons had at least managed to schedule in daily domestic periods, and were able to offer reliable, if limited, exercise and association. However, too often the small amount of scheduled time out of cell was regularly encroached upon, due to staff shortages and inaccurate recording. As in previous years, we continued to find prisons overestimating the amount of activity and time out of cell available to prisoners – sometimes due to averages that disguised the reality for many prisoners; at other times by producing figures that were frankly incredible.

**'Prison C recorded 10 hours time out of cell for each prisoner on a weekday. This was a gross exaggeration: for example, counting 1.75 hours out of cell for each prisoner at mealtimes, when in fact each had a maximum of 15 minutes out. In our survey, only 1% of young adults said they were out for 10 hours or more.'**

**'Prison D recorded an average time out of cell of 9 hours a day. In reality, employed prisoners had nearly 8 hours a day out of cell, but unemployed prisoners (a third of the population) had only 95 minutes.'**

**'Prison E recorded an average of 8.5 hours time out of cell. In fact, around half the prisoners were unemployed and could spend 22 hours a day in their cells.'**

In most prisons, the quality of education was assessed as good or satisfactory – continuing the improvement identified last year by the Chief Inspector of the Adult Learning Inspectorate in his final annual report. However, much education continued to be low level and narrowly focused; and, in general, education simply did not reach enough prisoners. The best prisons offered a mix of full- and part-time education; some had evening classes and opportunities for peer-assisted learning, such as Toe by Toe; many had embedded learning within the workplace or gym. Integration of the learning and skills agenda into a whole-prison approach resulted in the most positive outcomes.



The five prisons assessed as performing well were an open prison (Springhill), two women's prisons (Downview and Low Newton) a split-site YOI (Hindley) and a juvenile establishment (Ashfield). They stood out among other prisons of the same type: providing both quantity and quality of activities, and providing a marker for what can be achieved. In particular, Low Newton, a women's local prison, and Hindley, a split site, were exceptions to the rule that those in local prisons, and young adults held with juveniles, cannot access sufficient good-quality education and training.

**'At Hindley, almost all young people had access to a full day of purposeful activity. Nearly all young adults were in full-time activity, including education, and were gaining useful qualifications, designed to reflect industry standards.'**

Libraries too were, in general, improving and better integrated into the learning and skills agenda. The best had become learning centres, with access to computers and special access arrangements for unemployed or disabled prisoners. Others, however, had poor or inequitable access.

PE provision was also good in most prisons inspected. Most had a well-planned timetable with good levels of access; and some were integrated into both learning and skills and the healthy living agenda. In local prisons, however, enthusiastic staff often struggled with poor facilities, and too many prisons still offered only recreational PE, with no opportunities to gain qualifications.

## HEALTHCARE



The Inspectorate's healthcare team continues to work with dental and pharmaceutical inspectors, and with other inspectorates, to report on the quality and provision of prison and immigration detention healthcare. Protocols now exist with the Healthcare Commission in England, the Healthcare Inspectorate Wales and the Regulatory and Quality Improvement Authority in Northern Ireland. There is regular liaison with Offender Health, and involvement in Inspectorate thematic work, most notably in the mental health thematic, published in October 2007.

Prison healthcare has inevitably been affected by the extensive restructuring of the primary care trusts that commissioned it. Some areas were relatively unaffected, but in others the changes caused considerable disruption. There are also different commissioning arrangements for health and social care in public sector prisons, contracted-out prisons and immigration removal centres. Inspection is an important factor in seeking to ensure equality of provision across all locations, as well as robust clinical governance arrangements.

In general, the improvements that we have noted previously in the delivery of primary healthcare in public sector prisons were maintained; and this will be improved still further if planned IT systems are rolled out. We did, however, have concerns about the private sector prisons and immigration removal centres we inspected. Private health providers have not been required to register with the Healthcare Commission (though this is changing in respect of healthcare provision in immigration removal centres), and as a result we have often found that there has been no health needs assessment to determine what services are currently needed. Minimum staffing

levels, and the provision of services such as immunisation, may be governed by contract specifications rather than patient need. A clinical review of healthcare services at Yarl's Wood immigration removal centre revealed some significant gaps and concerns (see the immigration detention section).

**'In prison A, healthcare was one of the worst we have seen. At every level – from the administration of medicines, through to primary and in-patient care – there were serious deficiencies, with under-trained and inadequately managed healthcare staff unable to provide a safe and decent service.'**

Some establishments had developed good systems for continued care. At Durham, staff made considerable efforts to locate and retrieve previous clinical records to plan appropriate care, and to provide good information and contacts on discharge. Most prisons, however, did not have good systems for assisting released prisoners to access healthcare, except for those under the care of mental health teams. Healthcare was identified as one of the weaker resettlement pathways in most inspection reports, and it was not unusual for prisoners to leave prison with no record of care received in custody and little or no advice on how to access services in their local communities.

Few prisons had developed triage algorithms to ensure consistency and quality of care, although some were working towards this. Most had systems for identifying and supporting prisoners with lifelong conditions; though it was disappointing to find that some did not.

In-patient beds are still usually part of the prison's certified normal accommodation – which means that prisoners can be located there for non-medical reasons, sometimes simply because of



overcrowding. In-patient units varied considerably: in five out of the nine male local prisons we inspected, we had concerns about the standard of care or the regimes provided. However, in others patients had care plans and therapeutic interventions.

**'In prison B, prisoners each had a named nurse who coordinated their care. Each patient was discussed at a multi-disciplinary ward round meeting. A plan was devised and discussed with the patient. Prisoners were able to undertake education on the wing and attend work or gym activities.'**

Prisoners can now access the NHS complaints procedure if primary care is commissioned through the NHS. Some prisons still, however, failed to provide a separate and confidential route for this. A few prisons provide prisoners with an opportunity to access the patient advice and liaison service (PALS), to advise and support them and address issues informally.

Dentistry has, in general, improved. Some prisons have effective triage systems, and well-managed appointments processes. However, many still had unacceptably long, or poorly-managed, waiting lists. In one, prisoners could wait nine months to start treatment, and in another there were 200 on the waiting list. We also found some dental equipment in a poor or unhygienic state.

Pharmacy services in prison should be equivalent to those in the community, and include direct access to a pharmacist. Some prisons did provide such a service; however, in others there was a supply-only service, or the management and dispensing of medications was poor – in one case, clearly contravening the Nursing and Midwifery Council guidelines. In other cases, patients were given medication at inappropriate times,

or in a single dose, which allowed illicit trading of prescribed medication. By contrast, simple remedies, such as paracetamol, were sometimes not allowed in-possession or in the prison shop. Links with social care were in general under-developed, and this is an area that will need considerable improvement, with more joint working and closer relationships with other health and social care organisations.

## Mental health

In 2007 we published a thematic review of mental health in prisons, five years after the arrival of mental health in-reach teams into prisons. The review confirmed findings in routine inspection reports that services, while much improved, are inappropriate for the level of need. It identified deficiencies in mental health screening on reception for all prisoners, with particularly wide gaps for black and minority ethnic prisoners and those with learning disabilities.

Mental health in-reach teams were primarily working with those with severe and enduring mental illness, and had helped raise the awareness of prison staff. The care programme approach benefited their patients, and there was speedier transfer for the small number of patients assessed as needing to go to secure NHS facilities. However, the arrival of mental health professionals had also acted as a marker, establishing the scale and complexity of prisoners' mental health needs – which were often longstanding and related to substance use, personality disorder and social exclusion. Four out of five mental health in-reach teams felt that they were unable to respond adequately to the range of need. Many more prisoners required specialised primary mental healthcare, which was rarely in evidence, as our individual prison inspections regularly report.

**‘When asked how mental health services could be improved, GPs said that most primary mental healthcare need remained unmet. They identified a lack of mental health expertise in the primary care team, a lack of preventive work and talking therapies, and the need for better links with substance misuse work.’**  
*(The Mental Health of Prisoners, 2007)*

Women reported the highest levels of emotional and psychological distress, often linked to past abuse. Rates of medication were high, arguably because there were insufficient alternatives to meet the need for primary mental health care, relationship support and survival counselling. Far fewer men identified themselves as needing help, though our screening revealed considerable levels of distress, indicating a significant level of unmet need among male prisoners. The level of need for black and minority ethnic prisoners was no less than for white prisoners, but they were less engaged with services, suggesting a lack of cultural sensitivity or identification of need.

In prison, the provision of activity, and help from staff and other prisoners, were identified by mental health clients as crucial supports – both of which are in jeopardy in overcrowded prisons. In routine inspections, we found few examples of daycare provision to support prisoners who were less able to cope with life on the wings – although this clearly has significant benefits when it does occur. In general, links between healthcare and other departments were limited, and there was a lack of information-sharing protocols which would assist effective working together. This was of particular concern in relation to substance use, suicide and self-harm prevention, and resettlement.

The review found that there were deficiencies in court diversion and liaison schemes, which lacked consistency of approach and funding. However, to be effective, there needed to be alternative provision to which they could divert those with complex health, substance misuse and social care needs. One of the key messages of the thematic review was the need for more, and better, community services – for early intervention, or as an alternative to prison, or for support afterwards.

**‘Prison has become the default setting for those with a wide range of mental and emotional disorders and unless gaps in community provision are filled, prisoners will continue to fall through them and into our overcrowded, increasingly pressurised prisons.’**  
*(The Mental Health of Prisoners, 2007)*

## SUBSTANCE USE



This year has seen further improvements in the clinical management of opiate users, with most local prisons now offering better prescribing options, dedicated units and specialist staff. However, in male prisons there is still a lack of consistency.

In some local prisons we have continued to report inadequate first night medication and inappropriate prescribing. Dedicated detoxification units often had poor regimes, with prisoners locked up for most of the day. In our mental health thematic review, only 43% of those undergoing detoxification said that they had had any emotional support.

**'Prisoners undergoing detoxification could not work or attend education and most were locked in their cells for most of the day. No psychosocial or peer support was available and contact with the CARAT team was inconsistent.'**

**'Under the new integrated drug treatment system, prisoners would have structured support and 24-hour nurse cover. The regime included association, exercise, eating out of cell and twice-weekly education.'**

However, population pressure meant that substance-dependent prisoners could be transferred having barely completed detoxification. Few category C training prisons had adequate arrangements for their support, particularly for those being maintained on methadone, or could provide secondary detoxification for those who relapsed while in custody.

