Report on an unannounced inspection of

HMP Belmarsh

by HM Chief Inspector of Prisons

29 January-9 February 2018

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Introduction

HMP Belmarsh in south east London is one of only three high security core local prisons in England and Wales. Probably the most high-profile prison in the UK, it held an extremely complex mix of men. There were young adults, and low-risk men similar to those held in other local prisons, but also over 100 with an indeterminate sentence, and those in custody for the most serious offences. The high security unit (HSU), in effect a prison within a prison, held some of the highest-risk prisoners in the country, adding a further layer of complexity. In addition, there were a large number of foreign national prisoners, others who needed to be protected because of their offence, and a small number requiring specific management arrangements because of their public and media profile. Meeting the demands and priorities of these various groups remained a hugely complicated task, and the results of this inspection need to be considered in this context.

At our last inspection in February 2015, we concluded that the prison was doing well to balance the need for high levels of security with running a safe and decent regime. We found some weaknesses in the regime, but generally thought the prison was well run. At this inspection, we found that the prison faced several new challenges, some of which were outside the governor's direct control.

For instance, there was a significant shortage of frontline staff. It was being addressed, but had resulted in a severely depleted daily regime and regular redeployment of specialist staff to ensure that even a basic period of daily unlocking time could be given. We considered this issue had affected all four of our healthy prison tests, but was particularly detrimental to the area of purposeful activity. The funding for education and training was insufficient and meant the prison could not meet all prisoners' needs. The number of work opportunities had declined since our last inspection; the provision overall was far too limited, and inevitably attracted our lowest possible assessment. Once new staff arrive, which we were told would be in the near future, the prison's leadership team would need to prioritise improving this aspect of the prison's work.

The number of incidents of violence had increased since our last inspection, and some were serious. However, in some important respects, the increase was not as significant as in many other local prisons. The overall level of security at the prison had helped, and the use of illegal drugs was less of a problem than we might have expected. Technology was being used to support efforts to manage violence and drug use at the prison, for example through the body scanner being piloted in reception. Early results were encouraging, and I was told that staff welcomed the initiative, as did many prisoners who wanted to see the disruptive and dangerous trade in contraband disrupted. The prison had taken a zero-tolerance approach to poor behaviour, which we would support, but it needed to be developed to ensure management better understood the causes of violence and to offer more proactive work to address the underlying issues.

Some good work was being done to identify men who were vulnerable, including those at risk of self-harm, and the prison had responded well to Prisons and Probation Ombudsman (PPO) recommendations following the three self-inflicted deaths that had taken place since our last visit. Nevertheless, some very complex men were held at the prison. They often presented with a combination of mental health issues, personality disorders and very challenging behaviour, and it was encouraging to be told that the high security and long-term directorate was reviewing how these men were being managed and considering what improvements could be made. Overall, despite some concerns, we considered that outcomes in safety remained reasonably good.

Many men were being held in overcrowded cells designed for two, but now holding three prisoners. We thought that this practice should stop, and that the prison's operational capacity should be reduced to achieve this. The governor also pointed to significant failings with the Carillion facilities management contract, which he felt had made it difficult to keep the prison functioning efficiently. While most staff were decent and diligent, many prisoners told us that some were not, and we observed a minority of wing-based staff who were dismissive and disrespectful in their dealings with

prisoners. There was a lack of leadership of equality and diversity work, which needed to be relaunched to ensure the considerable needs of prisoners with protected characteristics were understood and, where possible, met. Health care provision was strong, and both social and substance misuse work were excellent. However, overall we considered that outcomes for prisoners in the area of respect were not sufficiently good.

Children and families work was generally good, and the prison understood the rehabilitation needs of the complex population well. Staffing shortages were affecting the range and quality of work being undertaken by the offender management unit, and many men had little, if any, contact with their offender supervisor. In some cases, they even lacked an assessment or custody plan. Nevertheless, higher-risk and more complex men were being prioritised and public protection arrangements were very robust. Some good 'through-the-gate' support was being provided, and we considered outcomes in rehabilitation and release planning to be reasonably good.

In most respects, the prison continued to do a reasonable job managing an extremely complex population. However, some factors outside the control of the local management team were having a negative impact and we would urge HM Prison and Probation Service (HMPPS) to give the prison the support it needs to deliver more consistently positive outcomes for its prisoners. In addition, we have highlighted some areas where the prison does have direct control over the necessary improvements.

At the last inspection, we warned that while we had seen a number of improvements, many had not been embedded. At this inspection, progress had stalled in some of these areas, and in two of our tests we judged outcomes to have been poorer than last time. It has to be said that overall there had been a poor response to previous inspection recommendations, and so perhaps the lack of progress was not surprising. The influx of new staff offers real opportunities to address these deficits, but in such a complex prison, they will need to be supported and mentored to ensure they become the high-quality colleagues that the current leadership clearly want them to be. We hope this report will be used constructively to help with the work needed to improve this important prison.

Peter Clarke CVO OBE QPM HM Chief Inspector of Prisons

April 2018

Fact page

Task of the establishment

A local prison, holding men and young adults some of whom require a high level of security.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 843

Baseline certified normal capacity: 862 (main prison) 48 (high security unit (HSU))

In-use certified normal capacity: 766 (excluding the HSU)

Operational capacity: 910

Notable features from this inspection

A complex population, ranging from remand and short sentences, to indeterminate sentence and high profile cases.

The HSU, a prison within the high security prison, held high risk category A prisoners.

4,300 new prisoners were received each year (around 350 per month).

610 foreign national prisoners were held.

70% of prisoners were from black and minority ethnic backgrounds.

140 prisoners were released into the community each month.

450 prisoners were receiving support for substance misuse.

300 prisoners were referred for mental health assessment each month.

Prison status and key providers

Public

Physical and mental health provider: Oxleas NHS Foundation Trust

Substance misuse provider: Change Grow Live Services Learning and skills provider: Novus/The Manchester College

Community rehabilitation company (CRC): London CRC, delivered by MTC Novo

Escort contractor: Serco Wincanton

Department

High security and long-term estate

Brief history

Belmarsh is a category A prison situated in Thamesmead South East London. It opened in 1991, and was the first adult prison to be built in London since 1874.

Short description of residential units

The prison had four main house blocks, each with three spurs:

House block I – long term and lifer prisoners' enhanced spur

House block 2 – convicted prisoners serving shorter sentences or on remand

House block 3 - first night centre, new arrivals and drug rehabilitation spur

House block 4 – prisoners undergoing detoxification and vulnerable prisoners (mainly offence-related)

Main prison segregation unit – prisoners serving periods of punishment or needing to be separated from others and two designated cells for the temporary management of close supervision centre (CSC) system prisoners deemed to be the some of the most dangerous in the prison system. High security unit (HSU) – a self-contained unit holding prisoners requiring a high level of security, including a small discrete segregation unit for HSU prisoners.

Name of governor and date in post

Rob Davis, 24 November 2016

Independent Monitoring Board chair Hilary Powell

Date of last inspection 2–6 February 2015

About this inspection and report

- Al Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.
- All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies known as the National Preventive Mechanism (NPM) which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

Safety Prisoners, particularly the most vulnerable, are held safely.

Respect Prisoners are treated with respect for their human dignity.

Purposeful activity Prisoners are able, and expected, to engage in activity that is

likely to benefit them.

Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

- Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).
 - Outcomes for prisoners are good.

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

- Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

There is evidence that the outcomes for prisoners are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
 - recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - examples of good practice: impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017). The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- All Details of the inspection team and the prison population profile can be found in the appendices.
- All Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

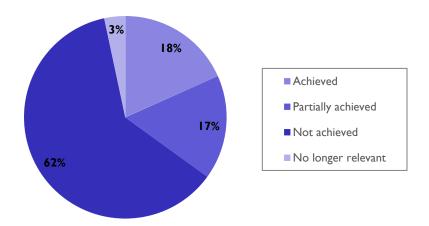
¹ https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/

² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

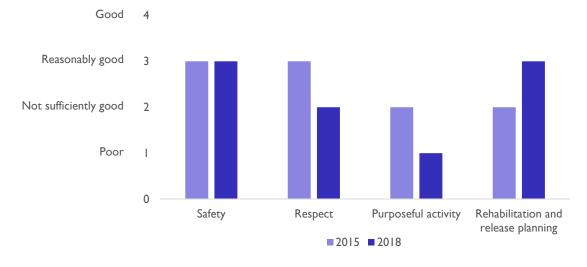
- SI We last inspected HMP Belmarsh in 2015 and made 59 recommendations overall. The prison fully accepted 53 of the recommendations and partially (or subject to resources) accepted four. It rejected two of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 11 of those recommendations, partially achieved 10 recommendations and not achieved 37 recommendations. One recommendation was no longer relevant.

Figure 1: HMP Belmarsh progress on recommendations from last inspection (n=59)



Since our last inspection outcomes for prisoners stayed the same for Safety, improved for Rehabilitation and release planning and declined for both Respect and Purposeful activity. Outcomes were reasonably good for Safety and Rehabilitation and release planning, not sufficiently good for Respect, and poor for Purposeful activity.

Figure 2: HMP Belmarsh healthy prison outcomes 2015 and 2018³



³ Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

- Early days support was reasonably good overall. Levels of violence had increased since the last inspection, and some incidents were serious. More needed to be done to ensure the underlying reasons for poor behaviour were understood and addressed. The adjudications process was reasonable. Use of force was not high but de-escalation was not always evident. Segregation was not over-used and conditions were reasonable, but the regime was poor. Security arrangements were robust. The identification of and care for men at risk of self-harm was generally good. Outcomes for prisoners were reasonably good against this healthy prison test.
- At the last inspection in February 2015 we found that outcomes for prisoners in Belmarsh were reasonably good against this healthy prison test. We made 16 recommendations in the area of safety.⁴ At this inspection we found that one of the recommendations had been achieved, three had been partially achieved, 11 had not been achieved and one was no longer relevant.
- Prisoners got off the vans promptly and generally did not spend long in reception. However, aspects of the reception environment were austere and prisoners were more negative about their experience than usual. In our survey, 91% of men said they had problems when they arrived at Belmarsh, which was higher than at other local prisons and more than at our last inspection. The first night centre was relaxed and support from peer workers was good. The first night interview was thorough and identified prisoners' immediate needs and risks well but it was not always confidential. First night cells were clean but poorly maintained. Staff knew where new arrivals were located but did not carry out any additional checks overnight. Hot food was available in reception and all prisoners were offered a free phone call. Access to kit was good, but men could not always have a shower. The prison induction contained too much detailed information. The induction interview on the second day gave prisoners the opportunity to ask questions.
- In our survey, 31% of prisoners said they felt unsafe at the time of our inspection and 58% said they had felt unsafe at some time. Fewer prisoners than in comparator prisons said they had not been victimised by prisoners or staff. The number of assaults on both staff and prisoners had increased since our previous inspection and some incidents were serious. Nevertheless, levels were similar to what we often see in local prisons. The violence reduction policy relied on an assertive use of the basic regime of the incentives and earned privileges (IEP) scheme to restrict and control behaviour rather than on providing support or seeking to understand the underlying reasons for the violence. Prisoners were not always involved in reviews and target setting was not tailored to the individual. Staff had varying levels of understanding of how the IEP policy should work and it was not used consistently. One Postcode mentors mediated in conflict situations and supported men who were vulnerable, which was promising.
- Adjudications were not over-used and most charges were appropriate. We considered findings for those we reviewed to be correct, but not all records of adjudication were adequate and in some cases further investigation was required. The number of use of force incidents had declined in the previous two months. Paperwork was generally detailed but too much of it was missing, including injury forms. Sample paperwork and video footage we reviewed showed that de-escalation was not always being used. Body-worn cameras were available, but staff did not use them routinely.

⁴ This included recommendations about substance misuse treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

- Segregation was not over-used. Most stays were short, but a few were very long and some men held in the unit displayed extremely complex and challenging behaviour. Conditions in the unit were reasonable, but some prisoners could not have a shower or exercise every day. Those who could only be unlocked in the presence of several officers were most affected. There were a few examples of interventions to support men so they could make progress and some innovative work was being undertaken in individual cases. We remained concerned about close supervision centre system prisoners who were held for many months in solitary confinement with an impoverished regime. Managers aspired to provide a 'progressive regime' and had made some progress.
- Physical and procedural security was tight but appropriate for the population. The body scanner in reception was being piloted, which was encouraging, and it had meant that the dedicated search team no longer required men to squat routinely during cell searches. On some occasions intelligence reports had not been analysed in good time, which had an impact on the effectiveness of any action taken. Counter-terrorism arrangements appeared extensive. The drug supply was not excessive, which was reflected in mandatory drug testing results. However, the testing facility was shabby and dirty. The target for random tests was met each month, but suspicion, frequent or risk-based testing did not take place often enough, undermining the drug strategy.
- The role of the high security unit (HSU) remained unclear, and given the intensity of the custodial experience, which meant men could exercise little self-determination, the regime and governance arrangements needed to be improved.
- There had been three self-inflicted deaths since our last inspection. Recommendations arising as a result had been implemented. Rates of self-harm were lower than usual. Assessment, care in custody and teamwork (ACCT) initial interviews for prisoners at risk of suicide or self-harm were generally thorough, reviews took place regularly and were usually multidisciplinary. Care plans were not always updated or followed up effectively. Entries in case notes did not always demonstrate that meaningful interactions with prisoners had taken place. Some men told us they felt well supported while on an ACCT, but others were more negative. In our survey, 45% of men who had been on an ACCT felt cared for by staff. In the previous six months, 25 men had been on a constant watch, which was high. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were well supported by the safer custody team. We were not confident that they always had ready access to men needing their support. Formal adult safeguarding processes needed further development, but men at risk were identified.

Respect

- Staff-prisoner relationships were mixed. Some staff were excellent but too many discipline staff were dismissive and disrespectful towards prisoners. Conditions in units were adequate, but the cells holding three men were very cramped and few prisoners could shower every day. The food was adequate but meals were served too early. Consultation arrangements were good, but prisoners were frustrated because they were unable to get some everyday issues resolved. Equality and diversity work needed leadership and a re-launch to ensure all needs could be identified and, where possible, met. Health care provision was good, and social care and psychosocial support for prisoners' substance misuse problems were excellent. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- At the last inspection in February 2015 we found that outcomes for prisoners in Belmarsh were reasonably good against this healthy prison test. We made 20 recommendations in the area of respect. At this inspection we found that five of the recommendations had been achieved, three had been partially achieved and 12 had not been achieved.
- Staff-prisoner relationships were mixed and not enough was being done to ensure all staff understood the importance of their role in supporting prisoners' rehabilitation, alongside maintaining good order. There were many good, committed staff. In the HSU, we observed interactions that were constructive, while other staff across the prison also engaged well with prisoners. However, on the house blocks we observed too many functional, distant interactions, and some discipline staff were dismissive and disrespectful towards prisoners. Only 57% of prisoners in our survey said most staff treated them with respect, which was lower than the comparator. The pending influx of new staff presented the prison with an opportunity to reinforce the higher professional standards of the many good staff at the prison.
- For most prisoners, living conditions on the house blocks were adequate and the majority of cells were equipped with basic items. A redecorating programme was in place, but many cells were shabby, communal areas were sometimes grubby and the showers were generally in poor condition. Outside areas were reasonably well maintained. Up to 125 cells designed as doubles were often used to hold three individuals. For the men occupying them, conditions were claustrophobic and extremely uncomfortable. In our survey, only 17% of prisoners in our survey said they could have a shower every day. There was a shortage of prison kit and in some areas, laundry arrangements were disorganised only 31% of prisoners said they could obtain clean sheets every week. However, a considerable investment had recently been made to try and address some of these issues.
- The HSU provided a basic standard of accommodation, although it was cramped. The unit was extremely claustrophobic.
- Survey results relating to the food were poor, but prisoners' comments during the inspection were not as negative as we expected. However, meals were still served too early. Consultation arrangements were constructive and staff worked hard to meet prisoners' catering requests within the budget. Problems with shop orders were being addressed.
- The consultation process worked well and prisoners said their views were taken seriously and sometimes acted on. The application process had no tracking system and prisoners were often frustrated because issues they raised were not resolved. The complaints system worked efficiently, trends were identified and managers had to resolve issues prevalent in their areas of responsibility. The responses to complaints we examined were often too formal and did not always take sufficient account of the prisoner's perspective. Support for

- prisoners who needed assistance with legal matters was not readily available. The facilities for legal visits were adequate.
- Oversight and governance of equality and diversity work had lapsed since the last inspection and there had been no equalities meeting in the previous 12 months. Other than basic information identified during prisoners' early days in custody, staff did not collate or analyse data to identify if prisoners with protected characteristics faced any potential disadvantages. The number of discrimination incident reporting forms submitted was not high. Investigations were mostly sufficient, but not always timely.
- S15 Support for prisoners with protected characteristics was piecemeal, lacked coordination and was underdeveloped in some areas.
- S16 Black and minority ethnic men were more negative than others about aspects of their treatment. There had been some organised celebrations for these men. The Home Office immigration enforcement department provided some foreign national prisoners with useful support, but there was limited other welfare assistance.
- Prisoners with significant disabilities received some very good support, including through the impressive use of peer care workers. Gay and transgender prisoners appreciated the support offered by the regular Pride meeting, although concerns raised were not always addressed. Support for transgender prisoners was good. Initial assistance for young adults transitioning from the children's estate was good, although there was little other support. Support for older men was poor.
- Faith provision was good. The chaplaincy was well integrated into the prison and provided valued support for many prisoners. Most facilities in the faith centre were good, but the multi-faith area used for minority faiths was drab and unwelcoming.
- Health services had improved and were now good. Patients no longer complained about nurses being disrespectful. The provision of emergency medical equipment was good. Not all officers knew where automated external defibrillators were kept and access in house block 4 was difficult. The health care complaints process was well advertised but the system did not guarantee confidentiality and some responses were inadequate. Primary care services were comprehensive, but too many patients did not attend appointments. The inpatient unit was used for too many groups of men with diverse needs, and not always for clinical reasons, which led to a fragmented therapeutic regime. Arrangements for social care were exemplary. Mental health services at the prison had improved and the response to prisoners' needs was appropriate. Delays in transferring prisoners under the Mental Health Act were unacceptable. Substance misuse services were very good and psychosocial interventions impressive. Medicines management and dental services were good.

Purposeful activity

- Time out of cell had been reduced significantly since our last inspection, and was poor for many prisoners. Managers attempted to ensure men had a regular period of association every day. Ofsted rated education, skills and work activities inadequate. Managers had a good understanding of the problems faced and developed plans for improvement. However, the number of activity places had declined, the range was too limited and there was not enough work. Few prisoners could gain work-related skills or qualifications to help them obtain employment after release. Given the needs of the population, it was particularly worrying that the prison lacked sufficient funding to meet educational needs. Attendance and punctuality needed to improve. Pass rates for those who did complete a course were good. Outcomes for prisoners were poor against this healthy prison test.
- S21 At the last inspection in February 2015 we found that outcomes for prisoners in Belmarsh were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this inspection we found that four of the recommendations had been achieved, two had been partially achieved and seven had not been achieved.
- The amount of time prisoners spent out of their cells had declined significantly since the previous inspection and was poor. We estimated that approximately 60% of men were unlocked for as little as one to three hours a day. Thirty percent received up to six hours and a minority of around 10%, received between seven and eight hours unlocked every day. Prisoners did not have regular access to exercise outside. The prison was trying to ensure this minimal amount of time out of cell was delivered consistently, but staff shortages were having a significant impact on what could be delivered. Access to the library was limited. The gym provision was reasonably good. Prisoners in the HSU had extremely limited opportunities for a meaningful regime.
- Managers made good use of data to monitor education, training and work. The prison's self-assessment report was reasonably accurate and managers had developed plans to increase the range and quality of the work available, but they had not been implemented because of staff and resource constraints. There were insufficient activity places for the population. The number and quality of workplaces had decreased since the last inspection and three large workshops had closed. Only half the prisoners had access to purposeful activity in any session, and many had only two or three sessions per week. Attendance and punctuality at activities were poor. The funding available for education and training provision had been reduced and as a result, the range of subjects offered in education was too narrow. There were not enough opportunities for prisoners to gain accreditation or progress to higher level skills, particularly in vocational subjects. Quality improvement processes in education were good. Staff development focused on areas requiring improvement. Successful partnerships provided development opportunities for some prisoners through the Learning Together programme.
- The National Careers Service provider Prospects saw all men during induction and those approaching release had a detailed careers advice interview. Advisers made good use of links to agencies supporting prisoners on release, and provided good labour market information. The provision was not sufficient to prepare prisoners for employment on release, however. There were few links to employment, training and education providers in the community and little data on outcomes.
- Teaching was generally good questioning techniques were used well in some classes but other classes were not challenging enough for more able learners. Some teachers did not ensure activities met prisoners' individual needs. Individual learning plans were too variable. Not all teachers routinely completed them, so targets could be set or reviewed, which

- meant prisoners did not always understand how to make progress towards achieving their targets. Work in the prison was mundane. The wider learning support needs of men in workshops were not considered and maths and English had not been embedded well enough. The role of mentors was not well developed and equality and diversity were not promoted sufficiently.
- Most prisoners were well behaved and respectful in activities. Induction was well planned and set expectations about behaviour and achievement. The Personal Skills Development Scheme was a positive, if still underdeveloped, initiative. Retention rates were very poor, particularly in English and maths courses. Prisoners who completed their courses achieved good results. Opportunities for accreditation in workshops were limited.

Rehabilitation and release planning

- The children and families provision had been improved and prisoners had a range of opportunities for contact with family members. Offender management arrangements did not ensure all prisoners had an up-to-date assessment or custody plan, and most prisoners did not have sufficient contact with offender supervisors. Higher risk men and those with complex problems were well managed. Public protection arrangements were strong. Some good accommodation and substance misuse support was provided. Pre-release planning often started too late and the work needed to be better integrated. Outcomes for prisoners were reasonably good against this healthy prison test.
- At the last inspection in February 2015 we found that outcomes for prisoners in Belmarsh were reasonably good against this healthy prison test. We made 10 recommendations in the area of resettlement.⁵ At this inspection we found that one of the recommendations had been achieved, two had been partially achieved and seven had not been achieved.
- Children and families work had benefited from a strong focus on improving the provision. Visiting facilities had been enhanced and were welcoming. Visits were relaxed and families we spoke to were generally positive about their experience. Regular family days were well received and supplemented by other initiatives, such as the TV suite for families. In addition, a good range of other support was offered. Remedial action to address booking delays had been taken, although it had not yet been effective.
- S30 Reducing reoffending and offender management policies were comprehensive and detailed but the provision was not yet fully integrated. Managers knew how they intended to take the work forward. The main challenge was meeting the rehabilitation needs of a complex population with substantial staff shortages. There were staffing problems in all key areas, which made shortfalls in the provision inevitable.
- Despite attempts to clear the backlog of offender assessment system (OASys) reports, many prisoners still had no assessment at the start of custody and others had ones that were out of date. The OASys documents we saw varied considerably, and in too many cases, risk factors had not been sufficiently identified and sentence planning was too vague and unfocused. Men posing the highest risk and with complex issues were allocated to a probation officer, and risk management arrangements for them were good. Staff could discuss practice issues during staff surgeries in the offender management unit, but officer offender supervisors did not receive formal casework supervision. Offender supervisors had

⁵ This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

- little contact with prisoners other than for formal processes. Prisoners we spoke to confirmed this finding. Wing-based surgeries were a positive attempt to reduce some of prisoners' frustrations.
- Remanded prisoners in the HSU had little contact with offender supervisors, but were promptly moved to a high security dispersal prison if convicted. Resettlement planning for the small number released from Belmarsh was good.
- Recent changes in home detention curfew procedures had a positive impact on progressing cases. Re-categorisation arrangements were appropriately managed and public protection processes were comprehensive. Harassment and child protection were also managed appropriately.
- The range of offending behaviour programmes available was appropriate and access timely. However, prisoners' options for addressing their offending behaviour if they were not eligible for offending behaviour programmes were limited. The psychology department undertook some good work with men with complex issues and those whose behaviour in custody was problematic. Support for accommodation issues was generally good as were other aspects of through-the-gate support. Prisoners were rarely released without any input from staff from the housing provider St Mungo's, who directed men to community-based services. Prisoners were followed up after release to monitor outcomes. Finance benefit and debt support was limited.
- Resettlement planning for prisoners being released was variable. Not all prisoners had a resettlement plan, and many were seen very close to their release date. In most cases where housing issues were identified they were prioritised. There was confusion about which department was responsible for what and in too many cases we found insufficient levels of integration between service providers and departments.

