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**Report to the Government of the United Kingdom
on the visit to the United Kingdom
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)
from 18 November to 1 December 2008**

The Government of the United Kingdom has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2009) 31.

Strasbourg, 8 December 2009

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Copy of the letter transmitting the CPT's report

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Strasbourg, 19 March 2009

Dear Mr Kissane

In pursuance of Article 10, paragraph 1, of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment, I enclose herewith a report to the Government of the United Kingdom drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) following its visit to the United Kingdom from 18 November to 1 December 2008. The report was adopted by the CPT at its 68th meeting, held from 2 to 6 March 2009.

The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I of the report. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the United Kingdom authorities to provide within **six months** a response giving a full account of action taken to implement them. The CPT trusts that it will also be possible for the United Kingdom authorities to provide, in the above-mentioned response, reactions to the comments and requests for information formulated in this report, which are also summarised in Appendix I.

It would be most helpful if a copy of the response could be provided in a computer-readable form.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Yours sincerely

Mauro Palma
President of the European Committee for the
prevention of torture and inhuman
or degrading treatment or punishment

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to the United Kingdom from 18 November to 1 December 2008. The visit formed part of the Committee’s programme of periodic visits for 2008. It was the CPT’s sixth periodic visit to the United Kingdom¹.

2. The visit was carried out by the following members of the CPT:

- Aleš BUTALA, Head of delegation
- Celso MANATA
- Antonius Van KALMTHOUT
- Arman VARDANYAN
- Olivera VULIĆ.

They were supported by the following members of the CPT’s Secretariat:

- Hugh CHETWYND (Head of Division)
- Marco LEIDEKKER
- Stephanie MEGIES

and were assisted by:

- Eric DURAND, medical doctor, former Head of medical services at Fleury-Mérogis Prison, France, (expert),
- Michael LEVY, medical doctor, Head of Corrections Health, Australian Capital Territory (expert).

¹ The CPT’s previous periodic visits to the United Kingdom took place in July-August 1990 (England), May 1994 (England and Scotland), November-December 1999 (Northern Ireland), February 2001 (England and Wales) and May 2003 (England, Scotland and the Isle of Man). Apart from these, the CPT has also carried out ad hoc visits in July 1993 (Northern Ireland), September 1997 (England and the Isle of Man), February 2002 (England), March 2004 (England), July and November 2005 (England), and December 2007 (England and Scotland).

B. Establishments visited

3. The delegation visited the following places:

England

Police stations

Greater Manchester Police

- Longsight Police Station
- West Didsbury Police Station
- Swinton Police Station, Salford

Metropolitan Police Service

- Charing Cross Police Station
- Paddington Green Police Station
- Walworth Police Station

Thames Valley Police

- Reading Police Station

Prisons and Young Offender Institutions

- HMP Manchester
- HMP Wandsworth
- HMP Woodhill
- HM Huntercombe YOI

Immigration Removal Centres

- Harmondsworth IRC

Northern Ireland

Police stations

- Antrim Police Station
- Ballymena Police Station
- Musgrave Street Police Station, Belfast
- Strandtown Police Station, Belfast
- Coleraine Police Station
- Limavady Police Station
- Londonderry Police Station

Prisons

- HMP Maghaberry
- HMP Magilligan

C. Consultations held by the delegation

4. The CPT's delegation held consultations with the Home Secretary, Jacqui SMITH, the Lord Chancellor and Secretary of State for Justice, Jack STRAW, the Minister of State for Northern Ireland, Paul GOGGINS, and the Parliamentary Under Secretary for Justice, Shahid MALIK, as well as with the Chief Executive of the UK Border Agency, Lin HOMER, and other senior officials from the Home Office, Northern Ireland Office, Youth Justice Board and National Offender Management Service for England and Wales.

In respect of England and Wales, the delegation also met the Chief Inspector of Prisons, Anne OWERS, the Prisons and Probation Ombudsman, Stephen SHAW, and one of the Independent Police Complaints Commissioners, Mike FRANKLIN.

In Northern Ireland, the delegation met senior officials from the Police Service and the Prison Service, as well as with the Police Ombudsman, Al HUTCHINSON, the Prison Ombudsman, Pauline McCABE, and the Chief Commissioner of the Northern Ireland Human Rights Commission, Monica McWILLIAMS.

Further, it held discussions in London and Belfast with representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the national authorities and non-governmental organisations met by the delegation is set out in Appendix II to this report.

D. Cooperation between the CPT and the authorities of the United Kingdom

5. The cooperation received by the CPT's delegation from the United Kingdom authorities as well as from the management and staff in the establishments visited was, on the whole, excellent. The delegation had rapid access to the places of detention visited, was able to meet with those persons with whom it wanted to speak in private and was provided with access to the information it required to carry out its task.

That said, it appeared that certain custodial officers were not sufficiently informed on the CPT's mandate, which in one case resulted in a refusal to allow the delegation to consult certain records pertaining to a detained person in Paddington Green Police Station. **The Committee trusts that the United Kingdom authorities will take steps to ensure that such situations are not encountered during future visits.**

6. The principle of co-operation set out in Article 3 of the Convention is not limited to steps taken to facilitate the task of visiting delegations. It also requires that decisive action be taken to improve the situation in the light of the Committee's key recommendations. In this respect, the CPT is concerned to note that little or no action has been taken in respect of certain recommendations made in previous reports, in particular as regards the conditions of detention and the legal safeguards against ill-treatment of persons held under the Terrorism Act 2000, and overcrowding in prisons. The Committee urges the United Kingdom authorities to step up efforts to improve the situation in the light of its recommendations, in accordance with the principle of co-operation which lies at the heart of the Convention.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

ENGLAND

A. Police establishments

1. Preliminary remarks

7. The delegation which carried out the November 2008 visit to England visited three police establishments in the Greater Manchester Police area and one in the Thames Valley Police area. It also visited for the first time two police stations in central London and conducted a follow-up visit to Paddington Green High Security Police Station.