The mental health thematic report confirmed the high levels of co-morbidity between mental illness and substance misuse, with 70% of those being treated by mental health in-reach teams also experiencing substance misuse problems. Yet inspections found that few prisons had dual diagnosis expertise; and the thematic review found little evidence of

joint working between substance misuse and mental health teams. A short thematic review of young adults also found that substance misuse provision was under-developed for that age group; though Brinsford was an exception to this, with good treatment options and user involvement.

Some of those gaps will be filled in the 29 prisons now preparing for full implementation of the integrated drug treatment system (IDTS), and to a lesser extent in the 24 which will have enhanced clinical services. IDTS is designed to bring treatment in prisons in line with that in the community, and to ensure structured psychosocial interventions during the critical early stages. This programme was to have been rolled out across the prison estate over three years. However, its funding has been substantially cut, and as a result it can only be ensured at present among the initial 53 prisons, unevenly spread over the country and not including all local prisons. This could therefore be a postcode lottery for problem drug users.

Mandatory drug testing should provide an indication of drug use, but in many prisons we found that this was an inaccurate guide. Prisons often failed to distinguish between different wings (for example, low use in vulnerable prisoner wings could disguise heavy usage elsewhere), or did not test at weekends, or failed to include refusals and failures to supply, or did not include positive results for Subutex. At two prisons, the positive drug test rate doubled when Subutex positives were counted.

Substance use strategies were very variable. Where there was a regular needs analysis, services were well coordinated and comprehensive. Conversely, where there was not, services tended to be fragmented and failed to meet prisoners' needs. Some prisons provided a wide

range of interventions for substance misusers; while some, surprisingly, had none, or had programmes that did not meet the needs of the whole population.

**‘The successful partnership between the prison and five London boroughs provided assistance with drug rehabilitation referrals, preparation of court reports, meeting prisoners on release and accompanying them to appointments and to rehabilitation centres.’**

In general, as population pressure increased, it was more difficult to match prisoner need to programme provision. Many prisons had insufficient resources for counselling, referral, assessment and throughcare (CARAT) teams, with some officers being diverted to other duties.

There were still no earmarked services for alcohol. Some CARAT teams did work with primary alcohol users, and a few had a dedicated alcohol worker – but there was no consistency of service or support throughout the prison estate. Most prisons were developing a local alcohol strategy, despite the absence of dedicated funding, but strategies were often oriented towards testing, rather than treatment. We came across only one example of an integrated alcohol strategy, developed in partnership with the community, which was on the Isle of Wight.

**‘One YOI had an alcohol worker, with a caseload of 106. She ran groups for over 100 prisoners, and provided resettlement and pre-release work. The work was integrated with sentence planning and there were good throughcare links with the community alcohol service.’**

**‘In another YOI, alcohol services were very limited. There was no strategy, and very little alcohol-only work, though the establishment believed that alcohol was a substantial issue for a large number of the population.’**

Links with local drug intervention projects (DIPs) were variable: much better in prisons with a largely local catchment, such as the London local prisons and small community locals, but much more difficult in those prisons receiving prisoners from a variety of different locations: such as the East Anglian prisons. As DIPs prioritise class A drug users, it is also more difficult to arrange ongoing support for cannabis or alcohol users, where young adults predominate. Equally, the concentration on opiate use within and outside prisons can discriminate against black and minority ethnic prisoners, where this is rarer than other forms of substance misuse.

Provision for juveniles had strengthened, as the Youth Justice Board’s national service specification was more consistently implemented. However, clinical management and post-release support were still variable.

The Government’s new drug strategy is launched in January 2008. Priorities should be the provision of effective alcohol strategies across the prison estate, and clinical treatment that is comparable to that available in the community. It is also essential to provide structured psychosocial support and good throughcare arrangements, including harm reduction information and services, as well as a greater focus on crack and cocaine interventions.

## INDETERMINATE-SENTENCED PRISONERS



There has been a significant increase in the population of indeterminate-sentenced prisoners. By October 2007 there were over 10,000 such prisoners: 12% of the prison population. That number included 6,740 lifers (an increase of 5% in a year) and 3,386 prisoners serving indefinite public protection (IPP) sentences (an annual increase of 111%, and rising at the rate of 150 a month). As the section on suicide and self-harm shows, these prisoners, especially lifers, are over-represented in self-inflicted deaths.

The last annual report pointed out the range of offences – 153 in all – that can attract an IPP sentence, and the lack of any forward planning as to how the prison system would cope with the predictable, and predicted, numbers. The average tariff is now 38 months, the shortest is barely a month, and only 1% are over six years. Many IPP prisoners remained unclear about the implications of their sentence, and did not understand why they were being treated as lifers when they had committed relatively minor offences.

More than one in 10 IPP prisoners are already over their tariff period. This is partly due to the inability to move those prisoners speedily to a prison where they can access the interventions they need. But it is also because the parole system, which decides on the release on licence of indeterminate-sentenced prisoners, is itself overloaded: 47% of parole reviews were deferred in May 2007 and inspections record oral hearings being postponed because reports were not ready. It is scarcely surprising that only six IPP prisoners had been released by the end of June 2007 – and the Parole Board, in its latest annual report, is predicting a staggering 4,000 oral hearings for lifer and IPP cases by 2009–10. Though

IPP prisoners are now beginning to be moved from the local prisons where they languished for many months, there are still significant delays in moving both them and lifers to the first-stage lifer training prisons where they can begin to undertake work to address risk. Some additional resources are being provided to those prisons, but nothing additional has been provided to the local prisons where they may spend many months. Inspections regularly report on the difficulties these prisons and prisoners are experiencing.

**‘At local prison A, the average time lifers waited for a transfer to a first-stage lifer prison was a year; some had been there two years.’**

**‘Local prison B had 51 IPP prisoners, some of whom had been there for over 12 months after sentence.’**

**‘There were 116 life and indeterminate-sentenced prisoners at local prison C. Some had passed their tariff and were frustrated at not being transferred.’**

Problems were particularly acute for sex offenders with IPPs, due to the shortage of first-stage lifer prisons with specialist assessment and of sex offender treatment programme places.

There is still no clear strategic approach to managing IPP prisoners within the prison system, and balancing their needs against those of others. Those with short tariffs may be given priority for assessment and interventions over lifers and determinate-sentenced prisoners. Similarly, trained lifer staff (of whom there are not enough) are being moved to deal with the IPP crisis. This is causing understandable frustration among other prisoner groups. These problems are also affecting the much smaller numbers in the women’s and juvenile estates.



In spite of these difficulties, we also reported some positive work with indeterminate-sentenced prisoners, with effective lifer managers providing support and information, and the involvement of prisoners' families – even sometimes in local prisons.

**'There had been a large increase in the number of life-sentenced prisoners. Some good services were provided, including a dedicated counsellor, family days, weekly surgeries and regular support days. Risk assessments were thorough, but there were delays in access to programmes and psychologists.'**

The National Offender Management Service has now reviewed the operation of the IPP sentence, and produced an implementation plan, advocating the separation of management for lifers and IPPs, better population management systems, and improved assessment. IPP prisoners, but not lifers, will be taken into phase 3 of the offender management model from January 2008.

While this is welcome, it is extremely belated, will need to operate within a prison system which is already running well above capacity, and is likely to divert scarce resources away from life-sentenced and long determinate-sentenced prisoners. No thought has yet been given as to the capacity for managing IPP prisoners as and when they are released on lengthy periods of licence of at least 10 years. The lesson from the IPP debacle so far is that this planning, and any necessary resourcing, needs to precede rather than follow the emergence of those prisoners into the community.

## RESETTLEMENT



This year has seen significant developments in resettlement work in prisons. In November 2006 the integrated offender management model was introduced, for high-risk and prolific or priority offenders. At the same time, reintegration work was increasingly focused on the seven resettlement 'pathways'. The Inspectorate's revised *Expectations*, published in September 2006, reflected these developments; and a joint methodology was developed with Her Majesty's Inspectorate of Probation for inspecting through-the-gate offender management.

Overall, in spite of the increased focus on resettlement under the National Offender Management Service umbrella, it is of some concern that only half of adult male prisons were assessed as performing reasonably well on resettlement: none were performing well. This is significantly worse than last year, when two-thirds of prisons inspected were doing well or reasonably well. Surprisingly, performance was worst, and had declined most, among training prisons, where 10 out of 17 prisons were not performing well enough. It was also weak in open prisons, only half of which were performing sufficiently well. By contrast, nine out of 15 local prisons were performing reasonably well, despite the pressures they were under. Women's and young adult prisons did appreciably better, with only one prison in each category not doing well enough.

### Offender management

The offender management model requires a prison-based offender supervisor to work under the direction of a community-based offender manager. Prison inspections since November 2007 have shown a wide range of models being developed within prisons to deliver their end of offender management. Many

have used the opportunity to co-locate all relevant functions, which has improved communication and streamlined the process. However, we found too many prisons where effective internal links had not yet been made, and it was rare to see departments such as healthcare and education being effectively involved in sentence plans. Though these are early days, it was disappointing that there were satisfactory arrangements in only three of the eight training prisons inspected since the offender management roll-out – and two of those had been able to develop their systems in the earlier north-west Pathfinder. Four of the seven local prisons, by contrast, had risen to the challenge well.

Most prisons had designated prison officers as offender supervisors, and in some prisons it was clear that staff had been enthused, and properly prepared for this role. This was not always the case, however: some lacked sufficient training or time, and links with residential staff were not always well made. One prison, by contrast, had simply redesignated its probation department, and there was considerable confusion about roles and responsibilities. Where offender supervision was working well, prisoners reported positively on sentence planning: though it could also raise their hopes, by identifying interventions that were needed but might not be available soon, at all, or in that particular prison.

Joint inspections with HM Inspectorate of Probation focus on communication between the prison and the external offender manager, as well as sentence planning and implementation. They will feed into the regional offender management inspections taking place in probation regions, and findings will be published in early 2008. Initial



inspections have found that links with external offender managers were variable. In some areas attendance was regular; in others it was almost non-existent. Video conferencing facilities could assist.