Main concerns and recommendations

- Concern: Levels of violence had increased, but the prison was not doing enough to ensure the causes of this increase were understood or to address the underlying problems of those who were involved. Staff did not understand that they not only had to challenge poor behaviour, but also work with men to change their behaviour.
 - Recommendation: The approach to violence reduction should identify and address the underlying reasons for poor behaviour. Both perpetrators and victims of violence should receive support to ensure violent incidents are prevented in the future.
- Concern: Prisoners were much less positive about how most staff treated them than we normally see. While there were many very good and committed staff, a core of mainly discipline staff had a disrespectful approach towards prisoners, and did not understand their role in supporting rehabilitation. Managers were aware of the problem, but not enough was being done to ensure all staff undertook their duties in a respectful way.
 - Recommendation: Managers should ensure all staff know what is expected of them. Staff should receive suitable training and be held to account through supervision and observation.

Concern: The large number of cells designed for two, but housing three men, were extremely overcrowded, uncomfortable and disrespectful.

Recommendation: The prison roll should be reduced so that double cells are no longer used to hold three men.

Concern: The leadership of equalities and diversity work was not sufficient to ensure the needs of those with protected characteristics were understood, and where possible, met.

Recommendation: The governor should ensure equalities and diversity work is sufficiently prioritised so prisoners' needs can be identified and, where possible, met.

Concern: Acute staffing shortages led to poor time out of cell and a restricted regime, which meant prisoners found it difficult to access basic amenities such as showers.

Recommendation: The regime should ensure men have sufficient time out of cell each day, and adequate access to outside exercise.

S41 Concern: The number, quality and range of activities were restricted, and not all men could be purposefully occupied on a regular basis. External funding for education and training was inadequate, as was the provision of meaningful prison work. Much of the work that was available was mundane, and failed to prepare men for employment on release.

Recommendation: The number, quality and range of purposeful activity places should be sufficient to meet the needs of the men held and should prepare them for employment on release.

Summary	
20	HMP Belmarsh

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- I.I Some men still waited at court too long and although their hearing might be finished by lunchtime, they were not returned to the prison until the evening. The vans we saw were clean, but had graffiti scratched on them. Men generally got off the vans promptly. Journey times from the courts to the prison were not long, but they varied for those coming from other prisons. We saw instances where escort staff shared information about prisoners' risks with reception staff, who in turn passed on the information to first night staff. The safer custody team was also developing useful links with Serco Wincanton staff (see paragraph 1.47).
- 1.2 Video links were being used slightly more often than at our last inspection over the previous six months they were used in about 15% of all relevant court hearings, compared to 11% at our previous inspection. However, they were still underused. The prison was monitoring video link usage and working with courts to increase it.
- In our survey, prisoners were negative about their experiences of reception and searching. Strip-searching continued to be used routinely without individual risks being assessed. The new body scanner would reduce the need for strip-searching over time (see paragraph 1.36), which was good.
- 1.4 Although holding cells had information and TVs, the initial entrance to reception was austere. Reception processes focused on checking documents, security and property, rather than welcoming men to the prison. Welfare concerns were not immediately identified. Prison orderlies worked in reception, providing hot food and sometimes assisting with initial paperwork, but otherwise they had only limited access to new prisoners.
- 1.5 Property was reasonably well managed. However, it did not always accompany prisoners when they were transferred. There were also difficulties for men who had more property than allowed, as Belmarsh would not take the additional property. Systems for chasing up lost property needed strengthening. Families could send in property up to 28 days after a prisoner's reception, but it was not always processed or handed out promptly.
- In our survey, 91% of men said they had problems when they arrived at Belmarsh, which was higher than at other local prisons and compared with our last inspection. Of those who had a problem, only 28% felt that staff had helped them.
- 1.7 The first night centre was relaxed and had a seating area, TV and information. The initial interview was thorough and identified prisoners' risks and needs well. The prison had attempted to create confidential spaces for interviews by building separate booths in a large office, but they were not soundproof. Health care screenings were carried out on the first night and men were referred to additional services when appropriate. A second health assessment was carried out on the following day. First night staff were approachable and

- orderlies who were also Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were available to support men.
- 1.8 Men who were new to prison had a single cell on their first night. Cell-sharing risk assessments carried out the next day considered the relevant information. Following assessments prisoners could be moved into a double or triple cell. First night cells were clean and adequately prepared but they were poorly maintained. Staff knew where the new receptions were located, but did not carry out any additional checks overnight. Men on the first night wing usually received around four hours out of their cell, but did not always participate in activities promptly because there were waiting lists (see paragraph 3.21).
- 1.9 Access to clothing, bedding and toiletries was good and orderlies made up first night bags containing essential items. Hot meals were available and reception phone calls were systematically offered to all men. In our survey, only 9% of men said they had been offered a shower on their first night.
- 1.10 All prisoners had an induction, but it contained too much information and it was not clear if men understood everything. However, prisoners had an interview with staff on the second day, during which they could ask questions. Orderlies were also available to answer questions. Printed information was not available in languages other than English, or handed out at induction, but we observed interpreting services being used during interviews.
- 1.11 Chaplaincy and offender management unit staff attended the first night centre on the second day to speak to prisoners individually. Systems for monitoring the initial first night process and prison induction were sound. However, education, gym and library inductions took place independently and there was no single system for tracking induction overall.

1.12 First night interviews should be carried out in a confidential setting.

Managing behaviour

Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 1.13 In our survey, 31% of prisoners said they felt unsafe at the time of our inspection and 58% said they had felt unsafe at some time. Fewer prisoners than the comparator said they had not experienced any kind of bullying or victimisation from prisoners or staff.
- 1.14 Levels of violence had increased since our previous inspection, although overall, they were similar to what we often see in local prisons with less complex populations. In the six months prior to our inspection, 49 assaults had been carried out on staff (twice the number noted over a similar period at our previous inspection) and 58 on prisoners. Around 25% of these incidents had caused serious injury. In addition, there had been 50 fights, which were generally less serious. A disproportionate number of the incidents involved young adults, but despite our previous main recommendation, there was still no strategy for identifying or meeting the needs of this group.

- 1.15 The violence reduction policy relied on the assertive use of the basic regime of the incentives and earned privileges (IEP) scheme to restrict and control violent behaviour and 152 men had been managed in this way in the six months prior to our inspection. The policy encouraged staff to set individual targets and tailor support, but in practice all men had the same targets, not all weekly reviews involved the prisoner and little support was recorded. Supervising officers had the discretion to reward better behaviour through gradually increasing privileges, but they did not exercise it consistently and there was no process to ensure fairness. In our survey, only 27% of prisoners said they felt they had been treated fairly by the IEP scheme.
- 1.16 Men separated for their own protection on house block 4 did not complain about feeling unsafe. During our inspection, 13 other men could not leave their wing unless they were escorted because of 'non-contact movement' restrictions designed to prevent conflicts with specific prisoners. As a result, their off-wing activities were limited to visits and health care appointments, but few stayed on the list indefinitely.
- 1.17 Violence reduction and residential managers met every week to monitor violent incidents. This had led to some useful management interventions, but the operation of the violence reduction policy was not monitored and data analysis was weak. Joint working with the security department was underdeveloped and investigations into violent incidents were insufficiently detailed, which meant that managers failed to gain an adequate understanding of the reasons for the violence so they could address them. (See main recommendation S36.)
- 1.18 We considered it likely that poor time out of cell, the unpredictable regime and the difficulties prisoners experienced in getting things done caused frustration, which made violence more likely (see paragraphs 2.5, 3.1 and 3.2). Staff generally agreed that gang involvement was a trigger for some violence. The One Postcode scheme, in which trained prisoner mentors provided support to men who were at risk of becoming involved in violent incidents either as perpetrators or victims, had been developed in response. The mentors were also used to resolve conflict so that non-contact movement restrictions could be lifted. The scheme was promising and some prisoners were positive about it, but there was little governance and managers had some concerns about training and selection processes.
- 1.19 Four men being managed under the local managing challenging behaviour strategy (MCBS) received support from the psychology team. Managers were encouraging a more multidisciplinary approach and felt that more prisoners at Belmarsh could have benefited from being subject to the local MCBS.

1.20 The IEP scheme should be applied consistently and fairly across the prison.

Adjudications

1.21 There had been 908 adjudication charges in the six months prior to our inspection, which was not excessive. Most charges were appropriate and administrative processes had improved so that only around 5% did not proceed. We considered the findings to have been correct and most punishments proportionate, but some adjudicating governors failed to record the prisoner's response to some key questions, such as whether they wanted to call witnesses, and in some cases the records suggested there had been insufficient inquiry. The deputy governor quality assured 10% of adjudications and had already begun to address these shortcomings.

1.22 There were now quarterly adjudication meetings but they were not well attended and data were presented in narrative format so it was difficult to spot trends and patterns. The approach was better than previously, but more data analysis was needed to ensure punishments were fair.

Recommendation

1.23 Adjudication data should be collated and analysed more rigorously to ensure charges are fair and punishments appropriate. (Repeated recommendation 1.61)

Use of force

- 1.24 The number of incidents involving force was relatively low and it was encouraging that in the preceding two months prior to the inspection the use of force had halved. Most of the reports we saw were detailed but far too much paperwork was missing, including injury reports. In our sample of paperwork and video footage, we did not see evidence of sufficient de-escalation. Around 15% of incidents were planned. We saw some examples in which prisoners' movements were well organised but briefings before planned interventions were not always thorough enough.
- **1.25** Body-worn cameras were available, but they were not used systematically and very few spontaneous incidents were recorded. During our inspection two-fifths of available cameras were used regularly, which we were told was usual practice.
- 1.26 Data were collated well and monitored at the two-monthly review meeting. Analysis relating to use of force against prisoners from groups with protected characteristic was developing. Many of the incidents were recorded as having been as a result of 'non-compliance', which needed exploring further. Governors did not quality assure all recorded use of force but the prison was reviewing quality assurance during the inspection.
- **1.27** Special accommodation had been used three times in the previous six months, including on one occasion when anti-ligature clothing was used, which appeared generally appropriate.

Recommendations

- 1.28 Wing staff should routinely use body-worn cameras and spontaneous use of force should be recorded wherever possible.
- 1.29 Governance of use of force should improve and include an assessment of whether de-escalation was sufficient.

Segregation

- **1.30** Conditions in the segregation unit were reasonable. The exercise yard had no outlook, but was equipped with exercise equipment, shelter and a phone.
- 1.31 The unit was generally full, but it was not over-used. Most prisoners stayed for relatively short periods, although there were notable exceptions, which reflected the extremely complex and challenging behaviour of some of the men. From July to December 2017, seven men had spent over 92 days in segregation, including two over 200 days and one over 400 days. Reviews were conducted regularly, but records were not detailed enough.

- 1.32 Prisoners who refused to return to the main prison were only allowed three showers a week. Their time out of cell was therefore sometimes restricted to exercise and a phone call, which meant they were locked up for around 23 hours a day. Prisoners who could only be unlocked when there were several officers present because of their behaviour, were sometimes unable to access even this minimum time out of cell because of staff shortages.
- 1.33 Managers encouraged staff to view segregation as an opportunity for supportive intervention rather than just containment or punishment. A named mental health nurse supported segregation every day and prisoners could now have weekly tuition through the education department. Staff, assisted by the psychology team, had a good knowledge of the typical behaviour of individual men. However, the limited regime meant staff and prisoners had few opportunities to develop supportive relationships. Managers could provide a few examples of more innovative work, which had helped prisoners progress. These were positive steps, but for most men reintegration planning was underdeveloped.
- 1.34 The two cells designated for use by prisoners subject to the close supervision centre system (men segregated because of the serious risk of harm they present to prisoners and staff in custody) were occupied. One man had arrived unexpectedly and neither he nor the staff understood why he was at Belmarsh. The second had been there over three months and it was unclear if there was a strategy for managing him outside segregation. He often refused to interact with staff and sometimes remained locked up for several consecutive days with nothing to do. We remained concerned about this use of designated cells, where men were held in prolonged solitary confinement⁶ on an impoverished regime.

1.35 The regime in segregation should be improved so that all men can have at least one hour's exercise, a shower and a phone call every day.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- 1.36 Physical and procedural security was tight but appropriate for the population held, and significantly offset the rise in levels of violence (see paragraph 1.16). The use of dogs had been reviewed and they were no longer used routinely when unlocking cells at night. Staff were trialling a new body scanner in reception, which used low-level X-rays to identify prisoners concealing unauthorised articles. It had resulted in some finds of mobile phones, weapons and drugs, which would not have been identified during a strip-search. The initiative was encouraging and promoted respect and decency the dedicated search team had decided to use the body scanner instead of requiring prisoners to squat routinely during strip-searches. Managers did not, however, ensure that the environment in which the images were viewed was suitably private.
- 1.37 A good number of intelligence reports was received, but there were occasions when intelligence analysis was too slow, which meant that follow-up action, such as suspicion drug tests and cell searches were not authorised in good time and were therefore less effective.

⁶ 'Solitary confinement' is when detainees are confined alone for 22 hours or more a day without meaningful human contact (United Nations Standard Minimum Rules for the treatment of prisoners. Rule 44).

- These delays were sometimes exacerbated by staff shortages and during our inspection, the dedicated search team had around 40 outstanding searches.
- 1.38 Daily searches of staff and the relatively high staff-prisoner ratios were useful tools for preventing staff corruption. However, we found an alleged staff-on-prisoner assault that had not been properly investigated and an example of excessive use of force that had not previously been identified.
- 1.39 Counter-terrorism arrangements appeared extensive. Twenty-one prisoners had been convicted of terrorism offences and seven were considered at risk of radicalisation. All were closely monitored and some were held in the HSU (see paragraph 1.43). Probation and psychology staff delivered a one-to-one Developing Dialogues intervention, designed to challenge extremist attitudes, to a small number of these men.
- 1.40 The drug supply was not excessive, but had increased since our previous inspection. In our survey, 10% of the population (3% previously) said they had developed a problem with illicit drugs at Belmarsh. Staff conducted the required number of random tests each month, and the positive mandatory drug testing (MDT) rate was 10.7%, lower than we often see. However, staff shortages meant that suspicion, frequent and risk-based testing did not take place often enough, which undermined the drug strategy. The MDT suite was shabby and dirty.

1.41 All prisoners' complaints about staff misconduct should be logged and appropriately investigated by a suitably independent manager.

Good practice

1.42 The use of the body scanner on reception and by the dedicated search team when men were suspected of having illicit items on their person had produced some early results that were encouraging.

High security unit

- 1.43 The role of the high security unit (HSU) remained unclear. We were told it was for high risk category A prisoners, but such men are held in main locations in other high security prisons and we did not understand why the approach was different at Belmarsh. We noted that two of the men held were only standard risk category A prisoners and that in December 2017 two men from the main prison had been held in the HSU segregation unit. The conditions and the regime in the HSU provided prisoners with an intense custodial experience in which they could exercise little self-determination, and we were concerned that prisoners could be located there without any oversight process or redress.
- 1.44 One man was on an assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm. He felt well supported, but prisoners had no access to Listeners in the HSU. In the previous six months one man on a 'dirty protest' in the HSU segregation unit had been in special accommodation for two periods of three and four days. He had been given strip-clothing but it was not clear why.

1.45 The role of the HSU should be clarified and decisions to locate men there should be clear and transparent and open to independent scrutiny. Prisoners should be able to appeal a decision.

Safeguarding

Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- 1.46 There had been three self-inflicted deaths since our last inspection. Recommendations from Prisons and Probation Ombudsman reports into the deaths had been implemented, but the system for investigating near misses had not been embedded. A death in custody from natural causes took place during the inspection and prisoners were notified sensitively and received support where necessary.
- 1.47 The committed safer custody team was small but it also covered violence reduction and equalities work. Officers were too often redeployed, leaving them stretched. The monthly safer custody meeting always involved Listeners, representatives from the Samaritans and the mental health team. Representatives from other prison departments attended intermittently, but it was positive that the escort provider Serco Wincanton sometimes participated in the meeting. Data analysis was good and considered statistics and trends in depth.
- 1.48 Rates of self-harm were not high and there were around 10 incidents of self-harm a month. Around 20 ACCT documents for men at risk of suicide or self-harm were opened a month. The quality of ACCTs varied. They contained all relevant personal information and some ACCT assessments were excellent, demonstrating that the issues had been explored well. Reviews took place regularly and input from the mental health team was good. Care plans were not always updated during reviews, which meant action was not always followed up or supplemented, even for those on long-term ACCTs. All entries in case notes were completed in line with review requirements, but some conversations were brief and did not demonstrate that interactions were meaningful. Families were still not involved in supporting men on an ACCT.
- 1.49 Some men on an ACCT, particularly those in the inpatient unit felt well supported. Others were more negative and in our survey only 45% of men who had been on an ACCT felt well cared for by staff. Frustrations about the amount of time prisoners were locked up and the lack of available activities contributed to these results.
- 1.50 In the six months prior to our inspection, 25 men had been subject to constant watches, which was high. Seventeen of them had taken place in the inpatient unit.
- 1.51 Samaritans' phones were not available on all wings, which was unacceptable. We were told there were some difficulties with the maintenance contract, which meant getting broken phones replaced was a problem. In our survey, only 40% of respondents said it was easy to speak to a Listener. In addition, Listeners told us that prisoners could not always access their service and that not all staff supported their work. However, they felt well supported by the

safer custody team, which had a good working relationship with the local Samaritans. Listener suites were not well kept or well used. It was positive that Listeners were employed in many orderly roles around the prison.

Recommendations

- 1.52 Formal investigations should be commissioned following serious near fatal incidents of self-harm to ensure lessons are learned. (Repeated recommendation 1.38)
- 1.53 Care plans in ACCT documents should be reviewed and updated and action should be implemented.
- 1.54 There should be a working Samaritans phone on each wing and Listeners should be available to men who ask for them.

Good practice

1.55 Serco Wincanton representatives sometimes attended the safer custody meeting, so information about practices to keep men safe during and after escort could be shared.

Protection of adults at risk⁷

- 1.56 A local safeguarding strategy was in place but it had not yet been embedded. There were no links with the local authority adult safeguarding board. However, many staff were aware of their responsibility to identify and protect adults at risk. It was good that the prison had stopped the duty of care system, which offered men at risk of being assaulted by other men an extremely impoverished regime.
- 1.57 Men in crisis or those who were considered particularly at risk of self-harm were often located in the inpatient unit. Prisoners in the unit were subject to multidisciplinary care planning, but it was underdeveloped for those in the rest of the prison. There was no standard forum where men with complex needs or those at risk could be discussed.

Safeguarding duties apply to an adult who:

[•] has needs for care and support (whether or not the local authority is meeting any of those needs); and

is experiencing, or is at risk of, abuse or neglect; and

[•] as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1 Relationships between staff and prisoners were variable. In the high security unit (HSU), they were markedly positive and we observed constructive and respectful interactions between staff and prisoners. Some specialist staff throughout the prison, particularly health care workers, also interacted with prisoners well. In the mainstream units, however, relationships were less positive. On the house blocks they were mixed and we saw interactions that were mostly functional, and discipline staff sometimes did not interact enough with prisoners or were dismissive of them. Some staff understood their role involved supporting efforts to rehabilitate the men in their care. Only 57% of prisoners said staff treated them with respect, which was lower than the comparator.
- 2.2 There was no personal officer or keyworker scheme and only 23% of prisoners said a member of staff had spoken to them about how they were getting on in the previous week. This meant that prisoners who were unwilling or unable to seek assistance, would have been unlikely to receive help from staff. It was disappointing to see case note entries referring to prisoners by their surname and to hear staff using bad language, even when they were within earshot of prisoners. It was also a concern that only 44% of prisoners in our survey said they had not been victimised by staff, which was lower than at other local prisons. (See main recommendation S37.)
- 2.3 Despite the weaknesses in relationships between staff and prisoners, we did not find a punitive culture. The prison was currently operating with a shortfall of around 100 staff, and it was anticipated that something approaching a full complement would be achieved by the spring. Managers recognised that the anticipated influx of inexperienced staff into the environment presented the prison with some challenges. However, it was also an opportunity to bolster professional standards, extend more positive ways of working with prisoners and achieve a more successful balance between care and control. It remained to be seen whether this aspiration would be achieved.

Daily life

Expected outcomes:

Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 2.4 For most prisoners, living conditions on the house blocks were adequate. Cells contained simple wooden furniture and there were no shortages of basic equipment, such as kettles or TVs. A continuous painting programme was in place, but many of the cells remained shabby. Even though cleaners were employed on each house block, communal areas and stairways were often grubby. The showers were in poor condition, however, a long overdue project to refurbish them had just begun. The gardens were reasonably well maintained and there was not much litter in the external areas, although prisoners had very little access to these
- 2.5 Approximately 40% of prisoners lived in single cells, while the remainder of the accommodation was multi-occupancy. Men occupying cells designed for two, but now holding three, had the poorest accommodation. There were 125 cells of this type and conditions in them were claustrophobic, cramped and extremely uncomfortable. During the inspection, we received complaints from prisoners in these cells, who said they found it degrading to share such a small space, where they had to use toilet facilities and eat their meals together. We agreed. (See main recommendation \$38.) We were also concerned to find that only 17% of prisoners in our survey said they could have a shower every day, which was lower than at the last inspection, and much worse than the comparator of 75%.
- 2.6 During our night visit we found fire equipment locked behind secure doors, which meant it was not immediately accessible to staff. We reported our concerns to the Crown Premises Fire Inspection Group.
- 2.7 All prisoners, apart from those on the basic regime, could wear their own clothing. Despite this, a significant proportion of men still chose to wear prison clothing. However, there was a shortage of prison kit, particularly t-shirts. Prisoners' access to stored property had also been a longstanding problem, but had recently been prioritised and a manager had been delegated the task of reducing waiting times. Laundry facilities were available on each house block, but the machines did not always work and arrangements in some locations were disorganised. Only 31% of prisoners said they could get clean sheets every week. Given these difficulties, a considerable investment had been made to purchase replacements.
- 2.8 There were two spurs in the HSU, each with the capacity for 12 prisoners. Men in the unit occupied single cells and living conditions, as on the house blocks, were basic, although the environment was cramped and claustrophobic. We were advised that the unit was shortly due to be upgraded. Prisoners in the unit had access to phones and use of a washing machine. Although the unit was self-contained and separate, most of the internal procedures replicated arrangements in the main prison.