8. The basic rules concerning the detention, treatment and questioning of persons detained by the police are contained in the Police and Criminal Evidence Act (PACE) 1984 and its Codes of Practice, which are regularly updated. These provisions were summarised in the report drawn up following the CPT's first periodic visit in 1990² and remain broadly unchanged. Persons should not normally be held in police custody more than 24 hours before being charged. However, when the person has been arrested in connection with a "serious arrestable offence", his detention may under certain circumstances be extended by the police to 36 hours. A person's detention must be reviewed at regular intervals by a senior police officer.

If the police wish to prolong detention without charge beyond 36 hours, they must seek authorisation from a magistrates' court; the detainee must be brought before the court, and he is entitled to be legally represented. The court may authorise further detention for up to 36 hours. This period may subsequently be extended by the court at the request of the police. However, with the exception of persons detained under the Terrorism Act 2000, under no circumstances can police custody without charge be extended by the court beyond an overall length of 96 hours. It should be noted that only a small minority of persons are held in police custody for periods longer than 24 hours.

9. As regards persons detained under the Terrorism Act 2000, the CPT has highlighted a number of concerns in relation to the safeguards in place and the conditions of detention at Paddington Green Police Station³. The CPT does not consider that the response⁴ by the United Kingdom authorities to the report on the December 2007 visit addresses sufficiently the concerns raised by the Committee. In particular, the CPT continues to believe that all persons detained under terrorism legislation should be brought physically before a magistrate at the moment when an extension of their custody is being decided, instead of the hearing being conducted via video-link. Objections to such an approach based upon considerations of efficiency and resources are not convincing when one is dealing with such a fundamental safeguard against ill-treatment.

² See CPT/Inf (91) 15, paragraphs 15 to 18.

³ See, most recently, the report on the December 2007 visit - CPT (2008) 27.

⁴ See CPT (2008) 28.

The CPT calls upon the United Kingdom authorities to ensure that persons detained under terrorism legislation who have not yet been transferred to prison are always brought into the direct physical presence of the judge responsible for deciding the question of the possible extension of their detention.

Further, the CPT as well as other bodies, such as the UK Parliament's Joint Committee on Human Rights, have repeatedly pointed to the inadequate material conditions at Paddington Green Police Station for stays of longer than a few days. Regrettably, the delegation that visited the United Kingdom in 2008 found that conditions of detention at Paddington Green had still not been improved. It is high time that this problem was resolved. **The CPT calls upon the United Kingdom authorities to make the necessary improvements or to find alternative suitable premises.**

2. Ill-treatment

10. In the course of the visit, the delegation received no allegations of severe ill-treatment by police officers and gathered no other evidence of such treatment.

However, the delegation did receive several complaints of handcuffs being applied too tightly, and observed for itself the wrists of detained persons with clearly reddened marks; this was particularly the case in the Greater Manchester Police area. **The CPT recommends that appropriate measures be taken to put an end to this misuse of handcuffs.**

11. The figures published by the IPCC 2007/8 concerning complaints against the police⁵ show that there can be no room for complacency. The number of complaints in the "oppressive behaviour" category⁶ represents some 27% (13,132) of all complaints. Since 2004/5, the number of allegations relating to "assaults" has been above 7,000 per year and in 2007/8, the breakdown was 418 serious non-sexual assaults, 88 sexual assaults and 6,879 other assaults. Some 53% of other assaults related to the time of arrest and 11% to the time in police detention.

The CPT recommends that senior police officers should regularly deliver the clear message that the ill-treatment of persons deprived of their liberty is not acceptable and will be the subject of severe sanctions.

As regards more particularly the allegations of ill-treatment at the time of arrest, the CPT recognises that the arrest of a suspect is often a hazardous task, in particular if the person concerned resists and/or is someone whom the police have good reason to believe may be armed and dangerous. The circumstances of an arrest may be such that injuries are sustained by the person concerned (and by police officers), without this being the result of an intention to inflict ill-treatment. However, no more force than is strictly necessary should be used when effecting an arrest. Furthermore, once arrested persons have been brought under control, there can be no justification for their being struck by police officers. **Police officers should be regularly reminded of these basic principles.**

⁵ See IPCC Annual Police Complaints Statistics at <http://www.ipcc.gov.uk/index/resources/research/stats.htm>

⁶ This category encompasses serious non-sexual assault, sexual assault, other assault, oppressive conduct or harassment and unlawful/unnecessary arrest or detention.

12. In the course of the visit to the United Kingdom, the CPT's delegation learned about the plans to extend the use of electro-shock weapons (Tasers) by police forces in England and Wales. In this context, the CPT recognises that police forces need to be properly equipped to carry out their tasks. However, it goes without saying that use made of any particular weapon must always be proportionate to the risk encountered. Tasers have been piloted in a number of different police forces, mainly but not exclusively by police firearms units. The results of the pilot, including monitoring by the IPCC and Sub-Committee on the Medical Implications of Less-lethal weapons (DOMILL)⁷, led to the Home Secretary announcing on 24 November 2008 her agreement to allow Chief Officers of all forces in England and Wales to extend Taser use to specially trained units in accordance with Association of Chief Police Officers (ACPO) policy and guidance⁸. The guidance sets out that Tasers can only be used where officers would be "facing violence or threats of violence of such severity that they would need to use force to protect the public, themselves and/or the person(s) concerned". In the CPT's view, the loose wording of this guidance leaves open the door to the (mis)use of tasers in situations where it would not be proportionate.