The offender management model, though applied to only a minority of prisoners, clearly has benefits if implemented effectively. There are, however, two warning signs in the overcrowded prison system where it is being implemented. One is that delays in completing OASys assessments in some prisons have been exacerbated by trained assessors being redeployed as offender supervisors. Five of the eight training prisons inspected were reporting serious OASys backlogs – in one case, with only 23% completed. For local prisons, a separate issue emerged: the danger of losing even vestigial custody planning for the short-term prisoners who are the bulk of their population, but not covered by offender management. Only two had managed to maintain this alongside the new offender management arrangements; in one, some fairly well-developed and innovative custody planning arrangements had atrophied.

**‘In prison A, offender management arrangements were well developed. Multi-agency working was excellent and integrated. The resettlement needs of short-term and remand prisoners were also considered.’**

**‘In prison B, offender management arrangements had been implemented in isolation from the probation team. Few prisoners were managed under the model and staff had had minimal training. There was no longer any custody planning for short-term or remand prisoners.’**

## Resettlement pathways

Few prisons had a resettlement strategy and policy that was coordinating work, was based upon prisoner needs and was fully delivered. Where one small local prison, however, was doing so, this was reflected in prisoner responses to our survey, where significantly more prisoners knew how to access help than in other local prisons. The three prisons with structured and multi-disciplinary pre-release courses, involving trained peer advisers, achieved much better results in our prisoner surveys.

**‘Reintegration work was completed to a high standard. All prisoners, remand and convicted, were covered by the excellent “passport” system and all were seen before release.’**

In most cases, identification of resettlement needs was a key part of the induction process, but the arrangements for following up identified need varied considerably, with most prisons having ineffective tracking and monitoring systems. In too many instances, prisoners, especially short-term prisoners, were expected to be self-reliant and motivated to seek out services; this could disadvantage the most needy and vulnerable. Many relied on a service directory to signpost available services to staff and prisoners. One large local prison, however, used prison officer ‘collators’ to follow up short-term prisoners regularly.

Some prisons made effective use of trained peer supporters, sometimes working in multi-disciplinary specialist resettlement teams. The Foundation Training Company, in the eastern region, provided very effective pre-release work and in one training prison was an integral part of a very effective resettlement team, working alongside prisoner advisers and



Citizens' Advice Bureau workers. Survey responses from prisoners here were significantly better than in other training prisons: well over half the prisoners knew where to go for help with all reintegration needs.

**'At two prisons, a six-week pre-release course was provided by the Foundation Training Company. In one, 73% of prisoners (against a 47% comparator) said that they knew who to contact about finding a job on release. In the other the figure was 69%.'**

Two of the seven pathways – accommodation and education, training and employment – have been reflected in prisons' key performance targets and funding streams for some time. In general, we found that work in these areas was better developed, though there was often little focus on the quality of outcomes, and no post-release research to identify whether prisoners had kept accommodation or jobs.

Performance also varied significantly between prisons: with one training prison releasing only one prisoner to no fixed abode in the previous 10 months; while in another, nearly a quarter of prisoners in the last month had nowhere fixed to live. Similarly, in the second prison, we recorded that the range of training provision did not meet the needs of the labour market, for example construction; the first had good links to local employers, including large construction companies.

Provision of financial planning and debt advice was one of the weaker pathways. Where help existed, it tended to rely on occasional Citizens' Advice Bureau sessions, and benefits advice from Jobcentre Plus. Proactive assistance, such as help with opening bank accounts, was in evidence in only two closed prisons inspected this year, both of which were local prisons. In one open prison the fact that prisoners could not open their own

bank accounts had resulted in some losing all their wages from working for an outside employer who had gone into liquidation.

It is very welcome that children and families are now one of the seven pathways; but provision is patchy, often basic, and heavily dependent on committed organisations or the voluntary sector. Some prisons inspected were barely addressing the pathway, and in some cases not even referring to it in their resettlement policy. The thinking in most prisons had not got beyond providing phone calls, letters and visits: and even here, booking lines were often inaccessible, visitors' centres did not always exist, prisoners' distance from home often inhibited visits, too few prisons provided family visits, and none made provision for incoming calls.

A few prisons were, however, actively promoting family links and parenting, and this always involved working with and through voluntary sector and chaplaincy organisations. Voluntary organisations provide essential links and expertise, but they are reliant on the enthusiastic support of individual prison managers, and on fragile funding streams. Two prisons had appointed family liaison officers, but they had no training and insufficient time. Only one prison provided a facility for children to email their fathers, and only one (a large local prison) allowed families to participate in programmes and ACCT reviews.

Overall, this pathway lacks central drive and championing. It is not enough merely to facilitate contact. It requires resources and commitment to work with other organisations to develop parenting skills, repair relationships, involve families in the interventions that are meant to change prisoners' lives, and support the family unit after the prisoner's release.

**'In prison C, work with children and families remained aspirational. There were no children or family days, and no family liaison officer to promote family contact. There were no accredited programmes for improving parenting skills and relationships.'**

**'In prison D, a sub-committee met monthly with staff from across the prison and including POPS (partners of prisoners support group). The team was developing a new induction booklet, increasing involvement of families in prisoners' various reviews, and introducing family and children's days. A parenting course was about to start and family and children's days were planned.'**

Attempts had been made to rationalise the provision of offending behaviour programmes, by allocating them only to certain prisons. Increasingly, local prisons offered only short duration drugs programmes, sometimes enhanced thinking skills, and sometimes no programmes at all. Inspections revealed some significant problems, often related to population pressure. Difficulty in moving prisoners to the right prison resulted in some courses being under-subscribed, while at others there were waiting lists that would well exceed the length of prisoners' sentences – in one case, three and a half years. Arrangements to carry out or complete courses under licence on release were not yet developed. Too often, programmes available did not meet the needs of prisoners, either being unrelated to sentence plans, or unsuitable for the short time some prisoners spent even in training prisons – though a few training prisons were developing a more sophisticated and flexible approach. We remained concerned that in some prisons there was insufficient work with sex offenders who were unwilling to engage in treatment. At one prison, nothing was done to challenge the 40%

refusing treatment, though at another a motivational course was being piloted. Except in open prisons with structured community work placements, the use of release on temporary licence to support resettlement had practically disappeared – even though resettlement workers frequently said how useful it would be in relation to securing housing and jobs and maintaining family ties. Similarly, 'through the gate' mentoring schemes were available only in two prisons we inspected, and then only to a small number of selected prisoners.

It is clear that resettlement work in prisons is expanding and developing. But it remains patchy, and it is of some concern that the necessary focus on the small number of prisoners subject to offender management will move resources and attention away from the majority of both short- and long-sentenced prisoners. The under-performance of training prisons in this vital area is also something that needs to be addressed.

## WOMEN



This year has seen a renewed focus on the issue of women in prisons, with the publication of the Corston report, stressing the need for smaller prisons and more varied provision to meet the specific needs and vulnerabilities of women. This echoes Inspectorate recommendations in thematic and inspection reports. At the same time, the new gender equality duty will require the National Offender Management Service, and individual prisons, to assess policies and practices to ensure that they promote gender equality.

In practice, however, the needs of women in an overcrowded prison system can be ignored. Another women's prison was re-roled for males during the year: the third in 15 months. Women face being held even further from their homes and families. Badly needed new buildings at Styal have been delayed. Peterborough, struggling to meet the needs of its existing population, was required to take in young adults, and indeterminate-sentenced women, earlier than planned and prepared for because of population pressures in the male estate.

**'Though the two populations in Peterborough were managed separately, the prevailing ethos, and the systems developed in key areas like safer custody, were those of a male prison. The prison had just received young adult women, with little opportunity for preparation and it was proposed that it should take in women lifers, though there was no experience in dealing with them and no psychology input.'**

There is still no specific champion for women at a senior level within the National Offender Management Service: though it is welcome that the Women and Young People's Group in the Prison Service is at last developing gender-specific operating standards. However, it is not yet clear whether these will apply

to the contracted-out prisons that hold nearly 20% of women, and which do not have access to the Prison Service's intranet. Our inspection of one of those prisons, Peterborough – the only prison to hold both men and women – found that its policies and procedures were geared towards men, and did not meet women's specific needs. It was not performing sufficiently well against any of our four tests.

In the reporting period we inspected five adult women's prisons: three local prisons, one training prison and one open prison.

It was encouraging that four out of the five women's prisons were performing reasonably well on resettlement, in spite of the logistical difficulties they faced. This is a considerable improvement since last year, when fewer than half the women's prisons we inspected were performing reasonably well. Three prisons, Eastwood Park, East Sutton Park and Downview, had improved significantly since their last inspection.

**'At Downview, two officers were coordinating community and paid work. They arranged community work placements and checked all external employment. Twenty-two women were on community work or at external college and two were on paid work; a further 15 were expected to start soon.'**

There were, however, some important gaps. In one prison, half the women we surveyed thought they would have a problem with accommodation on release, and 70% thought they would have problems finding a job. Apart from at East Sutton Park, there was little use of release on temporary licence to support resettlement and family links; and the Prison Service was not making best use of that much-improved prison, one of only two women's open prisons. It should have



been a regional resource but was being managed as an appendage of Cookham Wood closed prison.

Suicide and self-harm in women's prisons remains a significant problem. It is troubling that the number of self-inflicted deaths among women more than doubled – from three to seven – during the reporting year, reversing the trends of previous years. This represented 11% of self-inflicted deaths, though women are only 5% of the prison population. Women are 16 times more likely to self-harm than men, and account for nearly half of all self-harm incidents: 31% of women in custody had self-harmed, compared with only 6% of men. The statistics for young women are particularly shocking: 89% of girls and 69% of young adult women had harmed themselves.