Recommendation

2.9 All prisoners should be able to shower every day. (Repeated recommendation 2.10)

Residential services

- 2.10 Only 35% of prisoners responding to our survey said the food was either good or very good. However, comments about food that we received from prisoners during the inspection, were not as negative as we normally find.
- 2.11 Breakfast packs were issued in the evening on the day before they were meant to be eaten, and some men ate them the night before because they were hungry. A reasonable range of food was available through a four-week menu cycle and suitable arrangements were in place to cater for religious, cultural and medical diets. However, meals continued to be served too early and on one wing we observed lunch being served just after I Iam. Serving food on the house blocks was time consuming and could take almost an hour to complete.
- 2.12 Kitchen and wing serveries were clean and tidy. Prisoners working in these areas had all completed basic food hygiene training, but they did not always wear protective clothing, although managers monitored them closely. To avoid cross-contamination, separate containers and utensils were used to prepare, cook and serve halal food.
- 2.13 Only a small number of men could eat together, for example, those in the HSU and on the enhanced spur on house block I, where they could use microwave ovens and toasters. There was scope for these facilities to be extended elsewhere in the prison.
- 2.14 Consultation arrangements for catering, involving staff and prisoners, were effective. Well organised, monthly meetings were held and records showed that a wide range of representative views were expressed. Managers sometimes agreed with the complaints prisoners made and catering staff listened to prisoners' views and tried to meet reasonable requests, while balancing the budget.
- 2.15 The number of products available from the canteen had increased since the previous inspection and 55% of prisoners in our survey said the canteen sold what they needed, which was more than last time. Goods were not always packed properly, which meant soft products, such as cheese and fruit, arrived damaged. The residential governor responsible for the area was dealing with the contractor to resolve the issue.

Prisoner consultation, applications and redress

- 2.16 The consultation process continued to work well. Prisoner consultation meetings, involving prisoner representatives from each of the house blocks and key managers, were held regularly each month and detailed minutes were taken and disseminated among staff. Prisoners we spoke to believed their views were reflected accurately and taken seriously at the meetings. Prisoner representatives told us about several areas where progress had been made, for example, additional items had been added to the shop list and property was issued more promptly than previously.
- 2.17 The application process was run by orderlies on each of the house blocks and by a member of staff in the HSU. They collected applications every day, logged them and passed them to the relevant department. Approximately 30 applications were made on each house block every day. There was no system for tracking applications. In our survey, only 15% of prisoners said that applications were dealt with within seven days, which was lower than the comparator of 31%. As a result, prisoners often became frustrated that issues they had raised, were not being dealt with quickly enough.
- **2.18** An average of 300 complaints were made every month, which was similar to the last inspection. An analysis, identifying patterns and trends, was completed every month and

showed that the most common complaints were about property and the shop. The deputy governor chaired regular meetings, during which middle managers were expected to account for complaints in their areas of responsibility. Most aspects of the complaints system worked efficiently, but responses we examined were too formal and did not always take sufficient account of the prisoner's perspective.

2.19 The facilities for visiting legal advisers were adequate. However, onsite support for prisoners who needed help with legal matters, including bail, was not readily available. Only 11% of prisoners said it was easy to get bail information. There were plans to introduce a peer-led initiative to provide prisoners with a basic level of legal services assistance.

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics⁸ and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.20 Leadership of, and formal structures for, equality and diversity had lapsed. There had been no equality and diversity meeting since January 2016. A small number of enthusiastic equality officers were too often re-deployed to other areas, which had a negative impact on their work. Managers were, however, aware of these deficiencies and had begun to take remedial action. (See main recommendation S37.)
- 2.21 A new Belmarsh equality and diversity policy had been introduced in late 2017. The strategy did not demonstrate sufficient analysis of the population's needs. The prison had not conducted a survey of prisoners, visitors or staff to ensure the strategy was evidence-led and no formal equality action plan had been drawn up. Information about external support agencies was aimed mainly at staff instead of focusing on prisoners' needs.
- 2.22 Equality monitoring was mostly limited to gathering basic information during prisoners' early days at the prison to identify those with protected characteristics, and implementing the national equality monitoring tool. However, the tool provided limited and at best, out-of-date data, of little value in addressing prisoners' needs or concerns at the time. Other ad hoc equality monitoring took place within the prison (for example, see paragraph 3.6) but the equality team did not use the data as part of an overall analysis.
- 2.23 The system for managing discrimination incident reporting forms (DIRFs) was adequate. DIRFs were available on all house blocks and in other key areas, such as the visitors' centre, but those that had been submitted were not always collected every day. In the previous six months, 33 DIRFs had been submitted, which was similar to the number at the last inspection. Investigations into the concerns raised were reasonable and there had been a notable improvement in the previous two months. However, several investigations from 2017 remained outstanding, which was unacceptable. The deputy governor signed off all DIRF responses following an investigation, but there was no external scrutiny to provide independent quality assurance.

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

- 2.24 A small number of prisoner equality representatives could raise issues via the prison consultative committee (see paragraph 2.16) but they otherwise lacked the direction provided by formal structures.
- 2.25 Staff training for equality and diversity was limited to online Civil Service Learning courses and it was unclear how many staff had completed any form of equality training.

Protected characteristics

- 2.26 Support for prisoners with protected characteristics was piecemeal and lacked central coordination. Some support, for example for men with social care needs was very good while support for others was either underdeveloped or poor. There was no regular consultation or forums for prisoners with protected characteristics except for the Pride meeting (see paragraph 2.29). Designated individual lead staff had not promoted or overseen the strategy for each protected characteristic since the previous inspection. (See main recommendation S37.)
- 2.27 Approximately 53% of the prison population were from a black and minority ethnic background and 25% were Muslim. Black and minority ethnic prisoners were more negative about their experience of searching and their treatment in reception. There was no regular support forum for black and minority ethnic prisoners, although the prison had invested in Black History Month celebrations. Better support was in place for Muslim prisoners and men of other faiths (see section on faith and religion).
- 2.28 The Home Office immigration enforcement team was on site twice a week and provided foreign national prisoners, who made up 22% of the population, with useful support. The team identified prisoners at an early stage and offered them advice both on remand and following conviction. However, a small number of men awaiting deportation were being held post-sentence. One man was 18 months past his sentence and while his behaviour had been problematic it was unclear what support or guidance he was receiving. The prison had foreign national prisoner support representatives, but their role was unclear and the work underdeveloped. The prison made some use of translation services and a member of the chaplaincy offered useful support across a range of languages.
- 2.29 A third of prisoners who responded to our survey considered themselves to have some form of disability. Staff identified disabled prisoners during first night screening processes or men could refer themselves. While there were no regular meetings or support forums for prisoners with disabilities, exceptional social care was provided by support organisation Change Grow Live (CGL) (see section on social care). CGL's team of experienced social care staff, supported by trained prisoner care and support orderlies, helped prisoners with disabilities manage their social care and well-being needs. CGL also provided disabled men with resettlement support.
- 2.30 Support for gay or transgender prisoners was good. There was a regular Pride meeting that prisoners were encouraged to attend, and several campaigns had been organised to raise awareness of the needs of gay and transgender prisoners. Prisoners we spoke to appreciate the support they received at monthly meetings, although they felt that some concerns raised were not always addressed, which was reflected in records of meetings. Two transgender prisoners were held during the inspection. While both had some legitimate concerns about their ongoing care, such as access to appointments, the prison had made efforts to ensure they were appropriately supported to live in their preferred gender role.
- 2.31 Around 9% of prisoners were under the age of 21 during the inspection. Initial support for young adults transitioning from the youth custody estate to Belmarsh was good. A member

- of the safer custody team met with the individual either in person or via video link prior to the transfer to minimise any individual concerns and to explain what would happen at Belmarsh. Although positive, the support was limited to a small number of prisoners (five in the six months prior to the inspection) and there were no other support forums for young adults.
- 2.32 Other than the assistance provided by CGL, elderly prisoners around 14% of the population received little support. There were no forums or age-specific activities, for example, in the gym or library, and many remained locked up for long periods due to regime restrictions.

Faith and religion

- 2.33 Faith provision and pastoral care were good. The chaplaincy was led by a full-time managing chaplain who received good support from full-time Muslim and Roman Catholic chaplains. The chaplaincy had a positive ethos and focused on promoting the well-being of all prisoners.
- 2.34 Minority faith provision was good. It was supported by sessional staff to ensure all prisoners' needs were met. There was a vacancy for a Pagan minister and, although there were no registered Pagan men during the inspection, the managing chaplain ensured sufficient contingencies were in place to provide cover if required. Facilities in faith areas were mostly good. However, the multi-faith room used for minority faith services, such as the Sikh service, was in poor condition and was drab and unwelcoming.
- 2.35 All new prisoners were seen by a member of the faith team within 24 hours of arrival during which they received information on the role of the chaplaincy and the range of services on offer. A full weekday activity programme catered for all faiths and included several faith-related support courses, including Islamic and Arabic studies and an Alpha course on Christianity as well as wider faith discussions. Support for men in the HSU was reasonable, although services were all held in the HSU, which meant they could not access corporate worship. There were sufficient plans in place to ensure Friday prayers could always take place in the HSU, even if the number of Muslim men was small.
- 2.36 The chaplaincy was involved in all relevant meetings and it supported prisoners appropriately. The team actively monitored attendance at services to ensure safety and security and working relationships with other departments was good.

Recommendation

2.37 The multi-faith room should be redecorated to ensure appropriate worship areas are provided for all faiths.

Health, well-being and social care

Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

2.38 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁹ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

- 2.39 The provider Oxleas NHS Foundation Trust provided health services since April 2015. The trust subcontracted some secondary services. Working relationships between health commissioner, providers and the prison were good. Effective leadership and governance systems were in place, informed by regular, well-attended partnership board meetings, and quarterly contract review meetings. A comprehensive health needs assessment, reviewed in March 2017, addressed the prison population's changing needs.
- 2.40 The head of health care provided strong leadership to a dedicated team, who told us they felt well supported. Staff had good access to training opportunities, and received regular managerial and clinical supervision. Registered nurses were available 24 hours a day.
- **2.41** A monthly patient consultation meeting was well attended. Clinical incidents were reported well, trend monitoring was effective, lessons from incidents were learned and recommendations from death in custody reports implemented.
- **2.42** Prisoners we spoke to had mixed views about health care. We observed good nursing care and interactions with patients and nurses now addressed patients respectfully.
- 2.43 SystmOne (the electronic clinical information system) was in use and subject to regular audits; audit scores were generally good, except for some deficiencies in recording hospital discharge information. There were suitable infection control and communicable disease policies. The health centre and house block treatment rooms were clean and complied with infection control standards.
- 2.44 The provision of emergency medical equipment across the prison was good. However, not all officers knew where the automated external defibrillators (AEDs) were, and staff had problems accessing the AED on house block 4.
- 2.45 Health care staff knew what their safeguarding responsibilities were and were aware of the Mental Capacity Act principles, which protect vulnerable adults who lack capacity.
- **2.46** The health-related complaints process was well advertised, and written responses were generally timely. However, we were concerned that complaints were not administered consistent, and some responses were inadequate and not managed confidentially.
- **2.47** The CQC found there were no breaches of the relevant regulations.

⁹ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: http://www.cqc.org.uk.

2.48 Health care complaints should be treated confidentially and be subject to quality assurance.

Promoting health and well-being

- 2.49 Health promotion was good and a developmental action plan had been drawn up. Healthcare Champions were being recruited, a regular newsletter containing information about national health campaigns was sent to prisoners, and health and well-being days promoted the full range of health services available at Belmarsh. A training programme for prison staff had increased their awareness of health and mental health services. Translation services were used to communicate effectively with patients.
- 2.50 Patients had good access to age-appropriate immunisations and vaccinations, treatment for blood-borne viruses and in-house X-ray screening for tuberculosis. A visiting specialist also offered sexual health advice. While barrier protection was available, it was not well advertised on house blocks. Well-man and older patients' health checks were offered and the prison had been smoke-free since 2017, following a well-managed transition.

Primary care and inpatient services

- 2.51 Nurses assessed new prisoners in the first night wing and undertook a comprehensive health assessment within 48 hours of their arrival. They made referrals to other services as necessary. A responsive community-based service was available on the wings where nurses used triage to flag up what treatment was required and GPs ran clinics.
- 2.52 Primary care services were comprehensive. GPs could be seen on the same day for urgent matters or within five days for other problems, and the same GPs were available out of hours. Other services included treating long-term conditions, physiotherapy, podiatry and an optician. On site X-rays for conditions other than tuberculosis were not offered because a radiographer was not available, which led to additional escorts to services outside the prison. The service commissioner was involved in addressing the issue.
- 2.53 The appointments system was thorough but non-attendance rates were too high, for example 40% for sexual health clinics and 29% for nurse-led clinics. Attempts were being made to manage the situation.
- 2.54 The two planned escort slots for external hospital appointments were insufficient and there were frequent requests for more slots. Telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance) had fallen into disuse.
- 2.55 Prisoners were prepared well for release or transfer they received take-home medicines as required and assistance to find a GP. Joint working with the local hospice was particularly good.
- 2.56 The inpatient unit was adequate and the prison planned to refurbish the showers in 2018. There were 26 men in the 33-bed inpatient unit but not all had been admitted for clinical reasons. Most prisoners had complex mental health problems, many were frail and 25% had intimate social care needs. Part of the unit was used for palliative care, when it was required. While an officer managed the unit well, the competing needs of differing groups meant some experienced a fragmented regime. Clinical leadership and multidisciplinary working was strong and working relationships with the prison were excellent.

Recommendation

2.57 Admission to the inpatient unit should be for clinical reasons only.

Social care

- 2.58 The Royal Borough of Greenwich commissioned social care, which was provided by CGL. CGL worked in close partnership with the prison and Oxleas NHS Foundation Trust to provide exemplary care.
- 2.59 Prisoners with social care needs were identified during reception and an initial care plan was developed. Following assessment by a specialist team, the initial care plan was enhanced with a comprehensive one. Care plans were subject to regular review and detailed records were completed.
- 2.60 The CGL team consisted of an experienced manager, registered nurse, social carers and well-trained and supervised peer prisoner supporters. We observed social care being delivered in the prison and inpatient unit in a way that ensured prisoners' dignity and privacy were preserved. Clients we spoke with were satisfied with adaptations made by the prison and the care they received. They were consulted to determine their views and were involved in the design of booklets about the service. Prisoners' social care needs were consistently met and men had access to independent advocacy via the local authority.
- **2.61** There were problems when it came to assisting with the transfer of social care prisoners to other prisons because staff in those establishments were unable to continue with the packages of care provided at Belmarsh.

Good practice

2.62 Close partnership working between the local authority, CGL, the prison and Oxleas NHS Foundation Trust enabled exemplary social care to be delivered efficiently and seamlessly.

Mental health care

- 2.63 Mental health services at the prison had improved since our last inspection, and support for men with mild to moderate and enduring mental health problems was good. Services were delivered five days a week by a large team with a rich skills mix. Staff we spoke with said they had sufficient resources to meet prisoners' needs, although there was no dedicated administrative support, which increased their workloads.
- 2.64 Referrals were identified through screening on arrival at the prison, and men could refer themselves or be referred by health or prison staff. New referrals were reviewed within a week at an effective multidisciplinary meeting, and those with urgent needs were seen promptly. There was a clear pathway for supporting men with learning disabilities. Attendance at appointments was good, and mental health staff proactively followed up men who did not attend.
- **2.65** A psychologically led service supported men with mild to moderate problems, such as anxiety and depression. It included a good range of self-help material, group work and a range of individual therapies, such as counselling services.

- 2.66 The team provided excellent support to 37 men with more severe mental health problems, using the care programme approach (CPA) (mental health services for individuals diagnosed with a mental illness). In our sample of cases, clinical records demonstrated that CPA reviews were informed by risk assessments and received multidisciplinary input. There were useful links with community services, including social justice charity Nacro, to help men find accommodation on release. Patients with complex needs were particularly well supported.
- 2.67 There were strong links between the mental health team, the primary health care team and the prison. Over 50% of officers had received mental health awareness training in 2017, with a welcome emphasis on learning disabilities. We observed officers provide valuable input at a weekly multidisciplinary inpatient meeting.
- 2.68 Between January and December 2017, 30 men were transferred to hospital under the Mental Health Act. Most prisoners waited longer than two weeks for a transfer, and at least two men waited over six months. These delays were unacceptable. However, the transfer coordinator was developing links with hospitals and commissioners to help improve the situation.

Recommendation

2.69 The transfer of patients to hospital under the Mental Health Act should occur within current Department of Health guidelines.

Substance misuse treatment¹⁰

- 2.70 An up-to-date substance misuse policy and action plan, underpinned by a needs assessment, informed service delivery. Psychosocial services, delivered through Pathways to Recovery (part of CGL), provided an excellent range of group-based and one-to-one interventions. Substance misuse charity Addaction offered good clinical substance misuse services despite several vacancies, which were covered by regular bank staff. Monthly drug strategy meetings were reasonably well attended and partnership working was effective.
- 2.71 In our survey, only 18% of prisoners said they had a drug problem when they arrived at the prison against the comparator of 22%.
- 2.72 Psychosocial and clinical support for new arrivals with alcohol or drug problems remained good. Eight peer mentors based on house blocks offered effective support to new arrivals, and helped run psychosocial support groups. Patients requiring stabilisation were admitted to the stabilisation landing on the first-night centre and received appropriate treatment and monitoring.
- 2.73 Pathways to Recovery had a skilled workforce of 23 and was supporting 275 prisoners (33% of the population). Groups were run in a calm therapeutic environment. Wing-based sessions, including harm-minimisation for new psychoactive substances (NPSs)¹¹ and cannabis, were well attended.
- 2.74 The life-skills workshop was particularly good and aimed to tackle group offending by exploring root causes for this lifestyle. Feedback about this group was inspiring and several prisoners we spoke to said it had been life-changing. There was an excellent range of

¹⁰ In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

NPSs generally refer to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

- reintegration initiatives for example, two transitional workers supported prisoners prior to and up to three months post-release.
- 2.75 Only 37 patients (4% of the total population) were receiving opiate substitution treatment (29 on methadone and eight on buprenorphine), 64% were on maintenance regimes and the remainder were either stabilising or on reducing doses.
- 2.76 Suitably qualified doctors provided flexible prescribing based on individual needs. Clinical reviews were conducted jointly on arrival and then after five days, 28 days and 13 weeks. Three prisoners detoxing from alcohol received clinically appropriate care. Good liaison with community drug and alcohol teams on arrival and discharge ensured continuity of care.

Good practice

2.77 Pathways to Recovery provided an excellent range of therapeutic groups, including the life skills group, which men felt was having a positive impact on them.

Medicines optimisation and pharmacy services

- 2.78 Medicines were supplied promptly and appropriately and two independent prescribing pharmacists offered medicine use reviews and ran minor ailments clinics. Medicines were administered by pharmacy technicians or nursing staff and were recorded appropriately. Around 55% of patients received their medicines in possession for whom robust risk assessments were recorded on SystmOne.
- 2.79 While medicine administration was generally well supervised, we observed a patient lean over a stable door to look at the computer screen, which should not have been visible to him. The shop offered a variety of medicines that men could buy for simple conditions. Patient group directions (which enable nurses to supply and administer prescription-only medicine) were only used for emergency medicines and vaccinations, but a wider range was planned.
- 2.80 Medicines were generally kept in locked metal cabinets, and those requiring refrigeration were stored safely. One of the controlled drugs cabinets in house block 3 was not attached to the fabric of the building. We saw two loose strips of tablets in the medicine stock, which was not consistent with an accurate audit trail.
- 2.81 There were regular medicines management committee meetings, which had a suitable focus, and were attended by an appropriate range of staff. There was a good range of policies that were reviewed regularly. Prescribing of most tradable medicines was comparatively infrequent. However, the prescribing of mirtazapine (an antidepressant often used to aid sleep) had gradually increased to over 20%. This trend had been identified and was being discussed by the medicines management meeting.

Recommendation

2.82 Medicines should always be stored safely.

Dental services and oral health

- 2.83 The dentist, supported by dental nurses, held three sessions a week but recent non-attendance rates were very high (45% in October to December 2017). There was a short wait of around two weeks for an appointment and urgent patients were seen promptly.
- 2.84 The dental suite and separate decontamination room were clean and well stocked, and met current infection control standards. Dental equipment was suitably maintained and certificated. Clinical records were detailed, and shared electronically via SystmOne. Oral health promotion was good and linked to wider health promotion activities (see section on promoting health and well-being).

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 We were informed that, because of staff shortages, the prison had been running a restricted regime for around seven to eight months prior to the inspection. As a result, the amount of time prisoners could spend out of their cells had declined significantly since the previous inspection, when most prisoners received about seven hours unlocked a day. We estimated that, during the week, approximately 60% of men were now unlocked for as little as one to three hours a day. Thirty per cent, who were working part time, received up to six hours and a minority of around 10%, such as wing-based workers, received between seven and eight hours unlocked every day. Prisoners spent even less time unlocked at the weekend. We observed staff trying to open the spurs, even for short periods, whenever possible.
- 3.2 Our poor time out of cell findings, based on observations and discussions with staff and prisoners, were also confirmed in our survey results 47% of prisoners said they usually spent less than two hours out of their cell in a typical week. Only 6% of prisoners said they could carry out domestic tasks more than five days a week and only 20% said they could go outside to exercise more than five days a week. Senior staff informed us that an influx of new staff meant staffing levels were rising and the situation was beginning to improve.
- A split regime was run in the high security unit (HSU), where prisoners received a limited regime of between three hours 30 minutes and four hours unlocked each day.
- 3.4 Library facilities were managed by Greenwich Leisure Limited (GLL). There were two full-time librarians, supported by a GLL area lead staff member. Peer mentors trained by the Shannon Trust, which promotes literacy, also supported men well and assisted the librarians during opening hours.
- 3.5 The library was relaxed and there was a good range of materials that met the needs of the population. A range of legal sources of support was also available, although there were still issues relating to computers for prisoners wanting to use them for private study.
- Access to the library was too limited. Opening hours were restricted to the core working day and there was no access at weekends. Each house block had a weekly allocated session and prisoners attending education classes could also attend further sessions during the week. However, those who did not attend education or who were participating in other activities during allocated sessions, had minimal access. There had been an average of 1422 visits from July to December 2017, but prisoners in education accounted for 80% of them and less than one in four men were active users. Librarian staff were aware of the problem and kept data on membership, including information on access and a breakdown of the protected characteristics of users, so wider use could be promoted. Outreach services ran every week for prisoners who could not attend, including those in the HSU, but records indicated only around 35 men were involved each month. Nearly £8,500 worth of stock went missing in the year ending April 2017 and librarian outreach time was often spent recouping stock.

- 3.7 The gym provision was reasonably good. Prisoners had access to a range of physical education (PE) facilities, which included a spacious sports hall, a combined weights and cardiovascular area and an external all-weather sports pitch. Some facilities, particularly the sports hall and changing area were dated and needed refurbishment. The shower area, which was used regularly because of prisoners' poor access in residential accommodation, was in poor repair and lacked privacy. We were informed the prison planned to upgrade the area and paint the sports hall shortly after the inspection.
- 3.8 Despite oversight from enthusiastic and appropriately qualified PE staff, prisoners had few opportunities to gain accredited qualifications and had only achieved 10 awards (all for first aid) in the six months prior to the inspection.
- 3.9 Induction to PE was held twice a week and included an appropriate health participation questionnaire that required a medical professional to confirm the information before the induction could be completed. Prisoners received a gym membership card once they had attended induction, which was used to monitor participation.
- 3.10 The PE programme was varied and included cardiovascular work and a jogging club. Remedial gym was available for prisoners referred by healthcare professionals, but there were no specific classes for older prisoners or those with ongoing social care needs.
- 3.11 Monitoring indicated that participation levels in the previous six months were 65% for prisoners on the mainstream house blocks and 57% for those in the vulnerable prisoner unit. However, our survey indicated that only as few as 26% of prisoners visited the gym twice or more per week.
- 3.12 Links with the Change Foundation sports charity were good and the foundation's Rugby for Change course was well received by prisoners and culminated in a rugby match between staff and prisoners.
- **3.13** Facilities for men in the HSU were adequate but cramped and limited mostly to cardiovascular equipment. Those for prisoners who were segregated or who were long-term residents in the inpatient unit were poor.