The CPT considers that the criteria for any use of electro-shock weapons by police officers at least closely correspond those governing the use of firearms; their use must therefore be thoroughly regulated and monitored. Furthermore, only specially selected and trained⁹ police officers should be allowed to use such electro-shock weapons and all necessary precautions should be taken when such weapons are used. **The CPT recommends that the authorities of the United Kingdom take due account of the above remarks in their guidance on the use of Tasers.**

13. It should be noted in this context that, while DOMILL has said "the risk of death or serious injury from the use of M26 and X26 Tasers within ACPO Guidance and Policy is very low", it has also stated clearly that the risk, however, is not zero. DOMILL has made two clear recommendations to reinforce the need for prompt medical review and, if necessary, hospital referral of individuals who suffered head injury from Taser-induced falls, and that the requirement for in-custody Forensic Medical Examiner evaluation of all persons who have been subject to Taser discharge be re-emphasised. The CPT concurs, and **it would like to be informed about what steps have been taken to implement these recommendations.**

⁷ See Home Office Scientific Development Branch Taser : Trial Evaluation (No. 85/08); IPCC report on cases involving the use of Taser between 1 April 2004 and 30 September 2008 of 10 November 2008; Defence Scientific Advisory Council (DSAC) Sub-Committee on the Medical Implications of Less Lethal Weapons (DOMILL) Statement of 7 November 2008.

⁸ See ACPO Taser Policy and Operational Guidance for Authorised Firearms Officers and Specially Trained Units - 1 November 2008 (<http://www.westmercia.police.uk/publications/acpopoliceuseoffirearms.htm>)

⁹ Such training should include instruction in first aid.

3. Safeguards against ill-treatment by the police

14. As has been the case during previous visits, the information gathered in November 2008 suggests that two of the three fundamental safeguards advocated by the CPT - namely, the right of those concerned to inform a close relative or another person of their choice of their situation and the right of access to a lawyer - are on the whole applied in a satisfactory manner as from the very outset of custody. These rights are clearly laid down in Code C to PACE.

The CPT's delegation heard several complaints from detained persons about not receiving any information in writing about their rights, and that they had only been given an opportunity to rapidly read a form detailing what rights they were entitled to. **The CPT recommends that detained persons should be provided with a written copy of their rights.**

The delegation also received complaints from certain detained persons about not being allowed to contact their family the morning after they had been brought into a police station in an inebriated state, as they were told they had forfeited that right by refusing to exercise it the previous night. This is not acceptable; it goes without saying that detained persons should be able to exercise their basic rights at any stage of their custody even if they may have chosen not to avail themselves of those rights at the time of their arrest and detention. **The CPT recommends that all custody officers be reminded of their duty to enable detained persons to exercise their rights throughout the period of their custody.**

15. All detained persons are provided with the right of access to a doctor, with designated forensic medical examiners¹⁰ (FMEs) visiting police stations or being on call on a rota basis. In Charing Cross Police Station, there was a nurse working in the custody suite who was available to see detained persons and who could refer them to a doctor or hospital, if required.

That said, the delegation met a man at Longsight Police Station who displayed hallucinatory behaviour, and who stated he suffered from schizophrenia and was taking an anti-psychotic medication. In his file the FME had written, "no mental illness, fit to be detained, fit for interview", while the arresting custodial officer had written "he is schizophrenic and requires meds which he does not have". Another man met by the delegation at this same police station was in a state of distress as his medication for anxiety had been stopped after his arrest. In both cases, the duty custodial officers said they would seek a second medical opinion.

The CPT recommends that all FMEs and custodial staff receive appropriate training on mental health issues. More generally, in the light of recent reports and studies¹¹ on the problems associated with holding persons with mental disorders in police custody, **the CPT would like to be informed about the measures being taken to improve the care and attention afforded to them.**

¹⁰ Forensic medical examiners, formerly known as police surgeons, are usually general practitioners, whose role is to provide custodial healthcare and forensic assessment at the request of a Police Service to people detained in police custody, as well as to victims and witnesses of crime.

¹¹ See IPCC Research and Statistics Series: Paper 11 on "Police as a Place of Safety: Examining the Use of Section 136 of the Mental Health Act 1983; Sainsbury Centre for Mental Health Briefing 36: The Police and mental health of 2 September 2008.

16. The CPT has also been informed about ongoing negotiations to change the way in which health care is provided in police stations within the Metropolitan Police Service, and possibly in other forces too. The CPT understands that under the new proposal a nurse will be employed full-time in the custody area of a police station with responsibility for examining all detained persons. The nurse will conduct an initial triage and be able to call a forensic medical examiner, if considered necessary. **The CPT would like to be informed in greater detail about the proposed changes and the impact it is expected they will have on the provision of health care in police stations.**

Further, the CPT has some misgivings about the current organisation of the provision of health care to persons detained in police stations in England and Wales. It is important that health care staff are seen to be independent as well as acting independently. When health care staff are directly employed by the police or are also providing the police with clinical forensic assessments, such independence might be viewed as being compromised. In addition, there do not appear to be any specific guidelines for the standard of health care to be applied to persons in police custody nor any minimum qualifications or training required for persons charged with providing health care to detained persons. **The CPT would appreciate the comments of the United Kingdom authorities on this matter.**

17. PACE Code C, Section 9.8, provides that “the detainee may also be examined by a medical practitioner of their own choice at their own expense.” However, it was clear from the interviews conducted in police stations in the course of the 2008 visit, that neither custody officers nor detained persons were aware of this right. As a result, custody officers stated that they would refuse such a request if made.

The CPT recommends that steps be taken to ensure that the right for detained persons to be examined by a doctor of their own choice is effective in practice.

18. Police interviews of detained persons are systematically audio taped, a practice that has been in use for a number of years now. Further, the CPT is aware that video recording has been introduced for certain categories of detained persons, and that pilot schemes for video recording all interviews have been run in several police stations following the adoption of the Criminal Justice and Police Act 2001. However, in the police stations visited video recording of interviews was not yet an option, except for in one interview room at Paddington Green Police Station. **The CPT would like to receive up-to-date information on this subject and on any plans to extend video recording to all police interviews. Further, it would be interested to receive information on any evaluations of audio taping of police interviews with detained persons.**

19. The CPT’s delegation observed the police practice, in accordance with PACE Code C, of treating 17 year olds as adults; concretely, this means that 17 year olds can be interviewed without the presence of a guardian/parent and are not accommodated in cells reserved for juveniles (i.e. usually those nearest to the main custody desk). The United Nations Convention on the Rights of the Child is clear that all persons under the age of 18 years should be considered as children.

