HM Inspectorate of Prisons

Extreme custody

A thematic inspection of close supervision centres and high security segregation

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Acknowledgements

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Introduction

Solitary confinement, in conditions of segregation from other prisoners, is the most extreme form of custody. It is at its most extreme in the high security estate. The CSC (closed supervision centre) system is a highly controlled environment which holds the most dangerous and challenging prisoners in the prison system, who have shown that they pose a serious risk to other prisoners and staff. In addition, within individual segregation units in dispersal prisons there are some extremely disturbed and potentially violent men, sometimes held in very restrictive conditions.

There has been concern both about the operation of the CSC system, and the treatment of prisoners in high security segregation. This inspectorate published a review of the CSC system in 2000, arguing that the balance in the system at that stage was weighted too far towards containment and punishment, and required a more constructive approach based on meeting individual need, including mental health needs. Later, considerable concern was expressed about the operation, regime and culture of segregation units in dispersal prisons, which were the location for all the self-inflicted deaths in those prisons in 2002–3. The case of Paul Day, in particular, illustrated some systemic failings: not least the practice of moving 'difficult' prisoners around the system, both within and into the high security estate, using processes whose very names ('merry-go-round', 'sale or return') were indicative of a lack of individual management and care. The approach and supervision of some of those units was also criticised by coroners, this inspectorate and others.

The high security estate has taken steps in relation to these concerns. The CSC system has developed: abandoning the punishment regime, providing more mental health support, and offering opportunities for progression within the system and out of it. The whole system is now being reconfigured around a violence reduction model. In addition, the Deputy Director General reviewed segregation in the high security estate, in the context of a new Prison Service Order on segregation. The review aimed to end the 'merry-go-round', prevent suicide and self-harm, provide multi-disciplinary individual case management to encourage return to normal location, and offer a greater degree of management scrutiny and external monitoring. This thematic inspection was an opportunity to examine these changes and their effect.

The CSC system

We were able to assess the developments that had taken place in the CSC system since 2000. There is no doubt that the system has evolved positively, with the closure of the punishment units, the importation of mental health support, particularly at Woodhill, and the opportunities for progressive moves within and out of the system. The unit at Wakefield for dealing with the very few extremely dangerous prisoners was a further positive move. The violence reduction approach was too new to assess, but the pilot programme, if connected to clear onward pathways, seemed to offer considerable gains.

However, it was difficult to establish precisely how the system was working, or the extent of progression, since there was very little management information easily available across the whole CSC system; and we recommend a much more comprehensive collation and analysis of information.

Apart from that, we had four other main concerns. The first was the limited nature of the regime, and in particular the inadequate provision of in-cell activity for men who spent considerable periods in solitary confinement. We recommend greater use of occupational therapy to support mental health and to encourage behavioural change.

Second, we consider that there is a need for more effective individual clinical (as opposed to operational) management of men with severe mental health needs, who are likely to deteriorate if left untreated. Where possible, this should involve speedy transfer to a secure hospital; where this is not viable, those held in prisons need to be under the care of a responsible medical officer, who should be a consultant forensic psychiatrist.

Our third concern was the use of designated cells in high security segregation units throughout the country to hold CSC 'lodgers'. These cells can be used for indefinite periods for control purposes: for CSC prisoners who have been particularly disruptive or problematic. Though the use of these cells appears to have diminished, and they are now also used for progressive reasons, we found that some prisoners who were there for control reasons could be held for lengthy periods. Although there was operational management from the centre, the holding prison did not take responsibility for their case management and planning during that time. This is inimical to the whole CSC approach: of dealing with, rather than simply passing on, the most problematic prisoners. We recommend a greater degree of clinical involvement in these decisions, and local case management of prisoners held in such cells.

Finally, we continue to call for increased external monitoring of the system: involving Independent Monitoring Boards in the CSC advisory group and clarifying their role in relation to prisoners within the CSC system, including those in designated cells. In this most hidden part of the prison system, external monitoring and scrutiny is all the more essential.

Segregation

Our review of segregation units in dispersal prisons was carried out just as the effects of the new Prison Service Order and the Deputy Director General's review were beginning to take effect. This is therefore very much a progress report: a snapshot of a system at a time of change. Some differences were apparent. There had been no self-inflicted deaths in high security segregation since 2004. There had been a change of culture and approach in some (though not yet all) segregation units. Overall, there was a slight decrease in the segregated population, and evidence of prisoners being returned to normal location, sometimes after the creative use of a 'halfway house' location.

This decrease had, however, largely been in the short-stay population. The number of prisoners held for over 60 days remained virtually static, and the overall average length of stay had increased by 10%. This may partly reflect the end of the 'merry-go-round', so that prisoners stay longer in each individual unit. But it also undoubtedly reflects the fact that there is a core of longer-stay segregated prisoners with complex needs, who cannot safely be managed elsewhere. Though there is more psychiatric and therapeutic support, it is not enough: and many of those prisoners are deteriorating further while held in lengthy solitary confinement. At the very least, they need individual, multi-disciplinary and properly-resourced care plans.

Our inspections raised other concerns. There were significant differences in the physical environment and the regimes of the different units, which is difficult to excuse in such a small system. There was also wide variation in the use of unfurnished accommodation, and some worrying gaps in its documentation. Independent oversight and monitoring needed strengthening: with a clearer role for IMBs and more opportunities for prisoners to speak confidentially to managers and specialists involved in their case management. Some disproportionate use of segregation and unfurnished cells for black and minority ethnic prisoners was not being picked up in monitoring and required action: in one unit, 73% of those placed in unfurnished cells were from black or ethnic minority communities.

We are aware that we were inspecting a system in transition; and one where new approaches were not yet firmly or consistently embedded. This offers the opportunity of further progress, but also carries the risk that old cultures may reassert themselves. Our recommendations are designed to assist in and ensure continued improvement in the care and treatment of those held in high security segregation.

Conclusion

This thematic inspection clearly charts the progress that has been made – some of it innovative – in dealing with prisoners in the most extreme forms of custody within our prison system - though it also points out the distance still to travel.

There are some important riders to this report. The first is to acknowledge that the use of close supervision or segregation for high security prisoners in England and Wales remains small in comparison with many other jurisdictions; and it is pleasing that these numbers were beginning to reduce further at the time of the inspection. The second, though, is to recognise that there is a core of extremely disturbed men whose complex needs cannot be met, and who are likely to deteriorate, in lengthy solitary confinement, and who need more effective clinical management while in prison, and speedy transfer where appropriate to alternative provision. The third is that extreme custody needs, and deserves, a high level of both internal and independent oversight in order to detect and prevent any abuse of power. Finally, it is clear that there are equally needy prisoners held in segregation units outside the high security estate. While it is right that they are not now moved into high security segregation, this means that they are held in units with fewer resources and less support. It is both welcome and necessary that a multi-disciplinary group is now examining their needs, and advising on the mental health and other support they require.

1: Background

1.1 The CSC system and the high security segregation units represent the most extreme forms of custody in the prison system, because of the levels of restriction imposed on prisoners' activities and contact with others, and the length of time this can last. This review follows up our earlier thematic review of CSCs and also reviews segregation in dispersal prisons and one core local prison, following the changes in policy and practice described above.

1.2 Fieldwork for the CSC system was carried out at Woodhill in August 2005, and the dedicated CSC units at Wakefield and Whitemoor in October 2005. We also looked at the assessment of prisoners for CSC selection at Long Lartin. The segregation units at Wakefield, Full Sutton, Long Lartin, Whitemoor and Frankland dispersal prisons and Belmarsh high security prison were examined between April and November 2005. As well as holding prisoners segregated under Rule 45 (for reasons of good order or discipline, or their own protection), those units also held, under Rule 46, CSC prisoners in designated high control cells for open-ended periods, on the authority of the Deputy Director General.

Close supervision centres

1.3 Close supervision centres (CSCs) hold the most difficult and challenging male prisoners in the system. These are prisoners who have proved by their behaviour in prison that they pose a serious risk of harm to other prisoners and/or staff. To manage these risks they are segregated from other prisoners, unlocked with enough staff to control any violent behaviour and closely supervised. But the dilemma is that, when prisoners are locked up all day, they do not progress and may even deteriorate, and their psychological well being can be jeopardised. A balance has to be struck between isolation and engagement if these prisoners are to be able to demonstrate a change in behaviour and a reduction in risk, which is the main aim of the CSC system.

1.4 We examined the system in its earliest form in 2000[1]. We were concerned that in the most restricted conditions the balance was weighed too much in favour of containment. We made a series of recommendations, which urged the Prison Service to recognise that prisoners in extreme custody in high secure conditions had a multiplicity of needs, including mental health problems, which could not be addressed through containment alone.

1.5 We also recommended that those in long-term segregation because of their risk to others should not be held in conditions that equate to punishment, except when this is merited for a prescribed period in response to an offence against discipline. Rather they should experience positive encounters with staff and constructive regimes that challenge the beliefs and behaviours that underlie their violence.

1.6 In addition, we stressed that arrangements for safeguarding prisoners in such extreme conditions should be robust and subject to independent scrutiny.

[1] *Inspection of Close Supervision Centres: a thematic review by HM Chief Inspector of Prisons* (Aug-Sept 1999). Published 2000.

Phase 2

1.7 The Prison Service responded with Phase 2 of the CSC system. This attempted to meet the care and management needs of prisoners individually and provide in-reach mental health support. The punishment regime was stopped and three regimes introduced at Woodhill: providing progressively less control and segregation, and offering opportunities to progress. Other units offered pathways on from Woodhill, with Durham operating an activity-based regime for those preparing for a return to mainstream custody, and a small unit for those with a history of highly disturbed behaviour. In time these units were replaced with an exceptional risk unit at Wakefield for those deemed to present a chronic and long-term risk, and a unit at Whitemoor for those with the prospect of returning to mainstream custody.

1.8 The whole system was drawn into a single management structure directed from Woodhill. The governor of the Woodhill CSC chaired an operational management group that included the other CSC units and the CSC designated cells in high security segregation units. The governing governor of Woodhill chaired a monthly CSC selection committee (CSCSC). The Director of High Security (now the Deputy Director General) continued to chair a steering group, which met quarterly or on an ad hoc basis, but he relinquished the chair of the advisory group (see paragraph 3.84) to an independent member. Independent Monitoring Boards in each prison with CSC units or designated cells were given a specified role (see paragraph 3.60).

1.9 In October 2004, a pilot violence reduction programme was begun at Woodhill, and in the same year the Durham units closed: one was replaced by a unit at Whitemoor with a greater focus on reintegrating prisoners to the mainstream.

1.10 The CSC system continued to evolve, under the influence of mental health staff and developments in the wider Prison Service, such as violence reduction strategies and treatment models for dangerous and severely personality disordered (DSPD) prisoners. This culminated, in late 2005, in Phase 3 in which the CSC system was recast as a violence reduction strategy for disruptive prisoners.

High security segregation

1.11 CSCs and segregation units in the high security estate are to an extent permeable, and part of a single system. The population of the CSC units is mostly drawn from the segregation units in high security prisons. These are prisoners who pose a serious risk to other prisoners or staff, or to good order or discipline on normal location. Even after prisoners have been selected for CSCs, they will still spend time in designated cells within high security segregation units: for the purposes of adjudication, punishment, good order or discipline, own protection or to 'facilitate the reasonable management of CSC prisoners'[2].

1.12 As the CSC system developed and became more progressive, the disparity between its aims and culture and those of the high security segregation units from which it drew became more apparent. There was particular concern about self-inflicted deaths in segregation units: in 2002-3, all such deaths in dispersal prisons occurred in their segregation units. Coroners' inquests recommended regime and procedural improvements. At the same time, inspections of

[2] See Appendix 2, Operating standards, paragraph 4.6 (e)

high security prisons identified deficiencies in management scrutiny, safety and support and regime quality; and criticised the practice of 'management by transfer' (the so-called merry-go-round) by which difficult prisoners were moved from one segregation unit to another.

1.13 A new Prison Service Order on segregation (PSO 1700), introduced in November 2003 strengthened managerial oversight and self-harm monitoring arrangements, and required interaction between segregation staff and prisoners. In November 2004, the Deputy Director General announced a review of the role of segregation in the high security estate. The declared goals of the review were to:

- ensure a constructive, dynamic and caring environment that actively engaged with prisoners
- treat segregated prisoners with decency and dignity
- prioritise safety and the prevention of suicide and self-harm
- address prisoners' individual needs, including mental health and sentence management needs
- minimise the period of time that prisoners spent in segregation
- provide multi-disciplinary case management through regular reviews by fully trained professional staff
- operate effective monitoring with regular internal and external scrutiny.
- ensure that each segregation unit had a development plan that was reviewed annually.

2: Summary and recommendations

The CSC system

2.1 The CSC system had evolved in a positive direction. The punishment regime had ceased. At the time of the inspection three units at Woodhill operated restricted, structured and programmed regimes; a unit at Wakefield offered a segregated regime for prisoners posing an exceptional risk; and a unit at Whitemoor offered a more open regime for those with the prospect of being reintegrated to mainstream custody. However, all the segregation units in high security prisons also had the capacity to hold CSC prisoners in designated cells for unlimited periods.

2.2 CSC prisoners were mainly lifers who had served more than 10 years in prison, though there were determinate and short-sentenced prisoners. The great majority were aged 21-29 years. The BME proportion was relatively low compared with that in the high security estate. Twelve prisoners had been de-selected since May 2004, with only one re-selected, and overall numbers had dropped by 15% in the last five years.

2.3 A wing in Woodhill operated a restricted regime, at three levels, based on segregation. At the lowest level, they could be located in high control cells, with minimal direct contact with staff. The restricted regime allowed a maximum of about three hours out of cell, but just under an hour a day was being delivered at the time of the inspection. In addition a TV and radio/CD player could be earned and prisoners were offered education and one-to-one contact with psychology and mental health staff. At the highest level of regime they were unlocked to discuss community issues with staff, but incentives were few and of poor quality, and few in-cell activities were provided. The quality of exercise and visits was poor. Regular regime lock downs had the greatest impact on A wing, where the regime was the most limited. Prisoners were unhappy and complained of boredom. Records showed that staff made appropriate responses to very challenging behaviour.

2.4 B wing offered a more progressive regime with association and more contact with specialists, but again there was insufficient in-cell activity and quality time out of cell. Records showed that staff engaged with prisoners to encourage them to progress and were understanding about poor behaviour.

2.5 E wing ran the violence reduction programme for its four residents, which was coming to the end of a successful pilot. The atmosphere on the wing was relatively relaxed and prisoners were unlocked together. All the staff supported the programme. Prisoners were preoccupied by what would happen to them next and whether they would be able to sustain the gains made. Pathways on from E wing were not yet in place.

2.6 Eight cells within the Wakefield segregation unit had been creatively adapted to provide spaces for exceptional risk prisoners - men who were considered too dangerous to mix with other prisoners. It held four prisoners at the time of the inspection, and relationships between them and staff were fragile but positive. Imagination had been used to adapt the wing to its new function of providing a regime for prisoners held in isolation from one another. Cells were furnished with hard furniture, supplied with in-cell electricity that allowed TVs to be provided, and had outer gates that could be left open during the day. Other cells had been adapted to provide space for activities that could be undertaken singly or with staff. Education was available and a fitness area and closed visits room provided, but the two exercise yards were

very bleak. Multi-disciplinary work was beginning to develop with input from mental health staff from the Humber Centre, a dedicated probation officer and the psychology department. This unit was a positive development.

2.7 The Whitemoor unit had replaced the Durham unit for those expected to return to mainstream locations. Two had done so since it was opened. It was in a separate secure area of the prison and provided accommodation for up to eight prisoners. There were four at the time of the inspection. The unit was well equipped, though there was a shortage of activity and activity take-up, and prisoners complained of boredom. A new activity regime was planned, with take-up incentivised through payment. Prisoners associated freely and had free access to a secure area outside for sports and gardening, though there were occasional establishment-wide lock downs. There was a well administered personal officer scheme, but staff confidence was low, and greater psychiatric input and an increased presence from the principal officer were necessary to meet prisoner need and build a more confident staff team. Prisoners' behaviour was monitored closely and progress against weekly targets was reported during weekly reviews, which built into monthly reports to the CSCSC. This model of care and management was being piloted for the whole CSC system. There was scope for psychiatric and occupational health resources to be shared with the DSPD wing.

2.8 Long Lartin's assessment unit provided effective assessment of risk to others, but there was a lack of clarity over who provided the mental health assessment, and the regime in segregation was limited.

2.9 Designated CSC cells in high security segregation units were used to hold CSC prisoners for control reasons, if their behaviour was particularly problematic or for more positive reasons such as accumulated visits or de-selection. When used for control purposes, the decision was made by managers with limited input from clinical staff. The segregation units where these prisoners were lodged had little ownership of, or responsibility for progressing them, and local IMBs were unclear about their monitoring role. Some prisoners said that regressive moves could undermine their progress. Prison Service data indicated that the use of designated cells had reduced overall between 2003/4 and 2005/6 and that more usages were for positive reasons. However, when used for control purposes, they were used for significantly longer periods, sometimes months. We were concerned that this could duplicate the previous merry-go-round and undermine the aims of the CSC system.

2.10 The project to provide mental health services to CSC prisoners had suffered setbacks and was only established in Woodhill, though it was beginning in Wakefield. There was some evidence that continuity of care was lost when prisoners moved on, and clinical management across the system was not coordinated effectively. A project to develop a unitary framework for care and management planning had been successfully piloted at Whitemoor, but without sufficient input from mental health care staff.

2.11 Psychologists were well integrated into policy and practice across the system. There were some tensions regarding responsibilities for initial assessment between psychologists and mental health care staff, and for primary health care between mental health care staff and the primary health care team, and the extent to which the roles of probation officers and education staff were compatible with a treatment ethos had yet to be clarified. The role of PE staff was also not specified and varied across the system.

2.12 In Woodhill there was a strong culture of oral information exchange, but little was recorded in prisoners' history sheets and it was difficult to identify the level of activity on each wing. Incidents involving the use of force or the number of open self-harm monitoring forms (ACCTs) were not recorded in monthly management information sheets. Managerial authority was not

sought for the use of high control cells that allowed the prisoner to be managed without being unlocked. Other information that had the potential to reflect the performance of the system, such as the rate of complaints and ethnic monitoring, was being recorded but not collated system-wide. There was a need for improved recording practices and system wide management information.

2.13 Staff benefited from accredited training, regular briefing, strong management and individual support sessions. Further professional training was planned. Staff at Woodhill and Wakefield were engaging professionally with prisoners, showing patience and a greater understanding and concern for individual need. They felt supported by their managers, the mental health staff and the psychologists, and their morale was high. At Whitemoor staff were less experienced and less confident of their role.