**'In one prison there had been 432 incidents of self-harm in a single month involving 36 women: six women had accounted for 85% of these. Over the year, there had been on average 282 self-harm incidents each month.'**

There were, however, significant differences between establishments. In two local prisons with similar populations, self-harm incidents averaged 282 and 108 a month. A third, Low Newton, holding around two-thirds the number of prisoners, had only 48 incidents a month, and had never used the unfurnished cell in the segregation unit: it was also a prison that provided most activity for the women. In the open prison we inspected, there was no self-harm, and the rates of self-harm in the new small units for girls had decreased. This indicates the importance of environment in supporting vulnerable women, and underlines the findings of the Corston report.

Support in the early hours and days in custody is clearly important for vulnerable women. We continued to have concerns about late arrivals, often after lengthy journeys in escort vans shared with men, who were taken to their prisons first. A third of women did not feel safe on the journey; and eight out of 10 reported having problems when they arrived; a third felt depressed or suicidal. It was therefore of concern that aspects of reception and induction procedures in all three women's local prisons were not satisfactory.

The mental health thematic review provided evidence both of the greater prevalence of mental and emotional disorder among women, and of the need to provide specific interventions for them. Assessments showed that women were more likely to need support with relationships, including one-to-one work and counselling on abuse; too often they were simply given medication.

Relationships in women's prisons remain, in general, better than in men's prisons. Nearly three-quarters of women surveyed said that staff treated them with respect, and that they had a member of staff they could turn to; though, as in men's prisons, personal officer work was underdeveloped. It is also interesting that responses from black and minority ethnic women were less negative than those of black and minority ethnic men: black and minority ethnic women responded more negatively than other women to only 36 of the 166 questions, and more positively to 32. Better relationships in general appear to translate into better race relations.

The needs of disabled women, however, are still not effectively met. Ninety-three per cent reported having problems on arrival; many more felt unsafe and had been intimidated by staff and other



prisoners; only half as many felt that healthcare was good; and they were much less positive about education and employment.

The number of women in prison has remained relatively stable, and the balance of inspection assessments in the prisons inspected this year was positive. However, it is clear that the women's prison estate is not insulated from the pressures within the system as a whole, and that the specific needs of women, some of them extremely vulnerable, cannot easily be met within the current configuration of the prison estate. Acute symptoms of this are the re-rolling of prisons to the detriment of women, the rise in self-inflicted deaths and the high rate of self-harm. Tackling these underlying problems will require a fundamental reappraisal of the use and kind of prisons for women, as recommended by Baroness Corston.

**'We must find better ways to keep out of prison those women who pose no threat to society and to improve the prison experience for those who do. There needs to be an extension of the network of women's community centres to support women who offend or are at risk of offending. The existing system of women's prisons should be dismantled and replaced by smaller secure units closer to home.'**  
(The Corston report, 2007)



## JUVENILES



For the last six years, the Inspectorate has had a dedicated team which inspects all juvenile establishments. Our *Expectations* set out the model of care that is appropriate for children and young people held in prison.

This year we inspected nine establishments holding under-18s: three of the new small units for girls; three split sites holding male young adults and juveniles; and three dedicated male juvenile units. Those inspections provided evidence of what can and should be done for young people in prison, as well as the continuing barriers to best practice. It is disappointing that the assessments of units holding boys were overall considerably less positive than last year; though conversely it is encouraging that the two girls' small units which had full inspections were performing extremely well.

There were some recurring problems, reported on in previous years. We continued to find young people arriving far too late at establishments, often after long waits in court cells; and in most areas children still travelled with adult men and women. By contrast, arrival times were good at Castington, because juveniles travelled separately and therefore did not have to wait for other prisoners or experience long detours. Young people were also still placed long distances from home, creating problems for family contact and resettlement planning. At Ashfield, 41% of young people were over 100 miles from home.

**'At one YOI there had been a recent increase in juveniles arriving late, some after long waits in court cells and others as a result of arriving from courts out of the area.'**

**'Juveniles travelled in separate vehicles and were brought back to Castington once their cases had been heard. Some came back as early as 1pm, and in the last 12 months only one had arrived after 7.30pm.'**

There is still no effective strategy for dealing with the growing number of children serving long sentences. Numbers had doubled at one establishment inspected. Nor were there sufficient spaces to move young people serving indeterminate sentences to first-stage lifer centres. And the significant shortfall in accredited offending behaviour programmes for under-18s, particularly young sex offenders, can significantly delay their eligibility for parole.

One positive move over the last two years has been the introduction of social workers. It is unacceptable that there continues to be a wrangle over who should pay for them, so that this year, as last year, they face the imminent prospect of redundancy. This does not suggest a clear commitment to the critical importance of this role, both in supporting children in prison and in making links with services outside on release.

Inspections have also shown the need for increased capital investment in an estate which is over-used, under-resourced and increasingly tired. Three older establishments were criticised for unsuitable or poor accommodation; by contrast the small new units for girls, and the relatively new facilities at Ashfield, provided good-quality accommodation. Reception environments, at the point where children are particularly vulnerable, were often shabby, unwelcoming or too small.



A particular concern during the year has been the use of adult models of control, and the failure to balance security with the care of troubled and troublesome young people. All children and young people continue to be routinely strip-searched on entry to prison, despite the prevalence of previous abuse: five out of eight girls in one establishment had a recorded history of sexual abuse.

Prison Service guidance on the use of force does not distinguish adequately between children and adults, or take into account child protection considerations. We continued to come across strip-searching under restraint, and the use of strip-clothing and special cells for young people at risk of self-harm. We welcome the forthcoming review of use of restraints, and the pilot scheme to search women and girls on a risk-assessed basis. Use of force had declined at some establishments, but adjudications in general were over-used. There was sometimes little care planning in the so-called care and separation units where young people were segregated, though in others there was some good reintegrative work.

**‘Three juveniles had sustained fractured wrists following control and restraint incidents, and these injuries were not routinely monitored by the use of force or child protection committees.’**

**‘Force had been used 578 times in 2006, sometimes to enforce compliance with a strip-search, without prior risk assessment to consider vulnerability or child protection implications. On a few occasions, force had been used to place young people at risk of self-harm into strip-clothing.’**

Overall, there is still no comprehensive, coordinated behaviour management strategy, drawing together all aspects of security, control and discipline. It is, however, noticeable that much more positive approaches were being developed in the small girls’ units we inspected.

Downview never strip-searched using force; Cookham Wood had a special ‘calming room’ where staff worked with young women who had temporarily lost control until they regained it; Eastwood Park had ceased to use adjudications and dealt with poor behaviour through a robust rewards and sanctions scheme.

**‘Young women were never strip-searched using force. If such a search was necessary, staff aimed to persuade the young woman to cooperate.’**

**‘A “calming room” was used for young women who had temporarily lost control. Staff stayed with them and worked with them until they regained control.’**

Child protection had developed well, with greater involvement from local safeguarding children boards, and there was better coordination of safeguarding in many establishments. It remains unacceptable, however, that all staff have not yet received enhanced Criminal Records Bureau clearance: in three juvenile establishments at least half the staff were not cleared, and only in one did we find retrospective checks taking place. The management of vulnerable children and young people was rarely well developed. An exception was Huntercombe, where their needs were discussed at weekly multi-disciplinary meetings. Initial assessments of vulnerability were sometimes done cursorily or not at all, often due to late arrivals, and sometimes without complete pre-sentence documentation and assessments. An electronic system for transmitting this information is overdue.

In some establishments, the basic needs of children were not properly met: there was insufficient fresh air and exercise, poor access to showers, and little association.

**'I've never been outside for exercise in the three months that I've been here – apart from when we go out for gym.'**

**'We only have association once a week and due to that we don't get to know people. I think if we got to know people better, there would be fewer fights.'**

Inspections found that relationships between staff and young people were, in general, good, with the use of first names common. Personal officer work was, however, inconsistent: the effective schemes at Huntercombe and Castington were not mirrored elsewhere. Relationships were particularly good in the new girls' units, and there was considerable routine involvement with the girls.

The quality of education and training in juvenile establishments was in general satisfactory or better, and achievement was improving. However, there were not enough vocational training places, and in some establishments children were spending far too much time in their cells. We found one in six young people locked up at one establishment, and one in three at another. By contrast, at Ashfield, almost all the young people were engaged in purposeful activity, of commendable range and quality, and spent most of the day out of their cells.

**'In establishment A, the curriculum was inadequate to meet the juvenile population's needs, and no specific provision for those under school-leaving age. There were not enough places in vocational training.'**

**'In establishment B, there was full-time activity for all the population. There had been significant improvements in the number and range of accreditations achieved. There was a good mix of vocational training, education and PE, and activities integrated well into a varied programme.'**

Education and training is now funded by the Learning and Skills Council. The original national specification for education and skills training for juveniles set a target of 30 hours a week. The revised specification sets a target of only 25 hours – a reduction of 20%. Inspections found wide variations between establishments in the way that the timetable was drawn up and the number of hours spent in education and training – in one case, as few as 15. Support from the Connexions service, which should provide information and guidance to young people for their release, is extremely variable.

Like the rest of the prison estate, juvenile establishments suffered from the effects of population pressure. Young people were placed further from home, increasing the likelihood of disturbances as well as disrupting family and home ties. Though resettlement on the whole has been improving, placement further away from home is threatening further progress. Moreover, those who reached 18, even if serving a detention and training order, were immediately moved to young adult establishments, which are not equipped or funded to provide the support required under the order.

There have undoubtedly been improvements in the juvenile prison estate over the last six years. But the number of young people coming into custody continues to militate against the kind of innovative and personalised models of care being developed in some of the new girls' units. There is a danger of early gains being lost, especially as resources become more stretched. The inquiry into the use of restraints is only part of the picture. An overall review of the use and type of youth custody is greatly needed.

## YOUNG ADULTS



During the year, we inspected 11 establishments holding young adults aged 18 to 21: two were dedicated young adult establishments; four were split sites also holding juveniles; five were adult male local prisons. We also published a short thematic report on young adult male prisoners.

The findings from the thematic report and the inspections were consistent and concerning. This is still a group of prisoners for whom no specific provision is made. In split sites, the disparity in the provision for young adults compared with that for juveniles was sometimes stark. However, their situation was in general much better than in adult male local prisons, where there was rarely any recognition or assessment of their special needs, and where they usually experienced the same deficits as adult men. The thematic report found that young adult prisoners were well-served only in establishments that had developed specific policies and procedures, and which were able to offer sufficient good quality skills training and resettlement support.