Recommendations

- 3.14 Library provision should be timetabled to ensure prisoners have regular access, including at weekends.
- 3.15 A broad range of recreational and vocational opportunities should be available to all prisoners who use the gym, including those with protected characteristics.

Education, skills and work activities (Ofsted)¹²

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.¹³

3.16 Ofsted made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work: Inadequate

Achievements of prisoners engaged in learning and skills and work: Requires improvement

Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:

Requires improvement

Personal development and behaviour:

Requires improvement

Leadership and management of learning and skills and work:

Inadequate

Management of education, skills and work

- 3.17 Managers had recognised weaknesses in the education, skills and work provision and had worked hard to tackle them. They had improved the use of data, increased educational opportunities for vulnerable prisoners, and introduced two vocational training courses. The prison's self-assessment report was generally accurate and the action plan set appropriate targets for improvement.
- 3.18 However, the range of education, skills and work had declined since the last inspection and there were insufficient education and training places to meet the needs of the population. The loss of outside work contracts meant that three large workshops had closed. Plans to increase the number of activities for prisoners had not been implemented because of staff and resource constraints. Only around half of prisoners had access to any purposeful activity session at a given time, and most of those who did only had two or three sessions per week. Almost one in five of the population was unemployed. Despite close monitoring, attendance and punctuality were poor in most activity areas.
- 3.19 Vocational training was available only in the kitchen, and through courses in painting and decorating, and industrial cleaning. There was little provision for study above level 2, although successful partnerships with two universities had provided a small number of prisoners with opportunities to undertake higher-level study through the Learning Together programme. Only around 30 prisoners were on distance learning programmes. Prison workshop provision was poor.
- 3.20 The education and vocational training provision, provided by Novus, was good. Good quality improvement and staff development had improved teaching and learning, which were now

This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

good. In 2016–17, Novus had delivered significantly more courses than they received funding for, providing the prison with good value. However, reductions in education funding had narrowed the range of subjects available, as well as opportunities for prisoners to progress. (See main recommendation S41.)

- 3.21 The allocation process was not sufficiently effective. Staff were introducing improvements to take greater account of prisoners' preferences and sentence lengths when allocating them to activities. The prison's policy was to allocate prisoners assessed as needing help with maths and English to functional skills courses, but it had not been implemented in full, and many prisoners in workshops had not improved their functional skills. The prison pay policy had recently been reviewed and was fair. Prisoners attending education classes were not disadvantaged.
- 3.22 The quality of the National Careers Service, provided by Prospects, required improvement. Advisers saw all men during induction. Those approaching release had a detailed careers advice interview. Advisers provided good labour market information, including information about local agencies offering help and companies willing to consider employing offenders. However, programmes run by different resettlement agencies were poorly coordinated, so many prisoners did not receive the help they needed. For example, there was insufficient support for CV writing, and the virtual campus (internet access for prisoners to community education, training and employment opportunities) to help prisoners look for job opportunities and make applications was not used enough. Managers did not monitor prisoners' progress after release effectively. Agencies had few links to employers in the community and little data on outcomes achieved by prisoners.
- Those in the HSU had little access to activities. A teacher visited the unit once a week and provided English and maths support. Some prisoners had achieved qualifications as a result. In the past, some men had studied for Open University and other distance learning courses, but nobody was enrolled on these courses during the inspection.

Recommendations

- 3.24 Managers should encourage the development of work discipline by ensuring that prisoners attend their activities regularly and on time.
- 3.25 The education provider should promote and support prisoners' participation in open and distance learning courses to enhance their qualifications and skills.
- 3.26 Managers should ensure that all prisoners whose skills in English and maths are assessed as being below level I are encouraged to improve their skills by attending appropriate classes.
- 3.27 Leaders and managers should monitor prisoners' progress after release to evaluate the success of resettlement activities.

Quality of provision

- 3.28 Most classroom teaching was good. The great majority of teachers used their subject knowledge well to inspire prisoners and help them progress. They were skilled in holding prisoners' interest and attention, for example, by using good questioning techniques.
- 3.29 Lesson planning was thorough, and teachers gave prisoners clear and supportive feedback on their written work. Prisoners in English for speakers of other languages classes were

- confident enough to practise their spoken English skills and read passages out loud during lessons. Effective feedback from teachers helped prisoners in information and communications technology (ICT) lessons achieve high standards of work.
- 3.30 Individual learning plans (ILPs) were too variable. Most were good, and contained details of the steps prisoners should take to ensure they made progress, and reflective feedback. But too many were incomplete and failed to help prisoners understand how to improve or make progress towards their targets.
- 3.31 Most employed prisoners worked in prison work, such as wing cleaning and assembling breakfast packs. In these areas, the quality of work was poor and tasks were mundane and did not prepare prisoners for employment after release. (See main recommendation S41.)
- 3.32 Tutors in prison workshops did not consider prisoners' wider learning needs or provide opportunities for accreditation. An industrial cleaning course had recently started, but few cleaners had taken it. The education department provided some maths and English support through outreach work, but facilities were poor and few participated.
- 3.33 Teaching and learning in vocational training were good. Teachers used innovative activities and resources to develop prisoners' skills and knowledge. For example, prisoners made scale models of rooms in cardboard to plan wallpapering and calculate the quantities of materials required. Prisoners were interested, keen to learn and made good progress. ILPs for those on vocational courses and training records were good.
- 3.34 Support for prisoners with additional needs was good in education and vocational training. Learning support needs were identified during induction and action plans produced for each prisoner. They were generally good, for example, in ICT and English. In a few areas, such as maths, they lacked detail, so it was not clear whether these prisoners were receiving sufficient support.
- 3.35 Prisoners' English and maths were initially assessed during their education induction. The results were included in ILPs or in group profiles. However, some teachers did not do enough to make sure that identified needs were taken account of in lesson plans, which meant all prisoners undertook the same tasks. As a result, the most able prisoners were not sufficiently challenged.
- 3.36 The use of peer mentors required improvement. Most were not qualified. In a few classes such as ICT they provided good support, but in prison workshops their deployment was often ineffective. There was little promotion of equality and diversity in prison work activities.

Recommendations

- 3.37 Managers should increase English and maths provision in prison workplaces.
- 3.38 Managers should ensure that teachers plan learning activities that meet the different needs of prisoners in the class, including the most able.

Personal development and behaviour

3.39 Most prisoners were well behaved and respectful of each other and their teachers, and those in work demonstrated a good work ethic. Men working towards qualifications took pride in their work and achieved appropriate standards.

- **3.40** Prisoners in vocational training and work understood how to keep themselves and others safe. They received health and safety training before being allocated to work.
- 3.41 The education induction was good. Prisoners understood their course choices, and were confident about discussing the prison's expectations of their behaviour. They received careers advice and recognised the importance of English and maths skills for their future. Most prisoners in education demonstrated a good understanding of the values of tolerance and respect.
- 3.42 Few prisoners could gain a work-related qualification or skill set that would have helped them gain employment after release. No progression routes to the higher-level qualifications required by employers were offered. The lack of employment skills development meant that the provision was unlikely to reduce reoffending. (See main recommendation S41.)
- 3.43 The Personal Skills Development Scheme was a positive initiative, encouraging prisoners working in prison workshops to recognise and develop employability skills. However, the scheme had recently been introduced and had not yet made an impact on prisoners' readiness for employment.

Recommendation

3.44 Managers should develop the Personal Skills Development Scheme so that all prisoners in prison work can participate.

Outcomes and achievements

- 3.45 Prisoners who completed education courses achieved good results, but too many withdrew before they ended. Retention rates were very poor, particularly in English and maths courses. In 2016–17, only around a third of learners in English, and only half of learners in maths, competed their courses. In level 1 English, only 12 out 95 prisoners finished the course.
- 3.46 Most of those who completed English and maths courses passed, although success rates in maths at levels I and 2 required improvement. Results were good in ICT and in hospitality and catering.
- 3.47 Prisoners on education and vocational training courses enjoyed learning and made good progress. They gained good skills and produced a high standard of work. Standards of work in the kitchen were appropriate and met the requirements of the catering industry.
- 3.48 Most prisoners were employed in jobs where there was no opportunity for accreditation. Opportunities for level 2 vocational training were very limited and there were no opportunities for progression beyond level 2, except through open and distance learning.
- 3.49 Much of the vocational training provision had only recently been introduced, and few prisoners had achieved awards. Programmes to recognise and develop prisoners' work skills were also at an early stage of introduction.
- **3.50** There were no significant differences between the achievement rates of learners with additional needs, or of those from different ethnic backgrounds.

Recommendation

3.51 Managers should improve retention on education courses.

Section 3. Purposeful activity	
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Section 4. Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes:

The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 4.1 The prison had invested in improving the visiting facilities for families and children. The visitors' centre was run by the Prison Advice and Care Trust (a national charity providing prisoners and their families with support). It provided visitors with a welcoming atmosphere and the opportunity to buy hot refreshments and obtain information and advice. The waiting area in the prison was being redecorated during the inspection and a TV information point showed PowerPoint slides containing useful information for families. Families we spoke to were positive about the visits experience.
- 4.2 The visits room had also recently been redecorated and it included a room with relaxed seating and lighting and a large TV suite for families to enjoy together. The Samaritans continued to provide a well-stocked refreshments facility and those on closed visits also had access to the area.
- **4.3** Family days took place approximately once a month and were now open to prisoners on the standard incentives and earned privileges regime who were working towards enhanced status. Themed family days were held in the relaxed room and garden area adjacent to the visits room. During the inspection, prisoners no longer had to wear bibs and less obtrusive armbands were introduced.
- 4.4 Despite the improvements, booking a visit to Belmarsh was a significant issue. Shortfalls in staffing had resulted in a backlog of online bookings and staff often failed to answer calls to the telephone booking systems. We observed this during the inspection and visitors and prisoners were frustrated about it. Staff told us the issue was being addressed through additional resources and the relocation of booking systems; however, the week following the inspection we still found that the booking line provided out-of-date information and went unanswered for over 20 minutes without the caller knowing their position in the queue.
- **4.5** External prisoner services offering email and voicemail facilities gave families and prisoners an alternative way of maintaining contact.
- 4.6 A family worker who was part of the Change Grow Live (CGL) Pathways to Recovery team (see section on substance misuse treatment) delivered family interventions, including family mediation.

4.7 Visiting arrangements for men in the high security unit (HSU) were poor. Too few visiting slots were allocated, which meant prisoners' needs were not always met. The facility remained small and cramped and staff supervision encroached on the privacy of visits. Prisoners in the HSU were not offered family visits.

Recommendations

- 4.8 Robust arrangements should be put in place to ensure visitors do not experience unnecessary delays when attempting to book visits. Arrangements should be tested regularly by a senior manager and action to address identified shortfalls fully documented.
- 4.9 Visiting arrangements for men in the HSU should be enhanced in line with those available to mainstream prisoners.

Good practice

4.10 The CGL family worker helped prisoners and families affected by substance use problems to maintain and improve their relationships.

Reducing risk, rehabilitation and progression

Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.11 Staff found it a challenge to manage the rehabilitation needs and risk of harm issues of the complex mix of men at Belmarsh. The offender management policy was reasonably comprehensive and covered the key functions of the department, although it was still being developed to ensure it covered all work. The reducing reoffending strategy was also appropriate and focused on the work of the resettlement department. There was, however, little connection between the policy and strategy documents. Nevertheless, representatives from the offender management unit (OMU) usually attended the monthly reducing reoffending meeting and managers had a clear idea of how they wanted work to develop and what should be prioritised.
- 4.12 Staff shortfalls presented a key challenge to the effectiveness of offender management and release planning. During the inspection only eight out of the allocated 12 prison officer offender supervisors were in post and the probation department had only half of its seven staff complement. Meanwhile, the CRC had only two of five resettlement workers in post. Prison officer offender supervisors had also, we were told, been frequently redeployed to other duties in recent months. As a result, there were shortfalls across all aspects of rehabilitation and release planning, although some reasonable outcomes were being achieved.
- 4.13 Newly arrived prisoners were seen during induction by an offender supervisor to undertake the basic custody screening (part 1), usually completed within the first 24 hours. Part 2 was completed by one of the resettlement workers from the London Community Rehabilitation Company (CRC) within five working days. The targets of 95% completion for part 1 and 90% for part 2 were exceeded. Where issues were identified, CRC staff made referrals to service providers, including to housing workers employed by homelessness charity St Mungo's, which was contracted by the CRC. Resettlement plans in the cases we reviewed were

- broadly appropriate. Prisoners who arrived from other prisons saw a peer Adviser on induction, and necessary referrals were made to providers.
- 4.14 There was a backlog of initial offender assessment system (OASys) documents. In total 85 assessments were outstanding, of which 29 were the responsibility of the National Probation Service. The prison had sent reminders and escalated concerns where necessary, but the backlog remained. Many prisoners were also overdue an OASys review. The absence of an OASys document did not necessarily delay prisoners' access to interventions, such as accredited offending behaviour programmes, and we observed that the prison prioritised the OASys documents of these prisoners.
- 4.15 HMI Probation analysed in detail the cases of 12 prisoners managed through the OMU by the National Probation Service and the CRC. A further 15 cases were examined in less detail, primarily those of prisoners due to be released within the following two weeks.
- 4.16 The OASys reports we examined varied considerably in quality. Although some were completed to a reasonable standard, others we saw had incomplete risk management plans. Some sentence plan targets were appropriately focused on issues underpinning offending behaviour and factors causing criminal behaviour, while others only set targets relating to institutional behaviour and compliance with the prison regime. In our survey, only 27% of prisoners said they had a custody plan, of whom 91% knew what they needed to do to achieve their targets.
- 4.17 The prison had limited options for addressing offending behaviour, which contributed to weak sentence plans. Staff also found it difficult to move prisoners to other establishments that were more focused on addressing offending behaviour. During the inspection over 20% of the population had been at Belmarsh for over a year and 60 (7%) over two years. While the range of offending behaviour programmes was broadly appropriate for the population, there were few alternatives for those not meeting the attendance criteria (see section on interventions).
- 4.18 The prison held 267 high or very high risk of harm prisoners. Prisoners were screened initially by the senior probation officer who ensured those posing the highest risk and/or with the most complex issues were allocated to a probation officer. All other cases were allocated to one of the prison officers. This included around 140 high risk of harm prisoners, which meant some officers dealt with a large number from this group. We were not confident that this was appropriate, as there was still no formal casework supervision. Since September 2017, the OMU had been running monthly staff surgeries where offender supervisors could talk generally about their work and any complications they experienced, but managers acknowledged that discussions were too broad.
- 4.19 In our survey, of those who said they knew what their sentence/custody planning targets were, only 44% said staff were helping them to meet them. High caseloads of around 80 per offender supervisor meant that they had little contact with prisoners. The introduction of monthly wing surgeries was proving helpful in reducing some of prisoners' frustrations, but they focused exclusively on practical concerns, such as clarifying home detention curfew (HDC) dates and re-categorisation reviews.
- 4.20 Prisoners in the HSU were usually on remand and staff from the OMU had relatively little contact with them unless there was a specific request from a prisoner in the unit. If prisoners were convicted, they were usually transferred to one of the high security prisons more suited to their needs. We were told that, although other prisoners often experienced delays in transfers, this was rarely the case for those moving from the HSU. Once convicted, prisoners in the HSU were allocated to one of the probation offender supervisors who managed the case by liaising with the community offender manager.

- **4.21** Recently introduced national HDC arrangements had led to improvements. External reports were more likely than previously to be returned on time, and during our inspection, some men were released on their qualifying date, which rarely happened previously. From our own review of a dozen cases, decisions regarding HDC appeared appropriate. We also examined several re-categorisation reviews and decision-making seemed satisfactory.
- **4.22** During the inspection, 124 indeterminate sentenced prisoners were being held, some of whom had been at the prison for over a year. Belmarsh was not set up to manage indeterminate sentenced prisoners for a long-term period and they had limited contact with offender supervisors. The prison was struggling to move some of the men to establishments that were resourced to address their offending behaviour.
- 4.23 The prison managed the release of high risk men into the community well. The system was overseen by the senior probation officer who ensured all prisoners were appropriately screened on arrival. Those subject to multi-agency public protection arrangements (MAPPA), including those subject to level I (posing the lowest risk), were reviewed through the prison's monthly inter-departmental risk management team (IDRMT) meeting. The meeting was well attended and minutes indicated that comprehensive analyses and detailed planning were undertaken.
- **4.24** Seventy-five prisoners were subject to restrictions due to harassment and 71 for the purposes of child protection. Decisions regarding telephone or mail monitoring were based on available evidence and reviewed regularly. During the inspection, 41 prisoners were subject to monitoring for public protection purposes.

Recommendations

- 4.25 All offender supervisors should have regular professional supervision and casework reviews to aid personal development, and quality assurance should be extended across all offender management work. (Repeated recommendation 4.16)
- 4.26 Sentence plan targets should be specific and focus on reducing prisoners' risks.
- 4.27 Prisoners should be transferred promptly to a prison able to offer the range of interventions necessary to reduce their risk of harm.

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.28 The prison delivered two nationally accredited offending behaviour programmes the Thinking Skills Programme, designed to address distorted thinking associated with offending, and Resolve, to address violence. The prison had a combined annual target of 45 prisoner completions for the year 2017–2018. However, it was lower than in previous years (54) because staff were undertaking training in the new Motivation and Engagement programme, due to start in 2018–2019.
- 4.29 The range of programmes appeared to meet the needs of the prison's population although there were few alternative options if prisoners did not meet the attendance criteria. However, more prisoners were at Belmarsh for longer 21% had been at the prison for over a year at this inspection, while only 14% had been at the prison for the same length of time at the last inspection. The prison therefore needed to review the range of provision and

the number of places offered to take into account the change in population, particularly if the trend continued. Despite the prison's most recent needs analysis, undertaken in 2017, which identified that 31% of prisoners in their sample had domestic violence markers in their OASys report, no specific interventions were available to address domestic abuse.

- **4.30** Although relatively little one-to-one work was undertaken with prisoners through the OMU, the psychology team was involved in individual work with several prisoners who had complex issues.
- 4.31 The CRC contracted St Mungo's to provide the housing service. Demand for housing was high and in our survey 81% of prisoners said they needed help to find accommodation. One worker focused on helping prisoners maintain tenancies, while the other dealt with homelessness. St Mungo's worked with statutory and non-statutory community agencies to help prisoners receive support on release, including direct advocacy and broader assistance. In the six months before the inspection, 154 prisoners had been involved with the service prior to release. St Mungo's followed up the individuals they were working with to establish outcomes post-release, which was positive. It was estimated that of all prisoners who were released around 6% to 8% remained without accommodation, which was relatively low.
- 4.32 The prison's own needs analysis carried out in 2017, suggested that a third of the prison's population had financial problems before arriving in custody. Despite this, the range of support from the CRC was limited. Some basic debt advice was available and standard template letters were available so prisoners could write to creditors. However, staffing shortfalls meant the Getting It Right pre-release programme, which had included debt management work, had been suspended, and there was little direct support while prisoners were in custody.

Recommendation

4.33 The prison should develop a policy to address domestic violence so perpetrators are identified and appropriately engaged to reduce their risk of reoffending. It should also cover any child protection concerns.

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.34 The prison released an average of 60 prisoners a month. All prisoners should have been seen by one of the CRC resettlement workers, 12 weeks prior to their release. Staff shortages had meant the target had slipped and we came across several prisoners due to be released in the following 10 days who did not have a resettlement plan or who were scheduled to be seen. Only limited help could be offered at such short notice, although if identified in time, St Mungo's provided some housing support.
- 4.35 The resettlement plans we saw varied in quality, but prisoners' responses to question were not analysed or assessed well enough. Resettlement staff lacked an awareness of pubic protection issues, although in most cases prisoners posing risks were managed through the IDRMT and the community-based responsible officer.

- 4.36 The prison had recently introduced a multidisciplinary resettlement board that met every month to discuss prisoners due to be released in the following month. While it was a positive initiative, it was apparent from cases we reviewed that its impact had been limited. Information from other departments and services, including substance misuse and mental health services, were not shared with CRC staff so they could include it in resettlement plans. It remained unclear whether offender supervisors or CRC resettlement workers were responsible for liaising with community-responsible officers and we were concerned that work was either being overlooked or duplicated.
- 4.37 The last release from the HSU was in September 2017 when detailed release plans were discussed by the IDRMT (see also paragraph 4.23).

Recommendation

4.38 All sentenced prisoners should have a clear resettlement plan outlining all work that has been undertaken to reduce the risk of reoffending and any outstanding issues. It should include work covered by all departments, not just those delivered by the CRC.

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- **5.1** The approach to violence reduction should identify and address the underlying reasons for poor behaviour. Both perpetrators and victims of violence should receive support to ensure violent incidents are prevented in the future. (\$36)
- 5.2 Managers should ensure all staff know what is expected of them. Staff should receive suitable training and be held to account through supervision and observation. (S37)
- The governor should ensure equalities and diversity work is sufficiently prioritised so prisoners' needs can be identified and, where possible, met. (S39)
- **5.4** The regime should ensure men have sufficient time out of cell each day, and adequate access to outside exercise. (S40)

Main recommendation

To the governor and HMPPS

The number, quality and range of purposeful activity places should be sufficient to meet the needs of the men held and should prepare them for employment on release (S41)

Main recommendation

To HMPPS

The prison roll should be reduced so that double cells are no longer used to hold three men (S38).