2.14 The advisory group had been renamed the advisory group on difficult prisoners (AGDP), with a wider brief to advise on all difficult prisoners in the high security estate. This enabled it to take a strategic view of needs and services, and to advise on the read-across between segregation, close supervision centres and DSPD provision. There was, however, a gap in terms of external scrutiny of prisoner treatment. IMBs were not represented on the AGDP. Monitoring could be carried out by local IMBs: this was effective at Woodhill; but elsewhere in the high security estate IMBs were unsure about their role.

Recommendations

2.15 The following should be documented to provide management information across the whole CSC system, and this information should be used to monitor trends over time:

- number of progressive and regressive moves between CSC units and designated cells
- activity take up
- use of unfurnished accommodation
- use of high control cells
- prisoners subject to self-harm supervision plans (ACCT)
- use of force
- staff assault
- other assault
- ethnic monitoring
- complaints
- lock downs and the reason for them

2.16 Coordination of clinical services should be provided from Woodhill.

2.17 The use of designated CSC cells in the segregation units of high security prisons for control reasons should be subject to more effective clinical oversight and independent scrutiny:

- the coordinator of clinical services should be consulted in advance of a decision to move a prisoner wherever possible, and attend the CSC steering group and selection committee to contribute to shared decision making after the event.
- designated IMB members should have a clear and consistent job description for the task of overseeing CSC units and the use of designated cells, and this role should not be undertaken for more than two years at a time.

- a comprehensive care plan should be submitted to the CSCSC by the host prison for Rule 46 prisoners placed in designated cells, and reviewed at monthly CSCSC reviews.

2.18 IMB representatives from prisons holding Rule 46 prisoners should be represented on the AGDP, and attend the CSC selection committee on a rota basis.

2.19 The relative responsibilities for the initial assessment of CSC prisoners between forensic psychologists and clinical staff should be clarified.

2.20 The care and management framework piloted at Whitemoor should be adopted at Woodhill for further development with the mental health team and then extended to Wakefield.

2.21 In all CSC units, the precise role of healthcare staff, probation officers, PE staff and education staff within multi-disciplinary teams should be clarified.

2.22 At Woodhill, records of activity should be reliably completed and individual history sheets should be annotated by specialist and uniformed staff.

2.23 At Woodhill the use of high control cells should be authorised in the same way as the use of special cells and be monitored locally by the IMB.

2.24 At Woodhill, A and B wing prisoners should be provided with a greater choice of in-cell activities, which are regularly varied, on the advice of an occupational therapist.

2.25 At Woodhill, the cancellation of time out of cell should be kept to a minimum, and only exceptionally used in restricted regimes.

2.26 At Woodhill, PE staff should provide an induction to A wing prisoners so they are able to use the cardiovascular machine safely without supervision.

2.27 At Woodhill, the arrangements for visits for A and B wing prisoners should be improved to provide better quality and more privacy.

2.28 At Woodhill, pathways on from E wing should be clarified before the next violence reduction programme begins.

2.29 At Woodhill and Wakefield, the quality of the exercise yards should be improved.

2.30 The Whitemoor CSC unit should have a full time dedicated principal officer.

2.31 The Whitemoor CSC unit staffing should include forensic psychiatric nurses working under the supervision of a consultant forensic psychiatrist.

Good practice

2.32 *At Woodhill, levels of engagement between prisoners and staff were high, and records showed that staff showed understanding of poor behaviour rather than resorting readily to segregation or restraint.*

2.33 *At Woodhill, managers had begun to invite prisoners' legal representatives to their clients' reviews.*

2.34 *At Woodhill, mental healthcare staff were well integrated with operational staff.*

2.35 *In all dedicated CSC units staff used first names or preferred names for prisoners.*

2.36 *At Wakefield and Whitemoor the PE staff had produced a leaflet of illustrated exercises for prisoners held in restricted regimes.*

2.37 *At Whitemoor the outside exercise area offered a quality environment with activities provided.*

2.38 *At Whitemoor, a hybrid care and management model had been piloted that had the potential to support prisoners and reduce the burden of reviews.*

High secure segregation

2.39 Those held in segregation under Rule 45 were a mixture of disruptive prisoners, predators and victims, and a small number of mentally ill and/or solitary prisoners who were unsuitable for normal location. A new management challenge was gang members who needed to be protected from rival gangs.

2.40 There had been an overall drop of around 7% in the rate of use of segregation within six months of the new strategy being introduced: though this was not the case in all units, and the number segregated at Wakefield had increased significantly. The reduction reflected a drop in the number segregated for less than 60 days. Except at Long Lartin, there had been no reduction in the number of prisoners segregated for longer periods, and the overall length of stay had in fact increased by 10%; with particularly noticeable rises at Whitemoor and Wakefield. This may have reflected the fact that prisoners were held for longer in a particular unit, rather than being moved around the system. A spot check carried out after a further six months indicated that the numbers in segregation had not returned to their previous levels.

2.41 The physical design and age of the units varied between establishments, but they had all been built to provide short-term, austere, single cell accommodation, and were not designed to support any level of regime. Frankland had undergone refurbishment and been extended to provide an interview room and staff facility though, like all the other units, it still lacked space for activities out of cell. Few had in-cell electricity, and exercise yards were uniformly bleak. Most had plans to develop their facilities to provide in-cell electricity, fitness suites and activity rooms.

2.42 There was unacceptable local variation in terms of the provision of hard furniture, frequency of showers, access to phones, what was allowed in possession, what could be purchased from the canteen, whether meals were served from a servery, whether own clothes and flasks for hot water were allowed, and in what constituted a normal unlock level. These regime details dictated the prisoners' quality of life and had a significant impact on them and, by implication, their view of the staff who administered the regime. There appeared to be few reasons, other than custom and practice, for local variation.

2.43 Most units issued prisoners with information booklets, but only Wakefield and Full Sutton had made these readable and non-threatening. It was important that these were reviewed to be consistent with the new culture.

2.44 Personal officers were allocated to segregated prisoners, though the level of engagement was not high, except at Wakefield. Wing staff usually retained a role, though their effectiveness varied. Prisoners' first and second names were used on roll boards and cell cards everywhere, though only at Wakefield and Whitemoor were staff comfortable with using first or preferred names with prisoners.

2.45 Most units were no longer using segregation staff for planned prisoner removals, which was good de-escalation practice. Safety algorithms were reliably completed by healthcare staff, usually psychiatric nurses, which was a new and commendable development. These staff also attended case reviews and in most prisons were able to input relevant information. Listeners were available in every unit, as was access to the Samaritans.

2.46 Case reviews were reliably held after 72 hours in the first instance and fortnightly thereafter. They were attended by a range of specialists and the IMB, except at Belmarsh, where attendance was poor. Segregation reviews may have been successful in reducing the length of time that some prisoners were in segregation, but tended to focus on this at the expense of setting goals that would occupy the prisoner constructively and develop personal capabilities. This had serious consequences for those held in segregation for longer terms, whose mental health could only deteriorate in isolation with nothing to do. There was little contact with the individual prisoner by the members of multi-disciplinary teams between reviews, and there was a danger that reviews would recycle the old information rather than drive progress.

2.47 There was wide variation in the use of special cells, particularly in terms of whether this also involved taking away the prisoners' clothes and the length of time that they were used. Both Belmarsh and Long Lartin used another unfurnished cell as well as the special cell, but Long Lartin did not document its use. There were gaps in the documentation in all the units, particularly in relation to the reason for a special cell being used, and oversight from the IMB was variable. The quality of documentation in Whitemoor was the best. The authorisation form did not prompt for concerns about self-harm and this was a serious omission.

2.48 The use of personal protective equipment for unlocking prisoners considered to be dangerous to staff was not documented or monitored and we were unable to determine the extent of this practice.

2.49 The ethnicity of prisoners in segregation was recorded as part of the SMARG statistics, but this was not subject to range setting analysis except at Frankland where it was being done on local initiative. Our own analysis suggested that black and minority ethnic (BME) prisoners were over-represented in segregation at Wakefield, Frankland and especially Whitemoor; and in the use of the special cell in all the units except Wakefield and Full Sutton. The use of the special cell was particularly disproportionate at Long Lartin, where 73% of occupants were BME.

2.50 There was a general confusion between unlock levels and regime provision that needed to be clarified. Unlock levels were about staff safety and regime levels were about earned privileges. Independent of both of these was the need to prevent individuals in segregation from deteriorating mentally and physically, but there was a shortage of both in-cell and out of cell activities for prisoners, regardless of regime level. Few activities were allowed in association and exercise took place in grim yards that could only lower self-esteem.

2.51 In Whitemoor and Wakefield a culture shift was discernable; the units were more open and there was regular interaction with prisoners. In other units, the shift was less pronounced, and prisoners reported poorer relationships with staff. In Long Lartin and Belmarsh, the staff remained in the office and only engaged with prisoners when there were routines to complete. Everywhere staff were aware of the new strategy and were able to articulate its benefits. But

nowhere was there a statement of purpose prominently displayed for both staff and prisoners, or a photo-board displaying the photos of the multi-disciplinary team. In only Whitemoor and Wakefield had there been an attempt to brighten the communal areas with art work.

2.52 Prisoners in all the units found it difficult to speak to specialists, governors and IMB members in confidence, and they rarely found they were given enough time during governors' rounds to request this. Reviews had gone some way to providing a forum for more in-depth discussion of individual need, but these were not backed up by regular opportunities for prisoners to talk individually to members of the multi-disciplinary team between reviews. Targets more often related to compliant behaviour than developing personal capabilities.

2.53 There was a tension between the goal of moving prisoners out of segregation and meeting their needs while they were segregated. This was particularly evident at Belmarsh where a 'refusal' regime allowed only sub basic privileges with the aim of discouraging prisoners from staying. In practice, there was a hard core population of prisoners with extremely complex needs who would be held for lengthy periods in segregation because it was not possible to manage them safely elsewhere. Some, though not all, were awaiting transfer to secure NHS facilities or dangerous and severely personality disordered units. Lengthy segregation, effectively in solitary confinement, is far from ideal. Though the new Prison Service Order requires segregation units to have access to psychiatric staff, the extent and scope of therapeutic support (including occupational therapy) is still insufficient to prevent these prisoners deteriorating further. This raises the need for alternative and swift options for such prisoners, as well as for more intensive support in the units in which they are currently held.

Recommendations

2.54 There should be a statement of purpose that clarifies the role of segregation units under the new strategy. This should be on display in individual units and incorporated into information booklets for prisoners.

2.55 Managers should satisfy themselves, including through regular feedback from prisoners, that the staff culture in each segregation unit supports the aims of the new strategy and this should regularly be reported to the High Security Executive.

2.56 Segregation units in core local prisons should not hold sentenced Rule 45 prisoners.

2.57 The 'sub-basic' regime in the Belmarsh segregation unit should be ended.

2.58 Those segregated for more than 30 days should be subject to care plans that detail how their mental wellbeing is to be supported.

2.59 The length of time that prisoners wait for mental health assessments and for transfer to mental health facilities should be substantially reduced.

2.60 All dispersal segregation units should have input from clinical staff and occupational therapists to advise on mental healthcare and activities that can be provided in-cell for a range of abilities and risk levels, particularly for longer staying prisoners.

2.61 Activities should be provided in association wherever possible.

2.62 The IMB National Council should review the effectiveness of the IMB safeguarding role and explore ways in which this can be strengthened through training and support.

2.63 Segregation management and review group reports should not only record figures but monitor trends in the use of segregation, particularly in relation to ethnicity, the numbers staying for short, medium and long periods, the use of special cells, the use of force and of personal protective equipment.

2.64 Strip-searching on entry to the unit and on placement in a special cell should be individually authorised, subject to individual risk assessment, and a record kept of whether it was carried out under restraint and when normal clothing is returned.

2.65 The use of all accommodation from which any of the normal furniture has been removed should be authorised and recorded as use of special accommodation, and reasons given.

2.66 The authorisation form for the use of the special cell should prompt for concerns about self-harm and, where there are concerns, a safer custody officer and medical staff should be involved in the decision-making and ongoing monitoring.

2.67 There should be uniformity in the services and facilities provided. Showers should be provided daily, hot water provided with each meal and access to the phones allowed each day. Prisoners should, wherever possible, collect their meals from a servery.

2.68 There should be uniformity in unlock levels across the units, which correspond with specified levels of risk.

2.69 The personal officer system should be developed into a key worker role and liaison with wing staff strengthened.

2.70 Those attending fortnightly review boards, including IMB members and chaplains, should offer the prisoner an opportunity for a private interview between reviews, to determine whether there is anything they can contribute to his care and management, including advocacy.

2.71 Information booklets should be written in simple language, with illustrations and be non-threatening. Arrangements should be made for those who do not speak English

2.72 The conduct of governors' rounds should be reviewed to ensure that they provide an opportunity for prisoners to speak in confidence about any concerns.

2.73 The environment of exercise yards should be improved.

2.74 Standards of cleanliness in segregation cells should be improved and maintained at a good standard.

Good practice

2.75 *At Wakefield and Frankland segregated prisoners collected their meals from a servery.*

2.76 *At Wakefield an information booklet written in plain language with illustrations explained the situation of segregated prisoners and the routines and services available to them.*

2.77 *At Wakefield phased returns were practised and the healthcare centre was used as a halfway house for some.*

2.78 *At Full Sutton PE staff visited each prisoner weekly to encourage him to maintain his fitness levels.*

2.79 *At Long Lartin the PE department provided an illustrated booklet of stretching and mobility exercises for prisoners on restricted regimes.*

2.80 *At Frankland there were close links with the establishment's safer custody officer who had liaised closely with the staff about the management of a very difficult, violent and self-harming prisoner.*

2.81 *At Frankland the small neighbouring remand wing was used as a half way house for those returning to the mainstream*

2.82 *At Frankland figures from the main prison's monthly ethnic monitoring return for the segregation unit were included in SMARG statistics. The number of prisoner days by ethnicity were recorded, providing a sufficient sample size for range setting analysis.*

2.83 *At Whitemoor a very impressive mural depicting a lakeside scene had been painted by a prisoner on the wall next to the adjudication room.*

2.84 *At Whitemoor a well stocked library on the unit was opened to segregated prisoners every Friday.*

3: The CSC system

3.1 At the time of the thematic inspection in 2005, the CSC system was on the cusp of phases 2 and 3. The estate consisted of three wings in the core management centre at Woodhill and two units at Wakefield and Whitemoor prisons. Long Lartin was used to assess prisoners' suitability for CSC selection. In addition, the segregation units in all the high security prisons were able to hold CSC prisoners under Rule 46 in designated cells.

CSC prisoners

3.2 In August 2005, the CSC estate held 30 prisoners: 15 at Woodhill, four at Whitemoor and four at Wakefield, with seven in designated cells elsewhere in the system, four of whom were at Long Lartin. On 1 January 2006, figures supplied by the directorate of high security indicated that the numbers had dropped to 29, continuing a progressive decline from 36 in 2003, a drop of 19% overall. No central record was kept of the numbers who were selected, de-selected, transferred to a high secure hospital or re-selected.

3.3 Other statistics on the population in CSCs on 1 January 2006[3] indicated that most CSC prisoners were young, with progressively fewer in each 10-year age band from 21 to 60+ years. Seventeen per cent were from a black or minority ethnic group compared with proportions of between 16% and 32% in the five dispersal prisons. Most (83%) were serving life, but 17% were serving a determinate term and would then be released whatever their level of risk. Two (7%) were serving sentences of less than two years. Most (52%) had, by 1 January 2006, served more than 10 years in custody and only a quarter (24%) had served less than five years.

3.4 During the inspection we offered interviews to all the prisoners. Eight agreed at Woodhill, five from the seven prisoners on A wing, one from the four on B wing, and two from the four on E wing. At Wakefield three of the four prisoners wished to be interviewed, and at Whitemoor all four prisoners did.

Woodhill: A wing

3.5 This wing operated a restricted regime for prisoners who were either under pre-selection assessment or induction into the CSC, or were making progress towards the more open regime available on B wing. It was equivalent to segregation, with little or no association, though there were three levels of regime, which was said to make the wing 'progressive'[4]. At the lowest level, prisoners could be located in high control cells with food hatches that allowed them to be managed with minimal direct contact with staff. A high control cell had been used for five days during a 26-day period prior to inspection. The unlock level was decided on the basis of an individual risk assessment and was de-escalated over time in collaboration with the prisoner. Regime levels were a key marker of progress achieved.

3.6 There were seven prisoners on A wing at the time of the inspection and five agreed to be interviewed. Most were unhappy with their situation, as might have been expected, and

[3] See Appendix 1: CSC prisoners on 1 January 2006.
[4] See Appendix 2: Operating standards

appeared to lack insight into why they were there: though from their records they appeared to be correctly placed, with the exception of one prisoner who had been the victim of two assaults rather than a perpetrator. He was being held on A wing for his own protection pending a transfer to a more appropriate location. He was particularly aggrieved by his situation, and this location, and the minimal regime appeared inconsistent with his past behaviour and his current needs.

3.7 There was a poor range and quality of activity available and little to prevent the boredom of which prisoners complained. The published regime made reference to a workshop, but there was no workshop and no laundry. The only activities available were individual unlock for exercise (in one of four fenced exercise yards), showers, cell cleaning and education, with the possibility of unlock in the evening. If prisoners refused these activities they remained in their cells. These activities could be taken in association if a risk assessment allowed.

3.8 All the prisoners interviewed complained there was not enough to do and few incentives for progress. Levels 2 and 3 allowed for the use of a cardiovascular machine, though this was not available at time of our visit because of insufficient suitably trained CSC staff. To resolve this, it was the intention to train more staff and get prisoners to sign a disclaimer in order to use the machine at their own risk. TVs and radio-cassettes or CD players could be earned as incentives, though without aerials the TVs gave a poor picture. Given the amount of time prisoners spent in their cells the provision of a television without a clear picture did not come close to meeting their needs.

3.9 As well as the sterility of the regime, A wing prisoners were unhappy with lock downs caused by staff shortages, which had a disproportionate impact on their wing because full staffing was needed to unlock them. In a 26-day period prior to inspection, there had been 24 half-day lock downs of which 11 were experienced on A wing, eight on B wing and five on E wing. Regime monitoring indicated that in the four weeks prior to inspection, prisoners had been unlocked for an average of just under an hour a day. The longest period for which an A wing prisoner had been unlocked was three hours, but some prisoners who had refused exercise and a shower were not unlocked at all. One prisoner had only been unlocked twice in one week and once the week after. While we accept that there were wider operational reasons for the lockdown, the impact of cancellations when the regime was so limited had been to retard the progress of prisoners and lessen their confidence and trust in staff.

3.10 Outside exercise accounted for most of the unlock time, and this experience was depressing. It took place in one of four fenced areas that were empty and bleak. In the absence of benches to sit on or any activities to engage in, prisoners walked in circles, with nothing to break up the monochrome tarmac, fencing and razor wire. For domestic visits they were accompanied by the normal level of staff for unlock, which could be as many as six. The prisoners complained of being obliged to wear bright green and yellow suits even though their visits took place within the houseblock and on camera, though we were told by managers that this practice had ceased a year earlier.