The CPT recommends that the United Kingdom authorities take the necessary steps to ensure that all 17 year olds detained by the police are treated as juveniles and not as adults.

20. The CPT has consistently stated that the existence of effective mechanisms to tackle police misconduct is an important safeguard against ill-treatment of persons deprived of their liberty. In those cases where evidence of wrongdoing emerges, the imposition of appropriate disciplinary and/or criminal penalties can have a powerful dissuasive effect on police officers who might otherwise be minded to engage in ill-treatment.

In its report on the 1997 visit to the United Kingdom, the CPT was particularly critical of the system of police complaints operating at the time. Subsequently, in its report on the 2003 visit, the CPT commented favourably on the proposed new police complaints system envisaged by the Police Reform Act 2002. In the course of the 2008 visit, the CPT's delegation was able to meet with representatives of the Independent Police Complaints Commission (IPCC), and to examine more closely its powers, operating procedures and impact.

21. The IPCC, which began operating on 1 April 2004, has a legal duty to oversee the system for handling complaints made against police forces in England and Wales. The IPCC does have its own independent investigators, giving it the choice of either supervising police investigations into serious complaints or even independently investigating them itself. Indeed, in the financial year 2007/2008, the IPCC used its powers to begin 100 independent and 152 managed investigations into the most serious complaints against the police (out of a total of 2,208 cases referred to it). It should also be noted that all complaints handled by the individual police forces are subject to an appeal to the IPCC.

Further, it has sought to set new standards for police forces to improve the way the public's complaints are handled. The creation of an inter-agency Learning the Lessons Committee as a means of ensuring that recommendations about policy and practice regarding a particular police force are applied throughout England and Wales is positive. The publication of a 'Learning the lessons' bulletin not only enables police forces to be informed of key issues which the IPCC wishes to raise, but allows Police Authorities to follow up on recommendations and for the National Policing Improvement Agency to ensure adequate training is in place. This good practice is to be commended.

22. The IPCC has come in for criticism for being slow and, at times, untransparent as well as for displaying a pattern of favouritism towards the police or, indeed, for not understanding the operational side of policing. The IPCC rigorously defends its freedom from outside interference - whether from the police, politicians or campaign groups - but recognises that it must increase public confidence in the police complaints system by making investigations more open, timely, proportionate and fair. The public opinion survey in 2007 and the stock-taking process in the year to October 2008 show the importance the IPCC attaches to improving the complaints system to increase public confidence, ensure lessons are learned and that police officers who break the law and commit acts of ill-treatment are held accountable for their actions.

The IPCC should rightly be viewed as a model body for examining complaints against the police, notwithstanding the need to regularly review, adapt and improve its functioning. **The CPT trusts that the United Kingdom authorities will continue to ensure that the resources of the IPCC are sufficient to enable the Commission to carry out its tasks effectively.**

4. Conditions of detention

23. In general, most people are only detained for short periods in police stations and the custody suites visited by the CPT's delegation in the course of the 2008 visit were generally suitable for this purpose. The cells in the custody suites visited possessed a raised plinth (and washable mattress) and sanitary facilities (toilet, sink and tap), and detained persons were provided with a blanket and pillow and the possibility of a heated up meal pack, as well as drinking water. Artificial lighting and ventilation were adequate, and all cells possessed a call bell. The delegation also noted that cells were checked regularly to ensure that potential ligature points were identified and removed. However, it is regrettable that newly-built police stations, such as the main custody suite at Longsight Police Station in Manchester, do not provide for any natural light in the cells.

Detained persons were usually offered a shower and access to outdoor exercise if they spent more than 24 hours in police custody. However, the opportunities for outdoor exercise in the London police stations were extremely limited, if they existed at all.

The CPT recommends that the above-mentioned deficiencies concerning access to natural light and outdoor exercise be remedied when custody suites are constructed/refurbished.

24. The CPT's delegation noted that in certain police stations visited the custody area, including all the cells, were covered by CCTV. However, other recently built police stations such as Longsight in Manchester did not have CCTV in the cells. The CPT acknowledges that persons are, in general, only detained in police stations for short periods and that many of them may require ongoing observation due to their physical or mental state at the time of detention. Nevertheless, in terms of safeguarding a detained person, **CCTV should never replace direct human contact and the matter of a right to privacy needs to be taken into account.**

B. Prison establishments

1. Preliminary remarks

a. overcrowding

25. The prison population of England and Wales has maintained its upward trajectory since the CPT's last periodic visit in May 2003; on 28 November 2008 the figure was 83,392, an increase of more than 10,400 in five and a half years.

The amount of prison places has not kept pace with the increase and, figures published by the Ministry of Justice in August 2008 showed that 87 out of 142 prisons were above the "certified normal accommodation" (CNA i.e. what the Prison Service considers as good decent standard accommodation); within the local prison estate the overcrowding was particularly acute with 20 prisons operating with a CNA above 145%¹².

This state of affairs is to be deplored. Further, it should be recalled that even with an occupancy level of 95% of the total design capacity of a prison estate, it becomes nigh impossible for a prison service to deliver what is required of it, and more particularly, to ensure respect for inmates' human dignity.

26. The CPT's report on the 2003 visit devoted particular attention to the issue of prison overcrowding in England and Wales, and retraced the developments made by the United Kingdom authorities in their efforts to bring it to an end. Many of the concerns raised by the CPT in that report on the deleterious consequences of overcrowding on the conditions of detention were visible again in the establishments visited by its delegation in 2008.