**'The findings underline the need to have a discrete strategy and approach for young adult men in prison. The establishments that did best had a specific focus on their needs and management, and were able to provide enough purposeful activity and training.'** (*Young Adult Male Prisoners, 2006*)

These findings were supported in inspection reports published during the year. Dedicated YOIs in general were safer and more respectful, and provided more activity and better resettlement work.

Reports also show that young adults suffer from the same problems as adult prisoners in an overcrowded system, with no protection for their greater vulnerability. They may begin their custodial experience in a police or court cell, and are even

more likely than adults to arrive late to prison, because of the relatively few YOIs. Reception procedures in split site establishments were usually less good for young adults than juveniles and were often rushed and process-driven.

Suicide prevention arrangements had, in general, improved, but usually failed to recognise the specific needs of this age-group. Where this did happen, outcomes were much more positive. In too many establishments, potentially suicidal young people were routinely deprived of normal clothing, or placed in special accommodation.

Bullying is a particularly important issue among young people, and is often linked to self-harm. It is of concern that, overall, a third of young people surveyed said that they had felt unsafe. However, this varied considerably between establishments, reaching 61% in one prison, but falling to only 15% at another. The latter had developed a comprehensive violence reduction strategy, integrated into all aspects of prison life. Some establishments were developing work to identify and monitor gang-related violence, but many others had no coherent strategy or needs analysis. There continued to be a worrying lack of interventions to support victims.

Relationships between staff and prisoners were, on the whole, reasonable. However, we found little involvement of residential staff in motivational or resettlement work, and staff had not received any training on how to deal effectively with this age-group. Use of force levels were high in some prisons, with insufficient evidence of de-escalation; and there was over-use of special accommodation, though this had reduced in some establishments, such as Castington. We continued to find some unacceptably grim segregation units, while in others we found caring and age-appropriate practices.



Inspections rarely found that there was sufficient activity to meet the needs of young adults, and routinely found many locked in their cells with nothing to do. Three establishments holding young adults were performing poorly in activity, and only one was performing well. Problems were particularly acute in local prisons, where young adults experienced the same deficits in the quality and quantity of purposeful activity as their adult counterparts, though one YOI was also poor. By contrast, some dedicated YOIs, even on split sites, were able to overcome the difficulties and provide sufficient activity. However, these sites were less likely to provide regular exercise in the fresh air, and some had poor access to PE.

**'It was particularly commendable that Hindley provided good quality work and education for nearly all young adults, with vocational training designed to reflect industry standards... Overall young adults were out of their cells for around 10 hours a day, and for a great deal of that time they were engaged in purposeful activity.'**

**'We found over half the young adults locked in their cells. No workshops were available for them, and there were only 85 part-time education spaces and no full-time vocational training. Many young adults would spend the whole of their sentence there, and were likely to leave prison without having increased their chances of employment or decreased their chances of reoffending.'**

Similarly, resettlement provision tended to be better in dedicated YOIs and all those inspected were assessed as performing reasonably well. Portland, in particular, had a comprehensive and well-integrated strategy, and good community links. In spite of its disparate population, 95% of young men went out to named accommodation, and 96% to some form of employment or training. By contrast, in most local prisons there were no specific services for the majority of young adults.

## FOREIGN NATIONALS



This inspection year covers the aftermath of the foreign national prisoners' crisis. In the first part of the year, the situation in prisons was still chaotic. Foreign nationals, some anxious to go home and some not deportable, remained for many months in prisons, uncertain about their status and future. Prison staff were unable to communicate effectively with criminal caseworkers in the Border and Immigration Agency (BIA) – then the Immigration and Nationality Directorate.

The consequences could be serious. In one prison, we found a foreign national prisoner who had been cut down by staff after he tried to hang himself on the day of his release, only a few minutes before the prison was notified that he would not after all be deported, though the prison had repeatedly sought earlier information. The follow-up report to our foreign nationals thematic, published in March 2007 with the assistance of material provided by Independent Monitoring Boards, revealed the continuing scale of the problem, and ongoing deficiencies in the work of the BIA's Criminal Casework Directorate. It also highlighted a disturbing rise in self-harm among foreign nationals.

**'One stark indicator of foreign nationals' anxieties and frustration was the increased prevalence of self-harm – which was not an issue a year ago. Foreign nationals described feeling suicidal, due to the uncertainty of their position, and IMBs and establishments reported increased self-harm and suicide attempts.'**  
*(Foreign National Prisoners, 2006)*

As the year progressed, fewer foreign nationals remained in prisons after the end of their sentences; however, this in effect transferred the problem to the immigration removal centres where they

were sent (see section on immigration detention). Some prisons, by dint of closeness or persistence, managed to obtain a regular BIA presence.

Immigration casework, especially in those prisons, improved. However, we still found notices of intention to deport arriving only on the eve of sentence expiry, and reviews of detention (which should take place monthly) either not arriving at all or being simply formulaic.

In one prison we found that 38% of foreign nationals, compared with only 19% of British nationals, said that they had felt unsafe, and prisoners related this specifically to the psychological pressure and anxiety of not knowing what would happen to them. Survey results also showed that, overall, nearly a quarter of foreign nationals arrived in prison feeling depressed or suicidal. Few reported that they knew how to contact a Listener or peer supporter.

**'A Kurdish man who had self-harmed said he was feeling isolated as he was on a different wing from other Kurdish-speaking prisoners. His initial suicide risk assessment simply said: "Could not conduct interview due to the language barrier." He was not spoken to with an interpreter at any point during the two weeks he was supposedly being supported to prevent suicide or self-harm.'**

We remain particularly concerned about young foreign national prisoners, where inspections confirmed the findings in our thematic report: that they were in many cases ignorant of the deportation risks they faced, and that the prisons where they were held had not appreciated the need for good links with the BIA and expert independent advice.

Immigration nevertheless remains the focus, often the sole focus, of both the BIA and the Prison Service. The other essential aspects of the care of foreign prisoners, identified in our thematic report, remain marginal and depend on the energy and commitment of individual prison staff, with little or no dedicated time and resources. True, only 20% of inspected prisons did not have a foreign national strategy (compared with 75% two years ago). But these plans often lacked any implementation strategy, or any needs analysis of the specific population held; sometimes they were merely copies of other prisons' policies, undeliverable by or unsuitable for that particular prison. This was true even in prisons with a large proportion of foreign nationals. Some policies, following the Prison Service Order, dealt almost exclusively with immigration. In others, there were no mechanisms to ensure that prisoners knew their entitlements.

The one in five prisons that did have an effective strategy and action plan usually had a champion at senior management level, a committee that met regularly and a coordinator with dedicated time.

**'A comprehensive foreign nationals policy was managed effectively by a foreign nationals liaison officer. Staff and prisoners understood the role. Paid prisoner representatives were on all residential units and regularly met groups of foreign national prisoners. Good systems ensured that immediate needs were identified and addressed.'**

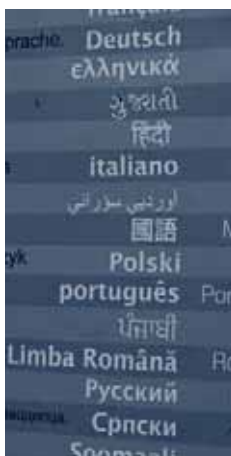
Meetings of and with foreign nationals were particularly effective. Enthusiastic individuals in these prisons, however, lacked any national or regional guidance. Some said that but for the Inspectorate's thematic, which provided a blueprint, they would not have known where to start. This was the case even in one of the prisons designated exclusively for foreign nationals.

Our thematic report found that, overall, difficulties in contacting families were the greatest problem for foreign nationals, more so than immigration or language difficulties. In two out of three prisons, particularly locals, we found that this was not given sufficient priority. In some, foreign nationals were unaware even of their basic entitlement to a free five-minute telephone call a month. Yet this is far from sufficient to allow regular contact, and different time zones do not always coincide with times when prisoners are out of their cells. Additional calls are exorbitantly expensive, due to the contract negotiated with British Telecom. This particularly affects women who are likely to have children and families overseas.

Language difficulties were another of the main problems identified by foreign nationals. There remained too little centrally translated material. Some prisons had multi-lingual touch screens, but they were often not accessible, or had out-of-date information. Some prisons are still reluctant to use telephone interpretation services; in one, we could find no record of use at all in the preceding year. Many preferred the cheaper alternative of using other prisoners, but this was dependent on availability, and wholly unsuitable in confidential but essential matters, such as healthcare or risk assessment.

Overall, it was disappointing to find so little good practice, in spite of the efforts of conscientious staff in some prisons. As with other aspects of diversity, until and unless there is clear direction from the centre, expressed in enforceable standards, and a national strategy, driven by area and senior managers, the care and treatment of the 11,000 foreign nationals in our prisons will remain unsatisfactory and inconsistent.

## IMMIGRATION DETENTION



During the year, we found greater pressures on immigration removal centres, due to the influx of ex-prisoners and the deficiencies in immigration casework and information. Inspections of short-term holding facilities showed some improvement, but facilities were often inadequate and detainees were subject to frequent moves.

Over 30,000 people a year pass through detention facilities, including around 2,000 children. This does not include those detained in prisons, police stations or non-residential holding facilities. The 2006 detention figures suggest that more people – 90 in the first nine months – were spending over a year in detention; and confirm that 80 children in that period were detained for over a month.

The major change in the immigration estate, recorded in all our inspections, was the effect of the large number of foreign national prisoners awaiting deportation, held in IRCs. At Dover IRC, the proportion of ex-prisoners had increased from 5% to 88%, and the average length of stay had more than doubled to 90 days. This increased the pressure on IRCs, and provided them with a population they were ill-equipped to handle. Detainees were extremely frustrated at the lengthy delays and uncertainties in their immigration cases. In safety interviews carried out with detainees, the most serious concern was always immigration casework.

In all centres, we found that casework progression and information from the BIA was seriously deficient; caseworkers were remote and unresponsive, failing adequately to review or progress casework, justify prolonged detention or engage with detainees. The downgrading

of on-site immigration staff compounded the problem, and it was further exacerbated by insufficient access to independent legal advice, in spite of the Legal Services Commission's funding of some on-site legal surgeries. Fewer detainees than last year said in surveys that they had a solicitor or could easily see an immigration officer.