3.11 Additional contact with psychology, probation, education, mental health staff and chaplains was available if the prisoner was willing. Otherwise prisoners were unlocked for care and management reviews, occasional group discussions between staff and prisoners on level 3 (called ‘community group’), or visits. It was not possible to determine the extent of these activities from any central records or regime monitoring figures, but Table 1 below shows the number of individual contacts, during June and July, gleaned from wing diaries.

Table 1: regime interventions for A wing prisoners over two months.

	Psychology	Probation	Education	C&M review	MH staff	Community group	Visit	Chaplain
June	6	2	1	3	4	1	4	1
July	7	1	3	2	3	1	2	0
Monthly average	6.5	1.5	2	2.5	3.5	1	3	0.5

3.12 Staff saw their role as breaking down barriers between prisoners and themselves. Relationships were difficult at first, and we witnessed staff talking to prisoners through the locked cell door, encouraging them out of their cells. Staff indicated that these new alliances were fragile at first and were easily lost if another prisoner on the unit was antagonistic to them, causing prisoners to quickly turn against them. This process could be assisted if staff were able to help to alleviate the boredom of inactivity by facilitating in-cell activities.

3.13 However, observation books for A wing revealed a consistent level of challenging behaviour from prisoners, including abuse of staff, threats to staff and prisoners, assaults using fluids and difficult behaviour associated with mental health problems. Records showed that responses from staff were consistently patient and measured and, where appropriate, challenging; and that poor behaviour did not automatically trigger a punitive response. Examples of measured responses were:

- 'spitting through the door at staff – staff to keep a close eye on him as he is on level three and has a TV that he could smash and use as a weapon.'
- 'aggressive towards staff – had a lengthy chat with him, advised him about progress and encouraged him to participate in the regime.'
- 'this man has a migraine and needs more paracetamol than we have available – arrangements need to be put in place with healthcare.'

Woodhill: B wing

3.14 This wing offered a more progressive regime from which it was possible for prisoners to return to mainstream locations or to other more open CSC units, and prisoners had more time unlocked. Staff were actively exploring ways of moving prisoners on. The one prisoner spoken to on this unit was generally positive, particularly about the possibility of association. At the time of the inspection, a single group regime had been introduced, so all prisoners were unlocked at the same time. In-cell activity amounted to education only. Out of cell there was more contact with psychology, education and mental health staff, though half of the eight B wing prisoners had declined mental health contact. Exercise was provided in two fenced areas and could take place in association. There was also cell cleaning and a wing laundry. Wing diaries (see Table 2) indicated a slightly higher rate of specialist intervention than on A wing, particularly from psychology and education staff.

Table 2: regime interventions for B wing prisoners over two months.

	Psychology	Probation	Education	C&M review	MH staff	Community group	Visit	Chaplain
June	9	0	5	4	5	1	4	0
July	9	3	8	1	2	2	2	1
Monthly average	9	1.5	6.5	2.5	3.5	1.5	3	0.5

3.15 The same comments were made in B wing as in A wing about the quality of unlock time and the provision of in-cell activities. Again, however, entries in observation books indicated that

prisoners were given quality attention from staff in difficult circumstances. Examples of positive staff responses were:

- 'staff and health care attended re self harm – cuts to arm. Told no Dr was coming. Abusive, staff withdrew – later arranged to see nurse.'
- 'quite paranoid because of conflict with prisoners – staff supported and counselled.'
- 'stated hated SO J. Spoken to by supervising officer.'

Woodhill: E wing

3.16 This wing operated the pilot violence reduction programme (VRP) for four prisoners. The environment was less bleak and there were murals and plants in communal areas. Prisoners were unlocked and able to associate under the close supervision of staff on most days. Though occasionally E wing took a share of cancellations of scheduled activity time (lock downs) due to lack of staff. The prisoners took part in four one-hour programme sessions a week that were supported by staff outside the programme. Visits took place in a room with soft unfixed chairs. Games could be brought in and flasks were allowed for tea and coffee. However, the exercise yard was very drab and uninviting.

3.17 Prisoners were on the whole positive about the wing and the staff, though critical of the lock downs. However, they were aware that the pilot programme was coming to an end. They were therefore nervous about their futures and cautious about being too positive about the programme as they did not know at this stage whether they would be able to sustain the gains they had made. This underlined the importance of pathways being in place before the programme started so that prisoners could allow themselves to abandon their old ways of relating to staff, and trust that they would not need them again in the future.

3.18 Again, entries in observation books were positive, reflecting an open dialogue and constructive problem solving between staff and prisoners without ready recourse to segregation. The extent of the professionalism that this required from staff should not be underestimated:

- 'all prisoners refused group work because of regime restrictions. They claimed they needed showers, domestic time and association. Negotiated with the group and agreed time to work and have some association.'
- 'prisoner feeling angry and paranoid and said that the last time he felt like this he killed someone - arranged a meeting with the psychiatrist.'
- 'swallowed blade, doctor attended.' Next day: 'handed in blade.' Three days later 'apologised for behaviour.'
- 'prisoner concerned about mother. Wanted support from staff.'

The violence reduction programme

3.19 This programme was adapted from a version originally developed in Canada for violent and disruptive prisoners, and reflected evidence-based practice. The programme was divided into three stages, which were undertaken at learners' own pace, with the possibility of time out if the programme was experienced as too destabilising. It could also be undertaken as a roll on, roll off course, so could be joined by prisoners at different times, though for the purposes of the pilot the same four prisoners began and ended the programme together. Making the programme the core activity of one of the CSC wings allowed the unit to develop a supportive ethos that approached a therapeutic environment in which unit staff could support the aims of the programme in their general interactions with prisoners. Mental health staff were not directly involved in the programme, though they continued to offer one-to-one support.

3.20 Stage 1 was a motivational phase that developed awareness of the sources of aggression and identified risk factors that could be the focus of treatment. Stage 2 challenged the behaviours, perceptions, thoughts and feelings associated with violence and aggression and taught new ones. The link between anxiety, vulnerability, sadness and violence were explained and new skills in emotional and relationship management were practised. Stage 3 concentrated on relapse prevention as new skills were consolidated and future plans developed for sustaining the changes made.

3.21 A time limited pilot ended in November 2005, and an evaluation carried out by psychologists from Full Sutton suggested that the programme had on the whole been very successful. The four prisoners who started it finished it. Staff found working on the programme challenging but rewarding and felt that prisoner behaviour had improved. Operationally, adjudications had not been used on the wing to control behaviour for the year in which the programme ran. Pre-programme training for staff had been minimal, but ongoing briefing and training had compensated to some extent. Prisoners saw themselves as less violent and aggressive. They were positive about the gentle beginning and acknowledged that Stage 2 was more challenging. They appreciated being able to take a break from the programme when it got too much. Their main concern was about what would happen next.

Woodhill: D wing

3.22 This wing was used only occasionally for a self-harmer or for segregation if A wing was closed. There was no prisoner on D wing at the time of the inspection, and the management of prisoners by means of the routine use of personal protective equipment (PPE) had ceased, as recommended in the previous review.

The Wakefield unit

3.23 It was recommended in the previous review that there should be a CSC unit for those presenting a chronic long term risk, which provided as full a regime as was consistent with complete segregation from other prisoners. The Wakefield exceptional risk unit opened in April 2002 in a refurbished F wing. The unit could hold a maximum of eight prisoners in separate cells along an upper landing, and held four prisoners at the time of the inspection. Two of these cells had CCTV fitted for constant observation. All cells had in-cell electricity, and an outer door and inner gate allowed safe access to prisoners. The old Victorian galleried F wing had limited natural light and space, but had been creatively adapted. The unit had recently been painted and the CSC prisoners were able to choose their own cell colour. The whole unit was in good decorative order and prisoners' art work was on display in the main landing. An impressive mural, painted by a CSC prisoner, decorated the wall of the interview room. An illustrated prisoner information booklet set out the regime and routines of the unit.

3.24 The unique characteristic of this unit was that there was nowhere for prisoners to associate with one another or to meet with specialist staff without the presence of physical barriers. While prisoners were unlocked on most days, the length of unlock was limited by the need for them to be segregated from one another and to be supervised by a large number of staff. The extremely limited access to activities and to people was a long term management strategy for these prisoners because of the exceptional nature of their risk.

3.25 Two cells had been adapted to provide space for interviews or education, with an open hatch between them so that the prisoner could sit on one side and the tutor on the other. There was also a kitchen where prisoners could undertake cookery classes, a shower area, a secure cardiovascular space with multi-gym, a treatment room, and a gated cell being developed as a

library. A closed visits room was provided on the wing. Open visits would be allowed on the basis of a risk assessment, and were being considered for one prisoner. There were also plans to provide a table tennis table for use by a prisoner with staff. Exercise was provided in one of two exercise yards between wings that had little direct sunlight.

3.26 Relationships with staff were positive, and unlock levels were reduced as soon as it was considered safe to do so. Wherever possible, only two staff stood at the door with others located at a discreet distance along the prisoner's route. Prisoners were addressed by their first or preferred name and, as the cells were gated, the outer doors could be kept open during the day. We frequently saw staff talking to prisoners through the gate, and we were told that one prisoner was unlocked to play chess with a member of staff. It was the intention to allow these prisoners to collect their own meals from a servery when this arrived in the near future, and we were impressed by the imagination that staff were bringing to the job of looking after prisoners who were permanently segregated from one another yet living side by side.

3.27 Providing continuity in staffing was difficult. Occasionally guest staff were used from the main prison and this could destabilise certain prisoners. It was the intention to combine the uniformed staff group from the healthcare centre and F wing so that staff could be shared between these two specialist locations, which was a creative solution.

3.28 Teachers, psychologists and a probation officer worked with prisoners in segregation and on the CSC unit, and the psychologist and probation officer had some success in forging relationships with prisoners who had not previously worked with specialists. They began by seeing CSC prisoners in the closed interview room, but this had developed in two cases to the use of an open room. Recently, mental health staff from the Humber Centre had begun to work in the unit on one day a week. They had spent time initially with staff, and had advised on prisoners in segregation as well as those held in CSC cells. Their input was well received by staff, and they had established weekly contact with two CSC prisoners.

3.29 Monthly case reviews were attended by a range of disciplines, and psychologists oversaw the use of behavioural monitoring sheets with the intention of making the results available prior to each review. A monthly staff team meeting was beginning to build a multi-disciplinary team.

3.30 The unit had brought stability, safety and predictability to the lives of these few highly dangerous prisoners. Prisoners and the staff managing them had become used to one another, and within this framework individual regime opportunities were being slowly developed at a rate that did not destabilise the unit. The use of gated cells, which allowed the cell door to be opened behind an outer barred gate gave prisoners a sense of being part of a community without placing them at risk from one another. There were some difficulties in case managing a group of men who were not expected to be released, but monthly casework reviews were still considered important. The focus was on quality of life rather than progress towards release, and this seemed to provide a suitable framework for engagement. This unit was a positive development within the CSC system.

The Whitemoor unit

3.31 The CSC unit was in a separate area, and offered self-contained accommodation for up to 14 prisoners, though for CSC purposes its capacity was limited to eight. It opened in October 2004, and there were four prisoners at the time of the inspection. The purpose of this unit, according to operating standards, was to 'provide a consistent and supportive environment that encourages prisoners who have a history of highly disturbed behaviour to take part in a structured and meaningful regime. As prisoners settle and become stable, suitable options for

mainstream locations or alternative appropriate environments can be explored and prepared for'.

3.32 Prisoners on this unit were mainly graduates of the Woodhill system and had been deemed sufficiently reliable for a more open regime, in preparation for an eventual return to a mainstream location. Two prisoners had been successfully reintegrated during 2005. Prisoners were unlocked and able to associate freely on most mornings, afternoons and evenings, with the exception of Wednesday and weekend afternoons. Individual cells were equipped with normal wooden furniture and in-cell electricity. In a separate part of the unit, there was a respite area with a gated 'safer' cell and a respite cell, which enabled prisoners to take time out from other prisoners. When either of these cells was in use, there was a high level of staff engagement with the individual prisoner.

3.33 There was a communal area with table tennis and pool tables, an adjacent classroom also used for case reviews, and a workshop. A large and well equipped fitness suite could be used by prisoners during activity slots, and free weights were available when a PE officer was present. Unfortunately, the computer in the education room was only available when the tutor was present, and a trolley of books was padlocked shut. A stock of board games appeared to be unused. There was also free access to an outside exercise yard that was marked out for badminton or 'padda' tennis in the summer, and which also contained a greenhouse and secure garden.

3.34 The unit was headed by the head of psychology, and there was a half-time principal officer, shared with the segregation unit. The establishment had identified that this workload was too heavy for one individual and it was intended that the principal officer would become full time. Normal staffing on the unit comprised a senior officer and seven officers. Staff had been selected to work in the CSC and received appropriate training, including 'counter-conditioning' and mental health awareness. Despite this level of preparation, there had been a high turnover of staff since the unit had opened, and morale was low. A common hazard for staff working with personality disordered clients is that the clients divide the staff team, and there was some evidence that this was happening on the Whitemoor unit at the time of the visit.

3.35 There was a dedicated psychologist, and an education tutor providing five sessions covering computers, maths and English and leading to accreditation in basic skills, GCSE, A levels or Open University. The tutor also attended prisoner reviews. A woodwork workshop was closed at the time of the inspection but was due to reopen offering a range of arts and crafts as part of a new system whereby prisoners would be paid for taking part in structured activities. However, there was a shortage of activities available at the time of the inspection, and prisoners complained of being bored. Under the new system, prisoners would be paid for a minimum period of 30 minutes taking part in any of the following: education, contact with the mental health nurse or psychologist, personal officer work, library, the workshop, gym, gardening, cleaning, table tennis, sport, cooking with a tutor, Scrabble, guitar group, or looking after the fish tank. Unstructured activities such as watching TV, PlayStation, radio, showering, chatting and playing pool would not be paid. This was a positive initiative that placed a degree of responsibility on prisoners to structure their day and to sustain a pattern of constructive activity.

3.36 Weekly case reviews took place using the new care and management plan framework, which placed a responsibility on personal officers to prepare a summary of progress in relation to specified targets each week. These reviews were well conducted and written reports were of a good standard. Once a month the prisoner attended the review and a report was sent to the CSC selection committee (CSCSC). This framework structured the relationship between prisoners and their personal officers, and the monthly personal officer report on progress was

shared with the prisoner. This model had the potential to become the standard method of monitoring and assessment for the whole CSC system.

3.37 There had been some difficulty recruiting dedicated mental health support for the unit, and at the time of the inspection, a nurse from the mental health in-reach team was trying to cover both the CSC and segregation units. It was too much to expect that a single nurse could uphold a patient-centred approach that was significantly at odds with prison culture, and apparently this arrangement ended soon after the inspection.

3.38 Prisoners generally spoke well of the staff, though they were critical of the lack of psychiatric nurses, and one prisoner complained that he had been deliberately provoked by a member of staff. The role of staff in an open unit with CSC prisoners demands a different approach from managing prisoners on the main wings. In addition to their initial training, staff also need ongoing modelling of how to behave differently to develop confidence in their new role. The absence of a dedicated team of psychiatric staff was a significant omission.

3.39 At Whitemoor, the juxtaposition of the CSC unit for disruptive prisoners, most of whom were severely personality disordered, and D wing which was a dedicated wing for the assessment and treatment of dangerous and severely personality disordered prisoners, was fortuitous. Both projects were concerned to integrate mental health approaches into traditional prison contexts to reduce the potential for risk of harm to others, and there were obvious similarities, and possible economies of scale in the recruitment and deployment of specialist mental health staff, especially since the same mental health trust had now been commissioned to provide both services.

Long Lartin assessment role

3.40 There was one Rule 46 prisoner in the segregation unit at Long Lartin when we visited in October 2005, who was undergoing assessment for CSC selection. The psychology department produced a thorough assessment of risk to others, and mental health assessment was provided by the Raeside Clinic in collaboration with the Woodhill psychiatric team. Prisoners were held in the segregation unit while they were assessed, and this offered a limited regime (see later).

Designated cells

3.41 All segregation units throughout the high security estate except Woodhill have designated cells in which CSC prisoners may be held under Rule 46, on the authority of the Director of High Security. These cells may be made for various reasons, including accumulated visits, respite and testing. But they are also used, for unlimited periods, for CSC prisoners whose behaviour is disruptive. Before the CSC system was introduced in 1996, a common method of management was to move disruptive prisoners from segregation unit to segregation unit in a series of fresh starts that provided some relief for staff but nothing positive for prisoners. One of the aims of the CSC system was to end this pattern of merry-go-round moves and to foster staff–prisoner relationships that could be the basis of challenge and change. The use of designated cells for disruptive prisoners could potentially replicate this previous model of management.

3.42 We found that the regime for prisoners in these cells was very limited, and little was provided by way of activity or time out of cell. Although local staff undertook day to day care of these prisoners and continued their care and management reviews for the CSCSC, these were confined to operational issues. Local management and oversight of these prisoners was also

less rigorous than for other prisoners held in segregation: there was less ownership by local segregation management and review groups (SMARGs), and IMB members were less confident challenging decisions that were not made locally.

3.43 We came across a young CSC prisoner serving a determinate sentence of 10 years and 8 months in a designated high control cell in Full Sutton. He had arrived two weeks previously from Frankland segregation unit, where he had been for over a month since leaving Whitemoor segregation unit. He was concerned that his annual sentence plan review was now seven months overdue, and he also claimed to be dyslexic and unable to read in his cell. Neither of these issues, which were highly relevant to his case management were being addressed, though all the high security prisons where he had been held had the resources to do so.

3.44 When we visited the Frankland segregation unit, we discovered that there had been four CSC prisoners there during 2005. One had stayed seven months between Whitemoor and Wakefield segregation units, another had stayed over three months between Woodhill and Full Sutton units, a third had stayed for six weeks between Whitemoor and Full Sutton units, and the fourth was still in a designated cell at Frankland after nearly four months. The three prisoners who had left had gone to another segregation unit where they were held again in designated cells with a limited regime and for a further indefinite period.

3.45 Prison Service data later provided to us was not in a very clear form, and was incomplete for earlier years. It did, however, indicate that the use of designated cells had dropped by 39% in the last three years, from 23 uses in 2003/4 to 14 uses in 2005/6. It also showed that those cells had been used progressively more for respite, resettlement or de-selection and progressively less for control purposes. The number of uses that lasted for six months or more had decreased significantly in 2005-6. This appears to represent a culture shift. However, the data also confirms that designated cells were used for longer periods when used for control purposes, with four out of six such uses lasting for over three months in 2005-6, and six out of ten in 2004-5. Indeed, one such use lasted for the entire three years covered by the table.

Table 3: Use of designated cells 2003/4-2005/6.