The CPT acknowledges that recent policies, which have resulted in both increased resort to custody and longer sentences in England and Wales, are also a direct response to the public's perception of a rise in crime. Yet, the first Carter report (Managing Offenders, Reducing Crime) of December 2003 stated, "there was no convincing evidence that further increases in the use of custody would significantly reduce crime". And on 12 July 2007, the Secretary for Justice said in an interview with the Times newspaper, "we cannot just build our way out of crowding".

The CPT calls upon the United Kingdom authorities, once again¹³, to consider fresh approaches towards eradicating overcrowding as a chronic feature of the prison system.

¹² The England and Wales Prison Service also uses the notion of "operational capacity", which is the total number of inmates a prison establishment can hold without serious risk to good order, security and the proper running of the planned regime. For the CPT, the CNA is the only valid reference figure.

¹³ See CPT/Inf (2005) 1, paragraphs 16 to 26

27. The proposals by Baroness Corston, in her review of March 2007 on women offenders, represent the kind of imaginative approach required. Her call for the Government to announce a clear strategy to replace women's prisons with suitable geographically dispersed small, multi-functional custodial centres within 10 years, and for community solutions for non-violent women offenders to be the norm would not only drastically reduce the number of women in prison but also address the specific challenges of this largely vulnerable population.

The CPT recommends that the United Kingdom authorities give due consideration to these core proposals in the Corston report.

28. Within the adult male prison population, the greatest increase concerns prisoners serving indeterminate sentences (11,444 in November 2008). However, nearly 5,000 adult males are serving sentences of less than six months. In certain European jurisdictions every effort is made to avoid sending persons to prison for short periods, as less than six months is considered too short to tackle criminogenic behaviour yet sufficient to disrupt social and family ties. Instead, sentences are served in the community. In the light of figures attesting to multiple convictions of this group of persons in England and Wales, combined with the fact that their time in prison does not provide an opportunity to address their offending behaviour, it would appear that imprisonment is not achieving its purpose in respect of this group of people. Instead, more might be achieved through devising programmes for such persons to serve their sentences in the community. **The CPT would appreciate the comments of the United Kingdom authorities on this matter.**

29. In response to Lord Carter's latest review of prisons, the Government announced on 5 December 2007 that an additional 10,500 prison places would be built which, combined with the 9,500 places already promised, will take the overall prison capacity to 96,000 by 2014. The building programme will include three so-called 'Titan' prisons of about 2,500 places each. The CPT has serious misgivings about the construction of very large prison complexes, which have historically proven difficult to manage and have been unable to deliver the targeted services required of the various population groups within these prisons. The information relating to the design and functioning of the 'Titan' prisons confirm these concerns; five large units of 500 prisoners with an emphasis on economies of scale, implications for less day to day contact between prisoners and staff, and reduced opportunities for the delivery of a purposeful regime. Further, these prisons are unlikely to improve prisoners contacts with the outside world. In short, they do not appear to meet the concept of the "community prison" as referred to in the Woolf report of 1991.

The CPT recommends that the United Kingdom authorities reconsider their plans to build very large prison complexes.

30. The CPT has also taken note of the implementation of 3% year on year efficiency savings on the Prison Service. A concrete effect of such savings was the reduction of the prison working week to four and a half days across the prison estate as of August 2008, with the result that the reduced weekend regime now starts at Friday midday. **The CPT is concerned that the declared objective of holding all prisoners in a safe, decent and healthy environment is in fact being jeopardised by year on year efficiency savings.**

b. prisons visited

31. The CPT's delegation visited three local prisons in England, two of which are in the High Security Estate – HMP Manchester and HMP Woodhill - and the third a large Victorian-era prison in south-west London – HMP Wandsworth. The delegation also visited a juvenile Young Offender Institution, HM Huntercombe YOI, which is examined in Section C below.

32. Manchester Prison, formerly known as Strangeways, opened in 1868. After major riots in 1990 it was completely rebuilt. It consists in fact of two separate prison blocks. The larger prison block consists of six wings set out in a radial pattern, five of which (A to E) are used for inmate accommodation. The smaller adjacent prison block has a radial design with four wings (G,H,I,K). There is also a separate health care centre. Manchester Prison has a certified normal accommodation (CNA) of 960 and an operational capacity of 1,265. At the time of the visit, it was holding 1,189 inmates, of whom 847 were sentenced.

Manchester Prison is the subject of a 10 year Service Level Agreement (SLA). In 2001, the management of the prison was awarded to the Prison Service following a commercial competition. The SLA stipulates that a certain number of services must be delivered and that penalties will ensue if standards are not met. Two independent contractors, based in the prison, monitor the application of the SLA, and if necessary can impose financial penalties. The SLA was based upon a CNA of 960 but allowed for increased finances for each additional prisoner up to 1,213. Manchester Prison therefore attempted to operate as close to this latter number in order to maximise the resources it could obtain, particularly in terms of staffing. If inmate numbers dropped below 1,200 for a sustained period, staff numbers would have to be cut commensurately. **A system whereby there are financial incentives to run a prison on the basis of constant overcrowding would not appear to be compatible with achieving the Prison Service's goal of holding all prisoners in a safe, decent and healthy environment.**

33. Wandsworth Prison was built in 1851 and also consists of two separate prison blocks. The main prison (Healthfield site) possesses six wings set out in a radial pattern, five of which (A to E) are used for inmate accommodation. Alongside the main prison is a smaller prison, known as the Onslow Centre, again of radial design, with three wings (G, H and K), which accommodates sexual offenders and some vulnerable prisoners. Wandsworth Prison has a CNA of 1,066 but an operational capacity of 1,644. At the time of the visit, it was holding 1,629 adult males above the age of 21, of whom 36% were on remand.