Recommendations

Early days in custody

5.7 First night interviews should be carried out in a confidential setting. (1.12)

Managing behaviour

- **5.8** The IEP scheme should be applied consistently and fairly across the prison. (1.20)
- **5.9** Adjudication data should be collated and analysed more rigorously to ensure charges are fair and punishments appropriate. (1.23, repeated recommendation 1.61)
- **5.10** Wing staff should routinely use body-worn cameras and spontaneous use of force should be recorded wherever possible. (1.28)

- **5.11** Governance of use of force should improve and include an assessment of whether deescalation was sufficient. (1.29)
- The regime in segregation should be improved so that all men can have at least one hour's exercise, a shower and a phone call every day. (1.35)

Security

- 5.13 All prisoners' complaints about staff misconduct should be logged and appropriately investigated by a suitably independent manager. (1.41)
- 5.14 The role of the HSU should be clarified and decisions to locate men there should be clear and transparent and open to independent scrutiny. Prisoners should be able to appeal a decision. (1.45)

Safeguarding

- **5.15** Formal investigations should be commissioned following serious near fatal incidents of self-harm to ensure lessons are learned. (1.52, repeated recommendation 1.38)
- **5.16** Care plans in ACCT documents should be reviewed and updated and action should be implemented. (1.53)
- 5.17 There should be a working Samaritans phone on each wing and Listeners should be available to men who ask for them. (1.54)

Daily life

5.18 All prisoners should be able to shower every day. (2.9, repeated recommendation 2.10)

Equality, diversity and faith

5.19 The multi-faith room should be redecorated to ensure appropriate worship areas are provided for all faiths. (2.37)

Health, well-being and social care

- **5.20** Health care complaints should be treated confidentially and be subject to quality assurance. (2.48)
- **5.21** Admission to the inpatient unit should be for clinical reasons only. (2.57)
- **5.22** The transfer of patients to hospital under the Mental Health Act should occur within current Department of Health guidelines. (2.69)
- **5.23** Medicines should always be stored safely. (2.82)

Time out of cell

5.24 Library provision should be timetabled to ensure prisoners have regular access, including at weekends. (3.14)

5.25 A broad range of recreational and vocational opportunities should be available to all prisoners who use the gym, including those with protected characteristics. (3.15)

Education, skills and work activities

- **5.26** Managers should encourage the development of work discipline by ensuring that prisoners attend their activities regularly and on time. (3.24)
- **5.27** The education provider should promote and support prisoners' participation in open and distance learning courses to enhance their qualifications and skills. (3.25)
- 5.28 Managers should ensure that all prisoners whose skills in English and maths are assessed as being below level I are encouraged to improve their skills by attending appropriate classes. (3.26)
- **5.29** Leaders and managers should monitor prisoners' progress after release to evaluate the success of resettlement activities. (3.27)
- **5.30** Managers should increase English and maths provision in prison workplaces. (3.37)
- **5.31** Managers should ensure that teachers plan learning activities that meet the different needs of prisoners in the class, including the most able. (3.38)
- **5.32** Managers should develop the Personal Skills Development Scheme so that all prisoners in prison work can participate. (3.44)
- **5.33** Managers should improve retention on education courses. (3.51)

Children and families and contact with the outside world

- 8.34 Robust arrangements should be put in place to ensure visitors do not experience unnecessary delays when attempting to book visits. Arrangements should be tested regularly by a senior manager and action to address identified shortfalls fully documented. (4.8)
- 5.35 Visiting arrangements for men in the HSU should be enhanced in line with those available to mainstream prisoners. (4.9)

Reducing risk, rehabilitation and progression

- 5.36 All offender supervisors should have regular professional supervision and casework reviews to aid personal development, and quality assurance should be extended across all offender management work. (4.25, repeated recommendation 4.16)
- **5.37** Sentence plan targets should be specific and focus on reducing prisoners' risks. (4.26)
- **5.38** Prisoners should be transferred promptly to a prison able to offer the range of interventions necessary to reduce their risk of harm. (4.27)

Interventions

5.39 The prison should develop a policy to address domestic violence so perpetrators are identified and appropriately engaged to reduce their risk of reoffending. It should also cover any child protection concerns. (4.33)

Release planning

5.40 All sentenced prisoners should have a clear resettlement plan outlining all work that has been undertaken to reduce the risk of reoffending and any outstanding issues. It should include work covered by all departments, not just those delivered by the CRC. (4.38)

Examples of good practice

- 5.41 The use of the body scanner on reception and by the dedicated search team when men were suspected of having illicit items on their person had produced some early results that were encouraging. (1.42)
- **5.42** Serco Wincanton representatives sometimes attended the safer custody meeting, so information about practices to keep men safe during and after escort could be shared. (1.55)
- 5.43 Close partnership working between the local authority, CGL, the prison and Oxleas NHS Foundation Trust enabled exemplary social care to be delivered efficiently and seamlessly. (2.62)
- **5.44** Pathways to Recovery provided an excellent range of therapeutic groups, including the life skills group, which men felt was having a positive impact on them. (2.77)
- **5.45** The CGL family worker helped prisoners and families affected by substance use problems to maintain and improve their relationships. (4.10)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke Chief inspector Sean Sullivan Team leader Francesca Cooney Inspector lan Dickens Inspector Jeanette Hall Inspector Ian Macfadyen Inspector Keith McInnis Inspector Michelle Bellham Researcher Laura Green Researcher Fran Russell Researcher Joe Simmonds Researcher **Emily Spilman** Researcher Patricia Taflan Researcher

Paul Tarbuck Lead health and social care inspector Maureen Jamieson Health and social care inspector

Simon Denton Pharmacist

Tim Byrom Care Quality Commission inspector

Mary Devane Ofsted inspector
Stephen Hunsley Ofsted inspector
Steve Oliver-Watts Ofsted inspector

Tony Kirk Offender management inspector

Section 6 – Appendix I: Inspection team	
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Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2015, some prisoners waited a long time in court cells before being moved to the prison. Early days support was generally good. Levels of violence were not high and most incidents were minor but too many prisoners reported feeling unsafe. Many felt victimised by other prisoners and a significant proportion of prisoners from black and minority ethnic backgrounds and Muslim prisoners told us they had been intimidated by staff. Support for prisoners vulnerable to self-harm was good. Security arrangements were stringent but less intrusive than previously. There were few indications of problematic drug use. Disciplinary procedures were broadly proportionate. Use of force was not excessive and was now better managed. The segregation environment was much better than previously, but the regime and some staff-prisoner relationships still required improvement. Substance misuse services were very good. Prisoners in the HSU reported feeling safe. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The violence reduction strategy should be reviewed to more effectively address the disproportionate involvement of young adults and the concerns about safety and victimisation of prisoners from black and minority ethnic backgrounds and Muslim prisoners. (S44)

Not achieved

A more strategic approach to managing violence among young adults should be developed. (S45) **Not achieved**

The location of high risk category A prisoners on the high security unit should not be automatic but should only occur when there are clear reasons why the risks involved cannot be managed on the main wings. (S46)

Not achieved

Recommendations

Prisoners should be transferred as promptly as possible to minimise waiting times at court. (1.4)

Not achieved

All prisoners' property should accompany them to the prison and on transfer. (1.5)

Not achieved

The video link should be used for suitable hearings. (1.6)

Not achieved

All reception and first night interviews should be undertaken in private. (1.17)

Partially achieved

All prisoners should be offered a shower on their first night. (1.18)

Not achieved

The 'duty of care' regime should be improved and regular reviews of each prisoner should be documented. (1.28)

No longer relevant

Investigations of violent incidents should be improved with better management oversight of the TASA strategy, including support for victims. (1.29)

Not achieved

Formal investigations should be commissioned following serious near fatal incidents of self-harm to ensure lessons are learned. (1.38)

Partially achieved (recommendation repeated, 1.52)

ACCT procedures should be improved by: demonstrating that the prison has considered contacting families or others following self-harm; identifying a key worker or personal officer to support prisoners at risk; and including clear targets in care plans to help reduce risks. (1.39)

Partially achieved

The governor should build on its contacts with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.43)

Not achieved

The use of patrol dogs should be reviewed to ensure that they are only used when justified by the level of risk presented. (1.51)

Achieved

Adjudication data should be collated and analysed more rigorously to ensure charges are fair and punishments appropriate. (1.61)

Not achieved (recommendation repeated, 1.23)

Individual assessments of men's risks and needs should determine the regime for each prisoner, which should encourage as much activity and human contact as possible. (1.70)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2015, communal areas were clean but the cells holding three prisoners remained poor. Prisoners were negative about access to some amenities and services. Staff-prisoner relationships had improved and consultation arrangements were generally good. Equality and diversity were improving but remained underdeveloped; some groups were more negative than others in our survey. Responses to complaints were generally good, but prisoners lacked confidence in the process. Legal services were underdeveloped. Health care overall was reasonably good. Prisoners were negative about the food and some canteen arrangements. The HSU provided a restricted environment, but relationships were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Cells designed to hold two prisoners should not be used to hold three. (2.9)

Not achieved

All prisoners should be able to shower every day. (2.10)

Not achieved (recommendation repeated, 2.9)

Applications should be responded to promptly and response times logged. (2.11)

Not achieved

Case note entries should reflect regular meaningful interactions with prisoners, and an awareness of each individual's personal circumstances. (2.17)

Not achieved

All protected characteristics should feature in equalities policy and planning documents, including foreign national and older prisoners. (2.22)

Not achieved

Analysis and use of equalities data, including trends in DIRFs, should be improved. (2.23)

Not achieved

Professional translation services and translated written material should be available to prisoners who do not speak or understand English well. (2.30)

Not achieved

The equalities and immigration teams should meet on a regular basis to discuss the needs of foreign national prisoners. (2.31)

Not achieved

The health needs assessment should be up to date, reflect the needs of the current population and inform all service provision. (2.54)

Achieved

Health care complaints should be confidential and well advertised. (2.55)

Partially achieved

Nursing staffing, including health care support workers, should be appropriately trained (including in communication skills), supervised in line with professional standards and deployed to match service needs. (2.56)

Achieved

Care plans and specialist assessment for prisoners with long-term conditions should be systematic, and the correct equipment should be supplied promptly. (2.57)

Achieved

All clinical areas, including house block treatment rooms, should meet current infection control standards. (2.58)

Achieved

Prisoners in the inpatient unit should have access to adequate toilet and shower facilities. (2.67)

Partially achieved

There should be sufficient external escort slots to meet the health needs of the population. (2.68)

Not achieved

Medicines should be stored safely at all times and patients' identification should be routinely checked. (2.74)

Partially achieved

A robust mental health strategy should reflect prisoners' assessed needs and include primary mental health, learning disability and psychology services for men with complex needs. (2.82) **Achieved**

Lunch should not be served before 12 noon and the evening meal not before 5pm; hot food should be served while hot. (2.88)

Not achieved

Prisoners should be offered the opportunity to eat together where possible, and if they have to eat in their cells, they should have a table and chair to sit at. (2.89)

Not achieved

Prisoners should not be charged an administration fee for catalogue orders. (2.95)

Not achieved

Purposeful activity

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

At the last inspection, in 2015, time out of cell was reasonable for most prisoners, but the regime for those who worked full time was restricted. The prison focused on improving the provision and offered prisoners sufficient part- time work opportunities. However, the curriculum was too narrow. Attendance in education had improved over the previous three months but remained low. Peer mentors were used well. Although teaching, learning and assessment were better than previously, they still required improvement. Achievements overall were good but too low in functional skills. Access to the library and gym had improved, but some aspects of the physical education (PE) provision required improvement. Despite some enhancements the regime provided on the HSU was poor. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The range of education, vocational training and work provision should be increased to ensure that all prisoners are involved in purposeful activities that address their resettlement needs. (S47)

Not achieved

Recommendations

All prisoners should have association, domestic periods and opportunities for exercise each day. (3.4)

Not achieved

Data concerning participation, and learners' achievements should be routinely collated, analysed and evaluated to enable accurate and realistic targets for improvement to be set. (3.12)

Partially achieved

The prison should ensure that teaching, learning and assessment are of a high quality across all activities so that all prisoners can achieve and develop the best appropriate skills. (3.23)

Achieved

Session planning should be significantly improved so that all learners can achieve their learning aims, and tutors should set specific targets in individual learning plans to accelerate each learner's progress. (3.24)

Partially achieved

Prisoners with specific learning difficulties should receive support to ensure that they can maximise their learning and skills development. (3.25)

Achieved

Workshop instructors should help prisoners to develop their English and mathematics skills. (3.26)

Not achieved

Success rates in English, mathematics and ESOL should be improved further. (3.29)

Achieved

The prison should ensure that prisoners attend activities regularly and punctually. (3.30)

Not achieved

Prisoners should be able to use computers in the library for private study. (3.35)

Not achieved

Vocational training opportunities should be available in the gym. (3.43)

Not achieved

Gym staff should know which prisoners are considered unfit to participate in activities. (3.44)

Achieved

The gym should have suitable changing and shower facilities. (3.45)

Not achieved

Resettlement

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

At the last inspection, in 2015, prison staff now had a better understanding of the resettlement priorities of the population. Offender management arrangements were mixed. Inroads had been made into the backlog in offender assessment system (OASys) documents, but some aspects of offender management work needed improvement. Public protection was robust. Reintegration work was good, and some excellent support was provided in the resettlement pathways. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The prison should ensure that all prisoners have a good up-to-date OASys document, sentence plans are informed by contributions from other departments and backlogs are actively addressed. (S48)

Not achieved

Recommendations

The OMU should have a clear strategic direction, clarifying its relationships with other departments, specifying the level of service different groups of prisoners can expect and identifying future objectives. (4.7)

Partially achieved

All offender supervisors should have regular professional supervision and casework reviews to aid personal development, and quality assurance should be extended across all offender management work. (4.16)

Not achieved (recommendation repeated, 4.25)

All reports regarding the assessment of prisoners for HDC should be undertaken promptly to give prisoners the best possible chance of release on their eligibility date. (4.17)

Partially achieved

All offender supervisors and resettlement service providers should use P-Nomis to record their interactions with prisoners and record their work. (4.18)

Achieved

Offender supervisors should, prior to a prisoner's release, routinely share information about his progress against his sentence plan and plans for release with his offender manager. (4.26)

Not achieved

Links with employers should be developed further to ensure that prisoners have access to employment opportunities on release. (4.32)

Not achieved

The virtual campus should be better used to enable prisoners to obtain up-to-date information on employment, education and training opportunities. (4.33)

Not achieved

Family visits should be available to all prisoners. (4.42)

Not achieved

Visits facilities in the HSU should be improved to provide more privacy and access to family visits subject to security considerations. (4.53)

Not achieved

Section 6 – Appendix II: Progress on recommendations from the last report	

Appendix III: Prison population profile

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

Population breakdown by:

Status	18-20 yr olds	21 and over	%
Sentenced	24	432	54.1%
Recall	4	43	5.6%
Convicted Unsentenced	12	52	7.6%
Remand	27	129	18.5%
Civil Prisoners	0	1	0.1%
Detainees	1	12	1.5%
Indeterminate Sentence	6	99	12.5%
Unknown	0	1	0.1%
Total	74	769	100%

Sentence	18-20 yr olds	21 and over	%
Unsentenced	40	200	28.4%
Less than 6 months	I	18	2.3%
6 months to less than 12 months	3	32	4.2%
12 months to less than 2 years	0	35	4.2%
2 years to less than 4 years	6	65	8.4%
4 years to less than 10 years	10	133	17%
10 years and over (not life)	8	170	21.1%
ISPP (indeterminate sentence for	0	H	1.3%
public protection)			
Life	6	105	13.1%
Total	74	769	100%

Age	Number of prisoners	%
Please state minimum age here:	-	-
18		
Under 21 years	74	8.8
21 years to 29 years	309	36.7
30 years to 39 years	246	29.2
40 years to 49 years	101	12
50 years to 59 years	70	8.3
60 years to 69 years	30	3.6
70 plus years	13	1.5
Please state maximum age here:	-	-
90		
Total	843	100%

Nationality	18-20 yr olds	21 and over	%
British	60	581	76%
Foreign nationals	14	175	22.5%
Not stated	0	13	1.5%
Total	74	769	100%

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	I	8	1.2%
Uncategorised sentenced	35	165	23.7%
Provisional Category A	7	37	5.2%
Category A – High Risk	2	17	2.3%
Category A	0	8	0.9%
Category B	0	254	30.1%
Category C	0	266	31.5%
Category D	0	13	1.5%
YOI Closed	29	I	3.6%
Total	74	769	100%

Ethnicity	18-20 yr olds	21 and over	%
White			
British	21	270	34.5%
Irish	0	13	1.5%
Gypsy/Irish Traveller	I	6	0.8%
Other white	8	74	9.7%
Mixed			
White and black Caribbean	3	31	4%
White and black African	I	2	0.4%
White and Asian	0	2	0.2%
Other mixed	I	23	2.8%
Asian or Asian British			
Indian	0	8	0.9%
Pakistani	2	11	1.5%
Bangladeshi	1	22	2.7%
Chinese	0	I	0.1%
Other Asian	3	24	3.2%
Black or black British			
Caribbean	14	113	15.1%
African	11	105	13.8%
Other black	6	42	5.7%
Other ethnic group			
Arab	0	3	0.4%
Other ethnic group	2	16	2.1%
Not stated	0	3	0.4%
Total	74	769	100%

Religion	18-20 yr olds	21 and over	%
Baptist	0	0	0%
Church of England	7	136	17%
Roman Catholic	13	118	15.5%
Other Christian denominations	12	106	14%
Muslim	20	195	25.5%
Sikh	0	4	0.5%
Hindu	0	4	0.5%
Buddhist	0	13	1.5%
Jewish	1	4	0.6%
Other	1	9	1.2%
No religion	20	180	23.7%
Total	74	769	100%

Other demographics	18-20 yr olds	21 and over	%
Veteran (ex-armed services)	0	0	0
Total	0	0	0%

Sentenced prisoners only

Length of stay	18–20 yr old	18–20 yr olds		21 and over	
-	Number	%	Number	%	
Less than I month	4	0.5%	61	7.2	
I month to 3 months	10	1.2%	138	16.4	
3 months to 6 months	7	0.8%	97	11.5	
6 months to 1 year	8	0.9%	101	12	
I year to 2 years	4	0.5%	114	13.5	
2 years to 4 years	1	0.1%	52	6.2	
4 years or more	0	0%	6	0.7	
Total	34	4%	569	67.5%	

Sentenced prisoners only

	18-20 yr olds	21 and over	%
Foreign nationals detained post	0	0	0%
sentence expiry			
Public protection cases	0	0	0%
(this does not refer to public			
protection sentence categories			
but cases requiring monitoring/			
restrictions).			
Total	0	0	0%

Unsentenced prisoners only

Length of stay	18–20 yr old:	18–20 yr olds		21 and over	
	Number	%	Number	%	
Less than I month	10	1.2%	70	8.3%	
I month to 3 months	4	0.5%	24	2.8%	
3 months to 6 months	15	1.8%	65	7.7%	
6 months to 1 year	11	1.3%	35	4.2%	
I year to 2 years	0	0%	6	0.7%	
2 years to 4 years	0	0%	0	0%	
4 years or more	0	0%	0	0%	
Total	40	4.7%	200	23.7%	

Main offence	18-20 yr olds	21 and over	%
Violence against the person	48	274	38.2
Sexual offences	2	74	9
Burglary	2	47	5.8
Robbery	2	56	6.9
Theft and handling	3	12	1.8
Fraud and forgery	0	33	3.9
Drugs offences	6	104	13
Other offences	13	168	21
Civil offences	0	I	0.1
Offence not recorded /holding	0	0	0
warrant			
Total	76	769	100%

Appendix IV: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.¹⁴

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.¹⁵ In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. ¹⁶ Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 29 January 2018 the prisoner population at HMP Belmarsh was 827. Using the sampling method described above, questionnaires were distributed to 207 prisoners. We received a total of 178 completed questionnaires, a response rate of 86%. This included one questionnaire completed via face-to-face interviews. Ten prisoners declined to participate in the survey and 19 questionnaires were either not returned at all, or returned blank.

¹⁴ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

¹⁵ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

For further information about the ethical principles which underpin our survey methodology, please see Ethical principles for research activities which can be downloaded from HMI Prisons' website http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Belmarsh. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared. ¹⁷ Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Belmarsh 2018¹⁸ compared with those from other HMI Prisons surveys¹⁹

- Survey responses from HMP Belmarsh in 2018 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP Belmarsh in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Belmarsh in 2018 compared with survey responses from HMP Belmarsh in 2015.

Comparisons between sub-populations of prisoners within HMP Belmarsh 2018²⁰

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- British nationals' responses compared with those of foreign nationals.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.²¹

In the comparator analyses, statistically significant differences are indicated by shading.²² Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of

Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

¹⁸ Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

 $^{^{\}rm 20}$ $\,$ These analyses are carried out on summary data from selected survey questions only.

A minimum of 10 responses which must also represent at least 10% of the total response.

A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, p<0.01 is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Background information

1.1	What wing or houseblock are you currently living on?	
	Houseblock I	43 (24%)
	Houseblock 2	46 (26%)
	Houseblock 3	42 (24%)
	Houseblock 4	41 (23%)
	Segregation unit	2 (l̂%)
	Health care unit	4 (2%)
1.2	How old are you?	
	Under 21	15 (8%)
	21 - 25	41 (23%)
	26 - 29	27 (15%)
	30 - 39	51 (29%)
	40 - 49	19 (T1%)
	50 - 59	17 (10%)
	60 - 69	6 (3%)
	70 or over	I (Ì%)
1.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	64 (37%)
	White - Irish	4 (2%)
	White - Gypsy or Irish Traveller	5 (3%)
	White - any other White background	10 (6%)
	Mixed - White and Black Caribbean	15 (9%)
	Mixed - White and Black African	I (I%)
	Mixed - White and Asian	0 (0%)
	Mixed - any other Mixed ethnic background	3 (2%)
	Asian/ Asian British - Indian	I (I%)
	Asian/ Asian British - Pakistani	I (I%)
	Asian/ Asian British - Bangladeshi	6 (3%)
	Asian/ Asian British - Chinese	I (I%)
	Asian - any other Asian Background	4 (2%)
	Black/ Black British - Caribbean	21 (12%)
	Black/ Black British - African	27 (15%)
	Black - any other Black/ African/ Caribbean background	6 (3%)
	,	2 (1%)
	ArabAny other ethnic group	4 (2%)
1.4	How long have you been in this prison?	
1.7	How long have you been in this prison? Less than 6 months	74 (42%)
		74 (42%)
	6 months or more	102 (58%)
1.5	Are you currently serving a sentence?	110 (450/)
	Yes	112 (65%)
	Yes - on recall	13 (8%)
	No - on remand or awaiting sentence	44 (26%)
	No - immigration detainee	3 (2%)

1.6	How long is your sentence?	
	Less than 6 months	6 (4%)
	6 months to less than I year	6 (4%)
	I year to less than 4 years	18 (11%)
	4 years to less than 10 years	30 (18%)
	10 years or more	38 (22%)
	IPP (indeterminate sentence for public protection)	3 (2%)
	Life	22 (13%)
	Not currently serving a sentence	47 (28%)
Arriva	ll and reception	
2.1	Were you given up-to-date information about this prison before you came h	
	Yes	22 (13%)
	No	128 (74%)
	Don't remember	22 (13%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours	71 (41%)
	2 hours or more	82 (47%)
	Don't remember	21 (12%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes	104 (60%)
	No	62 (36%)
	Don't remember	8 (5%)
2.4	Overall, how were you treated in reception?	
2.7	Very well	20 (12%)
	Quite well	79 (46%)
	Quite badly	39 (23%)
	Very badly	26 (15%)
	Don't remember	9 (5%)
2 5	When you first arrived here, did you have any of the following problems?	
2.3	Problems getting phone numbers	85 (49%)
	Contacting family	88 (51%)
	Arranging care for children or other dependants	11 (6%)
	Contacting employers	10 (6%)
	Money worries	42 (24%)
	Housing worries	29 (17%)
	Feeling depressed	85 (49%)
	Feeling suicidal	26 (15%)
	Other mental health problems	34 (20%)
	Physical health problems	32 (18%)
	Drug or alcohol problems (e.g. withdrawal)	21 (12%)
	Problems getting medication	38 (22%)
	Needing protection from other prisoners	19 (11%)
	Lost or delayed property	54 (31%)
	Other problems	32 (18%)
	Did not have any problems	16 (9%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	41 (25%)
	No	107 (65%)
	Did not have any problems when I first arrived	16 (10%)
	, 1	()

First night and induction

	things?			_
	Tobacco or nicotine replacement			114 (67%)
	Toiletries / other basic items			101 (59%)
	A shower			16 (9 [°] %)
	A free phone call		·•	88 (51%)
	Something to eat			141 (82%)
	The chance to see someone from health care			115 (67%)
	The chance to talk to a Listener or Samaritans			38 (22%)
	Support from another prisoner (e.g. Insider or buddy)			28 (16%)
	Wasn't offered any of these things			7 (4%)
3.2	On your first night in this prison, how clean or dirty v	vas your cell?		
	Very clean		••••	7 (4%)
	Quite clean		••••	51 (29%)
	Quite dirty	•••••	••••	52 (29%)
	Very dirty		•••••	63 (35%)
	Don't remember		••••	5 (3%)
3.3	Did you feel safe on your first night here?			
	Yes		•••••	98 (57%)
	No		••••	57 (33%)
	Don't remember		••••	17 (10%)
3.4	In your first few days here, did you get:			
	, , , ,	Yes	No	Don't
				remember
	Access to the prison shop / canteen?	40 (23%)	124 (72%)	8 (5%)
	Free PIN phone credit?	73 (43%)	, ,	8 (5%)
	Numbers put on your PIN phone?	46 (28%)	115 (69%)	6 (4%)
3.5	Did your induction cover everything you needed to k	now about this	orison?	
	Yes	······	••••	66 (38%)
	No	•••••	••••	91 (53%)
	Have not had an induction		•••••	15 (9%) [°]
On the	e wing			
4.1	Are you in a cell on your own?			
	Yes			65 (37%)
	No, I'm in a shared cell or dormitory			111 (63%)
4.2	Is your cell call bell normally answered within 5 minu	tes?		
	Yes			16 (9%)
	No			146 (84%)
	Don't know			12 (7%)
	Don't have a cell call bell			0 (0%)