	2003/04				2004/05				2005/06			
	No uses	≤3 mths	3-6 mths	≥ 6 mths	No uses	≤3 mths	3-6 mths	≥ 6 mths	No uses	≤3 mths	3-6 mths	≥ 6 mths
Control	22	14	3	5	10	4	1	5	6	2	3	1
Resettlement*	1	1	0	0	5	5	0	0	8	6	2	0
Total	23	15	3	5	15	9	1	5	14	8	5	1

* respite, resettlement or de-selection

3.46 Operational managers made the decision to transfer a CSC prisoner to a designated cell, although the cost of such a move could be that fragile alliances with the clinical staff and other specialists were disrupted and continuity of care lost. At monthly CSCSC reviews discussions about individual prisoners in designated cells continued to focus on their management rather than the impact on their mental health of long term segregation and a reduced regime. There was no direct input from the staff who were responsible for their clinical care, and little challenge from the IMB.

3.47 From records at Woodhill we calculated the number of moves made by each of the 15 prisoners held there at the time of our visit, since they had been selected for the CSC system. They were prisoners who had not yet progressed and whose movement history included

sideways and regressive moves to designated cells and occasionally to a high secure hospital. As the length of time that each of these prisoners had been in the system varied from seven months to 12 years, we calculated the number of moves per year per prisoner. This ranged from less than one to almost six, and a quarter of these prisoners had in fact experienced over five moves a year. The length of stay at each location varied from three days to five years.

3.48 Two CSC prisoners interviewed in Woodhill, and one at Whitemoor told us that regressive moves had set them back into previous attitudes and behaviour, though one prisoner said that he had experienced such a move as positive, and another as neutral. One claimed he had taken an overdose in a CSC cell in the Belmarsh segregation unit. The Whitemoor prisoner said: 'it was not something I asked for. Banged up 23 hours a day'.

3.49 We considered that there were dangers associated with the use of designated cells as a control mechanism for open-ended periods, without any apparent consultation with clinical staff, little local ownership of their management, and limited independent oversight. In practice this aspect of their use replicated the merry-go-round system which was now otherwise discontinued in the segregation system, and did not fit well into a system of holistic management and care.

Documentation, safeguarding and management information

3.50 In conditions of extreme custody with challenging prisoners it is particularly important that prisoners' behaviour and mood is monitored closely. Specialists need to share with the rest of the staff group information they have gleaned though their individual contacts. Information sharing through oral briefings was a strength, but daily briefing notes varied widely in quality and individual prisoners' records held little information. Observation books were generally detailed and clear, and were used as a means of informing staff about key events with prisoners, but frequently information was not copied to prisoners' individual records. Particular effort was made to ensure that uniformed staff completed behavioural monitoring sheets, which were a record of the occurrence of identified risk behaviours, but did not record what activities prisoners were engaged in. Generally, systems for recording prisoners' activity and behaviour varied between and within units, and records were inconsistently completed. This led to difficulties in providing continuity of care when prisoners were transferred.

3.51 Wing diaries recorded specialists' planned visits, but there was no way of knowing whether these visits had taken place, and the pages in daily briefing notes dedicated to psychology, probation, mental health and education staff were never completed. Nor were there any notes by specialists in the prisoners' records. The only records of specialist input were care and management plan reports that were made monthly.

3.52 In the CSC units, high control cells on A and D wings were used to manage refractory prisoners without unlocking them. In contrast to special cells they were furnished and had integral sanitation to allow their long term use, but such use was not authorised or documented. We were told that a risk assessment form was used when any downgrading of regime level was contemplated, but these forms were generic and did not record the specific reasons for the decisions, which would allow managers to monitor them effectively. This was particularly inappropriate, given the significance of this decision for the prisoner and the fact that it was made at the level of first line manager (senior officer). Management scrutiny was not possible from the information provided on the form alone, which did not prompt for details of current location, whether there was a risk of self-harm, the opinion of mental health staff, the range of interventions that had been used before the downgrading in regime, and what frequency of observations was required in the new location. Moreover, sometimes the risk

assessment form was not completed at all and notes were made in the wing observation book instead. This poor level of record-keeping prevented any effective senior management or IMB scrutiny of decisions concerning the use of high control cells.

3.53 We appreciate that in a small staff-intensive unit with a significant management presence not much happened that was not generally known about, and there was a strong culture of oral information exchange. However, it remained important that documentation was accurate and complete in order to safeguard prisoners and staff and allow for internal and external scrutiny. The use of generic risk assessments for decisions to reduce regime level and authorise the use of partially or unfurnished accommodation was inappropriate when there were standard Prison Service forms and procedures for these purposes.

3.54 Similarly, when force was used or when prisoners were subject to self-harm monitoring (through the ACCT – assessment, care in custody and team work –- process), this was recorded in handover briefing notes and wing diaries, but not centrally. We therefore collated our own information from these sources over a 26-day period prior to inspection. Force had been used three times: once on a prisoner who assaulted a member of staff during a strip-search, once on a prisoner who refused a strip-search and once on a prisoner who threatened staff. Up to three people had been subject to open ACCTs in this period, one prisoner for a total of 19 days, one for 12 days and one for 10 days. None of this information was recorded on the monthly management statistical information form.

3.55 Other essential management information was collected for the main prison but not scrutinised separately by CSC managers. The proportion of black and minority ethnic (BME) prisoners was recorded but was compared with the BME proportion in the local prison rather than that in the high security estate. It would be more appropriate for the BME proportion of the total CSC population, including the dispersed units, to be compared with that of the high security prisons from which they were drawn, to determine whether there is any over or under representation.

3.56 In the past, the high rate at which CSC prisoners used the complaints system rendered the process ineffective and distracted staff from prisoner care. Local records only extended back two years, but the rate over this period had decreased a little from 35 to 31 a month, and complaints were mostly for minor matters that were easily resolved. But this was still a very high rate of complaint from only 20 prisoners and posed a considerable administrative burden. Complaints were all processed promptly and responded to appropriately, with an average turn-around time in 2005 of two days from the day the complaint reached the complaints clerk.

3.57 It was apparent that the complaints system was used as an outlet for the frustrations experienced by some prisoners in conditions of extreme custody, and a small number of prisoners accounted for most of the complaints. In 2004, 68% of all the complaints were made by five prisoners, and in 2005, 71% were made by three prisoners. These prisoners were in contact with their solicitors, who regularly wrote to CSC managers on behalf of their clients. Managers had begun to invite these legal representatives to their clients' reviews in order to progress the relationship from an adversarial to a collaborative one. Where this had been taken up, managers believed it had increased understanding and reduced the number of letters and complaints. This was good practice.

3.58 In an attempt to gauge the effectiveness of the CSC system since the last review, we requested information about movements in and out of the system and whether such moves were progressive or regressive. We were initially unable to obtain any reliable information. We were later told that 12 prisoners had been deselected over a two year period between May

2004 and May 2006: two to DSPD units[5], two to therapeutic communities, and eight to normal location in core locals, dispersals or Category B prisons. This information needs to be regularly collated and should be readily available.

3.59 There was a clear need for a thorough review of record-keeping and monitoring to ensure the proper and safe management of prisoners, and to provide information to managers on what was happening across the system and over time. System-wide monthly management information was needed in key areas.

CSC uniformed staff

3.60 The morale of uniformed staff in Woodhill and Wakefield was high, but in Whitemoor was low, perhaps reflecting its relatively new status (see paragraph 3.31). In Woodhill, staff were very positive about their role, their managers and, in particular, the clinical staff who readily offered support with difficult prisoners and shared insights with them. They were also positive about the involvement of psychologists on E wing, and their involvement with the treatment programme. Those on A and B wings had less knowledge of psychologists' role. However, the monthly group staff meetings, recently introduced by psychologists and clinical staff, were beginning to build team work, encourage reflective practice and develop confidence.

3.61 Most staff had received the national CSC training, though some had waited for it for six or seven months. New national training was being developed across the four sites to include report writing, conditioning and manipulation, motivational interviewing, psychopathy and pro-social modelling. Staff received daily lunchtime briefings, which were also used to discuss the difficulties of working with these prisoners. They also received biannual one-to-one sessions with the head of psychology, though there was something of a backlog caused by staff unavailability at the scheduled times. Stress levels were monitored during these sessions and an anonymised report sent to CSC managers.

Role of the Independent Monitoring Board

3.62 At the time of our last review, members of the Board of Visitors (now Independent Monitoring Board, or IMB) had a limited role in the CSC units with prisoners segregated under Rule 46, and no authority to challenge operational decisions. We recommended that their role should be strengthened and that the advisory group should take on a monitoring role and include the local IMB in its membership. The Prison Service's response was to strengthen the role of the IMB locally, but not to invite them to join the advisory group. The IMB role was specified under the Phase 2 operating standards as 'providing independent monitoring of the welfare of staff and prisoners and the state of the premises, with unrestricted access to all parts of the CSC and a responsibility to raise matters of concern with the CSC system management at any level, including to Ministers and the Home Secretary'.

3.63 At Woodhill, an experienced member of the IMB had been allocated particular oversight of houseblock 6, which housed the CSC units. He was very involved, but had also retained his independence, and was willing to feed back his concerns to managers. He attended half of the CSC selection committee meetings, many of the care and management review meetings and operational managers' meetings. His assessment of areas of progress and his ongoing concerns was close to our own:

[5] units for dangerous and personality disordered prisoners.

Table 4. The view of the IMB on areas of progress and concern at Woodhill

Progress	Concerns
staff rotation	the lack of a consistent and dedicated probation officer
improved staff training	insufficient input from education
less of an emphasis on austerity	increasing frequency of lock downs
the development of regimes	staff shortages
care and management planning	the difficulty in getting prisoners transferred to high secure hospitals
mental health and psychology input	
the violence reduction programme	
accumulated visits	

3.64 The IMB role was being carried out conscientiously at Woodhill, but as IMB members are appointed locally to provide local scrutiny, it was difficult to see how national scrutiny was to be effected. The Deputy Director General met with the IMB chairs on a quarterly basis and the Chair of the Advisory Group on Difficult Prisoners met with them biannually, but it was our impression that IMB members in Wakefield and Whitemoor were less confident to raise concerns about CSC prisoners who were not managed locally.

Probation input

3.65 At Woodhill, the lack of a dedicated probation officer was a cause for concern for both the consultant psychiatrist and operational managers. The psychiatric staff were used to including patients' families in their care planning, and expected that a probation officer might fulfil this role in prison. However, the professional role of probation officers was now to manage offending behaviour, rather than to meet clinical or welfare needs.

3.66 Our experience of speaking to probation staff in general in high security prisons during this review suggested that of all the specialist groups, they were having the most difficulty finding a role for themselves in a quasi-clinical setting. They had a range of statutory obligations concerning parole reports, multi-agency public protection procedures and child protection procedures, and a professional focus on offending behaviour. However, it was not possible to deal directly with offence-related behaviour in the case of prisoners with chronic personal and social adjustment problems. Probation officers were therefore uncertain about and somewhat uncomfortable with their role in the multi-disciplinary team.

3.67 We came across one positive example of a probation officer at Wakefield who had managed to find an effective role with CSC and segregated prisoners. However, it had required a certain flexibility on her part and the part of her manager to allow her to operate in this way.

The role of education

3.68 In the previous review, we recommended that education tutors should be drawn into the multi-disciplinary team and able to provide activities that were not constrained by the core curriculum or solely concerned with delivering accredited qualifications. This had not yet happened. Traditional education leading to accredited qualifications continued to be offered, but this did not help to occupy those who were unable to sustain concentration or focus in this way, who could be better assisted by occupational therapy.

The role of PE staff

3.69 There was very little input into the CSC system at Woodhill from PE staff, though this was greater at Whitemoor and Wakefield, where there were cardio-vascular facilities and a multi-gym for prisoner use. The PE department at Wakefield had produced a stretching and mobility programme booklet, which provided illustrated instructions for exercises that were designed specifically for prisoners on restricted regimes, and something similar was provided at Whitemoor. This was good practice. At both Wakefield and Whitemoor, prisoners completed an induction programme with the PE staff before using the equipment, but the lack of induction and sufficient trained staff had prevented the cardiovascular facility being used at Woodhill. There was a lack of clarity and of a coordinated approach in relation to the contribution of PE to the CSC aims.

The role of psychologists

3.70 Forensic psychologists had an established role in the CSC system at both a managerial and practitioner level. A consultant psychologist provided advice and support to the Directorate of High Security and was able to influence developing policy. At establishment level, psychologists were involved in developing and delivering training to staff, supporting them individually and collectively, and working with individual prisoners. In Whitemoor, the CSC unit was headed by a psychologist who had project-managed the move from Durham, and designed the regime and the system for casework management, as well as delivering much of the training to staff. Psychologists were well represented on the CSCSC and had a substantial input into risk decisions.

3.71 Following the arrival of mental health staff, there was some lack of clarity about how psychiatric and psychological assessment could complement each other. This was not helped by an apparent contractual obligation for mental health staff in the CSC system to provide assessments that contributed to a 'minimum dataset' for evaluation purposes. These confusions should be resolved. Forensic psychologists from the prison side were well placed to complete assessments of risk and psychopathy, and psychiatrists were well placed to diagnose personality disorders, depression and anxiety disorders, and possible learning disability and cognitive impairment. If necessary, advice could be obtained from the dangerous and severely personality disordered (DSPD) wing at Whitemoor where integrated assessment of difficult prisoners was a core activity.

3.72 Psychologist managers pointed out that dedicating resources to CSC prisoners was difficult when this competed with resourcing prisoner programmes that contributed to a prison key performance target. Despite this, it was clear that psychologists valued this work and were valued by their operational colleagues, and were providing invaluable managerial and practitioner support in all the CSC sites.

Mental health provision

3.73 A key recommendation from the previous review was that there should be formal mental health input into the CSCs, to provide an integrated model of care and control, combining the treatment focus of secure health care settings with the close level of control provided by prison staff. This took some time to implement and it was not until March 2004 that a three-year national project providing mental health input to the CSCs was launched. Its aims were to:

- provide a comprehensive individual assessment of all CSC prisoners
- advise and support individual care planning for mental and physical health needs

- review patient needs and advise on the staff skills mix and specialist training needs of staff, including possible primary care needs, building the case management capacity of the CSC service.

3.74 Four distinct providers were identified. The Newcastle, North Tyneside and Northumberland (Three Ns) Mental Health (MH) Trust was given a commissioning and coordinating role, and set up a steering group and working group to manage three provider trusts, which later became four. These were not finally agreed until the beginning of 2005. They were:

- Oxfordshire and Buckinghamshire MH Partnership NHS Trust to provide services to Woodhill
- Birmingham and Solihull MH Trust for input to Long Lartin
- Cambridgeshire and Peterborough MH Trust for services to Whitemoor.
- Humber MH Trust for services to Wakefield and Frankland.

3.75 Commissioning arrangements and project management had faltered. A report produced in early 2006 by the Three Ns Trust indicated that the goals of the original arrangement had yet to be met[6]. Although the service at Woodhill was well established, the service to the Wakefield unit had only just begun at the time of the inspection. Arrangements at Long Lartin, which had been designated as an assessment centre, and at Whitemoor, had stalled. In the absence of a dedicated CSC mental health service, the mental health in-reach teams in both these establishments were providing some input to assessments and reviews, but this fell short of a dedicated service. The baseline assessment (known as the 'minimum dataset') had yet to be implemented, and external evaluation had not yet been commissioned. Activities had not been audited, and there had been problems with the service level agreement and transfer of funds, and also with the project leadership. Although the trust had operated its own internal project management, this had not been keyed into the management of the CSCs at any level. There was no representation of the coordinating trust on the CSC steering group, though recently it had been agreed that a representative should attend the CSCSC when decisions about the progress of individual prisoners were to be made.

3.76 Despite this, the positive impact of forensic mental health staff in Woodhill had been considerable, and there were signs that this was also starting to happen at Wakefield. In Woodhill, a small mental health team had been in post since April 2004. The staff were seconded from a medium secure unit, and both the consultant forensic psychiatrist and the senior I grade forensic nurse brought with them many years of previous experience at Broadmoor high secure hospital. Two further part-time H grade forensic nurse specialists completed the team. The team was able to provide a nurse from 9am to 5pm from Monday to Friday and a senior nurse from 9am to 7pm on four days a week. The psychiatrist provided overall clinical management and attended on one day a week. He was well integrated with the CSC operational managers and saw the team's role as providing advice and education to staff at local, operational and national levels, as well as clinical input with prisoners. A specialist registrar with an interest in forensic psychotherapy was able to advise on transference issues and group dynamics as well as clinical issues, which fulfilled another recommendation from the previous review.

3.77 The team's role included assessment of mental health needs, diagnosis of mental illness or personality disorder, and treatment or referral to specialist tertiary care. Six such referrals had been made, with one admission and a further two probable acceptances. They had completed pre- and de-selection reports, and continued to support some prisoners who had moved on from Woodhill on an outreach basis, including the prisoner who had transferred to a high

[6] *Report for the Providers of Close Supervision Centre Mental Health Input Services, February 2006.* (unpublished).

secure hospital. The main diagnoses were similar to those identified in dangerous and severely personality disordered prisoners: anti-social, borderline and paranoid personality disorder, psychopathy, post-traumatic stress disorder, depression and anxiety. The consultant psychiatrist believed that about two-thirds of prisoners in the CSCs had mental health problems that could benefit from medication and/or a therapeutic approach.

3.78 The team split the current 15 cases between them, ensuring they all had cases on all three units. Not all the prisoners wanted contact, and a third were declining this at the time of the inspection. Contact continued to be offered at intervals, and the nursing staff attended all prisoners' care and management meetings, including those declining contact, in order to maintain some knowledge of the case. Those on the caseload were seen either weekly or fortnightly, or at any time in between if they asked. Much of the input involved supporting prisoners in crisis and helping them to cope with life in the CSC. For those on E wing, going through the violence reduction programme, the team had provided support and encouraged engagement. Every week a third of all the cases were reviewed during the psychiatrist's visit, along with any urgent referrals, so that all were reviewed every three weeks.

3.79 This new clinical service to the CSC units in Woodhill had inevitably raised questions about the relationship with primary healthcare. Some tensions had arisen over the level of benzodiazepines and hypnotics prescribed. This had been reconciled by formal weekly meetings with a healthcare nurse and pharmacist. The consultant psychiatrist believed that CSC prisoners would benefit from a dedicated primary care service with a named nurse and a deputy to provide continuity, and two sessions of a dedicated GP to provide holistic care.

3.80 Other aspects of clinical care that had not been developed were neuro-psychometric assessment to detect possible brain damage and occupational therapy to develop self-esteem. Nursing cover was confined to the working day which limited the amount of informal contact nurses could have with prisoners. The consultant psychiatrist also saw benefits in extending continuity of care to provide outreach to prisoners when they moved on, and assessment of difficult cases held in high security segregation.

3.81 This built into a strategic vision of a forensic clinical service in the Thames Valley with possible links to Grendon as well as Woodhill prisons, providing pathways for both prisoner progression and staff career development, and creating a learning environment that would enhance the recruitment and retention of clinical staff. Given the failings of the current commissioning arrangements and the opportunity for these to be reviewed prior to the contract ending in March 2007, an arrangement that allowed for clinical management of the whole CSC system from Woodhill, in parallel with operational management, had merits. This also held out the prospect of meeting our concerns about the lack of continuity in mental healthcare when the prisoner moved to a different unit. We noted three cases in which aspects of the care plan had been lost in transit, effectively setting the prisoner back.