**'One man had been detained for more than a year, his immigration file apparently lost. He had been in detention for more than three times the length of his short custodial sentence. Another man, sentenced to a few weeks in prison for selling pirate DVDs, and wanting to go home, had been detained for seven months after sentence without a single monthly review.'**

Movement of detainees around the immigration estate, in a random and unplanned manner, and too often without complete information, further added to their vulnerability. We found one young man who had been moved seven times in six weeks, and another who had been in nine places, as far apart as Hampshire and Lanarkshire, in four months.

By contrast, we reported that staff in most centres were making efforts to improve the care of detainees, for example the appointment of welfare officers, which we have long advocated. Detainees surveyed were more likely than last year to say they were treated well by staff. Relationships between staff and detainees were in general good: at Dungavel, 90% of detainees said that staff treated them with respect and 69% said that they had someone to turn to. The exception to this was Harmondsworth, where we reported an over-emphasis on security at the expense of care. Negative staff behaviour and attitudes contributed significantly to feelings of being unsafe, and only a third



of detainees felt respected or helped by staff. Twice as many as at Dungavel – 61% – had felt unsafe. After the disturbances at Harmondsworth, some of the detainees considered to be most troublesome were moved to Dungavel, and it was noteworthy that they settled there without any incidents. Indeed, we concluded that Dungavel and Harmondsworth represented extremes within the detention estate: the best and the worst centres inspected.

**‘Relationships between staff and detainees were very good, and underpinned some excellent work. In surveys, 90% of detainees said staff treated them with respect, and inspectors observed examples of caring and compassionate professionalism.’**

**‘Relationships between staff and detainees were very poor. Only 37% of detainees said staff treated them with respect. Both staff and detainees gave examples of disrespectful language used to and about detainees.’**

Our concerns and findings about Harmondsworth and immigration detention in general were echoed in the official inquiry into the Harmondsworth disturbances. It did not recommend prison-like security, but identified casework inefficiency and uncertainty as a major problem. It also recommended the reduction of disruptive and unexplained movements of detainees, the provision of internet access and more constructive regimes.

The mental health needs of detainees were not adequately recognised or addressed in any centre inspected. Our inquiry into the quality of healthcare at Yarl’s Wood raised serious concerns about the systems underpinning privately-contracted services, and the adequacy of support for those with serious health needs and those who were held for long periods. It recommended strongly that commissioning should move to the NHS to improve standards and

safeguards. Response to detainees who had previously undergone torture or ill-treatment was weak, with no specialist training for staff. There is now a more coherent approach to ‘rule 35’ letters (identifying unfitness for detention), but the response from BIA is too often disappointing, even when detailed medical evidence is provided about the consequences for mental health of maintaining detention.

Children continue to be detained in considerable numbers and are held for a month before there is any social work assessment of their welfare. At Dungavel, we found that the incidence and length of children’s detention had increased during 2006, though we also found that centre staff were extremely supportive of families and children. Child protection work in centres was developing, though there was sometimes poor monitoring and insufficient training. Some women are held in largely male centres, and we expressed concern about the limitations of their environment and regime.

**‘Over 600 children a year passed through Tinsley House, and it was not possible to find out the length of their detention. We saw no formal risk assessments in individual cases.’**

Detainees are now able to engage in paid work, but we found that little work was as yet available to allow them to contribute to the regime, occupy themselves constructively and add to their often meagre resources. This was not, however, the case at Dover, which had acted swiftly to provide workspaces. In many centres, there was insufficient education and activities for the needs of the population. However, Dungavel showed what could be done: it provided an extremely wide and appropriate range of good quality education and activity even for short-stay detainees.

It was welcome that detainees were able to use mobile phones to keep in touch with families, but little progress had been made on widening their access to the internet and email – the quickest and cheapest way of staying in touch with families overseas and making plans for return.

### **Short-term holding facilities**

Most STHFs held men, women and families with children. We did find some improvements this year, following our initial inspections. Two STHFs had been upgraded and refurbished. This enabled men and women or families to be held in separate rooms. Nevertheless, facilities at others, particularly at airports, remained poor, and it was in those centres that we found detainees staying for up to 26 hours. The average length of stay at Gatwick had increased to eight hours, largely because of the difficulty of finding spaces in the over-full immigration detention estate.

Contractors in general had made efforts to meet inspection recommendations, and were developing policies on child protection, self-harm and bullying. In general, detainees reported respectful treatment from custody officers, and progress had been made with child protection and complaints procedures, as well as improving facilities, including providing blankets and pillows.

**‘Custody staff in all three centres were providing good general standards of care. Some people had been detained in successive short-term holding facilities, including police stations, where conditions were not suitable. One detainee had been held at 10 places in the last three months.’**

However, BIA procedures continued to cause concern. Some detainees were moved between STHFs, or between police cells and STHFs, with limited opportunity to contact families and legal advisers, and sometimes without a change of clothing or a chance to recover money and property before removal. Up-to-date and comprehensive information did not always travel with them. In spite of BIA policy, some were not allowed mobile phones, or did not have them, and free telephone calls were not always provided. Information and advice remained very limited.

There was little for detainees to do in most STHFs, and in one, Colnbrook, which had cellular accommodation, detainees could spend days locked in cells for most of the time. We continued to have concerns about access to healthcare in some STHFs, as well as about the monitoring, supervision and recording of the use of force and incidents of alleged assaults or violence.

It is very welcome that the Independent Monitoring Boards have now begun to monitor STHFs, starting at Heathrow. This will provide much-needed regular independent monitoring, to complement the improved internal supervision procedures that were brought into play following our first reports.

## Escorts

We have carried out interviews with recently-arrived detainees at three centres to record their experiences of escorts. Few complained about their treatment by escort staff. However, many reported long journeys and frequent, apparently random, moves. Risks and medical needs were not always recorded in the documentation. The journey to Dungavel – often only one of a series of movements – was of particular concern: families could face 11-hour journeys to and from there.

Detainees at Dungavel were routinely handcuffed in public areas, both on the journey there and at subsequent court appearances, without any individual risk assessment, despite our previous recommendations. We also had particular concerns about those detained in Northern Ireland.

**‘The journey from Northern Ireland including the ferry, took seven hours, and detainees were handcuffed on boarding and disembarkation. Some had spent nights in a police cell in Belfast, including a five months’ pregnant woman and a man who needed hospital treatment.’**



SECTION

04

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\*Full summaries of prisoner and detainee survey responses can be accessed on our website at: <http://inspectorates.homeoffice.gov.uk/hmiprisons/>

## Inspections undertaken, 1 September 2006 to 31 August 2007

ESTABLISHMENT	TYPE OF INSPECTION	INSPECTION DATES
<b>PRISONS</b>		
Dovegate	Unannounced full follow-up	4–8 Sep 06
Ashfield	Full announced	4–8 Sep 06
The Mount	Unannounced full follow-up	18–22 Sep 06
Durham	Full announced	18–22 Sep 06
Peterborough (women)	Full announced	2–6 Oct 06
Lancaster Farms	Full announced	2–6 Oct 06
Wealstun	Unannounced full follow-up	6–10 Oct 06
Peterborough (men)	Full announced	9–13 Oct 06
Edmund's Hill	Full announced	9–13 Oct 06
Grendon	Unannounced short follow-up	31 Oct–2 Nov 06
Wymott	Unannounced short follow-up	30 Oct–1 Nov 06
East Sutton Park	Full announced	13–16 Nov 06
Cookham Wood	Full announced	13–17 Nov 06
Norwich	Unannounced full follow-up	15–24 Nov 06
Standford Hill	Full announced	4–8 Dec 06
Acklington	Full announced	11–15 Dec 06
Elmley	Full announced	11–15 Dec 06
Portland	Unannounced full follow-up	3–12 Jan 07
Hollesley Bay	Unannounced short follow-up	8–10 Jan 07
Latchmere House	Full announced	15–19 Jan 07
Whatton	Full announced	22–26 Jan 07
Brinsford	Unannounced full follow-up	5–9 Jan 07
Liverpool	Unannounced full follow-up	12–16 Jan 07
Maidstone	Full announced	19–23 Feb 07
Birmingham	Full announced	19–23 Feb 07
Leyhill	Full announced	5–9 Mar 07
Garth	Unannounced short follow-up	5–7 Mar 07
Wetherby	Unannounced short follow-up	6–9 Mar 07
Ranby	Full announced	12–16 Mar 07
Stoke Heath	Unannounced full follow-up	19–23 Mar 07
Dorchester	Unannounced short follow-up	2–5 Apr 07
Winchester	Full announced	16–20 Apr 07
Gloucester	Full announced	16–20 Apr 07
Werrington	Unannounced short follow-up	16–20 Apr 07
Sudbury	Unannounced short follow-up	2–3 May 07
Foston Hall	Unannounced short follow-up	1–3 May 07
Buckley Hall	Full announced	30 Apr–4 May 07
Highpoint	Full announced	14–18 May 07
Eastwood Park	Full announced	14–18 May 07
Manchester	Unannounced short follow-up	21–24 May 07
Reading	Unannounced full follow-up	21–25 May 07
North Sea Camp	Unannounced short follow-up	21–24 May 07
Feltham	Unannounced full follow-up	4–8 Jun 07
Rye Hill	Full unannounced	11–15 Jun 07
Ashwell	Unannounced short follow-up	18–21 Jun 07
Glen Parva	Unannounced short follow-up	25–27 Jun 07
Littlehey	Full announced	2–6 Jul 07
Channings Wood	Full announced	2–6 Jul 07