4.3	Please answer the following questions about the wing or hoon:	ouseblock y	ou are cui	rently living
		Yes	No	Don't know
	Do you normally have enough clean, suitable clothes for the week?	83 (49%)	84 (50%)	2 (1%)
	Can you shower every day?	29 (17%)	143 (82%)	2 (1%)
	Do you have clean sheets every week?	, ,	116 (66%)	, ,
	Do you get cell cleaning materials every week?	, ,	100 (58%)	` '
	Is it normally quiet enough for you to relax or sleep at night?	84 (48%)	86 (49%)	5 (3%)
	Can you get your stored property if you need it?	18 (10%)	118 (69%)	36 (21%)
4.4	Normally, how clean or dirty are the communal / shared a (landings, stairs, wing showers etc.)?	-	_	
	Very clean			17 (10%)
	Quite clean			86 (49%)
	Quite dirty			42 (24%) 30 (17%)
	Very dirty		••	30 (17%)
Food and	d canteen			
5.1	What is the quality of food like in this prison?			
	Very good		•••	4 (2%)
	Quite good		···	57 (33%)
	Quite bad		•••	57 (33%)
	Very bad			55 (32%)
5.2	Do you get enough to eat at mealtimes? Always			15 (8%)
	Most of the time			38 (21%)
	Some of the time			64 (36%)
	Never			60 (34%)
	T VCVCI	•••••••••	•••	00 (3 1/6)
5.3	Does the shop / canteen sell the things that you need?			
	Yes		····	96 (55%)
	No			75 (43%)
	Don't know		••	4 (2%)
Relation	ships with staff			
6. I	Do most staff here treat you with respect?			
	Yes		···	98 (57%)
	No			74 (43%)
6.2	Are there any staff here you could turn to if you had a prol	olem?		
	Yes		•••	107 (62%)
	No		···	66 (38%)
6.3	In the last week, has any member of staff talked to you about	_	ı are getti	_
	Yes			41 (23%)
	No	••••••		134 (77%)

6.4	How helpful is your personal or named officer?	
	Very helpful	15 (9%)
	Quite helpful	16 (10%)
	Not very helpful	13 (8%)
	Not at all helpful	31 (18%)
	Don't know	20 (12%)
	Don't have a personal / named officer	73 (43%)
		(10,10)
6.5	How often do you see prison governors, directors or senior managers talking to	•
	Regularly	14 (8%)
	Sometimes	46 (26%)
	Hardly ever	103 (59%)
	Don't know	13 (7%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	52 (30%)
	No	119 (70%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wi	no issues?
0	Yes, and things sometimes change	24 (14%)
	Yes, but things don't change	49 (28%)
	No	73 (42%)
	Don't know	29 (17%)
	Don't Klow	27 (1770)
Faith		
7. I	\A/hat is your reliaion?	
7.1	What is your religion?	22 (10%)
	No religion	32 (18%)
	Christian (including Church of England, Catholic, Protestant and all other Christian	92 (52%)
	denominations)	4 (29/)
	Buddhist	4 (2%)
	Hindu	1 (1%)
	Jewish	2 (1%)
	Muslim	39 (22%)
	Sikh	I (I%)
	Other	6 (3%)
7.2	Are your religious beliefs respected here?	
	Yes	92 (53%)
	No	33 (19%)
	Don't know	16 (9%)
	Not applicable (no religion)	32 (18%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	00 (51%)
	Yes	89 (51%)
	No	16 (9%)
	Don't know Not applicable (no religion)	39 (22%) 32 (18%)
	TYOU applicable (110 Feligion)	32 (10%)
7.4	Are you able to attend religious services, if you want to?	
	Yes	122 (69%)
	No	19 (11%)
	Don't know	4 (2%)
	Not applicable (no religion)	32 (18%)

Conta	ct with family and friends	
Conta	ce with fairing and mends	
8. I	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	39 (22%)
	No	137 (78%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	120 (69%)
	No	54 (31%)
0.2	And you also to use a mhome every day (if you have end it)?	
8.3	Are you able to use a phone every day (if you have credit)? Yes	33 (19%)
	No	143 (81%)
		5 (51,75)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	18 (10%)
	Quite easy	47 (27%)
	Quite difficult	41 (24%)
	Very difficult	53 (31%)
	Don't know	13 (8%)
8.5	How often do you have visits from family or friends?	
0.5	More than once a week	7 (4%)
	About once a week	18 (11%)
	Less than once a week	103 (61%)
	Not applicable (don't get visits)	41 (24%)
	,	, ,
8.6	Do visits usually start and finish on time?	40 (4000)
	Yes	49 (40%)
	No	74 (60%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	75 (63%)
	No	44 (37%)
Time o	out of cell	
9.1	Do you know what the unlock and lock-up times are supposed to be here (or ro	ll check
	times if you are in an open prison)?	an chicon
	Yes, and these times are usually kept to	41 (24%)
	Yes, but these times are not usually kept to	72 (42%)
	No	57 (34%)
9.2	How long do you usually spend out of your cell on a typical weekday (including	time spent
	at education, work etc.)?	00 (47%)
	Less than 2 hours	80 (47%)
	2 to 6 hours6 to 10 hours	66 (39%) 11 (6%)
	10 hours or more	4 (2%)
	Don't know	10 (6%)
	Don't know	10 (0%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday	?
	Less than 2 hours	124 (71%)
	2 to 6 hours	35 (20%) [°]
	6 to 10 hours	5 (3%)
	10 hours or more	I (I%)
	Don't know	10 (6%)

9.4	How many days in a typical week do you have time to the wing phones etc.)?	do domestics ((shower, cl	ean cell, use		
	None			4 (2%)		
	l or 2			82 (47%)		
	3 to 5			70 (40%)		
	More than 5			11 (6%)		
	Don't know		••••	7 (4%)		
9.5	How many days in a typical week do you get association	on, if you want	it?			
	None	•••••		11 (6%)		
	I or 2		••••	93 (53%)		
	3 to 5			49 (28%)		
	More than 5			11 (6%)		
	Don't know			10 (6%)		
	Don't know	•••••	••••	10 (6%)		
9.6	How many days in a typical week could you go outside		-			
	None			5 (3%)		
	l or 2		••••	52 (30%)		
	3 to 5	•••••		72 (41%)		
	More than 5			35 (20%)		
	Don't know		••••	10 (6%)		
9.7	Typically, how often do you go to the gym?					
7.1				44 (20%)		
	Twice a week or more			44 (26%)		
	About once a week			44 (26%) 26 (15%)		
	Less than once a week					
	Never		••••	58 (34%)		
9.8	Typically, how often do you go to the library?					
	Twice a week or more		••••	13 (7%)		
	About once a week			53 (30%)		
	Less than once a week			39 (22%)		
	Never			70 (40%)		
• •				, ,		
9.9	Does the library have a wide enough range of material	•		44 (26%)		
				` ,		
	No			58 (34%)		
	Don't use the library		••••	70 (41%)		
Applica	ations, complaints and legal rights					
10.1	Is it easy for you to make an application?					
10.1	Yes			112 (44%)		
				113 (64%)		
	No			50 (28%)		
	Don't know		••••	13 (7%)		
10.2	If you have made any applications here, please answer	•	below:			
		Yes	No	Not made		
				any		
				applications		
	Are applications usually dealt with fairly?	51 (32%)	92 (58%)	17 (11%)		
	Are applications usually dealt with within 7 days?	22 (14%)	121 (76%)	17 (11%)		
		• ,	` '	` ,		

	Yes				•••••	96 (56%)
	No			•••••	•••••	51 (30%)
	Don't know			•••••	•••••	25 (15%)
0.4	If you have made any complaints	here, please	answer the o	questions l	pelow:	
				Yes	No	Not made
	A 1.5. II I I SI	6		20 (100()	00 (50%)	complaint
	Are complaints usually dealt with Are complaints usually dealt with			28 (18%) 18 (12%)	90 (58%) 100 (65%)	37 (24%) 37 (24%)
0.5	Have you ever been prevented fro	nm making a	complaint h	ere when	vou wanted	to?
10.5	Yes	_	-		-	42 (25%)
	No				•••••	97 (58%)
	Not wanted to make a complaint	••••••		••••••	•••••	28 (17%)
0.6	In this prison, is it easy or difficult	for you to				
			Easy	Difficult	Don't know	Don't nee this
	Communicate with your solicitor representative?	or legal	50 (30%)	86 (52%)	15 (9%)	15 (9%)
	Attend legal visits?		79 (48%)	43 (26%)	25 (15%)	18 (11%)
	Get bail information?		12 (8%)	,	40 (25%)	51 (32%)
0.7	Have staff here ever opened lette were not present?	•				•
	Yes					77 (47%)
	No				•••••	66 (40%)
	N - 4 - 4 - 4					, ,
	Not had any legal letters					22 (13%)
Health	, -					, ,
	, -	ne following p	people?			22 (13%)
	care How easy or difficult is it to see the	n e following p Very easy	Deople? Quite easy	Quite difficult	 Very difficult	22 (13%) Don't kno
	Care How easy or difficult is it to see the Doctor	ne following p Very easy 12 (7%)	people? Quite easy 29 (17%)	Quite difficult 62 (37%)	Very difficult	22 (13%) Don't kno 15 (9%)
	care How easy or difficult is it to see the	n e following p Very easy	people? Quite easy 29 (17%)	Quite difficult 62 (37%)	Very difficult	22 (13%) Don't kno
	Care How easy or difficult is it to see the Doctor	ne following p Very easy 12 (7%) 26 (16%)	people? Quite easy 29 (17%)	Quite difficult 62 (37%) 43 (26%)	 Very difficult 51 (30%) 27 (16%)	22 (13%) Don't kno 15 (9%) 13 (8%)
	Care How easy or difficult is it to see the Doctor Nurse	ne following p Very easy 12 (7%) 26 (16%)	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%)	Quite difficult 62 (37%) 43 (26%)	Very difficult 51 (30%) 27 (16%) 65 (39%)	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist	ne following p Very easy 12 (7%) 26 (16%) 7 (4%) 9 (5%)	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) service fron	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%)	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of	ne following p Very easy 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) Service fron Quite good	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) on the follo Quite bad	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%) ? Don't kno
Health	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of Doctor	ne following p Very easy 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good 15 (9%)	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) Service from Quite good 62 (36%)	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) In the follo Quite bad 39 (23%)	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad 25 (15%)	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%) Pon't kno 30 (18%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of Doctor Nurse	ne following p Very easy 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good 15 (9%) 14 (8%)	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) Service fron Quite good 62 (36%) 64 (38%)	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) the follo Quite bad 39 (23%) 35 (21%)	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad 25 (15%) 38 (23%)	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%) Pon't kno 30 (18%) 17 (10%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of Doctor Nurse Dentist	ne following p Very easy 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good 15 (9%) 14 (8%) 12 (7%)	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) Service from Quite good 62 (36%) 64 (38%) 40 (24%)	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) the follo Quite bad 39 (23%) 35 (21%) 27 (16%)	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad 25 (15%) 38 (23%) 24 (14%)	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%) ? Don't kno 30 (18%) 17 (10%) 65 (39%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of Doctor Nurse	ne following p Very easy 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good 15 (9%) 14 (8%)	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) Service from Quite good 62 (36%) 64 (38%) 40 (24%)	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) the follo Quite bad 39 (23%) 35 (21%)	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad 25 (15%) 38 (23%) 24 (14%)	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of Doctor Nurse Dentist Mental health workers Do you have any mental health processors of the processors	ne following page 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good 15 (9%) 14 (8%) 12 (7%) 9 (5%) roblems?	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) Service fron Quite good 62 (36%) 64 (38%) 40 (24%) 26 (16%)	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) the follo Quite bad 39 (23%) 35 (21%) 27 (16%) 15 (9%)	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad 25 (15%) 38 (23%) 24 (14%) 21 (13%)	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%) ? Don't kno 30 (18%) 17 (10%) 65 (39%) 94 (57%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of Doctor Nurse Dentist Mental health workers Do you have any mental health progress	ne following page 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good 15 (9%) 14 (8%) 12 (7%) 9 (5%) roblems?	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) Service from Quite good 62 (36%) 64 (38%) 40 (24%) 26 (16%)	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) the follo Quite bad 39 (23%) 35 (21%) 27 (16%) 15 (9%)	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad 25 (15%) 38 (23%) 24 (14%) 21 (13%)	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%) ? Don't kno 30 (18%) 17 (10%) 65 (39%) 94 (57%) 71 (42%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of Doctor Nurse Dentist Mental health workers Do you have any mental health processors of the processors	ne following page 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good 15 (9%) 14 (8%) 12 (7%) 9 (5%) roblems?	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) Service from Quite good 62 (36%) 64 (38%) 40 (24%) 26 (16%)	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) the follo Quite bad 39 (23%) 35 (21%) 27 (16%) 15 (9%)	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad 25 (15%) 38 (23%) 24 (14%) 21 (13%)	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%) ? Don't kno 30 (18%) 17 (10%) 65 (39%) 94 (57%) 71 (42%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of Doctor Nurse Dentist Mental health workers Do you have any mental health process	ne following page 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good 15 (9%) 14 (8%) 12 (7%) 9 (5%) roblems?	Deople? Quite easy 29 (17%) 57 (34%) 24 (14%) 20 (12%) Service fron Quite good 62 (36%) 64 (38%) 40 (24%) 26 (16%)	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) 16 the follo Quite bad 39 (23%) 35 (21%) 27 (16%) 15 (9%)	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad 25 (15%) 38 (23%) 24 (14%) 21 (13%) on?	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%) Pon't kno 30 (18%) 17 (10%) 65 (39%) 94 (57%) 71 (42%) 99 (58%)
1.1	Care How easy or difficult is it to see the Doctor Nurse Dentist Mental health workers What do you think of the quality of Doctor Nurse Dentist Mental health workers Do you have any mental health programment of the Dentist No	ne following page 12 (7%) 26 (16%) 7 (4%) 9 (5%) of the health Very good 15 (9%) 14 (8%) 12 (7%) 9 (5%) roblems?	29 (17%) 57 (34%) 24 (14%) 20 (12%) service fron Quite good 62 (36%) 64 (38%) 40 (24%) 26 (16%)	Quite difficult 62 (37%) 43 (26%) 37 (22%) 17 (10%) The follo Quite bad 39 (23%) 35 (21%) 27 (16%) 15 (9%) This pris	Very difficult 51 (30%) 27 (16%) 65 (39%) 50 (30%) wing people Very bad 25 (15%) 38 (23%) 24 (14%) 21 (13%) on?	22 (13%) Don't kno 15 (9%) 13 (8%) 33 (20%) 72 (43%) ? Don't kno 30 (18%) 17 (10%) 65 (39%)

11.5	What do you think of the overall quality of the health services here?	
	Very good	9 (5%)
	Quite good	39 (23%)
	Quite bad	55 (32%)
	Very bad	45 (26%)
	Don't know	24 (14%)
Other:	support needs	
12.1	Do you consider yourself to have a disability (long-term physical, mental or	learning needs
	that affect your day-to-day life)?	
	Yes	56 (32%)
	No	117 (68%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	12 (7%)
	No	40 (24%)
	Don't have a disability	117 (69%)
12.3	Have you been on an ACCT in this prison?	
	Yes	30 (18%)
	No	137 (82%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	14 (8%)
	No	17 (10%)
	Have not been on an ACCT in this prison	137 (82%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	31 (18%)
	Quite easy	37 (22%)
	Quite difficult	15 (9%)
	Very difficult	15 (9%)
	Don't know	70 (41%)
	No Listeners at this prison	2 (1%)
Alcoho	I and drugs	
13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	31 (18%)
	No	144 (82%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	24 (14%)
	No	7 (4%)
	Did not / do not have an alcohol problem	144 (82%)
13.3	Did you have a drug problem when you came into this prison (including illicimedication not prescribed to you)?	t drugs and
	Yes	42 (24%)
	No	130 (76%)
13.4	Have you developed a problem with illicit drugs since you have been in this	nrison?
	Yes	18 (10%) 156 (90%)

13.5	have been in this prison?	
	Yes	16 (9%)
	No	157 (91%)
13.6	Have you been helped with your drug problem in this prison (including illicined medication not prescribed to you)?	it drugs and
	Yes	19 (11%)
	No	28 (17%)
	Did not / do not have a drug problem	121 (72%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	30 (17%)
	Quite easy	19 (11%)
	Quite difficult	13 (8%)
	Very difficult	13 (8%)
	Don't know	97 (56%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	10 (6%)
	Quite easy	9 (5%)
	Quite difficult	14 (8%)
	Very difficult	26 (15%)
	Don't know	114 (66%)
Safety		
14.1	Have you ever felt unsafe here?	
	Yes	102 (58%)
	No	73 (42%)
14.2	Do you feel unsafe now?	
	Yes	54 (31%)
	No	119 (69%)
14.3	Have you experienced any of the following types of bullying / victimisation	from other
	prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	62 (36%)
	Threats or intimidation	48 (28%)
	Physical assault	33 (19%)
	Sexual assault	3 (2%)
	Theft of canteen or property	49 (29%)
	Other bullying / victimisation	27 (16%)
	Not experienced any of these from prisoners here	82 (48%)
14.4	If you were being bullied / victimised by other prisoners here, would you re	port it?
	Voc	EQ (2/9/)
	Yes	59 (36%)

14.5	Have you experienced any of the following types of bullying / victimisa (Please tick all that apply to you.)	tion from	staff here?
	Verbal abuse		72 (44%)
	Threats or intimidation		53 (32%)
	Physical assault		35 (21%)
	Sexual assault	••	5 (3%)
	Theft of canteen or property		28 (17%)
	Other bullying / victimisation	••	43 (26%)
	Not experienced any of these from staff here		73 (44%)
14.6	If you were being bullied / victimised by staff here, would you report it	:?	
	Yes		66 (39%)
	No		102 (61%)
Rehavi	our management		
Bellavi	our management		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encowell?	ourage you	ı to behave
	Yes		68 (40%)
	No	••	58 (35%)
	Don't know what the incentives / rewards are	••	42 (25%)
15.2	Do you feel you have been treated fairly in the behaviour managemen	t scheme	(e.g. IEP) in
	this prison?		()
	Yes		45 (27%)
	No		79 (47%)
	Don't know		23 (14%)
	Don't know what this is		22 (13%)
			, ,
15.3	Have you been physically restrained by staff in this prison in the last 6	months?	21 (122()
	Yes		31 (18%)
	No		143 (82%)
15.4	If you have been restrained by staff in this prison in the last 6 months, talk to you about it afterwards?	did anyon	e come and
	Yes		l (I%)
	No		27 (16%)
	Don't remember		0 (0%)
	Not been restrained here in last 6 months		143 (84%)
15.5	Have you spent one or more nights in the segregation unit in this prise months?	on in the l	ast 6
	Yes		15 (9%)
	No		156 (91%)
15.6		son in the	, ,
13.0	If you have spent one or more nights in the segregation unit in this pri months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	6 (40%)	` '
	Could you shower every day?	3 (21%)	, ,
	Could you go outside for exercise every day?	4 (27%)	11 (73%)
	Could you use the phone every day (if you had credit)?	4 (27%)	11 (73%)

Education, skills and work

16.1	Is it easy or	difficult to	get into	the following	activities in	this prison?

	Easy	Difficult	Don't know I	Not available
				here
Education	82 (49%)	56 (34%)	28 (17%)	0 (0%)
Vocational or skills training	16 (10%)	82 (50%)	54 (33%)	11 (7%)
Prison job	30 (18%)	114 (68%)	22 (13%)	I (I%)
Voluntary work outside of the prison	2 (1%)	50 (31%)	54 (33%)	56 (35%)
Paid work outside of the prison	2 (1%)	47 (29%)	55 (34%)	58 (36%)

If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will	No, won't	Not done
	help	help	this
Education	70 (43%)	47 (29%)	44 (27%)
Vocational or skills training	38 (25%)	28 (18%)	86 (57%)
Prison job	39 (25%)	68 (44%)	48 (31%)
Voluntary work outside of the prison	18 (12%)	17 (12%)	112 (76%)
Paid work outside of the prison	20 (14%)	16 (11%)	112 (76%)

16.3 Do staff encourage you to attend education, training or work?

Yes	62 (38%)
No	88 (54%)
Not applicable (e.g. if you are retired, sick or on remand)	14 (9%)

Planning and progression

Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes	45 (27%)	
No	122 (73%)	

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	40 (91%)
No	2 (5%)
Don't know what my objectives or targets are	2 (5%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	18 (44%)
No	21 (51%)
Don't know what my objectives or targets are	2 (5%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this	No, this	Not done
	helped	didn't help	/don't know
Offending behaviour programmes	11 (28%)	7 (18%)	22 (55%)
Other programmes	13 (34%)	3 (8%)	22 (58%)
One to one work	7 (18%)	4 (11%)	27 (71%)
Being on a specialist unit	I (3%)	I (3%)	31 (94%)
ROTL - day or overnight release	I (3%)	I (3%)	30 (94%)

Prepar	ation for release			
18.1	Do you expect to be released in the next 3 months	s?		
- • -	Yes			28 (17%)
	No		•	113 (67%)
	Don't know			27 (16%)
18.2	How close is this prison to your home area or inte	nded release addre	557	
10.2	Very near			5 (19%)
	Quite near			15 (56%)
	Quite far			5 (19%)
	Very far			2 (7%)
18.3	Is anybody helping you to prepare for your release responsible officer, case worker)?			
	Yes			10 (38%)
	No		····	16 (62%)
18.4	Are you getting help to sort out the following thin			
		Yes, I'm	No, but	No, and I
		getting help	•	
		with this		help with this
	Finding accommodation	4 (15%)	17 (65%)	
	Getting employment	2 (8%)	14 (56%)	
	Setting up education or training	I (4%)	14 (56%)	10 (40%)
	Arranging benefits	I (4%)	15 (63%)	8 (33%)
	Sorting out finances	0 (0%)	15 (58%)	, ,
	Support for drug or alcohol problems	4 (17%)	7 (30%)	12 (52%)
	Health / mental health support	2 (8%)	13 (52%)	, ,
	Social care support	0 (0%)	,	` '
	Getting back in touch with family or friends	3 (12%)	11 (44%)	11 (44%)
More a	bout you			
10.1	De very house shildren on den the case of 102			
19.1	Do you have children under the age of 18?			00 (53%)
	Yes			89 (53%)
	No		••••	80 (47%)
19.2	Are you a UK / British citizen?			
	Yes			148 (87%)
	No		·····	23 (13%)
19.3	Are you from a traveller community (e.g. Gypsy, F	Roma, Irish Travelle	er)?	
	Yes		•	11 (7%)
	No			157 (93%)
19.4	Have you ever been in the armed services (e.g. arm	mv. navv. air force)	?	
	Yes	• •		7 (4%)
	No			163 (96%)
19.5	What is your gender?			
17.3	Male			168 (99%)
				I (I%)
	Female			
	Female Non-binary			
	Non-binary Other			0 (0%) 1 (1%)

19.6	How would you describe your sexual orientation? Straight / heterosexual	166 (98%)
	Gay / lesbian / homosexual	I (I%)
	Bisexual	2 (1%)
	Other	0 (0%)

Final questions about this prison

20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend	22 (13%)
Less likely to offend	73 (44%)
Made no difference	72 (43%)

3 (2%) 159 (98%)

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Belmarsh 2018 are compared with the following HMIP survey data:

Shading is used to indicate statistical significance*, as follows:

- Summary statistics from most recent surveys of all other local prisons (33 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (5 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP Belmarsh in 2018 are compared with those from HMP Belmarsh in 2015. Please note that we do not have comparable data for the new questions introduced in September 2017.