Care and management planning

3.82 A care and management plan was introduced following the previous review, fulfilling one of its recommendations. However, the plan in use at Woodhill mirrored a probation plan and focused on offending behaviour alone. The original recommendation that there should be a hybrid plan in order to combine criminogenic and clinical targets and provide holistic care. However, the current plan duplicated the function of the life-sentence plan, which also focused on offending, and which the 83% of CSC prisoners who were lifers already had. This added to the review burden: with category A reviews, lifer reviews, CSC reviews and care management plan reviews. However, the care and management review was the main context in which the multi-

disciplinary team came together to share information, and these meetings were well attended and sensitively managed.

3.83 The clinical staff were used to the standard care programme approach (CPA) to case management that revolved around a care plan to which all health and social care disciplines contributed, which was also reviewed quarterly, and which included a crisis management plan. The mental health staff pointed out that currently they were not consulted when a crisis arose and a downgrading of regime was being considered. There was a clear need for combined case management that addressed both criminogenic and clinical need, and progress had been made towards this by a joint care and management project at the Whitemoor CSC unit, to which the clinical staff at Woodhill had contributed. It was the intention to introduce this as the central case management framework for CSC prisoners.

The advisory group

3.84 The previous review recommended that independent scrutiny of the CSC system should be strengthened. Our concern was that the use of the more extreme control measures, which involved significant deprivations for prisoners, should be monitored by someone independent of those responsible for these decisions. To this end we suggested that the group be renamed a monitoring board, be chaired by an independent member and include IMB members providing local scrutiny. However, this recommendation was not accepted. The advisory group remained, though an independent chair was adopted, and the IMB's local monitoring role was restored.

3.85 At the time of the last review the role of the advisory group was to:

- advise the Deputy Director General on any proposed developments in the CSC.
- scrutinise the effective operation of the CSC by:
- assessing individual units' performance
- monitoring the delivery of individual management plans
- producing an annual report for the DDG.

3.86 This was changed in July 2004, after the group itself felt that its scrutinising role was taking it too close to inspection, and the remit was extended to 'difficult prisoners', which included both CSC and ex-CSC prisoners, those in segregation, and those with identified mental health problems including both psychosis and personality disorders. The name of the group was changed to 'the advisory group on difficult prisoners', and its role was reiterated as advisory only:

3.87 'The advisory group on difficult prisoners (AGDP) will provide advice to HM Prison Service at a strategic level on a wide range of aspects relating to the management of prisoners who present particular behavioural challenges in the custodial setting.'

Its tasks were identified as:

- to provide advice on a wider group of difficult prisoners that will be mainly, though not exclusively, located in the high security estate
- to provide advice on possible interventions that can be pursued with different groups of difficult prisoners. This will include high-level strategic thinking on the possible pathways that might be followed in the management of these prisoners
- to provide advice on the development and proposed roll-out of policy affecting this group of prisoners eg: violence reduction strategy or PSO 1700 management of segregation units.

- advisory group members will continue to visit establishments and CSC units to familiarise themselves with the operation of the units and conduct commissioned work.

3.88 It was suggested that the group's membership should include the disciplines of criminology, psychiatry, forensic psychology, secure service management, IMB, senior psychiatric nursing and probation. In practice the group had mostly comprised psychiatrists and criminologists. There had been no input from prison health, DSPD, IMB or secure service or nurse managers. This had left a monitoring vacuum that had not been filled by local IMBs outside Woodhill.

4. High security segregation

4.1 The new strategy for high security segregation was introduced in April 2005. It aimed to shift the emphasis from punishment to support, recognising that prisoners in segregation had a range of difficulties that they needed assistance to overcome, and that long-term segregation was a damaging experience. The strategy built in closer management scrutiny of the use of segregation and of special cells within segregation units. A key aim was to keep the use of segregation to a minimum and actively case-manage segregated prisoners to return them to normal location in their original establishment or elsewhere as soon as possible.

4.2 The strategy specifically aimed to restrict the use of the merry-go-round by only allowing moves from one segregation unit to another, if all other strategies had failed locally, and authorisation from governing governors had been received. The wings from which prisoners were drawn were expected to maintain their involvement with their prisoners, with a view to assisting them to return there. It was also recognised that those segregated for their own safety or for the safety of others should not be denied access to a regime and should, wherever possible, be able to continue educational activities or offending behaviour work begun on normal location, or at least be actively occupied within the unit or in their cells. A fuller version of the strategy is provided in Appendix 3.

Fieldwork

4.3 Each of the five dispersal prisons holding sentenced high security prisoners was visited, and HMP Belmarsh was also visited, as an example of a core local prison that held high security prisoners, on remand and in segregation. The two dispersal prisons that were visited soon after the strategy went live in April 2005, Wakefield and Full Sutton, were visited again six months later to determine whether progress had been made. For the establishments that were visited later in the year, two dip samples were taken from records of the numbers segregated before the strategy went live in February and March and six months later in August and September. We also looked at records for the use of special cells and the monthly monitoring data compiled for the segregation management and review group (SMARG), and spoke to managers, staff and prisoners. We also carried out a one day census of the numbers in segregation in January 2006, three months after fieldwork finished.

Prisoners in high security segregation

4.4 Those placed in segregation under Rule 45 were there for their own protection (OP) or for the good order of the prison (GOOD). They included prisoners deemed to be at risk from other prisoners on normal location, those refusing to cooperate with the regime, and a small number who seemed unable or unwilling to mix with others. The most common sources of animosity between prisoners were the nature of the offence, drug debt, theft from cells and police informing. To this must now be added gang membership: many of the animosities that surface in prisons originate from the streets of Britain's major cities rather than prison landings. The population was a mixture of predators and victims, who had to be managed carefully to keep them safe from one another; gang members fell into both categories.

4.5 Keeping prisoners safe was a complex business that involved a detailed knowledge of their allegiances, animosities and vulnerabilities, and returning prisoners to the mainstream involved

a calculated balancing of risks. Moreover this sometimes had to be done without full information as prisoners were often not open about the real causes of their problems. With some wings reserved for vulnerable prisoners, the accommodation options available to managers for predatory prisoners were limited. The following examples are taken from risk assessment forms:

4.6 Mr A was placed in segregation after concerns for his safety on E wing. Intelligence suggests that he has stolen a large quantity of drugs from Mr X and is in possession of a weapon. Since arriving at the prison he had had a number of warnings for bullying behaviour and is known to be a cell thief. He has been named by two other prisoners seeking segregation for their own protection after threats to them. There is antagonism towards him on E wing and he has made a point of associating near to staff for his own safety. Decision: transfer to F wing. Two weeks later: Mr A returned to segregation following a fight with another prisoner on F wing exercise yard. He is adamant he wants to return to F wing. Decision: return to F wing and staff to monitor.

4.7 Mr B was arrested for a murder he claims he did not commit. Having disclosed the name of the actual culprit he has become known as a police informer. As a member of gang X he must be kept separate from gang Y. He has also had a fight with Mr C on A wing the day after his arrival, and Mr D has identified him as the man who threatened him. He cannot therefore be placed on A or E wings. As F wing shares an exercise yard with E wing this is not a possibility either. Decision: Transfer to another prison.

4.8 A different management challenge was posed by the small number of prisoners who preferred isolation, and whose needs could be complex. Some were severely mentally ill and awaiting transfer to a secure hospital, others were awaiting assessment for the dangerous and severely personality disordered (DSPD) unit, and a very small number resisted human contact altogether. Despite a clear management drive to move prisoners on, a small core of such difficult prisoners remained in all the segregation units visited. They were reflected in the statistics of the prisoners segregated for more than 90 days, who were brought to the attention of governing governors and later the Deputy Director General. Decision-making for these few prisoners was based on where their individual needs could best be met, and where this involved waiting, the segregation unit or prison healthcare centre were often the only options. However, in the absence of intensive and individualised therapeutic interventions, these prisoners were likely to deteriorate still further.

Use of segregation across the high security estate

4.9 From the records held in the six fieldwork prisons, we calculated the average length of stay of all the prisoners in segregation in the previous two months up to a cut off point at the end of the second month. These figures were therefore somewhat less than the actual average length of stay, as the segregation of some continued after this cut off point, but as the same calculation was made for both sample periods for all six prisons it allowed us to compare like with like over time and between prisons.

Table 5. Numbers in segregation on R45, and length of stay in dispersal prisons in February & March (t1) and August & September (t2) 2005

	Wakefield		Frankland		Long Lartin		Whitemoor		Full Sutton		Totals/ave	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
Total no segregated over the 2 month period	10	15	35	29	70	58	28	25	33	35	174	162
Rate per 100 p'sners per mth	0.9	1.3	2.4	2.1	8.0	6.7	3.1	2.8	2.8	2.9	3.4	3.2
N < 30 days	7	11	18	15	42	40	18	12	28	31	113	109
N>30<60 days	2	0	7	4	13	8	6	8	2	2	30	22
N>60<90 days	0	1	3	3	4	3	2	2	2	1	11	10
N>90 days	1	3	7	7	11	7	2	3	0	1	21	21
Ave length of stay (days)	40	60	53	46	54	31	30	54	14	13	37	41

4.10 The table above records the total number of prisoners segregated over a two month sample period before the strategy went live (T1) (February – March) and for a comparable period six months later (T2) (August – September). This is converted in the second row into a rate per 100 prisoners per month, controlling for the size of the population of each prison. The next four rows show the number of prisoners in each of four time periods that correspond with milestones under the high security segregation strategy. The final row gives the average length of stay for all segregated prisoners over each two-month period.

4.11 There was a 7% reduction overall in the numbers segregated between the two periods, though this varied between prisons. Frankland, Long Lartin and Whitemoor recorded a drop in the number segregated and the rate of segregation, while Wakefield and Full Sutton recorded an increase, which was marked in the case of Wakefield. This reduction mainly represented a decrease in the number held for less than 60 days; whereas the number held for longer periods remained virtually static. Indeed, the overall average length of stay rose by 10% between the two time periods. This may reflect the fact that prisoners were staying longer in each individual segregation unit, rather than being transferred; however, statistics of individuals' stay in segregation, as well as the figures for each segregation unit, need to be kept and trends, and differentials between units, carefully monitored.

4.12 Wakefield had low numbers in segregation at the time of the first visit, from which further reductions were unlikely. However, by the second visit, numbers had increased in all but the 30 to 60 day category, and the average length of stay had increased by 50%. In Full Sutton, the numbers in segregation had increased slightly, though this was in the short stay category and the average length of stay remained the lowest of all the dispersal prisons. In Whitemoor, although there were fewer prisoners segregated, there had been an 80% increase in the average length of time in segregation because of an increase in the numbers segregated for longer periods.

4.13 Mr C had been in segregation for more than three months. In accordance with the new strategy he was reviewed by a board chaired by the governing governor, with the segregation governor, principal officer, a psychologist and a mental health nurse present. Mr C was appealing his conviction through the Criminal Cases Review Commission (CCRC) and in the meantime would not cooperate with his sentence plan targets. He had refused normal location in any high security prison, insisting on a progressive move to a category B prison, resulting in an impasse. Under the current system, a progressive move from segregation was not appropriate, not least because Mr C was not able to demonstrate that he could survive on

normal location, and was adamant that he would not do so in any high security prison. Mr C was offered a halfway house location on a small wing adjacent to the segregation unit, holding prisoners on remand, which would allow him to integrate into prison life on a small scale without the expectation that he would cooperate with his sentence plan. Mr C later agreed to this option.

4.14 In order to ascertain whether this slight decline in the number segregated had been sustained after the period of the thematic, we carried out a spot-check on the number in dispersal prisons' segregation units three months later, on 18th January 2006. This did not reveal any significant difference from the number that we found during our October and November visits, and indicated that the number of prisoners in the High Security Estate segregated under Rule 45 remained in the mid-50s.

Use of special cells across the high security estate

4.15 Records of the use of special cells since January 2005 were scrutinised. As the rate of use was relatively low, the data is shown for a single nine-month period. Special cells have no furniture and only a concrete plinth for a mattress. They have no integral sanitation and are intended to be used for short periods only. They are often built within a space that provides viewpoints for close observation. Prisons may also use 'unfurnished' cells, which usually have integral sanitation. The use of a special or unfurnished cell has to be authorised by a governor and the reasons for its use documented. The IMB should be informed within 24 hours whenever a special or unfurnished cell is used and is expected to sign the documentation to indicate agreement with its use. An IMB member must also sign that he or she concurs with the additional use of any restraints such as a body belt.

4.16 Table 6 shows that in the period between January and September 2005 there was a wide variation in the rate of use of special cells across the five dispersal prisons. The low use at Wakefield may be due to the more compliant nature of its population. Long Lartin's records were unreliable, as they used an unfurnished cell with a plinth bed in addition to a special cell, and did not record its use. We were told that prisoners were transferred to the unfurnished room from a special cell as soon as possible as it was easier to manage them there. For this reason the second column in the table for Long Lartin may be the most accurate measure of the use of unfurnished accommodation (to avoid double counting). The figures however suggest that Long Lartin used unfurnished accommodation more than the other dispersal prisons, though the figures for Whitemoor are also relatively high.

4.17 Table 7 records the length of time that unfurnished accommodation was used, and indicates that the unfurnished room in Long Lartin, which had integral sanitation, was indeed used for significantly longer periods than the special cell. An obvious conclusion is that the lack of integral sanitation acts as a strong disincentive to the extended use of a special cell.

Table 6. Rate of use of unfurnished accommodation in dispersal prisons from Jan to Sep incl, 2005

	Wakefield	Frankland	Long Lartin		Whitemoor	Full Sutton
			SC	UR		
No of uses	2	16	12	18	25	15
No of prisoners	2	12	9	14	18	13
Rate of use per 100 prisoners per year	0.5	3.0	3.7	5.5	7.4	3.4

Table 7. Length of use of unfurnished accommodation in dispersal prisons from Jan to Sep incl 2005, and whether prisoners were stripped of clothing.

	Wakefield	Frankland	Long Lartin		Whitemoor	Full Sutton
			SC	UR		
Ave length of time (hours)	4.5	9.3	2.3	124.8	8.3	4.75
% > 4 hours	50*	56	18	100	72	25
% stripped	50*	69	28	NK	8	not recorded

*NB: this refers to one of two prisoners only

4.18 The conditions in a special cell are punitive, and we expect it to be used for the minimum length of time necessary. We found that the average length of use, excluding Long Lartin, was just under seven hours. As the average can be inflated by the one or two occasions when the cell was used for a much longer period, the percentage of uses that lasted for longer than four hours was calculated. Over half the uses in Frankland were for more than four hours and almost three quarters of those in Whitemoor.

4.19 The use of a special cell can also include the removal of prisoners' clothing and the provision of strip-clothing or a strip blanket that cannot be ripped and used as a ligature. This additional precaution, which is to protect against weapons being secreted and/or acts of self-harm, increases the punitive nature of the experience and we expect it to be used sparingly and in accordance with individual risk assessment. It was not always clear from the records whether prisoners' clothes were taken away, but where this was recorded, it appeared to vary considerably across units. Whitemoor rarely took away prisoners' own clothes whereas Frankland usually did. There appeared to be no reason for such variation other than local custom and practice.

4.20 Strip conditions are used to manage violence and risk of harm to others, and we do not expect them to be used to manage possible harm to self. The form authorising its use does not prompt for any concerns about self-harm and most of the records made no mention of this. In Whitemoor a risk of self-harm was recorded in the record of one case, but there was also a high risk of assault to staff, and explanations and observations were consistent with good care. In Frankland there had been two uses of a special cell in which there was also a reference to self-harm. Further enquiries confirmed that one was an exceptionally violent prisoner and that both the safer custody officer and medical staff had been involved in the initial decision and subsequent monitoring of his time in the special cell, though this was not noted on the record. The second was placed in a special cell for over two and a half hours, stripped of his clothing and placed in a body belt to stop him self-harming. There was no name authorising these measures and no record of how frequently he was to be watched.

Ethnicity

4.21 We collected data on the ethnicity of those on GOOD or OP from the records of segregation. These figures formed part of the monthly return required under PSO 1700 for scrutiny by the local SMARG. They were recorded each month in a standard format across all units, but the software did not prompt for the proportion of the black and minority ethnic (BME) population in the prison, so it was not possible to gauge from the information provided whether the figures were proportional. As the numbers were low it was also difficult to know how statistically significant any variations were. No range setting analysis was required in the SMARG report, though Frankland had included figures from the main prison's monthly ethnic monitoring return

for the segregation unit. This recorded the number of prisoner days by ethnicity, providing a sufficient sample size for range setting analysis, and was good practice.

4.22 From both the Frankland figures and the figures we collected ourselves there was some evidence of an over-representation of BME prisoners in segregation at Frankland. This pattern was repeated at Wakefield, and was even more significant at Whitemoor, where 56% of those segregated were BME, compared to only 28% in the prison population. Special cells had also been used more for frequently for BME prisoners at Frankland, Long Lartin, Belmarsh and Whitemoor (see Table 8) than would be expected from the proportion in the total population, significantly so in Long Lartin, where BME prisoners represented 73% of usages, compared to only 32% in the general prison population. Some prisoners in interview, including an Irish prisoner, complained of racism from staff, and it was important that this was scrupulously monitored. However, ethnic information recorded on SMARG returns was not subject to range setting analysis or monitored over time, and it was unlikely therefore that it was being effectively addressed.

Table 8. Proportions of BME prisoners segregated for GOOD or OP and for use of special cell from fieldwork sample periods, compared to the proportion in the prison

BME (%)	Wakefield	Frankland	Long Lartin	Belmarsh	Whitemoor	Full Sutton
seg	25	21	34	50	56	29
Special cell	NA	30	73	59	50	25
prison	16	13	32	50	28	26

Wakefield

The unit

4.23 The segregation unit was next to the CSC exceptional risk unit in F wing, and had been refurbished at the time the CSC unit was opened, though the segregation cells did not have in-cell electricity. There was a current bid in for this facility. Prisoners collected their meals from a servery, which was good practice, and segregated prisoners shared the two grim exercise yards with the CSC unit.

4.24 The new strategy was introduced in April and had been accompanied by a strong managerial drive. The staff were very enthusiastic about the new role for the unit and were able to articulate this to inspectors. They had applied to work in F wing, and there was, unusually, a waiting list of nine staff who wanted to join the unit. An away day was planned in the near future to discuss, among other things, the optimum length of duty for staff working in the unit. Morale was high among staff on both visits, and we were impressed by the progress that had been made since our previous inspection in 2003.

Safer custody

4.25 Planned removals to the segregation unit from the wings were carried out by wing staff rather than segregation unit staff. This provided a natural de-escalation opportunity at the point of arrival, when segregation staff took over the care of the prisoner. We were told that prisoners were no longer routinely placed in a special cell when they were located in the unit. Healthcare staff completed the safety algorithm and attended segregation reviews.