## Inspections undertaken, 1 September 2006 to 31 August 2007 (continued)

ESTABLISHMENT	TYPE OF INSPECTION	INSPECTION DATES
<b>PRISONS (CONTINUED)</b>		
Chelmsford	Full announced	9–13 Jul 07
Warren Hill	Unannounced short follow-up	16–18 Jul 07
New Hall	Full announced	30 Jul–3 Aug 07
The Verne	Full announced	6–10 Aug 07
Canterbury	Full announced	13–17 Aug 07
Lewes	Full announced	20–24 Aug 07
<b>OTHER ESTABLISHMENTS</b>		
Military Corrective and Training Centre	Unannounced short follow-up	16–19 Jan 07
<b>IMMIGRATION REMOVAL CENTRES</b>		
Tinsley House	Unannounced short follow-up	18–20 Sept 06
Campsfield House	Full announced	30 Oct–3 Nov 06
Dungavel House	Full announced	4–8 Dec 06
Dover	Full announced	16–20 Apr 07
Colnbrook	Unannounced full follow-up	18–22 Jun 07
Lindholme	Unannounced short follow-up	16–18 Jul 07
<b>SHORT-TERM HOLDING FACILITIES</b>		
Dungavel House (escort)		4 Dec 06
Dallas Court		9 Jan 07
Becket House		17 Jan 07
London City Airport		24 Jan 07
Colnbrook (escort)		2 Feb 07
Communications House		2 Feb 07
Colnbrook		9 Mar 07
Port of Dover		16 Apr 07
Tinsley House (escort)		30 Apr 07
Eaton House		4 Jun 07
Heathrow (x 5)		2 and 9 Jul 07
Manchester Airport		30 Jul 07
<b>OFFENDER MANAGEMENT INSPECTIONS</b>		
		<b>WEEK COMMENCING</b>
Merseyside		11 Sep 06
Bedfordshire		2 Oct 06
Cambridgeshire		9 Oct 06
Essex		13 Nov 06
Hertfordshire		11 Dec 06
Norfolk		8 Jan 07
Suffolk		5 Feb 07
Northamptonshire		26 Feb 07
Lincolnshire		19 Mar 07
Derbyshire		4 Jun 07
Leicestershire and Rutland		18 Jun 07

## Inspection reports published, 1 September 2006 to 31 August 2007

ESTABLISHMENT	TYPE OF INSPECTION	DATE PUBLISHED
<b>PRISONS</b>		
Acklington	Full announced	7 Jun 07
Ashfield	Full announced	28 Feb 07
Bedford	Unannounced short follow-up	15 Sep 06
Birmingham	Full announced	8 Aug 07
Brinsford	Unannounced full follow-up	31 Jul 07
Camp Hill	Full announced	4 Apr 07
Castington	Full announced and unannounced short follow-up	5 Dec 06
Cookham Wood (Sir Evelyn House)	Full announced	1 May 07
Deerbolt	Full announced	10 Oct 06
Dorchester	Unannounced short follow-up	15 Aug 07
Dovegate	Unannounced full follow-up	13 Mar 07
Dovegate Therapeutic Community	Unannounced short follow-up	13 Mar 07
Downview	Full announced and unannounced short follow-up	12 Dec 06
Durham	Full announced	30 Mar 07
East Sutton Park	Full announced	1 May 07
Eastwood Park	Unannounced short follow-up	5 Sep 06
Edmund's Hill	Full announced	6 Mar 07
Elmley	Full announced	13 Jun 07
Erlestoke	Unannounced short follow-up	20 Sep 06
Everthorpe	Unannounced short follow-up	12 Sep 06
Garth	Unannounced short follow-up	3 Aug 07
Gloucester	Full announced	24 Aug 07
Grendon	Unannounced short follow-up	17 Apr 07
Harmondsworth	Full announced	28 Nov 06
Haverigg	Unannounced full follow-up	27 Dec 07
High Down	Full announced	31 Oct 06
Hindley	Full unannounced	7 Feb 07
Hollesley Bay	Unannounced short follow-up	15 May 07
Huntercombe	Full announced	5 Oct 06
Isle of Man	Full announced	11 Sep 06
Lancaster Farms	Full announced	11 Apr 07
Latchmere House	Full announced	5 Jun 07
Leicester	Unannounced short follow-up	29 Nov 06
Leyhill	Full announced	11 Jul 07
Liverpool	Unannounced full follow-up	21 Jun 07
Low Newton	Full announced	19 Sep 06
Lowdham Grange	Full announced	17 Oct 06
Magilligan	Unannounced full follow-up	13 Dec 06
Maidstone	Full announced	10 Jul 07
Norwich	Unannounced full follow-up	10 May 07
Pentonville	Unannounced full follow-up	28 Sep 06
Peterborough (men)	Full announced	18 Apr 07
Peterborough (women)	Full announced	18 Apr 07
Portland	Unannounced full follow-up	29 Jun 07
Ranby	Full announced	17 Aug 07
Shrewsbury	Full announced	22 Nov 06
Spring Hill	Unannounced short follow-up	3 Jan 07
Stafford	Full announced	15 Nov 06
Standford Hill	Full announced	13 Jun 07
The Mount	Unannounced full follow-up	14 Feb 07
Wandsworth	Unannounced full follow-up	27 Oct 06

## Inspection reports published, 1 September 2006 to 31 August 2007 (continued)

ESTABLISHMENT	TYPE OF INSPECTION	DATE PUBLISHED
<b>PRISONS (CONTINUED)</b>		
Wayland	Full announced	7 Nov 06
Wealstun	Unannounced full follow-up	29 Mar 07
Wetherby	Unannounced short follow-up	31 Aug 07
Whatton	Full announced	20 Jun 07
Winchester	Full announced	21 Aug 07
Wymott	Unannounced short follow-up	13 Apr 07
<b>OTHER ESTABLISHMENTS</b>		
Military Corrective and Training Centre	Unannounced short follow-up	1 Jun 07
<b>IMMIGRATION REMOVAL CENTRES</b>		
Campsfield House	Full announced	9 May 07
Dungavel House	Full announced	16 May 07
Oakington	Unannounced short follow-up	14 Nov 06
Tinsley House	Unannounced short follow-up	20 Mar 07
<b>SHORT-TERM HOLDING FACILITIES</b>		
Colnbrook	Full	16 Jan 07
Dallas Court	Follow-up	20 Feb 07
Gatwick North, Gatwick South, Dover Asylum Screening Centre	Follow-up	20 Feb 07
London City Airport	Follow-up	25 Jun 07
Lunar House, Electric House	Follow-up	19 Jan 07
Manchester, Harwich International Port, Port of Dover	Follow-up	17 Jan 07
Reliance House, Sandford House, John Lennon Airport	Full	16 Jan 07
<b>IMMIGRATION ESCORTS</b>		
Colnbrook		4 Jul 07
Dungavel House		4 Jul 07
Tinsley House		13 Aug 07
<b>OTHER PUBLICATIONS</b>		
Immigration Expectations		11 Jun 06
Expectations		7 Sep 06
Public Protection (with HM Inspectorate of Constabulary)		8 Sep 06
Extreme Custody		18 Oct 06
Foreign Nationals: a thematic review		3 Nov 06
Foreign Nationals: a follow-up report		22 Mar 07
Young People in Custody		6 Dec 06
Young Adults		13 Feb 07
Prisoner Safety in HM Prisons		27 Jul 07 (web only)
Operation Safeguard: a report on exploratory work (with HM Inspectorate of Constabulary)		18 Apr 07 (web only)
Report on an inspection visit to West London Magistrates' Court Custody Suite (with HM Inspectorate of Court Administration)		20 Aug 07 (web only)
Inquiry into the quality of healthcare at Yarl's Wood IRC		4 Oct 06
Annual Report		30 Jan 07
Business Plan		12 Apr 07
<b>JOINT CRIMINAL JUSTICE AREA REPORTS</b>		
Cleveland area		23 Jan 07
Devon and Cornwall area		13 Feb 07
West Midlands area		30 May 07



## Recommendations accepted

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS	ACCEPTED	PARTIALLY ACCEPTED	REJECTED
<b>JUVENILES</b>				
Huntercombe	169	122	29	18
Castington	160	114	38	8
Downview (Josephine Butler Unit)	74	64	6	4
Ashfield	125	98	20	7
Lancaster Farms*	131	96	29	6
Cookham Wood (Sir Evelyn House)	100	86	8	6
<b>Total</b>	<b>759 (100%)</b>	<b>580 (76%)</b>	<b>130 (17%)</b>	<b>49 (6%)</b>
<b>LOCALS</b>				
Highdown*	117	86	24	7
Shrewsbury	137	110	22	5
Durham	125	112	12	1
Peterborough	241	182	41	18
Gloucester	146	112	26	8
Elmley	-	-	-	-
<b>Total</b>	<b>766 (100%)</b>	<b>602 (79%)</b>	<b>125 (16%)</b>	<b>39 (5%)</b>
<b>OPEN/SEMI-OPEN</b>				
Standford Hill	-	-	-	-
Leyhill	-	-	-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TRAINING PRISONS</b>				
Lowdham Grange	115	97	3	15
Wayland	88	67	20	1
Stafford	163	136	24	3
Edmund's Hill	143	130	10	3
Camp Hill	156	106	38	12
Acklington	186	148	30	8
Whatton	161	134	13	14
Maidstone	-	-	-	-
<b>Total</b>	<b>1,012 (100%)</b>	<b>818 (81%)</b>	<b>138 (14%)</b>	<b>56 (6%)</b>
<b>WOMEN</b>				
Low Newton	128	89	37	2
East Sutton Park	107	103	3	1
Peterborough	253	184	49	20
<b>Total</b>	<b>488 (100%)</b>	<b>376 (77%)</b>	<b>89 (18%)</b>	<b>23 (5%)</b>
<b>YOUNG ADULTS</b>				
Deerbolt	106	92	12	2
Hindley*	162	140	19	3
<b>Total</b>	<b>268 (100%)</b>	<b>232 (87%)</b>	<b>31 (12%)</b>	<b>5 (2%)</b>

## Recommendations accepted (continued)

PRISONS (CONTINUED)				
ESTABLISHMENT	RECOMMENDATIONS	ACHIEVED	PARTIALLY ACHIEVED	NOT ACHIEVED
<b>RESETTLEMENT</b>				
Latchmere House	105	85	14	6
<b>Total</b>	<b>105 (100%)</b>	<b>85 (81%)</b>	<b>14 (13%)</b>	<b>6 (6%)</b>
Isle of Man	135	87	42	6
<b>Total</b>	<b>135 (100%)</b>	<b>87 (64%)</b>	<b>42 (31%)</b>	<b>6 (4%)</b>
<b>Prison total</b>	<b>3,533 (100%)</b>	<b>2,780 (79%)</b>	<b>569 (16%)</b>	<b>184 (5%)</b>

\* Inspection of more than one population type

- Outstanding action plans not returned within the deadline (Elmley, Stanford Hill, Leyhill and Maidstone).