Jiladii	is is used to indicate statistical significance, as follows:				_		
	Green shading shows results that are significantly more positive than the comparator				surveyed		
	Blue shading shows results that are significantly more negative than the comparator	_	su		ns sur 17		
	Orange shading shows significant differences in demographics and background information	2018	prisons	2018	prisons er 2017		
	No shading means that differences are not significant and may have occurred by chance	HMP Belmarsh 2018	local	HMP Belmarsh	other local prisons ce September 2017	2018	2015
	Grey shading indicates that we have no valid data for this question	P Beli	other local	P Beli	other e Sep	Belmarsh 20	Belmarsh 20
	* less than 1% probability that the difference is due to chance	Σ	¥	Σ	All ot	Bell	Bell
	Number of completed questionnaires returned	178	6,000	178	901	178	202
DEM	n=number of valid responses to question (HMP Belmarsh 2018)						
	OGRAPHICS AND OTHER BACKGROUND INFORMATION		l		l		
1.2	Are you under 21 years of age?	9%	5%	9%	3%	9%	10%
	Are you 25 years of age or younger?	32%		32%	20%	32%	
	Are you 50 years of age or older?	14%	12%	14%	13%	14%	10%
	Are you 70 years of age or older?	1%	2%	1%	1%	1%	2%
1.3	Are you from a minority ethnic group? $n=175$	53%	23%	53%	18%	53%	57%
1.4	Have you been in this prison for less than 6 months?	42%		42%	66%	42%	
1.5	Are you currently serving a sentence? n=172	73%	70%	73%	71%	73%	65%
	Are you on recall? n=172	8%	11%	8%	14%	8%	7%
1.6	Is your sentence less than 12 months? n=170	7%	21%	7%	24%	7%	14%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)? $n=170$	2%	3%	2%	4%	2%	2%
7.1	Are you Muslim? n=177	22%	12%	22%	10%	22%	27%
11.3	Do you have any mental health problems? n=170	42%		42%	52%	42%	
12.1	Do you consider yourself to have a disability? n=173	32%	32%	32%	41%	32%	19%
19.1	Do you have any children under the age of 18? n=169	53%	53%	53%	56%	53%	51%
19.2	Are you a foreign national?	14%	11%	14%	6%	14%	19%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	5%	7%	4%	7%	4%
19.4	Have you ever been in the armed services? $n=170$	4%	6%	4%	7%	4%	4%
19.5	Is your gender female or non-binary? n=170	1%		1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation? n=169	2%	3%	2%	4%	2%	1%
19.7	Do you identify as transgender or transsexual? n=162	2%		2%	2%	2%	
ARR	IVAL AND RECEPTION				•		
2.1	Were you given up-to-date information about this prison before you came here? $n=172$	13%		13%	17%	13%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	41%	41%	41%	39%	41%	41%
2.3	When you were searched in reception, was this done in a respectful way?	60%	78%	60%	78%	60%	56%
2.4	Overall, were you treated very / quite well in reception? n=173	57%		57%	76%	57%	
	1						

			1		1		ı
Shadii	ng is used to indicate statistical significance*, as follows:				D.		
	Green shading shows results that are significantly more positive than the comparator				surveyed		
	Blue shading shows results that are significantly more negative than the comparator	∞	suc	8	isons su 2017		
	Orange shading shows significant differences in demographics and background information	HMP Belmarsh 2018	other local prisons	HMP Belmarsh 2018	other local prisons ce September 2017		
	No shading means that differences are not significant and may have occurred by chance	mars	local	mars	her local pr September	Belmarsh 2018	Belmarsh 2015
	Grey shading indicates that we have no valid data for this question	P Bel	other	P Bel	other e Sep	marsh	marsh
	* less than 1% probability that the difference is due to chance	Ξ	Ā	Σ	All ot	Beli	Bel
	Number of completed questionnaires returned	178	6,000	178	901	178	202
2.5	n=number of valid responses to question (HMP Belmarsh 2018)	010/	0.10/	010/	000/	010/	0.00/
2.5	When you first arrived, did you have any problems? n=173 Did you have problems with:	91%	81%	91%	88%	91%	80%
2.5	- Getting phone numbers? n=173	49%	35%	49%	45%	49%	36%
	- Contacting family?	51%	37%	51%	45%	51%	36%
			31/0				30%
	- Arranging care for children or other dependents? n=173	6%		6%	5%	6%	
	- Contacting employers? n=173	6%	6%	6%	7%	6%	7%
	- Money worries? n=173	24%	25%	24%	29%	24%	18%
	- Housing worries? n=173	17%	24%	17%	27%	17%	21%
	- Feeling depressed? n=173	49%		49%	48%	49%	
	- Feeling suicidal? n=173	15%		15%	19%	15%	
	- Other mental health problems? n=173	20%		20%	30%	20%	
	- Physical health problems n=173	19%	19%	19%	20%	19%	17%
	- Drugs or alcohol (e.g. withdrawal)?	12%		12%	27%	12%	
	- Getting medication? n=173	22%		22%	33%	22%	
	- Needing protection from other prisoners? n=173	11%	10%	11%	12%	11%	6%
	- Lost or delayed property? n=173	31%	17%	31%	16%	31%	15%
2.	For those who had any problems when they first arrived:	28%	330/	200/	310/	200/	330/
2.6	Did staff help you to deal with these problems? n=148	20%	32%	28%	31%	28%	32%
	T NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered: - Tobacco or nicotine replacement? n=171	67%	71%	67%	77%	67%	72%
	'						
	- Toiletries / other basic items? n=171	59%	58%	59%	54%	59%	65%
	- A shower? n=171	9%	30%	9%	47%	9%	9%
	- A free phone call? n=171	52%	51%	52%	61%	52%	65%
	- Something to eat? n=171	83%	71%	83%	77%	83%	76%
	- The chance to see someone from health care? n=171	67%	65%	67%	65%	67%	72%
	- The chance to talk to a Listener or Samaritans? n=171	22%	30%	22%	26%	22%	29%
	- Support from another prisoner (e.g. Insider or buddy)? n=171	16%		16%	22%	16%	
	- None of these? n=171	4%		4%	4%	4%	
3.2	On your first night in this prison, was your cell very / quite clean? n=178	33%		33%	26%	33%	
3.3	Did you feel safe on your first night here?	57%	65%	57%	62%	57%	63%
3.4	In your first few days here, did you get?	31/0	03/6	31/6	U 1 /0	31/0	UJ /6
	- Access to the prison shop / canteen?	23%	24%	23%	39%	23%	20%
	- Free PIN phone credit?	44%		44%	56%	44%	
		28%		28%	38%	28%	
_	- Numbers put on your PIN phone? n=167						
3.5	Have you had an induction at this prison? n=172	91%	77%	91%	83%	91%	80%
3.5	For those who have had an induction: Did your induction cover everything you needed to know about this prison? n=157	42%		42%	49%	42%	
3.3	Dia your induction cover everything you needed to know about this prison:	7£/0		72/0	77/0	74/0	

Shading is used to indicate statistical significance*, as follows: Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator All other local prisons s since September 2017 All other local prisons HMP Belmarsh 2018 HMP Belmarsh 2018 Orange shading shows significant differences in demographics and background information Belmarsh 2018 No shading means that differences are not significant and may have occurred by chance Belmarsh 20 Grey shading indicates that we have no valid data for this question st less than 1% probability that the difference is due to chance Number of completed questionnaires returned 6,000 202 n=number of valid responses to question (HMP Belmarsh 2018)

ON THE WING 37% 27% 37% Are you in a cell on your own? n = 1.7637% 4.1 17% 4.2 n = 1749% 22% 9% 25% Is your cell call bell normally answered within 5 minutes? 9% On the wing or houseblock you currently live on: 4.3 - Do you normally have enough clean, suitable clothes for the week? n=169 49% 47% 49% **52**% 49% 56% - Can you shower every day? n = 17417% 75% 17% **79**% 17% 49% - Do you have clean sheets every week? 31% 60% 31% **57**% 31% 56% n = 176- Do you get cell cleaning materials every week? n = 17238% 48% 38% 46% 38% **57**% 51% - Is it normally quiet enough for you to relax or sleep at night? n = 17548% 53% 48% 48% 58% 11% 11% 19% 23% 16% n = 17211% - Can you get your stored property if you need it? 4.4 Are the communal / shared areas of your wing or houseblook normally very / quite clean? n = 17559% 59% 56% 59% **FOOD AND CANTEEN** 5.1 Is the quality of the food in this prison very / quite good? n = 17335% 35% 33% 35% n = 17730% 30% 26% 30% 5.2 Do you get enough to eat at meal-times always / most of the time? 55% 5.3 Does the shop / canteen sell the things that you need? n = 17555% 50% 64% 55% 33% **RELATIONSHIPS WITH STAFF** 71% **57**% 66% **57**% 69% 6. I Do most staff here treat you with respect? n = 172**57%** Are there any staff here you could turn to if you had a problem? n = 17362% 68% 62% 70% 62% 69% 23% 30% 6.3 In the last week, has any member of staff talked to you about how you are getting on? n = 17528% 23% 23% 29% 57% 57% 57% 6.4 Do you have a personal officer? n = 16858% For those who have a personal officer: Is your personal or named officer very / quite helpful? n = 9.533% 33% 46% 33% 6.4 n=176 8% 8% **7**% 8% 6.5 Do you regularly see prison governors, directors or senior managers talking to prisoners? 37% 6.6 Do you feel that you are treated as an individual in this prison? n = 17130% 30% 30% 6.7 Are prisoners here consulted about things like food, canteen, health care or wing issues? n = 17542% 42% 38% 42% n=73 34% If so, do things sometimes change? 33% 33% **FAITH** 68% 67% 82% 84% 7. I Do you have a religion? n = 17782% 82% For those who have a religion: 7.2 65% 65% 64% 65% Are your religious beliefs respected here? n = 14162% 67% 62% 7.3 Are you able to speak to a Chaplain of your faith in private, if you want to? n = 14462% n=145 84% 84% 83% 84% 7.4 Are you able to attend religious services, if you want to?

Shadir	ng is used to indicate statistical significance*, as follows:				_		
	Green shading shows results that are significantly more positive than the comparator				rveye		
	Blue shading shows results that are significantly more negative than the comparator		us	_	ns sui 17		
	Orange shading shows significant differences in demographics and background information	HMP Belmarsh 2018	All other local prisons	HMP Belmarsh 2018	All other local prisons surveyed since September 2017	_	10
	No shading means that differences are not significant and may have occurred by chance	lmars	· local	mars	· local	Belmarsh 2018	Belmarsh 2015
	Grey shading indicates that we have no valid data for this question	P Be	other	P Be	other Se Sep	mars	mars
	* less than 1% probability that the difference is due to chance				All		
	Number of completed questionnaires returned	178	6,000	178	901	178	202
CON	n=number of valid responses to question (HMP Belmarsh 2018) TACT WITH FAMILY AND FRIENDS						
		22%		22%	25%	22%	
8.1			400/				E 00/
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	69%	49%	69%	54%	69%	58%
8.3	Are you able to use a phone every day (if you have credit)? n=176	19%		19%	80%	19%	
8.4	Is it very / quite easy for your family and friends to get here? $n=172$	38%		38%	49%	38%	
8.5	Do you get visits from family/friends once a week or more? n=169	15%		15%	24%	15%	
8.6	For those who get visits: Do visits usually start and finish on time? n=123	40%		40%	51%	40%	
8.7		63%		-	75%		
-	Are your visitors usually treated respectfully by staff?	63%		63%	75%	63%	
	OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here? n=170	67%		67%	82%	67%	
9.1	For those who know what the unlock and lock-up times are supposed to be: Are these times usually kept to? n=113	36%		36%	47%	36%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday? n=171	47%	30%	47%	34%	47%	24%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	8%	2%	7%	2%	8%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday? n=175	71%	0/8	71%	60%	71%	0/6
7.3		1%		1%	1%	1%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?						
9.4	Do you have time to do domestics more than 5 days in a typical week? n=174	6%		6%	44%	6%	
9.5	Do you get association more than 5 days in a typical week, if you want it? n=174	6%		6%	47%	6%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to? $n=174$	20%		20%	46%	20%	
9.7	Do you typically go to the gym twice a week or more? n=172	26%		26%	38%	26%	
9.8	Do you typically go to the library twice a week or more? n=175	7%	6%	7%	14%	7%	3%
9.9	For those who use the library:	43%	53%	43%	53%	43%	31%
	Does the library have a wide enough range of materials to meet your needs? n=102	43%	33%	43%	33%	43%	31%
	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		I				
10.1	Is it easy for you to make an application? n=176 For those who have made an application:	64%	70%	64%	67%	64%	71%
10.2	Are applications usually dealt with fairly? n=143	36%	46%	36%	43%	36%	40%
10.2	Are applications usually dealt with within 7 days?	15%	31%	15%	27%	15%	22%
10.3		56%	48%				54%
10.3	Is it easy for you to make a complaint? n=172 For those who have made a complaint:	30%	70%	56%	53%	56%	J4%
10.4	Are complaints usually dealt with fairly?	24%	26%	24%	26%	24%	23%
	Are complaints usually dealt with within 7 days?	15%	21%	15%	20%	15%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to? n=139	30%		30%	31%	30%	
	and the state of t	3070		20/3	/ 0	23/0	

Shading is used to indicate statistical significance*, as follows: All other local prisons surveyed Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator ince September 2017 All other local prisons HMP Belmarsh 2018 **HMP Belmarsh 2018** Orange shading shows significant differences in demographics and background information Belmarsh 2018 Belmarsh 2015 No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance 178 178 Number of completed questionnaires returned 6,000 901 202 n=number of valid responses to question (HMP Belmarsh 2018) For those who need it, is it easy to: 39% 33% Communicate with your solicitor or legal representative? n = 15133% 54% Attend legal visits? n = 14754% 57% Get bail information? n=109 11% 11% 16% 11% For those who have had legal letters: Have staff here ever opened letters from your solicitor or legal representative when you were not n = 14354% 51% 54% 48% 50% 10.7 54% **HEALTH CARE** Is it very / quite easy to see: - Doctor? n=169 24% 24% 19% 24% - Nurse? n=166 50% 50% 42% 50% 19% 19% - Dentist? n=166 9% - Mental health workers? n=168 17% 17% 18% 17% 11.2 Do you think the quality of the health service is very / quite good from: - Doctor? n = 17145% 45% 35% 45% 48% 46% 46% - Nurse? n = 16846% - Dentist? n = 16831% 31% 23% 31% - Mental health workers? 21% 21% 26% 21% n = 165n = 17042% 42% 52% 42% 11.3 Do you have any mental health problems? For those who have mental health problems: Have you been helped with your mental health problems in this prison? n = 7235% 35% 33% 35% 28% 28% 33% 28% 11.5 Do you think the overall quality of the health services here is very / quite good? n = 172OTHER SUPPORT NEEDS 32% 32% 41% 19% 12.1 Do you consider yourself to have a disability? n = 17332% 32% For those who have a disability: 25% 23% 23% 23% 12.2 Are you getting the support you need? n = 5212.3 Have you been on an ACCT in this prison? n = 16718% 18% 23% 18% For those who have been on an ACCT: 12.4 Did you feel cared for by staff? n=3145% 45% 39% 45% 46% 12.5 Is it very / quite easy for you to speak to a Listener if you need to? n = 17040% 40% 40% **ALCOHOL AND DRUGS** 13.1 Did you have an alcohol problem when you came into this prison? n = 17518% 22% 18% 24% 18% 14% For those who had / have an alcohol problem: **77**% 77% 53% 57% 77% 54% 13.2 Have you been helped with your alcohol problem in this prison? n=31Did you have a drug problem when you came into this prison (including illicit drugs and medication not n = 17224% 35% 24% 35% 24% 17% 13.3 prescribed to you)? 10% 13% 10% 18% 10% 3% Have you developed a problem with illicit drugs since you have been in this prison? n = 17413.4 Have you developed a problem with taking medication not prescribed to you since you have been in this n = 1739% 9% 12% 9% 13.5 prison? For those who had / have a drug problem: 51% 56% 13.6 Have you been helped with your drug problem in this prison? 40% 55% 40% 13.7 Is it very / quite easy to get illicit drugs in this prison? n = 17229% **29**% **57**% 29%

Shading is used to indicate statistical significance*, as follows: Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator All other local prisons since September 2017 All other local prisons HMP Belmarsh 2018 HMP Belmarsh 2018 Orange shading shows significant differences in demographics and background information Belmarsh 2018 Belmarsh 2015 No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance Number of completed questionnaires returned 6,000 n=number of valid responses to question (HMP Belmarsh 2018) 11% 11% 29% 13.8 Is it very / quite easy to get alcohol in this prison? n = 17311% SAFETY 58% 54% 58% 63% 58% 53% 14.1 Have you ever felt unsafe here? n = 1.7525% 30% 24% n = 17331% 31% 31% 14.2 Do you feel unsafe now? 14.3 Have you experienced any of the following from other prisoners here: - Verbal abuse? n = 17037% 37% 40% 37% - Threats or intimidation? n = 17028% 28% 38% 28% - Physical assault? n = 17019% 19% 20% 19% - Sexual assault? n = 1702% 2% 2% 2% - Theft of canteen or property? n = 17029% 29% 29% 29% 16% 20% 16% - Other bullying / victimisation? n = 17016% 48% - Not experienced any of these from prisoners here n = 17048% 65% 48% 47% 63% 32% 14.4 If you were being bullied / victimised by other prisoners here, would you report it? 36% 36% 36% n = 16414.5 Have you experienced any of the following from staff here: - Verbal abuse? n=165 44% 44% 34% 44% 32% - Threats or intimidation? n=165 32% 32% 26% - Physical assault? n = 16521% 21% 14% 21% - Sexual assault? 3% 2% 3% n = 1653% - Theft of canteen or property? n=165 17% 17% 10% 17% 26% - Other bullying / victimisation? n=165 26% 17% 26% 55% 55% - Not experienced any of these from staff here n=165 44% 67% 44% 44% 39% 39% 45% 39% 14.6 If you were being bullied / victimised by staff here, would you report it? n = 168**BEHAVIOUR MANAGEMENT** 41% 41% 38% 41% Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well? n = 16815.1 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison? 15.2 n=169 27% 27% 36% 27% 14% 10% 15.3 Have you been physically restrained by staff in this prison, in the last 6 months? n = 17418% 18% 18% For those who have been restrained in the last 6 months: Did anyone come and talk to you about it afterwards? 4% 16% 15.4 n = 284% 4% 17% 9% 19% 9% 9% 15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months? n = 1719% For those who have spent one or more nights in the segregation unit in the last 6 months: 15.6 40% 40% 52% 40% Were you treated well by segregation staff? n = 1.521% 21% n = 1421% 56% Could you shower every day? 27% 27% **59**% 27% Could you go outside for exercise every day? n = 1.5Could you use the phone every day (if you had credit)? n=15 27% 27% 49% 27%

Shading is used to indicate statistical significance*, as follows: All other local prisons surveyed since September 2017 Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator All other local prisons HMP Belmarsh 2018 HMP Belmarsh 2018 Orange shading shows significant differences in demographics and background information Belmarsh 2018 Belmarsh 2015 No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance 6,000 90 I 178 202 Number of completed questionnaires returned n=number of valid responses to question (HMP Belmarsh 2018) **EDUCATION, SKILLS AND WORK** In this prison, is it easy to get into the following activities: **57**% 49% - Education? n=166 49% 49% 10% 28% 10% - Vocational or skills training? n = 16310% - Prison job? n = 16718% 18% 38% 18% 1% 4% 1% - Voluntary work outside of the prison? n = 1621% - Paid work outside of the prison? n=162 1% 1% 4% 1% 16.2 In this prison, have you done the following activities: - Education? n=161 73% 68% 73% **75**% 73% 76% - Vocational or skills training? n = 15255% 43% 55% 43% 60% - Prison job? n=155 69% 72% 69% 74% 69% **75**% - Voluntary work outside of the prison? n = 14724% 24% 33% 24% - Paid work outside of the prison? 24% 24% 33% 24% n = 148For those who have done the following activities, do you think they will help you on release: - Education? n = 11760% 48% 60% 53% 60% 62% - Vocational or skills training? 58% 42% 58% 53% 58% 51% n=66 - Prison job? n = 10736% 38% 36% 41% 36% 35% - Voluntary work outside of the prison? n=35 51% 51% 43% 51% 56% 50% 56% - Paid work outside of the prison? n=36 Do staff encourage you to attend education, training or work? n = 15041% 41% 48% 41% PLANNING AND PROGRESSION 27% 27% 24% 27% 17.1 Do you have a custody plan? n = 167For those who have a custody plan: 17.2 91% 91% 76% 91% Do you understand what you need to do to achieve your objectives or targets? n = 44n=41 44% 44% 44% 44% 17.3 Are staff helping you to achieve your objectives or targets? 17.4 In this prison, have you done: 45% 45% 41% 45% - Offending behaviour programmes? 42% 45% 42% - Other programmes? n = 3842% 29% 29% 39% 29% - One to one work? - Been on a specialist unit? n=33 6% 6% 25% 6% 22% - ROTL - day or overnight release? n=32 6% 6% 6% For those who have done the following, did they help you to achieve your objectives or targets: 63% 61% - Offending behaviour programmes? n = 1.861% 61% 81% 81% 62% 81% - Other programmes? n = 1664% 64% **57**% 64% - One to one work? n=11- Being on a specialist unit? n=2 50% 50% 44% 50%

n=2

50%

50%

43%

50%

- ROTL - day or overnight release?

Shading is used to indicate statistical significance*, as follows: All other local prisons surveyed since September 2017 Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator All other local prisons HMP Belmarsh 2018 HMP Belmarsh 2018 Orange shading shows significant differences in demographics and background information Belmarsh 2018 Belmarsh 2015 No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance Number of completed questionnaires returned 6,000 202 n=number of valid responses to question (HMP Belmarsh 2018)

PREPARATION FOR RELEASE 17% 35% 17% 18.1 Do you expect to be released in the next 3 months? n=168 17% For those who expect to be released in the next 3 months: 18.2 Is this prison very / quite near to your home area or intended release address? n=27 74% 74% 63% 74% 18.3 n=26 39% 39% 42% 39% Is anybody helping you to prepare for your release? 18.4 Do you need help to sort out the following for when you are released: 81% n = 2681% 81% 63% - Finding accommodation? n = 2.564% 62% 64% - Getting employment? 64% - Setting up education or training? n=25 60% 60% 44% 60% - Arranging benefits? 67% 67% 69% 67% n = 24- Sorting out finances? 58% 58% 58% 56% n=26 48% 48% 51% 48% - Support for drug or alcohol problems? n = 2.3- Health / mental Health support? n=25 60% 60% 61% 60% - Social care support? n=23 44% 44% 43% 44% - Getting back in touch with family or friends? n=25 56% 56% 40% 56% 18.4 Are you getting help to sort out the following for when you are released, if you need it: n=21 19% 34% 19% - Finding accommodation? 19% 13% 13% 19% 13% - Getting employment? n = 16n=15 **7**% **7**% 17% **7**% - Setting up education or training? - Arranging benefits? n=16 6% 6% 24% 6% - Sorting out finances? n = 1.50% 0% 19% 0% - Support for drug or alcohol problems? n=1136% 36% 45% 36% - Health / mental Health support? n = 1.513% 13% 21% 13% - Social care support? 19% n = 100% 0% 0% - Getting back in touch with family or friends? 21% 21% 25% 21% n = 14

n = 167

44%

48%

44%

44%

FINAL QUESTION ABOUT THIS PRISON

Do you think your experiences in this prison have made you less likely to offend in the future?

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

Shading is used to indicate statistical significance*, as follows:

- Responses of prisoners from black and minority ethnic groups are compared with those of white prisoners.
- Muslim prisoners' responses are compared with those of non-Muslim prisoners.