4.26 Prisoners were seen on arrival by a senior officer who explained why they had been segregated, and supplied an information booklet that explained their situation and the routines and services available to them. This booklet was written in plain language with illustrations and was an example of good practice. The incentives and earned privileges (IEP) scheme continued to apply and levels were not automatically reduced on segregation. Staff used prisoners' first or preferred names, and they believed this had a significant impact on their relationships with them.

4.27 In crisis, prisoners were encouraged to use their cell call bell to speak to staff. Listeners were available, subject to a risk assessment, as was a dedicated phone to the Samaritans. The cells contained wood furniture as a default arrangement, and this would be replaced with cardboard furniture when required for safety reasons. The unit had the active involvement of a dedicated probation officer, shared with the CSC unit, who had a particular interest in supporting prisoners in crisis and who carried out rota visits and held an open surgery on Monday afternoons.

4.28 All four Rule 45 segregated prisoners agreed to be interviewed. They had all been given the reasons for their segregation in writing, had personal officers and were invited to fortnightly case reviews, though they did not all attend and were not all happy with the outcome of these. However, they were all complimentary about their relationships with staff and about the regime. They reported feeling safe and said they were treated with respect by staff. Two prisoners were aggrieved that they were a long way from home and one was unhappy with his experience of healthcare, but other than this the consensus was that 'this is the best block I've ever been in'.

4.29 Records for the use of the special cell indicated that it had not been used at all since the new strategy was introduced in April 2005 – a period of six months prior to inspection. In the previous 12 months it had been used for nine prisoners on 14 different occasions, in one case for several days at a time in response to sustained cell damage, flooding and dirty protests. This reduction in the use of the special cell represented a significant change in the management of recalcitrant prisoners.

The regime

4.30 Segregated prisoners could continue to attend offending behaviour programmes from the segregation unit, subject to risk assessment, if they were part way through at the point they were segregated. Exercise was available daily and prisoners were encouraged to take this up. The chaplain often took the opportunity to talk to prisoners while they were on the exercise yard. Showers were offered daily if staffing allowed, but were provided a minimum of three times a week. Up to six library books could be borrowed and changed weekly, wing cleaners did the laundry, meals were served from a servery and flasks filled with hot water at the same time. Two 10-minute domestic phone calls were allowed each week by means of a phone trolley, which was wheeled to the cell door. These were routinely monitored and prisoners were informed of this in the information booklet. Cell cleaning took place on Monday and Friday afternoons. No work was available and few in-cell activities provided other than a newspaper that was passed around, and jigsaws provided by the chaplaincy.

Case management

4.31 In accordance with PS0 1700, regular reviews took place after 72 hours and fortnightly thereafter for those who were held in segregation under Rule 45. These were chaired by a governor or senior officer and there were good levels of attendance by a multi-disciplinary

team, including healthcare staff and the IMB. However, the healthcare staff attending rarely brought a healthcare record or were able to contribute any knowledge of the prisoner. This, they claimed, was because they did not have sufficient advance warning of who was to be reviewed, which could easily be resolved by better communication. The prisoner was invited, though did not always attend. Targets were more often about maintaining appropriate behaviour than about making personal progress. Wing staff remained involved in monthly reviews, and this had assisted with returns to the wing and with managing any bullying issues.

Use of segregation and de-selection

4.32 There was a clear focus on returning prisoners to normal location. Segregation to segregation transfers were exceptional and took place only with the governor's authority. Phased returns took place and the healthcare centre was used as a halfway house for some. This was good practice. There was a core of three long-term prisoners who preferred no contact with other prisoners, and it was hard to move them on (see paragraph 4.8).

Full Sutton

The unit

4.33 The unit was created from the end of F wing. It was a large two storey unit with 30 normal cells, four safer cells (two with cameras), two unfurnished cells, two 'dirty protest' cells, and two cells used for searching prisoners. One cell was occupied by the unit cleaner, one was used to store equipment and one was set aside for prisoners to do in-cell work, though this was not in use at the time of our two visits. Two cells were designated CSC cells. The floor of the unit was newly replaced and was shiny and clean, but the standard of cleanliness of the cells was poor. We examined those that were empty and awaiting the next occupant, that were said to have been cleaned. The toilets and sinks were filthy with ingrained dirt and limescale and the cells smelt unpleasant. The unit was running at about half its capacity.

4.34 Showers and toilets were provided on each floor, although all the prisoners complained about the ground floor shower, which was the only one in use. On our first visit the water ran cold and then lukewarm after about five minutes, by which time the recess was flooded with cold water, as the flow of water missed the shower tray. The frequency of access to showers was poor, with once every three days appearing to be the norm. One prisoner we interviewed said that because he could not shower or shave properly he had stopped his family visiting as he did not want them to see him in that condition. The problem with the showers had been corrected by the time of our second visit.

4.35 There were three fenced exercise yards, which at the time of our first visit were cladded with metal on all sides up to two metres in height, preventing prisoners in the yards from seeing each other or the view beyond, and those in adjacent cells from calling out to prisoners on the yards. This seriously detracted from the quality of exercise for prisoners and also prevented staff from observing or speaking to them during exercise. This was a lost opportunity to build relationships with prisoners and for prisoners to have a positive experience in the open air. The cladding had been removed by the time of our second visit

4.36 The unit had a strong managerial presence, with a dedicated governor, principal officer and staff group. Prisoners were correctly authorised for segregation. All prisoners entering the unit were routinely strip-searched and a brief record of these searches was maintained. The record

did not include information about whether the search was conducted under restraint or if the prisoner was subject to self-harm support plans, which could be relevant. Individual unlock levels were assessed, but the minimum was three staff and in practice there were usually more than this. This was observed by ourselves and commented on by all the prisoners in interview who said the numbers of staff around the door when it was opened was oppressive. There was scope for this to be reduced, following risk assessment, or for the third member of staff to withdraw to a greater distance so as not to crowd the door on unlock.

Safer custody

4.37 Safety algorithms were reliably completed on all segregated prisoners by a mental health in-reach nurse specialising in personality disorder who attended the unit daily and had provided mental health awareness training to half the staff. Prisoners also had access to a dedicated psychologist who also supported the staff, and to Listeners, subject to a risk assessment. A governor and a chaplain attended daily, and the IMB attended all reviews and carried out rota visits every week. However, all visitors, including the governor, were accompanied by three officers, which two prisoners said prevented them speaking openly, especially if this concerned staff. A closed interview room was available for private interviews, but its use had to be requested and organised. Prisoners also told us that they thought non-uniformed staff were intimidated by the segregation staff into not speaking to them on their own.

4.38 There was minimal engagement between staff and prisoners. In interviews, prisoners sometimes knew the name of their personal officer, but did not know who this person was as staff did not wear name badges. None of the prisoners reported ever speaking to a personal officer in segregation, though some did report being visited by their wing personal officer or senior officer. Prisoners' first names were on the roll board and cell cards, and prisoners confirmed that the name they were called by staff had a big impact on staff–prisoner relationships. On our first visit they claimed they were called 'fella, son, kid' or by their surname. In these circumstances, they said they only spoke to staff when they had to and retreated into themselves. The use of first or preferred names had improved by the time of our second visit.

4.39 Use of the special cell was relatively modest and most prisoners spent less than four hours there. In three out of eight cases it was not clear from the record whether the prisoner's clothing had been taken away. Where there was a record that it had been taken away it was restored after a relatively brief interval ranging from 25 minutes to two hours 20 minutes.

The regime

4.40 All prisoners received a clear written booklet on arrival about the regime and their entitlements. They could apply to be unlocked to use the telephone, which was used by up to four people each evening, though prisoners said that the 10-minute time limit was rigidly enforced. Exercise was offered daily. Access to canteen was the same as the main prison. There was a small unit library and prisoners could exchange books daily. There was access to in-cell education and religious observance. Physical education staff visited weekly to give prisoners in-cell activities and encouragement to maintain their fitness levels, which was good practice. Prisoners in segregation were also able to continue their offending behaviour programme if this was risk assessed as appropriate, though this was a rare occurrence. There was no work available, and no enhanced regime or activity system for long-staying prisoners, though there were plans to introduce this, which were contingent on building work.

4.41 Eight prisoners were interviewed in June 2005. They complained of boredom and of inconsistency in the rules. They were not allowed green scouring pads for cleaning but were allowed to keep plastic cutlery in their cells. They could not order food in cans from the shop, but were allowed metal flasks overnight. However, they were positive about access to Listeners, whose presence was permitted at any time, and to the dedicated mobile phone to the Samaritans, which was readily provided on request.

Casework

4.42 Seventy-two hour and fortnightly reviews were reliably carried out and well attended by the unit governor, mental health in-reach nurse, psychologist, unit manager, IMB member and a member of wing staff. Eight such reviews were observed and they were detailed and informative for both staff and prisoners. The unit governor visited each prisoner when he was on duty and had detailed knowledge of the circumstances and issues relating to each one.

4.43 However, targets concerned compliant behaviour rather than personal progress, and did not reflect the actual scope of discussion at the review. Occasionally an additional target was added that involved talking to a psychologist or to CARATS staff, but targets for literacy, in-cell activities or mental health were rarely set. One prisoner said that he had stopped attending these reviews after he had been to two as they were not going anywhere and repeated the same information each time.

Use of segregation and de-selection

4.44 There was a moderate, though slightly increasing, rate of use of segregation; however there was also the shortest average length of stay of any dispersal segregation unit. Segregation to segregation transfers appeared to be the exception: out of 42 records that we examined which indicated where the prisoner went when he left the unit, 38 (90%) went back to normal location in Full Sutton.

Frankland

The unit

4.45 The unit consisted of two wings in an L shape with cells along both wings on two levels. Only two cells had in-cell electricity. Out of a total of 28 cells, only nine were in use at the time of the inspection. There were two special cells and two cells with CCTV coverage. The downstairs cells had anti-ligature windows and were closer to the main office, and the upstairs cells were used to house the cleaners and those who had demonstrated that they would comply with the unit rule not to call out of the windows. The unit had recently been decorated in cream and blue, and the cells were clean. There was no artwork on display at the time of our visit, though we were later told that this had only been removed temporarily. An interview room for prisoners and a staff room had recently been added. There was potential for other cells to be adapted to allow for activities.

4.46 An outside area bounded by the two wings was used for exercise, and there were two large yards fenced with wire mesh, without cladding. The area was damp and received little sunlight and the base of the fencing where the sun did not reach was covered with green mould. There was a plan to install concrete corner seats so that prisoners in adjacent yards could sit and talk through the mesh. The mesh was a dull metal colour that would be lifted by a coat of paint.

4.47 There was a strong managerial presence, with a governor, dedicated principal officer and staff group. Prisoners were unlocked to collect their meals from a servery opposite the ground floor office. This was good practice but the staff maintained a straight-backed posture with arms folded as the prisoners approached the servery and did not engage them in conversation.

Safer custody

4.48 Planned removals were still carried out by segregation unit staff except when prisoners were brought in from F and G wings, which were some distance away. This was a lost opportunity to employ a natural de-escalation opportunity at the point of entry.

4.49 The safety algorithm was reliably completed by registered mental health nurses from the healthcare centre next door, and there were close links with the establishment's safer custody officer who had liaised closely with the staff over the management of a very difficult, violent and self-harming prisoner. This was good practice.

4.50 We interviewed six of the nine segregated prisoners. They were generally positive about their relationships with staff, and said that staff were professional although somewhat distant. One prisoner was grateful that he had been allowed to move cell after he had complained that he was kept awake by a neighbour. Another who had previously been in the unit about 10 years ago reported a great improvement 'the staff are not aggressive like they used to be'. Most prisoners said they felt safe, although some reported that shouting out of the windows still took place, and was mainly aimed at the sex offenders on the unit. The prefix 'Mr' was used on cell cards and the unit roll board, but prisoners said they were usually called by their surname. Personal officers were allocated to individual prisoners and familiarised themselves with their records. However, it was unclear how much contact they had with their prisoners or the extent to which they liaised with wing staff to encourage their return to normal location wherever possible.

4.51 An informal unlock protocol operated whereby prisoners on first entry were located downstairs and unlocked with a senior officer and three staff. This was reduced to three staff only if the prisoner was compliant, and to two staff once the prisoner moved upstairs. Prisoners were required to stand against the back wall before they were unlocked if they were considered, on the basis of a risk assessment, to pose a risk of violence to staff. Hard furniture was provided on a default basis, and was substituted with cardboard furniture if required. The unlock level was recorded in individual files and reviewed weekly.

4.52 The rate of use of the special cell was not high compared to other segregation units, but, unlike other units, prisoners' clothing was routinely removed as part of the location procedure. Clean clothes were then provided, unless the prisoner was placed in strip clothing, which was the case in a quarter of the recorded uses in the previous nine months. Prisoners were held in special cells for an average of over nine hours, which was longer than elsewhere. Over half (56%) of the usages were for more than four hours. The record of one occasion when the prisoner had been placed in the cell because he was abusive and aggressive to staff indicated that the prisoner was sitting calmly after 15 minutes, but he was not removed for one and a half hours.

4.53 Although most usages of the special cell were properly authorised, the reason it was used was not always clear, nor was it clear why strip clothing or restraints had been used. The cell had been used on two occasions for 37.5 hours and 20 hours respectively. The reason for the latter was well documented, but for the longer period it was not clear who had authorised it, what for and why the prisoner was required to wear strip clothing. The prisoner was observed at 15-

minute intervals, but the reason for this was not recorded. The only clue was from an IMB note that there were continuing threats of violence. We were able to satisfy ourselves that managers, healthcare staff and the safety custody officer had been involved in the decision-making and monitoring, along with the IMB. However, this was not clear from the record, which is meant as a safeguard for both staff and prisoners. A second prisoner had been placed in a special cell, stripped of his clothing and placed in a body belt to stop him self-harming. There was no name authorising these measures and no record of how frequently he should be watched.

The regime

4.54 The regime was very limited. There were no in-cell activities provided and no work available. Education was available in cell. There was a trolley book service twice a week but prisoners were limited to two books a week, though they could place orders. The chaplain visited regularly and provided communion in cell on request. Theoretically, offending behaviour programmes could be continued from the segregation unit, though this had not yet happened. Bids had been made for a gym and for in-cell electricity downstairs. There were also plans to make the adjudication room dual purpose so that it could be used for activities when not being used for adjudications. Exercise was offered every day, though the yard was particularly bleak. A newspaper was provided on a rota basis and each prisoner got one about once every three days. The chaplain supplied radios but without aerials the reception was poor. Prisoners were allowed no cutlery in their cells outside meal times. Phone calls were allowed only every other day for 10 minutes at a time.

Casework

4.55 Regular reviews took place after 72 hours and fortnightly thereafter. There was an appreciation of the importance of these being attended by dedicated staff. A named chaplain and named psychologist provided a regular service, and both the healthcare centre and the IMB planned to provide a dedicated registered mental nurse and IMB member respectively, shared between the healthcare centre and the unit. However, there were few personal targets set and little engagement of specialists or independent visitors outside case reviews. When specialists or the IMB visited they were accompanied by a phalanx of staff. It is important that specialists and the IMB can talk to prisoners in private, and a facility for this should be provided, if necessary by means of closed visits on the unit.

Use of segregation and de-selection

4.56 Segregation records were well kept and it was evident that the length of time in segregation had decreased by about 17% between February, March and August, September, though not among those segregated for more than 60 days. Managers were using phased returns and the small remand wing next to the unit was being offered as a halfway house. This was good practice.

Long Lartin

The unit

4.57 The unit was a large recently built facility that could hold up to 40 prisoners. There were 18 Rule 45 prisoners at the time of our visit, three resident cleaners and four CSC prisoners.

There were two special cells, one unfurnished room, two designated CSC cells, two closed interview rooms and two safer cells with fixed furniture and a Listeners' suite. Some refurbishment had taken place but the refurbished cells were not being used and one enhanced prisoner was held in an unkempt and undecorated cell because it had in-cell electricity and a TV. The toilets were very dirty and in need of descaling. Only four of the segregated prisoners had wooden furniture and there were no displays of art work or anything to brighten the unit. Outside, there were four fenced exercise yards, with cladding at the sides but not at the front. Prisoners placed in adjacent yards were therefore able to talk to one another if they stood close to the yard door, as they were doing at the time of our visit. Theoretically, exercise in association was allowed, though two of these prisoners told us they were friends and wanted to exercise together but this had not happened.

4.58 Prisoners were only allowed a plastic spoon to eat with and were not allowed to keep this or their bowls in their cells or to order tinned food that required opening. Flasks were not provided but hot water in plastic bottles was placed outside cell doors for making tea about an hour before unlock. This frustrated the prisoners, as the water was cold by the time they could get to it. Phones and showers were available on alternate days except Sundays, but there was nowhere for prisoners to hang their clothes when they showered. One prisoner said that a request to be allowed to phone his son on his birthday had been refused. All these things were drawn to the attention of staff so that they could be addressed immediately.

4.59 Prisoners spoke of high levels of intimidation and violence by other prisoners on the wings, and this resulted in a high number of perpetrators and intimidated prisoners in segregation. The opening of a vulnerable prisoner unit, the first in Long Lartin, had taken some of the pressure off the segregation unit as a place of refuge, although some vulnerable prisoners remained.

4.60 Staff in the unit were selected for the role and approved by the governor, but it was our impression that the desired culture shift had yet to be made. Staff were professional and conscientious, but did not actively engage with individual prisoners, and opportunities to provide activities in cell or allow the use of the cardiovascular machine were missed.

Safer custody

4.61 Planned removals to the unit took place at lunch times and were carried out by wing staff, providing a natural de-escalation opportunity at the point of entry. All prisoners arriving on the unit were routinely strip-searched and safety algorithms were reliably completed. Prisoners were all unlocked using the same unlock level of a senior officer and four staff with the prisoner standing against the back wall, although in some cases this was reduced without being formally reviewed. The record keeping of reviews of unlock level were very poor and not accurate. Cardboard furniture was provided as the default.

4.62 Prisoners were issued with an information booklet that told them what would happen to them and what facilities and services were available. They were told about the Listeners and the facility to speak to the Samaritans. A dedicated Listeners' suite enabled prisoners to speak to a Listener on the unit.

4.63 Eight of the 18 prisoners on Rule 45 were interviewed. Only half of them felt they were treated with respect and they said that the routine use of 'back wall unlock' with four or five staff around the door was intimidating. Personal officers were allocated, though none of the prisoners interviewed reported knowing who their personal officer was or having any contact. Prisoners said that contact with staff was limited to the few occasions when they were

unlocked. They said that governors' and chaplains' rounds were completed so quickly that you did not get a chance to speak, and that there were so many different governors doing them that they could not follow up what had been said before. Prisoners complained they were not allowed a mop to clean their floor, nor were they provided with specific toilet cleaning products.