34. Woodhill Prison, located on the outskirts of Milton Keynes, was visited by the CPT in 2001.¹⁴ The prison is comprised of four identical house blocks each accommodating some 160 inmates, a segregation and health care unit, a first night centre and an induction wing. There is also a separate high security house block which also includes a close supervision centre, where highly dangerous and disruptive prisoners are assessed, and a witness protection unit. Woodhill Prison has a CNA of 656 and an operational capacity of 819. At the time of the visit, it was holding 811 adult males, some 40% of whom were unsentenced and 109 of whom were young offenders (18-21 years old).

¹⁴ See CPT/Inf (2002) 6, paragraph 35

2. Ill-treatment

35. The CPT's delegation heard no allegations of physical ill-treatment of prisoners by staff at any of the three prisons visited.

On the other hand, a number of allegations of abusive language by prison officers, including of a racist nature, were received and a few complaints were made about unfriendly and confrontational officers. That said, the delegation gained the impression that relations between inmates and staff were, on the whole, relaxed and of a constructive nature in the three prisons visited.

36. The CPT's mandate is not limited to the prevention of ill-treatment inflicted by prison staff. The Committee is also very concerned when it discovers a culture which is conducive to inter-prisoner intimidation and violence.

In all the prisons visited, there were policies and units in place to promote Race Equality and to clamp down on bullying. Nevertheless, the delegation got the impression that these units were rather passive and waited to receive complaints from inmates before acting. Several prisoners raised the problem of bullying but stated their general reluctance to make a formal complaint.

Addressing the phenomenon of inter-prisoner violence requires that prison staff be alert to signs of trouble, and both resolved and properly trained to intervene when necessary. The existence of positive relations between staff and prisoners, based on the notions of secure custody and care, is a decisive factor in this context. Management in the three prisons visited took the duty of care owed to the prisoners in their charge seriously, and stated their commitment to improving existing approaches. **The CPT recommends that a more proactive stance be taken by the "anti-bullying" and Race Equality teams in the prisons visited.**

3. Conditions of detention

a. material conditions

37. The CPT has already indicated in previous reports that cells measuring 8.5m² or less are acceptable for one person but provide only cramped accommodation for two. However, the delegation which carried out the 2008 visit found that the vast majority of prisoners at Manchester, Wandsworth and Woodhill Prisons were doubled up in cells of 8.5m² or smaller. The cells were equipped with a bunk bed, a table, two stools and a shelving unit, and nearly all cells possessed a television and a kettle. All cells had access to natural light and were adequately ventilated and heated. However, there was no screening of the toilet and basin, placed between the bunk bed and the outer wall, in most of the cells visited in the three prisons.

The CPT's delegation observed on C Wing in Wandsworth Prison and E Wing in Manchester Prison that cells with a sanitary annexe had been created using the "3-cells-into-2" model, thereby providing more space and better hygienic conditions.

Prison Service Order 1900 lays down the criteria for certifying the use of a cell both for normal, uncrowded, places and for crowded places. It would appear that at present the United Kingdom Government's approach is to provide primarily crowded places rather than to make efforts to ensure that cells designed for single occupancy only accommodate one person, barring exceptional circumstances. It should be borne in mind that the suitability of a cell for accommodating one or more prisoners will also depend on other factors, such as whether the meal is eaten in the cell and, most importantly, how much time is spent out-of-cell. From the information gathered during the visit, prisoners spend lengthy periods of time locked in their cells.

The CPT reiterates its recommendation that cells measuring 8.5m² or less be used to accommodate no more than one prisoner (save in exceptional cases when it would be inadvisable for a prisoner to be left alone). Further, the toilet area in every cell should be at least partially partitioned.

38. The level of cleanliness and state of repair were generally good at all three prisons visited, which at Wandsworth Prison is particularly commendable bearing in mind the age of the buildings. That said, the delegation noted that material conditions were not satisfactory in many of the cells in the segregation unit and G Wing of Manchester Prison – poor state of cleanliness, broken windows, missing toilet seats, etc. **The CPT recommends that steps be taken to remedy these deficiencies.**

39. The delegation received a number of complaints in all the prisons visited about both the quantity and the quality of the food, in particular as concerns the breakfast packs and the cold evening meals. From the observations of the delegation the complaints of the inmates were not wholly unfounded. Further, it seemed that each prison allocated a different budget for food (per prisoner per day) and that the catering services were also subject to efficiency savings. In Manchester Prison, the catering services were attempting to react to the complaints of the inmates in a constructive manner; at Woodhill Prison, the management acknowledged the challenges posed to the kitchen of having to provide meals for more than 800 inmates when it had been designed to provide half that number. **The CPT would like to receive the comments of the United Kingdom authorities on this matter.**

b. regime

40. The delegation observed that in Manchester and Wandsworth Prisons particular emphasis was being placed on developing the programmes of activities for prisoners (work, education, sport) and providing guidance and instruction to assist them in avoiding re-offending and leading a healthier life after release (e.g. self-awareness, anger management, enhanced thinking skills and drug awareness courses, as well as offender behaviour programmes, such as the Sex Offender Treatment Programme).

The delegation was impressed by some of the vocational courses being offered, such as brick building, plastering and information technology at Wandsworth Prison. The delegation also heard that education provision had improved in recent years with closer links to the Ministry of Education and the contracting out of prison education to local colleges. All three prisons visited provided a range of educational courses, with a focus on numeracy and literacy. The delegation noted the steps taken to embed numeracy and literacy learning in vocational courses, which is positive; **the CPT encourages the United Kingdom authorities to develop such an approach in all prisons.**

However, in all the prisons visited too many prisoners were either not involved in any sort of meaningful activity or were offered minimal opportunities. This was particularly the case at Woodhill Prison where there was very little in the way of vocational activities, and only now were plans being drawn up to construct some workshops on the large unused football pitch. **The CPT would like to receive information on the development of these workshops and the activities they will offer.**

41. The United Kingdom authorities are fully aware of the importance of offering a satisfactory programme of activities to all prisoners, remand and sentenced, both to provide meaningful activity in prison and to prepare inmates for life in the community. **The CPT recommends that the United Kingdom authorities continue to strive to develop prison regimes by increasing the number of prisoners engaged in purposeful activities.**

42. The lack of availability of activities was compensated for, in theory, through generous association/out-of-cell time (11.5 hours Monday to Thursday and 8 hours on the weekend at Manchester Prison), including up to one hour of outdoor exercise everyday.