Please note that these analyses are based on summary data from selected survey questions only.

Green shading shows results that are significantly more positive than the comparator

	Blue shading shows results that are significantly more negative than the comparator Orange shading shows significant differences in demographics and background information No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance	Black and minority ethnic	White
	Number of completed questionnaires returned	92	83
DEM	OGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 21 years of age?	9%	9%
	Are you 50 years of age or older?	10%	18%
1.3	Are you from a minority ethnic group?		
7.1	Are you Muslim?	33%	7%
11.3	Do you have any mental health problems?	34%	52%
12.1	Do you consider yourself to have a disability?	31%	35%
19.2	Are you a foreign national?	16%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	14%
ARRI	VAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	50%	74%
2.4	Overall, were you treated very / quite well in reception?	48%	69%
2.5	When you first arrived, did you have any problems?	91%	91%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	23%	33%
FIRS	T NIGHT AND INDUCTION	<u> </u>	
3.3	Did you feel safe on your first night here?	48%	67%
3.5	Have you had an induction at this prison?	88%	95%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	39%	45%
ON T	THE WING	<u> </u>	
4.2	Is your cell call bell normally answered within 5 minutes?	7%	12%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	48%	51%

39	Muslim
138	Non-Muslim

3%

0%

83%

30%

27%

19%

0%

45%

53%

87%

19%

53%

90%

46%

13%

47%

10%

18%

44%

46% 33%

12%

8%

64%

58%

92%

30%

58%

92%

41%

8%

49%

Shadir	ng is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator	thnic	
	Orange shading shows significant differences in demographics and background information	Black and minority ethnic	
	No shading means that differences are not significant and may have occurred by chance	mino	
	Grey shading indicates that we have no valid data for this question	ck and	ite
	* less than 1% probability that the difference is due to chance	Blac	White
	Number of completed questionnaires returned	92	83
		1	I

	- Can you shower every day?	12%	22%
	- Do you have clean sheets every week?	28%	37%
	- Do you get cell cleaning materials every week?	38%	41%
	- Is it normally quiet enough for you to relax or sleep at night?	55%	42%
	- Can you get your stored property if you need it?	8%	14%
FOO	D AND CANTEEN		<u>I</u>
5.2	Do you get enough to eat at meal-times always / most of the time?	25%	35%
5.3	Does the shop / canteen sell the things that you need?	48%	63%
RELA	TIONSHIPS WITH STAFF		<u> </u>
6.1	Do most staff here treat you with respect?	52%	64%
6.2	Are there any staff here you could turn to if you had a problem?	53%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	20%	27%
6.6	Do you feel that you are treated as an individual in this prison?	26%	35%
FAIT			
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	59%	75%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	64%	60%
CON	TACT WITH FAMILY AND FRIENDS		ı
8.1	Have staff here encouraged you to keep in touch with your family / friends?	19%	26%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	68%	69%
8.3	Are you able to use a phone every day (if you have credit)?	15%	23%
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	55%	75%
TIME	OUT OF CELL		ı
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	48%	46%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	1%	4%
	For those who use the library:		<u> </u>
9.9	Does the library have a wide enough range of materials to meet your needs?	38%	53%
APPL	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		<u>I</u>
10.1	Is it easy for you to make an application?	65%	64%

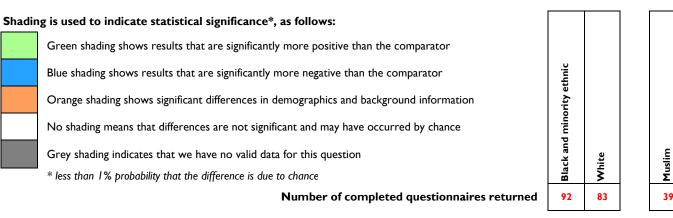
walim Muslim	Non-Muslim
18%	16%
32%	31%
37%	39%
53%	46%
11%	10%
18%	33%
47%	57%
44%	60%
54%	64%
11%	27%
37%	29%
60%	67%
63%	61%
15%	24%
66%	70%
15%	20%
48%	67%
12	45.5
40%	49%
3%	2%
50%	42%
1001	/=0/
62%	65%

Shading is used to indicate statistical significance*, as follows:					
	Green shading shows results that are significantly more positive than the comparator				
	Blue shading shows results that are significantly more negative than the comparator	thnic			
	Orange shading shows significant differences in demographics and background information	minority ethnic			
	No shading means that differences are not significant and may have occurred by chance				
	Grey shading indicates that we have no valid data for this question	ck and	ite		
	* less than 1% probability that the difference is due to chance	Black	White		
	Number of completed questionnaires returned	92	83		

	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	37%	35%
10.3	Is it easy for you to make a complaint?	62%	51%
	For those who have made a complaint:		I
10.4	Are complaints usually dealt with fairly?	27%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	34%	26%
HEA	LTH CARE		
11.1	Is it very / quite easy to see:		
	- Doctor?	23%	26%
	- Nurse?	49%	52%
	- Dentist?	22%	16%
	- Mental health workers?	15%	20%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	32%	37%
11.5	Do you think the overall quality of the health services here is very / quite good?	28%	29%
отн	ER SUPPORT NEEDS		
	For those who have a disability:		
12.2	Are you getting the support you need?	20%	26%
SAFE	TY		
14.1	Have you ever felt unsafe here?	66%	49%
14.2	Do you feel unsafe now?	35%	26%
14.3	Not experienced bullying / victimisation by other prisoners	48%	48%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	35%	37%
14.5	Not experienced bullying / victimisation by members of staff	38%	52%
14.6	If you were being bullied / victimised by staff here, would you report it?	39%	39%
BEH	AVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	41%	42%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	21%	34%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	18%	18%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	7%	11%
		•	•

Black and minority ethnic	hite		uslim	Non-Muslim	
Black a	White		Muslim	M-uoN	
92	83		39	138	
	•	1		•	
37%	350/		200/	370/	
51%	35%	I	28%	37%	

39	138
28%	37%
53%	56%
23%	23%
32%	29%
22%	25%
44%	51%
21%	18%
11%	18%
20%	37%
19%	30%
11%	26%
	F00/
55%	59%
32%	31%
32%	31%
32% 56%	31% 46%
32% 56% 26%	31% 46% 38%
32% 56% 26% 46%	31% 46% 38% 44%
32% 56% 26% 46%	31% 46% 38% 44%
32% 56% 26% 46% 28%	31% 46% 38% 44% 43%
32% 56% 26% 46% 28%	31% 46% 38% 44% 43%



EDU	CATION, SKILLS AND WORK				
16.3	Do staff encourage you to attend education, training or work?				
PLAN	INING AND PROGRESSION				
17.1	Do you have a custody plan?	33%	21%		
	For those who have a custody plan:				
17.3	Are staff helping you to achieve your objectives or targets?	31%	67%		
PREP	ARATION FOR RELEASE				
	For those who expect to be released in the next 3 months:				
18.3	Is anybody helping you to prepare for your release?	46%	33%		
FINA	L QUESTION ABOUT THIS PRISON				
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	39%	50%		

35%	44%
26%	27%
33%	48%
25%	41%
	_
31%	47%

Non-Muslim

138

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of foreign national prisoners are compared with those of British national prisoners Please note that these analyses are based on summary data from selected survey questions only.

Shadin	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information	le.	
	No shading means that differences are not significant and may have occurred by chance	ational	national
	Grey shading indicates that we have no valid data for this question	eign n	British na
	* less than 1% probability that the difference is due to chance	For	Brit
	Number of completed questionnaires returned	23	148

DEM	OGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 21 years of age?	0%	109
	Are you 50 years of age or older?	17%	129
1.3	Are you from a minority ethnic group?	61%	509
7.1	Are you Muslim?	30%	209
11.3	Do you have any mental health problems?	36%	429
12.1	Do you consider yourself to have a disability?	13%	349
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	8%
ARRI	VAL AND RECEPTION		ı
2.3	When you were searched in reception, was this done in a respectful way?	70%	589
2.4	Overall, were you treated very / quite well in reception?	70%	55
2.5	When you first arrived, did you have any problems?	96%	90
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	35%	269
FIRST	Γ NIGHT AND INDUCTION		
3.3	Did you feel safe on your first night here?	52%	589
3.5	Have you had an induction at this prison?	82%	929
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	61%	409
ON T	HE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	14%	8%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	44%	50
	- Can you shower every day?	14%	17
	- Do you have clean sheets every week?	35%	31
	- Do you get cell cleaning materials every week?	46%	38
	- Is it normally quiet enough for you to relax or sleep at night?	44%	48
	- Can you get your stored property if you need it?	22%	99

Sha	ling is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information	-e	_
	No shading means that differences are not significant and may have occurred by chance	Foreign national	ational
	Grey shading indicates that we have no valid data for this question	eign r	ritish na
	* less than 1% probability that the difference is due to chance	For	Brit
	Number of completed questionnaires returned	23	148

		-	
FOO	D AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	35%	28%
5.3	Does the shop / canteen sell the things that you need?	65%	54%
RELA	TIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	68%	55%
6.2	Are there any staff here you could turn to if you had a problem?	71%	61%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	13%	26%
6.6	Do you feel that you are treated as an individual in this prison?	41%	28%
FAIT	н		I
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	81%	64%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	59%
CON	TACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	26%	21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	61%	72%
8.3	Are you able to use a phone every day (if you have credit)?	26%	16%
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	91%	61%
TIME	OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	13%	52%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	2%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	47%	41%
APPL	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	61%	66%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	45%	34%
10.3	Is it easy for you to make a complaint?	50%	56%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	29%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	7%	34%

Shadii	ng is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information	-	
	No shading means that differences are not significant and may have occurred by chance	national	national
	Grey shading indicates that we have no valid data for this question	eign n	British na
	* less than 1% probability that the difference is due to chance	For	Bri
	Number of completed questionnaires returned	23	148

		1	
HEAL	TH CARE		
11.1	Is it very / quite easy to see:		ı
	- Doctor?	32%	23%
	- Nurse?	68%	48%
	- Dentist?	33%	16%
	- Mental health workers?	23%	17%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	67%	30%
11.5	Do you think the overall quality of the health services here is very / quite good?	52%	24%
отн	ER SUPPORT NEEDS		
	For those who have a disability:		
12.2	Are you getting the support you need?	0%	21%
SAFE	тү		
14.1	Have you ever felt unsafe here?	48%	60%
14.2	Do you feel unsafe now?	22%	32%
14.3	Not experienced bullying / victimisation by other prisoners	55%	47%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	57%	32%
14.5	Not experienced bullying / victimisation by members of staff	50%	43%
14.6	If you were being bullied / victimised by staff here, would you report it?	48%	38%
BEHA	VIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	46%	40%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	35%	25%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	22%	18%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	10%
EDU	CATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	50%	40%
PLAN	INING AND PROGRESSION		
17.1	Do you have a custody plan?	27%	27%
	For those who have a custody plan:		
17.3	Are staff helping you to achieve your objectives or targets?	20%	47%
PREP	ARATION FOR RELEASE		
	For those who expect to be released in the next 3 months:		
18.3	Is anybody helping you to prepare for your release?	75%	32%
FINA	L QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	55%	43%

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

Shading is used to indicate statistical significance*, as follows:

- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems.
- Disabled prisoners' responses are compared with those of prisoners who do not have a disability

Please note that these analyses are based on summary data from selected survey questions only.

Green shading shows results that are significantly more positive than the comparator

Blue shading shows results that are significantly more negative than the comparator

mental health problems Mental health problems Orange shading shows significant differences in demographics and background information No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question ŝ * less than 1% probability that the difference is due to chance Number of completed questionnaires returned 99 **DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION** 1.2 Are you under 21 years of age? 10% 8% 16% 12% Are you 50 years of age or older? 42% 60% 1.3 Are you from a minority ethnic group? Are you Muslim? 16% 27% 7.1 11.3 Do you have any mental health problems? 54% 17% 12.1 Do you consider yourself to have a disability? 19.2 Are you a foreign national? 12% 14% 19.3 Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller) 13% 1% **ARRIVAL AND RECEPTION** 65% **57%** 2.3 When you were searched in reception, was this done in a respectful way? Overall, were you treated very / quite well in reception? 59% 57% 2.4 97% 87% 2.5 When you first arrived, did you have any problems? For those who had any problems when they first arrived: 30% 24% 2.6 Did staff help you to deal with these problems? FIRST NIGHT AND INDUCTION 60% 3.3 Did you feel safe on your first night here? 53% 3.5 91% 91% Have you had an induction at this prison? For those who have had an induction: 46% 41% 3.5 Did your induction cover everything you needed to know about this prison? ON THE WING 9% 4.2 Is your cell call bell normally answered within 5 minutes? 9% 4.3 On the wing or houseblock you currently live on:

- Do you normally have enough clean, suitable clothes for the week?

56	Have a disability
117	Do not have a disability

13%

18%

48%

18%

69%

6%

12%

55%

51%

94%

25%

49%

91%

44%

7%

34%

44%

53%

7% 11%

54%

23%

29%

17%

4%

63%

61%

89%

28%

60%

91%

42%

10%

56%

Blue shading shows results that are significantly more negative than the comparator Orange shading shows significant differences in demographics and background information No shading means that differences are not significant and may have occurred by chance	health problems	mental health problems
Grey shading indicates that we have no valid data for this question	Mental	шe
* less than 1% probability that the difference is due to chance	Σ	ž
Number of completed questionnaires returned	71	99

	- Can you shower every day?	19%	15%
	- Do you have clean sheets every week?	37%	27%
	- Do you get cell cleaning materials every week?	38%	39%
	- Is it normally quiet enough for you to relax or sleep at night?	41%	52%
	- Can you get your stored property if you need it?	12%	9%
FOO	D AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	30%	29%
5.3	Does the shop / canteen sell the things that you need?	59%	54%
REL#	ATIONSHIPS WITH STAFF		l
6.1	Do most staff here treat you with respect?	61%	56%
6.2	Are there any staff here you could turn to if you had a problem?	63%	62%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	36%	15%
6.6	Do you feel that you are treated as an individual in this prison?	34%	26%
FAIT	н		l
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	62%	68%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	58%	62%
CON	TACT WITH FAMILY AND FRIENDS		•
8.1	Have staff here encouraged you to keep in touch with your family / friends?	22%	20%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	65%	72%
8.3	Are you able to use a phone every day (if you have credit)?	21%	16%
	For those who get visits:		1
8.7	Are your visitors usually treated respectfully by staff?	64%	63%
TIME	OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	53%	43%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	3%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	54%	37%
APPI	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	60%	67%
			•

1	1
Have a disability	Do not have a disability
56	117
18%	17%
36%	28%
31%	42%
46%	48%
9%	11%
29%	30%
54%	56%
64%	55%
64%	62%
35%	18%
23%	33%
53%	71%
54%	65%
	1
18%	23%
74%	67%
16%	20%
56%	67%
30%	01%
49%	45%
0%	45%
U/0	7/0
48%	42%

53%

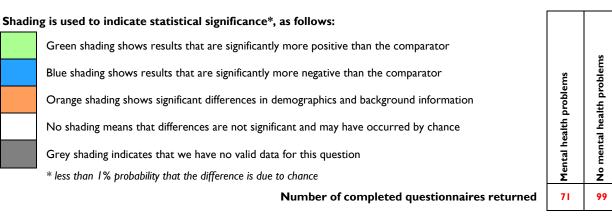
69%

Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator Orange shading shows significant differences in demographics and background information No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance Number of completed questionnaires returned TI 99

	* less than 1% probability that the difference is due to chance	Σ	Z
	Number of completed questionnaires returned	71	99
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	33%	38%
10.3	Is it easy for you to make a complaint?	51%	61%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	30%	20%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	37%	27%
HEAL	LTH CARE		
11.1	Is it very / quite easy to see:		
	- Doctor?	29%	20%
	- Nurse?	56%	44%
	- Dentist?	20%	18%
	- Mental health workers?	26%	11%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	35%	
11.5	Do you think the overall quality of the health services here is very / quite good?	31%	27%
отн	ER SUPPORT NEEDS		
	For those who have a disability:		
12.2	Are you getting the support you need?	27%	18%
SAFE	TY		
14.1	Have you ever felt unsafe here?	62%	56%
14.2	Do you feel unsafe now?	42%	24%
14.3	Not experienced bullying / victimisation by other prisoners	33%	60%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	43%	31%
14.5	Not experienced bullying / victimisation by members of staff	46%	43%
14.6	If you were being bullied / victimised by staff here, would you report it?	48%	35%
BEHA	AVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	34%	45%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	25%	28%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	18%	16%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	12%	6%

56	Have a disability
117	Do not have a disability

56	117
35%	36%
43%	61%
1570	0.70
34%	19%
39%	27%
	1
20%	25%
45%	52%
15%	21%
13%	19%
24%	49%
23%	30%
23%	
23%	
23%	54%
	54% 27%
69%	
69%	27%
69% 41% 34%	27% 54%
69% 41% 34% 39%	27% 54% 33%
69% 41% 34% 39% 37%	27% 54% 33% 47%
69% 41% 34% 39% 37%	27% 54% 33% 47%
69% 41% 34% 39% 40%	27% 54% 33% 47% 39%
69% 41% 34% 39% 40%	27% 54% 33% 47% 39%
69% 41% 34% 39% 37% 40%	27% 54% 33% 47% 39% 43% 28%



Do not have a disability

117

43%

27%

43%

37%

42%

	No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance Number of completed questionnaires returned	Mental health pro	No mental health	94 Have a disability	
EDU	CATION, SKILLS AND WORK				_
16.3	Do staff encourage you to attend education, training or work?	44%	39%	38%	Ī
PLAN	NNING AND PROGRESSION				_
17.1	Do you have a custody plan?	27%	27%	27%	Ī
	For those who have a custody plan:				
17.3	Are staff helping you to achieve your objectives or targets?	44%	42%	46%	
PREP	PARATION FOR RELEASE				
	For those who expect to be released in the next 3 months:				
18.3	ls anybody helping you to prepare for your release?	46%	33%	43%	
FINA	L QUESTION ABOUT THIS PRISON				
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	49%	39%	47%	Ī

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners aged under 25 are compared with those of prisoners 25 and over.
- Responses of prisoners aged 50 and over are compared with those of prisoners under 50.

Please note that these analyses are based on summary data from selected survey questions only.

Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator Orange shading shows significant differences in demographics and background information No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance Number of completed questionnaires returned Number of completed questionnaires returned

DEM	OGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.3	Are you from a minority ethnic group?	64%	48%
7.1	Are you Muslim?	33%	17%
11.3	Do you have any mental health problems?	25%	49%
12.1	Do you consider yourself to have a disability?	28%	34%
19.2	Are you a foreign national?	9%	16%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	7%
ARRI	VAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	44%	67%
2.4	Overall, were you treated very / quite well in reception?	46%	62%
2.5	When you first arrived, did you have any problems?	91%	91%
	For those who had any problems when they first arrived:		I
2.6	Did staff help you to deal with these problems?	16%	34%
FIRS	F NIGHT AND INDUCTION		
3.3	Did you feel safe on your first night here?	52%	60%
3.5	Have you had an induction at this prison?	91%	91%
	For those who have had an induction:		ı
3.5	Did your induction cover everything you needed to know about this prison?	29%	49%
ON 1	THE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	6%	11%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	40%	53%
	- Can you shower every day?	9%	20%
	- Do you have clean sheets every week?	20%	37%

50 and o	Under 5
24	153
38%	55%
0%	26%
48%	40%
44%	30%
19%	13%
5%	7%
67%	58%
67%	55%
96%	90%
39%	26%
65%	56%
80%	93%
38%	43%
14%	9%
77%	45%
32%	15%
46%	29%

Shading is used to indicate statistical significance*, as follows:		
Green shading shows results that are significantly more positive than the comparator		
Blue shading shows results that are significantly more negative than the comparator		
Orange shading shows significant differences in demographics and background information		
No shading means that differences are not significant and may have occurred by chance	under	
Grey shading indicates that we have no valid data for this question	and ur	er 25
* less than 1% probability that the difference is due to chance	25 a	Over
Number of completed questionnaires returned	56	121

	,		
	- Do you get cell cleaning materials every week?	36%	40%
	- Is it normally quiet enough for you to relax or sleep at night?	52%	47%
	- Can you get your stored property if you need it?	6%	13%
FOO	D AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	27%	31%
5.3	Does the shop / canteen sell the things that you need?	46%	59%
RELA	TIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	38%	66%
6.2	Are there any staff here you could turn to if you had a problem?	56%	64%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	13%	28%
6.6	Do you feel that you are treated as an individual in this prison?	21%	35%
FAIT	н		
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	67%	64%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	60%	63%
CON	TACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	11%	28%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	70%	69%
8.3	Are you able to use a phone every day (if you have credit)?	11%	23%
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	56%	66%
TIME	OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	56%	42%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	3%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	28%	50%
APPL	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	66%	64%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	29%	39%

50 and	Under
24	153
29%	40%
54%	47%
30%	7%
2001	200/
38%	29%
70%	52%
88%	52%
78%	59%
35%	21%
41%	29%
74%	64%
60%	62%
00%	02/8
39%	20%
55%	72%
42%	15%
83%	60%
32%	49%
5%	2%
81%	37%
67%	64%
400/	350/
40%	35%

Shac	ing is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information		
	No shading means that differences are not significant and may have occurred by chance	under	
	Grey shading indicates that we have no valid data for this question	and un	er 25
	* less than 1% probability that the difference is due to chance	25 a	Over
	Number of completed questionnaires returned	56	121

10.3	Is it easy for you to make a complaint?	67%	51%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	19%	26%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	37%	27%
HEAL	TH CARE		
11.1	Is it very / quite easy to see:		
	- Doctor?	25%	24%
	- Nurse?	44%	53%
	- Dentist?	16%	20%
	- Mental health workers?	9%	21%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	15%	40%
11.5	Do you think the overall quality of the health services here is very / quite good?	23%	31%
отн	ER SUPPORT NEEDS		
	For those who have a disability:		
12.2	Are you getting the support you need?	14%	27%
SAFE	тү		
14.1	Have you ever felt unsafe here?	62%	56%
14.2	Do you feel unsafe now?	30%	31%
14.3	Not experienced bullying / victimisation by other prisoners	58%	44%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	25%	41%
14.5	Not experienced bullying / victimisation by members of staff	34%	49%
14.6	If you were being bullied / victimised by staff here, would you report it?	36%	41%
BEH.	AVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	37%	43%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	13%	33%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	28%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	7%
EDU	CATION, SKILLS AND WORK	_	
16.3	Do staff encourage you to attend education, training or work?	36%	44%

Over 25		50 and over	Under 50	
21		24	153	
	I			· •
1%		42%	50%	

50 an	Onde
24	153
42%	59%
14%	25%
13%	33%
32%	23%
63%	49%
19%	19%
29%	16%
50%	32%
42%	26%
50%	19%
50%	59%
9%	34%
59%	47%
50%	34%
62%	42%
62%	36%
60%	38%
50%	23%
9%	19%
5%	9%
5%	9%
63%	39%

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	Grey shading indicates that we have no valid data for this question	and ur	er 25	and ov	
	* less than 1% probability that the difference is due to chance	25 a	٥٨٥	20 2	
	Number of completed questionnaires returned	56	121	24	

20 and over Duder 20 and 153

PLAN	INING AND PROGRESSION		
17.1	Do you have a custody plan?	27%	27%
	For those who have a custody plan:		
17.3	Are staff helping you to achieve your objectives or targets?	14%	59%
PREP	ARATION FOR RELEASE		
	For those who expect to be released in the next 3 months:		
18.3	Is anybody helping you to prepare for your release?	40%	38%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	30%	50%

32%	27%			
80%	39%			
	39%			
65%	41%			