4.64 The rate of use of the special cell was modest. It had been used for 12 prisoners for an average of only 2.3 hours, which was shorter than the other units. Record-keeping was relatively good, with use authorised appropriately in every case, though no reason was given in 38% of cases. Eighteen per cent of usages lasted for more than four hours and 28% of prisoners were stripped of their clothes. However, 73% of the prisoners placed in the special cell were from a black or minority ethnic group, which was much higher than in the other units.

4.65 The relatively low rate of use of the special cell has to be understood, however, in the context of the much more frequent use of an unfurnished room - used in preference to the special cell as it had integral sanitation and a food hatch. It was used for 14 prisoners for an average of 5.2 days in the nine months before our visit. The use of the unfurnished cell was not documented as use of special accommodation, and was not therefore subject to the required monitoring and scrutiny of managers and the IMB. This was a serious omission. There were also two safer custody cells which were used for prisoners at risk of self-harm.

The regime

4.66 The regime was very limited. Segregated prisoners had some access to in-cell education and were theoretically allowed to continue to attend education or offending behaviour programmes and to take exams, but this had not yet happened. An exercise bike, in an unused special cell monitored by a camera, could be used by a prisoner without a member of staff present. PE staff ensured that prisoners knew how to use it safely, but in practice it was rarely used, and exercise in association was rarely allowed. The PE department had also provided an illustrated booklet of stretching and mobility exercises for prisoners on restricted regimes, which was good practice. There were no other in-cell activities to keep prisoners occupied.

Casework

4.67 Daily entries were made in wing files, but because there was little staff–prisoner interaction they were not very informative. However, case reviews were well attended by a range of disciplines and the IMB. There was regular input from a member of the mental health in-reach team and the psychology department. Reviews were clearly effective as a means of moving prisoners on and avoiding them remaining for long periods in segregation. As elsewhere, they were less effective as a means of addressing individual needs and ensuring that individual prisoners were constructively occupied in their cells.

Use of segregation and de-selection

4.68 Long Lartin had achieved the greatest reduction in the use of segregation of all the units, but this was from a high baseline. The rate of use per 100 prisoners had dropped from 8 in February, March to 6.7 in August, September 2005, though it remained more than twice the rate of segregation in other comparable establishments. The biggest drop had been in those segregated for 30 to 60 days, and there had also been reductions in the number of long-term prisoners. This was reflected in a 43% drop, between the earlier and later periods, in the average length of time segregated.

Whitemoor

The unit

4.69 The unit was located next to E wing, with an adjoining door between that was always open, as E wing was used as an annexe to the segregation unit. The accommodation in the unit itself was arranged over two floors and could hold up to 18 prisoners. There were eight Rule 45 prisoners and one CSC prisoner at the time of our visit. There were two gated cells, two special cells, two CSC-designated cells, but no dirty protest cells. There was CCTV coverage of the communal areas. The cells were generally in good order and the area was clean, but the segregation side did not have in-cell electricity. Prisoners were issued with cardboard furniture on arrival, and would be given hard furniture if considered suitable.

4.70 There were four unlock levels that ranged from a senior officer and four staff using personal protective equipment (PPE) on the highest level to the lowest level of two staff. The length of time that PPE was used was not documented either here or in any of the segregation units, despite its negative impact on prisoners, and this information was not required for SMARG reports. Its use was not therefore being monitored by either managers or the IMB.

4.71 Prisoners segregated on Rule 45 could earn a range of privileges, including being located on E wing in cells with electricity, televisions and kettles, and keeping hold of their cutlery. Those who were not enhanced were given flasks of water to make tea. There was a servery for food, though at the time of the inspection it was not being used. There was a bid in place for in-cell electricity for the segregation side.

4.72 It was unclear why the segregation unit had not been moved to E wing, which had better accommodation and in-cell electricity, except that there was now a mural painted by a prisoner on the wall next to the adjudication room, and a very impressive library that prisoners used every Friday and of which they spoke highly. Both of these were examples of good practice.

4.73 There was a high level of management interest in the segregation unit and the new strategy had been embraced and driven by some effective middle managers. The unit had closed for a month to allow the staff to undergo training before the new strategy went live, and this was reflected in a positive and buoyant staff team. Staff applied to work in the unit and were individually selected and approved by the governor. They received, as a minimum, training in diversity, mental health awareness, suicide prevention and control and restraint. A range of staff support was provided, including a 'care first' telephone support service. There was also a staff rotation policy, so that segregation staff rotated every three years. The prisoners we spoke to were uniformly positive about the staff and the unit, and we were shown a letter from a prisoner to a governor praising staff for their caring and supportive approach.

Safer custody

4.74 Prisoners were brought into the segregation unit by a mix of staff, not necessarily from the segregation unit. On arrival they were issued with an information booklet that set out in capital letters and a large bold font what they should and should not do. It made extremely intimidating reading and was completely out of line with the aims of the unit under the new strategy. Listeners were available as was a dedicated Samaritans' phone. Safety algorithms were reliably completed by healthcare staff. Prisoners were unlocked on first arrival by a senior

officer and two staff, with the prisoner sitting on a chair. Thereafter the unlock level was individually risk assessed, and was not heavy-handed.

4.75 Prisoners were positive about their relationships with staff. One prisoner, who had been in the Whitemoor unit two years previously, could not believe the difference in atmosphere and approach. Another prisoner particularly appreciated being granted a compassionate phone call to his family at a difficult time. Prisoners were also positive about the limited use of cardboard furniture, the low levels of staff for unlock and the lack of routine 'back wall' unlock. Their complaints concerned the reasons for their segregation and the length of time they waited for transfers to other establishments, a concern that was echoed by the IMB.

4.76 There were no safer cells, though there were two gated cells that could be used to observe prisoners at risk of self harm. The special cells were used relatively frequently and for relatively long periods of time. In almost three quarters of occasions it was used for more than four hours. However, in only one case out of 23 were the prisoner's clothes taken away from him. The use of the special cell was authorised clearly in every case, and in all but one case full reasons were given and regular and clear observations were recorded. This was the best standard of record keeping that we came across.

The regime

4.77 There were few regime activities available to prisoners. Work had been provided assembling lighter refill canisters, but this was not available at the time of our visit. The library was a positive facility, as was education. A dedicated tutor had plans to provide activities in the unused activities room on E wing, appreciating that prisoners in segregation needed to be occupied more than they needed formal education, and her ideas came close to meeting an occupational therapy model that we believe should be in place. The cardiovascular equipment, also on the E wing side, was not in use at the time of our visit.

4.78 A telephone in a booth with a seat was available every day except Friday, and showers were available daily. Prisoners appreciated being provided with flasks for hot water and breakfast packs in the morning rather than the night before. Two exercise yards were sandwiched between two buildings. They were bare and bleak and provided no activities, but there were plans for three murals to be painted on the walls by the prisoner who had completed the internal mural. Prisoners had been allowed off the wing to attend education classes or offending behaviour programmes, and a Muslim prisoner was undergoing risk assessment to be allowed to attend the Eid festival in the main prison.

Casework

4.79 Prisoners were allocated two personal officers and were called by their preferred names, which were noted on the roll board and cell cards. Casework reviews took place after 72 hours and fortnightly thereafter. They were well attended by the full range of disciplines, including wing staff. It was not unusual for 11 staff to be present. Prisoners attended and generally represented themselves well, given the number of people present. Both operational issues and individual needs were given in-depth consideration, though the discussion about individual needs was not translated into personal targets. A review that concluded that a difficult prisoner should be moved back to the healthcare centre was very well handled with the prisoner present.

Use of segregation and de-selection

4.80 The rate of use of segregation between the early period in February–March and the later period in August–September had decreased by nearly 10%. However, this drop was in the number segregated to less than 30 days. The number segregated for longer periods had increased from 10 to 13 prisoners, and the average length of stay had therefore increased from 30 days in the first period to 54 in the second. Two prisoners had been segregated for 330 and 250 days respectively, the former awaiting transfer to Rampton and the latter to Broadmoor. It became evident from the reviews that prisoners were retained in segregation at Whitemoor, rather than being moved to another segregation unit, if this was considered to be the best location while a deselection option was being actively pursued. This reinforces the point made in paragraph 4.8 that there is likely to be a hard core of complex cases whose needs cannot be met on normal location, and who in practice will spend long periods in segregation. If so, this time should be used to build the prisoner's capabilities or at least to prevent further deterioration. Currently, there were insufficient in-cell and out of cell activities, or dedicated mental health nursing, for this to be the case.

Belmarsh

4.81 Belmarsh was visited as an example of a core local prison that held high security prisoners on remand. It was a large prison with a very high turnover of prisoners, and the segregation unit was used mainly to hold prisoners for short periods for adjudication or for cellular confinement as punishment. It was not designed or staffed to fulfil a longer term function with prisoners segregated under Rules 45 or 46. However, the unit occasionally held sentenced prisoners from other London locals or the high security estate who needed a high level of control. In these circumstances, managers attempted to provide regime opportunities outside of segregation such as use of the gym or attendance at corporate worship or prayers, but regime opportunities were very limited. The population of Belmarsh, in contrast to the other high secure prisons, was 50% from black and minority ethnic groups and 24% foreign nationals.

The unit

4.82 The unit was on two levels and consisted of 14 normal cells, two holding rooms, two dirty protest cells, two special cells and two designated Rule 46 cells. It was dark, with low ceilings and little natural light, though it was in good order. There were no displays of art work or any other normalising features. There were only four Rule 45 prisoners in the unit at the time of our visit. There were notices on the walls, but they were in English only, and were rather perfunctory.

4.83 On arrival prisoners were informed in writing of the reasons for their segregation. The unit had recently used a member of staff to translate for a non-English speaking prisoner. All prisoners were allocated a personal officer within 24 hours of their arrival. Those prisoners received from another high secure segregation unit and CSC prisoners were initially unlocked with a senior officer and four staff, though this was reduced as soon as possible. De-escalation was rapid, not least because staffing levels could not support these numbers. Unlock levels were reviewed weekly, and detailed records were kept, though there were some gaps in the record keeping.

4.84 Prisoners were identified on their cell cards and roll board by their first and second names, but many different ways of addressing prisoners were heard. Staff–prisoner interactions were few, but what we saw was professional and appropriate. However, most of the time officers were in their office with the door shut.

Safer custody

4.85 The safety algorithm was reliably completed by healthcare staff and several prisoners had been diverted from segregation to the healthcare centre. Rather than an information booklet, prisoners were given a page of instructions on how to behave in segregation, in English only, which was very threatening and highlighted the penalties for non-compliance in red. This was inconsistent with the new strategy and showed little appreciation of the destabilising impact of segregation.

4.86 Three Rule 45 prisoners out of four spoke to us, one through the door as he refused a formal interview. Generally, prisoners were positive about the way they were treated by staff. They appreciated being able to wear their own clothes, the limited use of cardboard furniture, and being able to keep a full set of cutlery in their cells, including a bowl and a cup. However, they were less positive about only being given a cup of hot water instead of a flask with their meal, and about the fact that they were only offered a shower three times a week and an eight-minute phone call once a week. Visits were also restricted to one a week for 45 minutes.

4.87 The rate of use of the special cell was not high, and on most (85%) occasions it was used for less than four hours. In only 10% of cases were prisoners' clothes taken away. The use of the special cell, an unfurnished room and body belt were recorded and authorised separately. The special cell had been used only once in the previous nine months, but authorisation had been given for five segregation cells and two cells in the health care centre to be used as unfurnished accommodation. This was documented appropriately, but the detail provided was poor. In nine out of 30 uses no reason for its use was recorded. After 24 hours the IMB should sign continued authorisation forms for the next 24 hours, but their signatures were not dated or timed so it was difficult to know when this had happened. In one case, it appeared that a blank authorisation form for continuation had been signed in advance, and in another a continuation form had been signed for 48 hours rather than 24. This undermined an important safeguard for prisoners held in extreme conditions.

The regime

4.88 The regime was linked to an incentive scheme, though case management reviews made no mention of incentive level, so progress was decided unilaterally by the staff. In-cell electricity was available but was controlled by staff. Prisoners were not allowed electricity until 72 hours had elapsed, regardless of the reason for their segregation. There were daily showers and twice weekly access to phones, increasing to three times after a month. Those who refused to return to normal location were put on a 'refusal regime' and had their bedding removed during the day and the electricity turned off. They were restricted to three showers a week and one phone call every two weeks, with visits limited to 45 minutes. There was no record of how many prisoners had been on this regime level.

4.89 The single exercise yard was grim and dispiriting. Exercise was allowed for an hour a day for all prisoners, and associated exercise was considered. Closed visits were provided in the healthcare centre on Wednesdays and Saturday afternoons for those on restricted unlock. There was a book trolley but no evidence of any activities such as education or in-cell work.

4.90 A servery was not used and meals were served at the door from the trolley that brought them from the kitchen. Given the few prisoners in the unit, this was not inappropriate. However it was inappropriate, again given the small numbers, that prisoners were expected to make written applications for everything they wanted. They were asked for their applications every morning by the member of staff unlocking, and application forms and a locked box for returns were provided by the exit to the exercise yard. There was little interaction with staff and this system did not help. Application forms to see the IMB were not freely available but were held in a folder in the main wing office. The IMB had attended 10 times in two months and SMARG meetings, but not reviews, were attended by a designated member. IMB members claimed they could speak to prisoners in confidence 'if staffing levels allowed'. However, it was highly likely that staffing levels would not allow. This and the standard of reviews (see below), led us to question whether the Belmarsh unit was an appropriate location for long-term segregated or CSC prisoners.

Casework

4.91 Casework reviews were held after 72 hours and fortnightly thereafter for the prisoners who remained in segregation for that long. Attendance was poor, limited to a governor who chaired the review, the senior officer, a nurse who did not know the prisoner and brought no healthcare record, and the two segregation officers escorting the prisoner. The prisoner was given no advance notice. Records suggested that the IMB had not attended, and this may have indicated that they too were not given advance notice.

4.92 We attended two reviews that took place at 3.10pm despite being scheduled for 2pm and were possibly only held because of our presence. They were held in the adjudication room. The layout was unchanged and the prisoner was brought in under the escort of two members of staff. The first review was attended by the prisoner for half the time. The prisoner was assured that he would be moved to another prison and he had clearly been told this before. He walked out saying that asking him to the review was an exercise in window dressing as he had not been invited before and they had nothing new to tell him. There was no mention of his regime level or how he was occupying himself in his cell and no targets to reach enhanced level were mentioned. The staff report was brief. After he had left the room the staff alleged that the prisoner was non-communicative, but that was not mentioned during the review, and we witnessed no interaction between staff and the prisoner to confirm or disprove this. A second prisoner did not attend and was reviewed in his absence. The chaplain, who was seen later in the unit office, claimed he would have attended had he been invited. It was difficult to know whether staff did not attend because the reviews were ineffective and not held when they were scheduled, or because they did not know about them. These reviews were at best ineffective and at worst damaging.

Use of segregation and de-selection

4.93 The use of segregation at Belmarsh was relatively low compared to the dispersal prisons. The rate of segregation per 100 prisoners per month decreased slightly between the two sample periods from 1.5 to 1.4 per hundred prisoners a month, though the average length of stay increased slightly from 15 to 17 days, indicating that overall there was little change in the way segregation was being used at Belmarsh. One prisoner had been on the unit for 169 days during the first period and a different prisoner had been located on the unit for 127 days during the second period, though the latter had not been referred to in the SMARG report and it appeared that no report had been produced on him for the Governor. There was not enough of a regime in the Belmarsh segregation unit to support this length of time in segregation.

Appendix 1

CSC prisoner profile: 1 January 2006

Age group	CSC prisoners	
	N	%
21-29	9	31
30-39	8	28
40-49	7	25
50-59	4	14
60+	1	3
Total	29	101

Ethnic group	CSC prisoners	
	N	%
Black African	0	0
Black Caribbean	1	3
Black Other	1	3
White	24	83
Other	3	10
Total	29	99

Sentence length	CSC prisoners	
	N	%
< 10 years	2	7
> 10 years	3	10
Life	24	83
Total	29	101

Time in custody	CSC prisoners	
	N	%
< 2 years	1	3
> 2 < 5 years	6	21
> 5 <10 years	7	24
>10 years	15	52
Total	29	100

Appendix 2: CSC operating standards, April 2005

1. STATEMENT OF PURPOSE

1.1 Close supervision centres (CSCs) will operate as part of a national management strategy to manage and care for the most dangerous, difficult or disruptive prisoners in the prison estate.

1.2 Functions

a) to manage and care for prisoners within the highly supervised CSC units for as long as necessary system according to the individual needs.

b) to provide the opportunity for individuals to address their behaviour in a controlled environment.

c) to assess the risk presented by individual CSC prisoners and where appropriate to prepare prisoners for a return to the mainstream environments or release where applicable.

1.3 CSCs operate under Prison Rule 46 which states:

(1) Where it appears desirable, for the maintenance of good order or discipline or to ensure the safety of officers, prisoners or any other person, that a prisoner should not associate with other prisoners, either generally or for particular purposes, the Secretary of State may direct the prisoner's removal from association accordingly and his placement in a close supervision centre of a prison.

(2) A direction given under paragraph (1) shall be for a period not exceeding one month, but may be renewed from time to time for a like period, and shall continue to apply notwithstanding any transfer of a prisoner from one prison to another.

(3) The Secretary of State may direct that such a prisoner as aforesaid shall resume association with other prisoners, either within a close supervision centre or elsewhere.

(4) In exercising any discretion under this rule, the Secretary of State shall take account of any relevant medical considerations that are known to him.

(5) A close supervision centre is any cell or other part of a prison designated by the Secretary of State for holding prisoners who are subject to a direction given under paragraph (1).

2. THE OPERATING STANDARDS UNDERPIN THE CSC PERFORMANCE STANDARD.

2.1 CSC selection committee (CSCSC) makes selection decisions in accordance with the selection criteria, based on a thorough assessment process (guidance on this is provided in the CSC Referral Manual). Selection into the system does not require prisoner consent, although consent will be sought where possible.

2.2 All prisoners held under Prison Rule 46 will be held in designated locations.

2.3 The CSCSC will review a prisoner's selection on a monthly basis.

2.4 CSC prisoners will be informed in writing of the reasons for their selection and continued placement under Prison rule 46.

2.5 CSC prisoners will be managed through the use of care and management plans, which will reflect their individual risks and needs, set targets and monitor progress.

2.6 CSC managers will provide a range of individually risk-assessed regimes. The regimes will aim to facilitate change and encourage improved behaviour.

2.7 Security procedures for all prisoners within CSCs will operate to the standards set out in the NSF and be subject to both internal and national audit.

2.8 Staffing, supervision and training arrangements will be organised to ensure effective staff support and to ensure that published regimes are delivered.