However, the delegation heard many complaints to the effect that out-of-cell and outdoor exercise entitlements were not respected. Staff confirmed that, on occasion, association and/or outdoor exercise might not be provided due to staff shortages. In particular, the delegation noted that prisoners who did not work or attend educational classes, could be locked in their cells for upwards of 20 hours a day. For example, at Manchester Prison inmates on G Wing (an induction wing where inmates stayed up to four weeks) were not provided with any work, education or gym and were offered 45 minutes or less of outdoor exercise every day; association time was between three and four and a half hours a day but only three hours on weekends; a similar situation prevailed on outer E Wing and on H1 Unit. Prisoners who did not work or attend education on the Heathfield site at Wandsworth Prison were also confined to their cells for up to 20 hours a day (and longer at weekends). Further, outdoor exercise was offered early in the morning while it was still dark in winter (7.45 a.m.), and usually only for 30 minutes.

The CPT continues to have misgivings about the very flexible wording of Rule 30 of the Prison Rules 1999. In its response to the CPT's 2003 visit report concerning this matter, the United Kingdom authorities stated inter alia that "current guidance recommends that prisoners should have the opportunity to take at least one hour a day in the open air but that where this is not possible it should not be normally less than half an hour".¹⁵ It would appear that in some establishments, at least, the exception is becoming the rule. The Committee recalls that the basic requirement of at least one hour of outdoor exercise every day is a fundamental safeguard for prisoners. **The CPT calls upon the United Kingdom authorities to ensure prisoners are guaranteed this basic requirement, which is also provided for explicitly in Rule 27 (1) of the European Prison Rules¹⁶. Further, exercise yards should provide shelter from inclement weather;** none of the exercise yards in the prisons visited in 2008 provided such shelter.

The CPT also recommends that prisoners who do not work or attend education should be able to enjoy more out-of-cell time and, as far as possible, be offered meaningful activities during association.

¹⁵ See CPT/Inf (2005) 2, paragraph 90

¹⁶ Recommendation Rec. 2006 (2) of the Committee of Ministers of the Council of Europe.

4. Category A Prisoners

43. As mentioned above, both Manchester and Woodhill Prisons are in the High Security Estate¹⁷, which means that they are able to take inmates who have been classified as Category A¹⁸.

At Manchester Prison, the Category A unit consisted of 29 cells and was located on the inner part of E wing with three floors of cells and rooms for officers, and a small gym, classroom and billiards table as well as the servery on the ground floor. At the time of the visit the unit was holding 27 inmates (not all of whom were Category A prisoners); all activities (association, gym, education) took place on the unit and one hour of outdoor exercise was offered every morning. It should be noted that several Category A prisoners were located in the segregation unit for their own protection or because they were considered vulnerable, and two brothers were being accommodated in the health care centre. A total of 22 Category A prisoners were being held in Manchester Prison.

At Woodhill Prison, Category A prisoners were mostly located in House Block 6, which consists of five totally separated units. At the time of the visit, A Unit housed the Close Supervision Centre (see below), B and C Units each held up to 12 prisoners, D Unit was mothballed and E Unit was for protected witnesses. Several Category A prisoners were being held in the segregation unit or in other House Blocks. In total, Woodhill was holding 33 Category A prisoners.

44. At Manchester Prison, all the cells on the unit had been refurbished according to the “3-cells-into-2” model, and Category A prisoners were generally accommodated on their own although it appears that, at times, they may be asked to share with other prisoners. The material conditions were, on the whole, adequate but the delegation did hear complaints about poor ventilation, especially in those cells where the windows did not open properly.

At Woodhill Prison, the conditions of detention in House Block 6 were, on the whole, of a good standard. Each inmate was allocated his own cell (8.5m²).

45. As to regime, the CPT’s delegation was pleased to note that at Woodhill Prison, Category A prisoners were provided with the same opportunities as other prisoners: they could participate in activities outside the dedicated accommodation block (education, gym) and could even be located in house blocks with non-Category A prisoners. Further, each unit of House Block 6 had a small gym, a common room with TV, a billiards table and a large table (and chairs), around which meals could be taken communally.

¹⁷ The High Security Estate consists of three local prisons (Belmarsh, Manchester and Woodhill) and five dispersal prisons (Frankland, Full Sutton, Long Lartin, Wakefield and Whitemoor).

¹⁸ That is, those prisoners whose escape would be highly dangerous to the public or the police or the security of the State and for whom the aim must be to make escape impossible (see PSO 1010).

However, at Manchester Prison the delegation observed that the security arrangements for the Category A unit impacted adversely upon the regime of the whole prison. Further, prisoners on the unit had an impoverished regime and the restrictions on the inmates concerned were much greater than those in place at Woodhill. To begin with, no inmate could leave the unit to attend education or go to the main gym or to prayers. Those prisoners who had been engaged in studying for a diploma in a Category A dispersal prison could not continue in Manchester, as laptop computers were not permitted on the unit. Moreover, for security reasons, all prisoners on the unit were systematically assigned to a different cell every 28 days.

The common sense individual risk assessment approach observed at Woodhill Prison, which meant that Category A inmates could leave the dedicated unit and even potentially be accommodated in other House Blocks, was absent at Manchester Prison.

The CPT recommends that efforts be made at Manchester Prison to provide a more meaningful regime for Category A prisoners; the approach followed at Woodhill Prison should be taken as a model. Further, prisoners should be able to continue any educational courses which they may have started in a previous prison.