IMMIGRATION REMOVAL CENTRES (IRCs) AND SHORT-TERM HOLDING FACILITIES (STHFs)				
ESTABLISHMENT	RECOMMENDATIONS	ACCEPTED	PARTIALLY ACCEPTED	REJECTED
Harmondsworth IRC	114	91	17	6
Campsfield House IRC	82	74	5	3
Dungavel House IRC	70	50	14	6
Colnbrook STHF	9	3	3	3
Reliance House, Sandford House, John Lennon Airport STHF	44	31	9	4
Becket House STHF	21	16	4	1
<b>Total</b>	<b>340 (100%)</b>	<b>265 (78%)</b>	<b>52 (15%)</b>	<b>23 (8%)</b>

## Outcome of recommendations assessed in follow-up inspection reports published 2006-7

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS	ACHIEVED	PARTIALLY ACHIEVED	NOT ACHIEVED
<b>WOMEN</b>				
Downview	139	86	29	24
Eastwood Park	126	69	18	39
<b>Total</b>	<b>265 (100%)</b>	<b>155 (58%)</b>	<b>47 (18%)</b>	<b>63 (24%)</b>
<b>OPEN</b>				
Hollesley Bay	92	45	20	27
Spring Hill	80	38	19	23
<b>Total</b>	<b>172 (100%)</b>	<b>83 (48%)</b>	<b>39 (23%)</b>	<b>50 (29%)</b>
<b>LOCALS</b>				
Bedford	69	43	9	17
Pentonville	177	37	41	99
Wandsworth	121	37	38	46
Leicester	103	39	28	36
Norwich*	161	61	42	58
Liverpool	117	43	35	39
Dorchester	134	71	31	32
<b>Total</b>	<b>882 (100%)</b>	<b>331 (38%)</b>	<b>224 (25%)</b>	<b>327 (37%)</b>
<b>TRAINING PRISONS</b>				
Everthorpe	75	38	17	20
Erlestoke	107	76	18	13
The Mount	108	71	22	15
Haverigg	126	73	30	23
Dovegate	129	38	30	61
Wealstun*	102	39	30	33
Wymott	69	40	8	21
Garth	64	35	11	18
<b>Total</b>	<b>780 (100%)</b>	<b>410 (53%)</b>	<b>166 (21%)</b>	<b>204 (26%)</b>
<b>YOUNG ADULTS</b>				
Castington	93	61	14	18
Portland	70	39	25	6
Brinsford*	125	59	26	40
<b>Total</b>	<b>288 (100%)</b>	<b>159 (55%)</b>	<b>65 (23%)</b>	<b>64 (22%)</b>
<b>JUVENILES</b>				
Wetherby	142	73	39	30
<b>Total</b>	<b>142 (100%)</b>	<b>73 (51%)</b>	<b>39 (27%)</b>	<b>30 (21%)</b>
<b>THERAPEUTIC COMMUNITIES</b>				
Dovegate	78	31	16	31
Grendon	79	26	37	16
<b>Total</b>	<b>157 (100%)</b>	<b>57 (36%)</b>	<b>53 (34%)</b>	<b>47 (30%)</b>

\* Inspection of more than one population type

## Outcome of recommendations assessed in follow-up inspection reports published 2006-7 (continued)

PRISONS				
ESTABLISHMENT	RECOMMENDATIONS	ACHIEVED	PARTIALLY ACHIEVED	NOT ACHIEVED
<b>NORTHERN IRELAND INSPECTIONS</b>				
Magilligan	82	30	19	33
<i>Total</i>	<i>82 (100%)</i>	<i>30 (37%)</i>	<i>19 (23%)</i>	<i>33 (40%)</i>
<b>Prison total</b>	<b>2,768 (100%)</b>	<b>1,298 (47%)</b>	<b>652 (24%)</b>	<b>818 (30%)</b>
<b>OTHER ESTABLISHMENTS</b>				
MCTC	82	34	21	27
<i>Total</i>	<i>82 (100%)</i>	<i>34 (41%)</i>	<i>21 (26%)</i>	<i>27 (33%)</i>
<b>IMMIGRATION REMOVAL CENTRES (IRCs) AND SHORT-TERM HOLDING FACILITIES (STHFs)</b>				
ESTABLISHMENT	RECOMMENDATIONS	ACHIEVED	PARTIALLY ACCEPTED	REJECTED
Oakington IRC	45	14	13	18
Lunar House STHF and Electric House STHF	28	10	7	11
Tinsley House IRC	84	33	21	30
Gatwick North STHF, Gatwick South STHF and Dover Asylum Screening Centre	53	21	10	22
Dallas Court STHF	29	14	14	1
Manchester Airport STHF, Harwich International Port STHF, Port of Dover STHF	64	16	22	26
London City Airport STHF	27	6	10	11
<i>Total</i>	<i>330 (100%)</i>	<i>114 (35%)</i>	<i>97 (29%)</i>	<i>119 (36%)</i>

## Healthy prison assessments

ESTABLISHMENT	TYPE OF INSPECTION	HEALTHY PRISON ASSESSMENTS			
		SAFETY	RESPECT	PURPOSEFUL ACTIVITY	RESETTLEMENT
<b>JUVENILES</b>					
Cookham Wood (Sir Evelyn House)	FA	3	4	3	4
Downview	FA	4	3	4	3
Huntercombe	FA	2	2	3	3
Castington	FA	4	3	3	3
Hindley	FU	2	3	3	3
Ashfield	FA	3	3	4	2
Lancaster Farms	FA	3	3	2	3
Brinsford	FFU	2	2	2	3
<b>LOCAL</b>					
Bedford	SFU	3	3	3	3
Pentonville	FFU	1	1	2	3
Wandsworth	FFU	2	1	2	2
Highdown	FA	2	3	3	3
Shrewsbury	FA	3	3	2	3
Leicester	SFU	2	2	2	2
Durham	FA	2	3	2	2
Elmley	FA	2	3	2	3
Liverpool	FFU	2	3	2	3
Birmingham	FA	3	2	2	2
Winchester	FA	3	2	3	3
Peterborough	FA	2	2	2	2
Norwich	FFU	2	2	2	2
Gloucester	FA	3	3	1	3
Dorchester	SFU	3	3	2	3
<b>OPEN</b>					
Springhill	SFU	3	3	4	3
Wealstun	FFU	2	2	3	2
Hollesley Bay	SFU	3	3	3	3
Latchmere House	FA	4	3	3	2
Standford Hill	FA	3	3	3	3
Leyhill	FA	3	3	3	2
<b>TRAINING PRISONS</b>					
Everthorpe	SFU	3	3	3	2
Erlestoke	SFU	3	3	3	3
Lowdham Grange	FA	3	3	2	2
Wayland	FA	4	4	3	3
Stafford	FA	2	3	2	2
The Mount	FFU	3	2	3	3
Haverigg	SFU	3	3	3	3
Edmund's Hill	FA	2	2	2	2
Dovegate	FFU	2	2	3	3
Wealstun	FFU	2	2	2	2
Camp Hill	FA	2	2	1	2

## Healthy prison assessments (continued)

ESTABLISHMENT	TYPE OF INSPECTION	HEALTHY PRISON ASSESSMENTS			
		SAFETY	RESPECT	PURPOSEFUL ACTIVITY	RESETTLEMENT
<b>TRAINING PRISONS (CONTINUED)</b>					
Wymott	SFU	3	3	3	3
Acklington	FA	2	2	1	2
Whatton	FA	3	2	2	2
Maidstone	FA	2	2	2	2
Ranby	FA	2	3	3	2
Garth	SFU	3	3	3	3
<b>WOMEN</b>					
Eastwood Park	SFU	2	3	2	3
Low Newton	FA	3	3	4	3
Downview	SFU	3	3	3	3
Peterborough	FA	2	2	2	2
East Sutton Park	FA	4	3	3	3
<b>YOUNG ADULTS</b>					
Deerbolt	FA	4	3	3	3
Castington	SFU	4	3	3	3
Hindley	FU	3	3	4	3
Lancaster Farms	FA	3	3	2	3
Norwich	FFU	1	2	1	2
Portland	SFU	2	2	2	3
Brinsford	FFU	2	2	1	3
<b>THERAPEUTIC COMMUNITIES</b>					
Dovegate	SFU	4	3	3	3
Grendon	SFU	4	4	3	2

### Numeric

- 1 Performing poorly
- 2 Not performing sufficiently well
- 3 Performing reasonably well
- 4 Performing well

### Type of inspection

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

## Healthy establishment assessments

ESTABLISHMENT	TYPE OF INSPECTION	HEALTHY PRISON ASSESSMENTS			
		SAFETY	RESPECT	PURPOSEFUL ACTIVITY	RESETTLEMENT
<b>IMMIGRATION REMOVAL CENTRES</b>					
Oakington	SFU	3	3	2	2
Harmondsworth	FA	2	1	2	2
Tinsley House	SFU	3	3	3	2
Campsfield House	FA	3	3	2	3
Dungavel House	FA	3	4	3	3
<b>OTHER ESTABLISHMENTS</b>					
Military Corrective and Training Centre	SFU	3	2	2	2

### Numeric

- 1 Performing poorly
- 2 Not performing sufficiently well
- 3 Performing reasonably well
- 4 Performing well

### Type of inspection

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

## Expenditure

FOR APRIL 2006–MARCH 2007	
PURPOSE	EXPENDITURE (£)
Staff costs	2,924,784
Travel and subsistence	310,188
Printing and stationery	110,542
Information technology	38,134
Translators	23,086
Training and development	11,576
Telecommunications	11,023
Recruitment	7,771
Meetings and refreshments	6,999
Office equipment	2,535
Conferences	1,923
<b>Total</b>	<b>3,448,561</b>





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