2.9 CSCs will be audited annually against the performance standard.

3. SELECTION

3.1 For the purpose of Rule 46, the CSC selection committee (CSCSC) will act in the place of the Secretary of State. It will meet monthly and, under the provisions of Rule 46, will:

a. consider for assessment prisoners referred through the guidance set out in the CSC referral manual.
b. consider recommendations about the future management of prisoners within the CSC system.
c. authorise and facilitate the movement of prisoners between the CSC sites, and authorise movement of prisoners back into the mainstream environment.

3.2 The committee will notify all prisoners who are selected for management within the CSC system. A prisoner must receive, within 7 days of arrival in a CSC, an allocation letter advising them of the fact that they are to be assessed for possible allocation to the CSC system.

3.3 A prisoner who is selected to the CSC will be informed that they have the opportunity to make representations regarding their potential selection. Any such representations must be submitted in time to be considered at the next meeting of the CSCSC. They will be informed of this in the letter referred to in Para 3.2.

3.4 The initial authorisation to move a prisoner to a CSC will not exceed one month and be reviewed on a monthly basis thereafter.

3.5 Under the provisions of Rule 46, monthly authorisation is required to retain a prisoner in the CSC system.

3.6 The governing governor of HMP Woodhill chairs the CSCSC. The committee will consist of the CSC operational manager and other members of the multi-disciplinary team as considered appropriate.

3.7 The CSCSC will be responsible for authorising movement between CSC sites, selection to a CSC, continued authorisation for prisoners to remain in a CSC and de-selection from a CSC to other mainstream environments.

3.8 A prisoner must be informed of the reasons for his relocation to a more restrictive regime.

3.9 The Deputy Director General will ratify all decisions made by the CSCSC.

4. MOVEMENT OF CSC PRISONERS

4.1 Routinely the CSCSC will approve the movement of prisoners between units and to designated cells. Establishments should ensure that representatives attending the CSCSC are able to advise the committee on any operational issues regarding the movement of prisoners subject to Rule 46.

4.2 Should it be necessary to move a prisoner within the CSC System, where it has not been previously agreed at the CSC selection committee, this will be authorised by the CSC operational manager. This decision must be approved by the CSCSC at the next meeting.

4.3 Cells within high security prisons' segregation units are designated by the Deputy Director General for the use of prisoners held under Rule 46.

4.4 Designated CSC cells in high security prisons segregation units are available for the individual management of CSC prisoners. A temporary transfer to a designated CSC cell may be appropriate for a prisoner:

a) who is presenting exceptionally difficult control problems

b) for whom a move would be in the best interests of his physical and /or mental health.

4.5 There is no upper limit on the time prisoners may be held in designated cells. However, the CSCSC will, on a monthly basis, review each prisoner located in a designated cell. If local managers feel that a prisoner should be returned to a CSC from a designated cell, outside the normal process of the CSCSC they should contact the CSC operational manager or in their absence the chair of the CSCSC.

4.6 The CSC operational manager authorises a prisoner's removal from a CSC unit to a CSC designated cell under Prison Rule 46 for the following reasons:

a) adjudication

b) punishment

c) good order or discipline

d) own protection

e) facilitate the reasonable management of CSC prisoners within CSC sites.

4.7 A prisoner will usually return from a designated cell to his previous location at the end of any period of punishment etc unless a recommendation to move him to a different location has been accepted by the CSCSC. Whilst segregated in a designated R46 cell prisoners remain subject to R46.

4.8 Prisoners are encouraged to participate in care and management planning processes and make representations to the CSCSC. If they decline the opportunity, this will be documented.

4.9 All areas designated as part of the CSC system will operate in accordance with published regimes, approved by the Deputy Director General. For designated cells it is advised that the segregation unit policy document of that establishment has a section, which covers use of designated cells and CSC prisoners. CSC issues should also be a standing agenda item for all segregation monitoring and review group (SMARG) meetings where the segregation unit has designated cells.

5. CARE AND MANAGEMENT PLANS

5.1 Three months after a prisoner's selection to the CSC system, he will be subject to a care and management plan. This will outline his progress, including how well he has adjusted to the centre, his general behaviour and his relationship with staff and other prisoners. The plan will include details of the prisoner's risk factors, target behaviours and mental health needs. It will also include relevant reports from specialists where such disclosure applies.

5.2 The plan will be reviewed case conferences, which usually take place every 3 months, and are attended by multidisciplinary staff and the prisoner.

5.3 Between the care and management plans, prisoners will have reports prepared monthly for the CSCSC.

5.4 A central record of the reviews on all prisoners held in the CSC system will be maintained at the CSC unit in HMP Woodhill.

5.5 Prisoners will be provided with the monthly reports or care and management plans submitted to the CSCSC. Prisoners will be given the opportunity to comment on the content of this information and their comments, if any, will be recorded.

5.6 CSC staff will encourage prisoners, and assist them in addressing their disruptive behaviour.

5.7 Prisoner management in CSCs will be based on multidisciplinary teamwork by prison staff and individual prisoner case management.

5.8 Where appropriate, individual targets with relevant activities/behaviours will be drawn up and agreed by the prisoner, the personal officer, a unit manager, psychology, mental health in-reach and/or probation where appropriate.

5.9 Each prisoner will meet a member of his casework team every week to review the previous week and look ahead to the coming week. Conclusions of these meetings will be recorded and will form part of both monthly reports and care and management plans.

5.10 Staff will use these meetings to give the prisoner feedback on his progress and level of participation in Centre activities. The prisoner will be given the opportunity to discuss this.

5.11 A behaviour monitoring checklist will be drawn up for each prisoner and completed by staff. Prisoners are to be encouraged to take an active part in this and feedback from behavioural monitoring should form part of the weekly personal officer meetings and care and management plans. The checklist should be specific to the individual needs and problematic behaviours of the prisoner.

5.12 Staff will confront non-compliance by prisoners.

5.13 These arrangements will provide the framework for continuing prisoner assessment.

5.14 The care and management process will be open for prisoners to have access to their individual care and management plan document.

6: REGIMES

6.1 There must be a published regime for each CSC unit, which is known and observed by prisoners and staff, and approved and certified by the Deputy Director General.

6.2 Prisoners will be provided with written information on all relevant regimes and entitlements within 24 hours of arrival in a CSC. This information will be updated and re-issued when necessary. Copies of information provided to prisoners must be available to all staff.

6.3 Details of routines and entitlements at each site are available to other CSC sites and updated regularly in accordance with change.

6.4 Each centre will have additional professional support for prisoners and discipline staff. Their roles and responsibilities are outlined in Annex 2.

Roles of close supervision centres

6.5 There are four main units and additional capacity in the system provided by designated cells in high security prison segregation units.

Woodhill CSC

6.6 Woodhill operates as the core management centre and is currently comprised of three distinct units. A progressive regime on A wing, a structured intervention regime on B Wing and the Violence Reduction Programme on E wing. Following initial selection into the CSC system, prisoners are usually assessed at the Woodhill centre as to their most appropriate location within the system.

A wing

6.7 A wing holds a group of prisoners who are either under pre-selection assessment, induction into the CSC, or are making progress towards the more open regime available on B wing. Those prisoners assessed as suitable for the progressive regime are offered opportunities to demonstrate their ability to proceed to the structured intervention regime through a reduction in their violent and/or disruptive behaviour.

B wing

6.8 The structured intervention regime is aimed at managing and reducing risk of violent and/or disruptive behaviour to a level that facilitates a transition to a more mainstream location for the completion of the prisoner's sentence.

E wing

6.9 The violence reduction programme is a pilot programme and represents an opportunity for CSC prisoners to address their offending behaviour.

Whitemoor F wing

6.10 The purpose of this unit is to provide a consistent and supportive environment that encourages prisoners who have a history of highly disturbed behaviour to take part in a structured and meaningful regime. As prisoners settle and become stable, suitable options for mainstream locations or alternative appropriate environments can be explored and prepared for.

Wakefield F wing

6.11 The purpose of this unit is to contain for as long as necessary, any prisoner who, because of his offending behaviour and or/custodial history, is assessed as presenting so great a threat to the safety of staff and other prisoners that containment in a secure and isolated accommodation is the only option available.

6.12 Prisoners will be referred to the exceptional risk unit via the CSCSC from other CSC units. Only in exceptional circumstances will a prisoner who is not currently in the CSC system be referred to the exceptional risk unit.

6.13 Individual prisoners will be considered on the basis of risk assessment and will have continued or escalated the behaviour for which they were originally accepted into the CSC (subject to criteria at Annex 1). Alternatively, they will have demonstrated additional behaviour as set out in Annex 1 or, based on risk assessment, behaviour outside of Annex 1 that make their risk to themselves, staff or other prisoners so great that the exceptional risk unit is the only option.

6.14 The exceptional risk unit may also be used for limited periods as an additional resource for the management of other CSC prisoners who are not considered to present an exceptional risk. This may be for accumulated visits, assessment or the reasonable management of prisoners within the system. Its use for this purpose must be approved at the CSCSC.

Long Lartin CSC assessment centre

6.15 The purpose of the designated cells within Long Lartin is segregation unit is to:

a. manage and support prisoners who have been referred to the CSCSC for the completion of pre-selection assessment
b. to manage prisoners who have refused to co-operate with the assessment process
c. to manage prisoners who within CSC units, either through disruptive or violent behaviour, refuse to comply with any regime offered to them, including passive refusal.

Designated cells throughout the high security estate

6.16 The purpose of the designated Rule 46 cells throughout the high security estate is to provide temporary accommodation for prisoners who are presenting exceptionally difficult control problems, or for whom a move would be in the best interests of their physical and mental health, or to facilitate the reasonable management of prisoners within the system.

6.17 The designated cells will provide an environment in which prisoners can reflect upon their refusal to co-operate, their behaviour or seek temporary respite from cycles of disruptive and/or violent behaviour.

6.18 Staff will :

- actively encourage prisoners to participate positively with their assessment or agreed management plan.
- assess the behaviour of prisoners and make monthly reports to the CSCSC.
- make recommendations to the CSCSC about the future management of prisoners held in designated cells.
- ensure continuous management of risk and risk assessment.
- ensure the mental health and physical well being of prisoners in designated cells.
- plan a return to the mainstream CSC environment

STANDARD 7: SECURITY

7.1 All CSC units will comply with the requirements of the National Security Framework. All close supervision centres must be able to hold high risk category A prisoners.

7.2 In general, each prisoner in the CSC should be subject to the appropriate security restrictions set out in the Prison Service security manual for prisoners of his category. For example, only high risk category A prisoners in these centres will be subject to high risk procedures.

7.3 In certain areas, the CSC standards require common procedures for all prisoners - regardless of security category. These procedures are necessary to maintain control and should be recorded as safe systems of work in each of the units.

7.4 Any temporary non-compliance or alternative procedure will form part of the establishment LSF and should be agreed with the Deputy Director General.

STANDARD 8: STAFFING ARRANGEMENTS

Staff issues

8.1 Staff selection will take place in line with the Prison Service equal opportunities policy. Staff will be selected in accordance with their skill and abilities. Each unit will have a published staff selection policy setting out criteria for selection and length of posting.

Staff training

8.2 All staff including those in the entire multidisciplinary team posted to CSCs will receive nationally approved training.

8.3 CSC supervisors will receive nationally approved training.

8.4 All staff will have a written job description. Further training will be identified as part of the SPDR process.

8.5 There will be an on-going and appropriate local training programme.

8.6 Additional national training will be available as required.

8.7 Each of the CSCs will have a designated operational manager grade of at least F.

8.8 The manager will be responsible for the operation of the centre and all work/ procedures within it.

8.9 The manager of the Woodhill centre will report directly to their governing governor and other managers must report to a member of the establishment's senior management team.

Tour of duty

8.10 All CSCs will have a staff rotation policy that reflects the operational needs of the unit, security issues, staff welfare and prisoner management issues. Discipline staff will work on units for no more than two years unless formally assessed as appropriate for them to continue to do so.

8.11 Senior and principal officers should work on a CSC for two to three years.

8.12 Managers of grade F and above should be appointed for a maximum two years.

Staff support

8.13 All staff working in a CSC will be provided with an opportunity to receive support outside the management structure for which arrangements will be agreed with the governor of each establishment. There should be both ad hoc and mandatory arrangements in place.

8.14 By making staff support sessions a mandatory requirement the stigma of attending individual support sessions is reduced. Therefore local managers must ensure that all staff attend these sessions at least once annually. The opportunity for staff to attend support sessions must be at least twice annually, with additional ad hoc support on offer.

Staff briefing

8.15 Centre staff will be briefed at the beginning of each shift. Civilian staff will be briefed regularly on developments and should be encouraged to attend operational daily briefings. The briefings will cover prisoner behaviour / attitude, security and procedural matters.

8.16 Staff will also be de-briefed at the end of their shift by the I/C centre (at least a senior officer on duty). De-briefings will cover changes in prisoner behaviour and other general observations.

STANDARD 9: MONITORING AND AUDITING ARRANGEMENTS.

9.1 The centre manager (or nominated representative if the centre manager is absent from the establishment) will visit the centre and walk through all areas on a daily basis. Such visits will be recorded in the wing diary.

9.2 The governing governor will visit the CSC weekly and a record will be kept of the visits. In the governor's absence, cover arrangements will include visits to the centre by nominated representatives.

9.3 All CSC units will comply with the national CSC performance standard, with published regimes and with NSF. There will be annual national audits.

9.4 Either operational managers or a representative will meet quarterly together to discuss how the system is running, and will refer any difficulties to the steering group for consideration.

The role of the Independent Monitoring Board

9.5 The Independent Monitoring Board's role is to monitor the welfare of staff and prisoners and the state of the premises.

9.6 Members have unrestricted access to all parts of the CSC, with the only exception being on the grounds of security or personal safety. Board members will raise prisoner and staff concerns with management, the governor, area manager, headquarters or even Ministers and the Home Secretary.

9.7 In the event of a serious incident in a CSC, a board member must be invited to observe the way the incident is being handled.

The role of the CSC advisory group

9.8 To provide advice on the regime development, co-ordination and operation of programmes and public reaction to the CSC system.

9.9 To provide advice on staff training and support.

9.10 To assist the development of best practice for the operation of the CSC system.

ANNEX 1

CRITERIA

Selection

Entry to the CSC system will be restricted to those prisoners who have a history of disruptive and aggressive behaviour and who meet one or more of the following criteria:

been violent to staff and / or prisoners

regularly incurred disciplinary reports

caused serious damage to property in prison

shown dangerous behaviour (such as roof top protests or hostage taking)
been on continuous segregation under Rule 45 (GOOD) for a period of three months.

Referrals will normally follow guidance laid out in the CSC referral manual.

Annex 2

Professional support

Mental health in Reach

(1) Psychiatric assessment and support for prisoners
(2) Contributing to care and management plans
(3) Undertaking of one-to-one work identified in care and management plans
(4) Providing advice and support to management and staff in their dealings with particular prisoners
(5) Providing general advice about the regime its effect on the mental well being of the prisoners
(6) Attendance at other case conferences as needed
(7) Attendance at the local CSC management meetings
(8) Contributing to the development of local policy with regard to the CSC

Psychology

(1) Providing one to one intervention and appropriate group therapy
(2) Contribute to care and management plans
(3) Undertaking one-to-one work identified in care and management plans

(4) Advice and support to management and staff in their dealings with particular prisoners

(5) Attendance at other case conferences as needed

(6) Attendance at the local CSC management meetings

(7) Contribute to the development of local policy with regard to the CSC

Seconded probation officer

(1) Contributing to care and management plans

(2) Working with prisoners to meet their individual resettlement needs

(3) Contributing to parole, lifer and category A reports

(4) Undertaking work required under MAPPA in relation to determinate-sentenced CSC prisoners

(5) Undertaking one-to-one work identified in care and management plans

(6) Contributing to the delivery and management of the VRP

(7) Attendance at other case conferences as needed

(8) Attendance at the local CSC management meetings

(9) Contributing to the development of local policy with regard to the CSC

Chaplaincy:

(1) Providing advice and support to prisoners and staff in spiritual matters

(2) Contributing to care and management plans

(3) Undertaking one-to-one work identified in care and management plans

(4) Attendance at other case conferences as needed

(5) Attendance at the local CSC management meetings

(6) Contributing to the development of local policy with regard to the CSC

Education:

(1) Providing advice and education for prisoners

(2) Providing managers with advice regarding the appropriate level and delivery of education

(3) Contributing to care and management plans

(4) Undertaking one-to-one work identified in care and management plans

(5) Attendance at other case conferences as needed

(6) Attendance at the local CSC management meetings

(7) Contributing to the development of local policy with regard to the CSC

Appendix 3

The core elements of the strategy for high security segregation

- Authorisation for segregation should only be made by an operational manager as a decision of last resort, subject to approval from healthcare staff that there are no contraindications because of risk of self-harm. The reasons for segregation to be given to the prisoner in writing, along with an information booklet explaining the routines of the unit. The prisoner's understanding of his position to be checked after 24 hours and the decision to segregate to be reviewed by the multi-disciplinary review board after a maximum of 72 hours.
- Prisoners should only exceptionally be received from other segregation units and only then with the authority of the governing governor, and with a completed pre-transfer form passing on essential management information.
- Prisoners subject to F2052SH or ACCT procedures should only be segregated in exceptional circumstances and with the agreement of the governing governor.
- Specific measures should be in place to safeguard the mental health of segregated prisoners that are reviewed within fortnightly multi-disciplinary case management meetings. The latter should include targets intended to return the prisoner to normal location, prioritising staff-prisoner interaction and attended by personal officers.
- Prisoners should retain their IEP level and continue to attend previous educational or offending behaviour programmes, subject to the risks inherent in associating with other prisoners. Any limits to the regime available from segregation should be outlined and approved within the local scheme.
- Wing staff should inform segregation staff of the individual management needs of their prisoners and should continue to attend case reviews where possible. A segregation officer is appointed as personal officer and a history sheet should contain regular entries.
- Accommodation should be clean and in good decorative order and include visually stimulating art and similar features.
- The first and second names of prisoners with the prefix 'Mr' should be used on cell doors and the unit roll board, and prisoners should be addressed using their preferred names.
- Segregated prisoners should be seen daily by a governor, a healthcare professional and a member of the chaplaincy team. The IMB will have open access.
- Staff should be selected for their competence for the job and approved by the governing governor. As a minimum staff should be trained in race and mental health awareness, suicide prevention procedures and control and restraint techniques. They should be provided with ongoing training and support, with an upper limit of three or exceptionally four years continuous service.
- Monitoring should take place at establishment and directorate level. The governor should visit the segregation unit at least once a week; segregation management and review meetings (SMARGs) should be held monthly to scrutinise reports and use of force records, and self audit should take place at least six monthly. Within routine visits from the DDG the following should be checked as a minimum:
    - a report on each prisoner held for more than 3 months
    - records of the use of force, special cell and mechanical restraints
    - training records, especially for suicide prevention
    - number of incidents of self harm
    - compliance with dirty protest arrangements.

A directorate of high security segregation managers' meeting should be held quarterly to:

- review compliance with the strategy

- make recommendations for further developments
- encourage and promote good practice
- provide mutual support and operational guidance