46. The overriding security approach at Manchester Prison was further illustrated by the case of an Iranian inmate, who had finished his two and a half year sentence for arson in early November 2007. He had signed up for the 'facilitated return scheme' with the UK Border Agency but was still being held in prison, as Iran refused to accept him back. After being refused bail on 7 November 2008, one year after his prison sentence had been completed, he had apparently tried to run out of the court. This led to his security status being reassessed and to him being placed on an Escape list, which resulted in him being accommodated in the Category A unit.

As far as the delegation could ascertain, the placement of this person on an Escape list and in the Category A unit had been done without consideration of the individual's circumstances or of his ability to effect an escape from the prison, if located on an ordinary accommodation wing. **The CPT would like to receive the comments of the United Kingdom authorities on this matter.**

47. The lack of flexibility in the approach at Manchester Prison was also noticeable by the fact that Category A vulnerable prisoners or own protection prisoners (including those put on protection against their will) were held in the segregation unit of the prison for prolonged periods. The regime offered to them was extremely impoverished consisting of one hour of outdoor exercise every day and possibly education in the cell once a week. Further, the material conditions in the segregation unit were of a poor standard (see paragraph 38 above).

At least some of these prisoners could have been located on the dedicated wings for vulnerable and own protection prisoners, after a risk assessment had been completed. **The CPT recommends that steps be taken to ensure that Category A vulnerable and own protection prisoners are not systematically accommodated in the segregation block; further, regardless of their location, they should all be provided with a meaningful regime.**

5. Prisoners on Indeterminate sentences for Public Protection (IPP)

48. The sentence of Imprisonment for Public Protection was created by the Criminal Justice Act 2003, and came into force in April 2005. It is an ‘indeterminate’ sentence issued to offenders who are identified by the courts as ‘dangerous’, but whose offences do not carry a life sentence.

People sentenced to IPP are given a minimum term they must serve in prison (the ‘tariff’). After that they may be considered for release by the Parole Board, if it can be shown that they no longer pose a risk and that they can be managed safely outside prison. Released IPP prisoners are on a ‘life licence’¹⁹ and subject to recall to prison if they breach the terms of the licence.

49. By July 2008, some 4,619 prisoners were serving IPP sentences, with tariffs being set as low as 30 days. In each of the prisons visited, the delegation met a number of inmates with IPP sentences and several issues were raised by them.

First, many prisoners said they were in shock when they arrived at the prison after being sentenced, as they were treated as ‘lifers’ with all documents recording their sentence as “99 years” and no mention of a release date. Further, apparently nobody had been able to explain the nature of their sentence to them when they were first admitted.

Second, many IPP prisoners stated that no sentence plan²⁰ had been drawn up until more than half of their tariff had expired: they claimed that they had difficulties obtaining access to their personal officer or probation officer to discuss the sentence plan, and to find out what courses or programmes they needed to attend. For example, at Manchester Prison the delegation met a man with a three year tariff, who had been sentenced in November 2005 but whose sentence plan was only finalised and agreed upon in March 2008; a date for his Parole Board hearing had yet to be set, at the time of the visit, in November 2008.

Third, even once the sentence plans were drawn up, the lack of places available on the courses the inmates had to attend resulted in long delays. For example, an inmate at Wandsworth Prison with a two year tariff, which was due to expire in February 2009, could not be enrolled in the Victim Awareness course (6 months duration) before February 2009. Further, not all prisons ran the appropriate courses identified by a sentence plan, which meant that an inmate has to be transferred to a prison where such courses were provided and then apply for the course upon arrival. For example, the prisoner cited above was also supposed to complete the CALM²¹ course (also 6 months) after finishing his Victim Awareness course, but Wandsworth Prison did not provide this course. No one could say when his first Parole Board hearing would take place.

Fourth, inmates who decided to appeal their IPP sentence were considered to be “in denial” and were not deemed eligible to enrol in any courses. As an appellate procedure could last up to two years, these prisoners were unlikely to meet their sentence plan objectives by the time of their Parole Board hearing.

¹⁹ IPP prisoners may apply to the Parole Board to have their licence terminated after 10 years.

²⁰ A sentence plan lays out the conduct expected of, and the support to be provided to, a prisoner during his time in prison, with a view to achieving a reduction in risk such that he or she may be released on licence into the community at the end of their tariff. It is the key reference document for the Parole Board.

²¹ Controlling Anger and Learning how to Manage it.

Fifth, it appeared that the Parole Board itself was unable to meet the additional workload that IPP prisoners had generated. The delegation met an inmate at Wandsworth Prison whose tariff had expired in June 2007 and who complained that he still had no Parole Board hearing scheduled; the delegation was subsequently informed that the Parole Board had, after several reminders by the relevant caseworker, scheduled a hearing in February 2009.

50. A number of reports²² have highlighted the unpreparedness of the prison system to provide the necessary offender behaviour programmes in order for prisoners to be considered for release by the Parole Board. Further, this fact was recognised by a Court of Appeal decision, which held in one case²³ that the Secretary of State had acted unlawfully by failing to provide sufficient offending behaviour and other courses to enable the increasing population of IPP prisoners to demonstrate to the Parole Board, by the time of the expiry of their tariffs, that their detention was no longer necessary for the protection of the public.

The Court went on to state that this did not mean that all IPP prisoners who had completed their minimum terms were thereafter being unlawfully detained, but it did say that unless prompt action was taken to address the crisis in the provision of offending behaviour courses, the time will come when individual IPP prisoners might be able to prove that they were being denied the possibility of an effective Article 5 (4) review of their detention and that their detention could no longer be justified under Article 5 (1) (a) of the European Convention on Human Rights.

51. The CPT acknowledges that the United Kingdom authorities have subsequently taken steps to improve the management of IPP prisoners, and that the Crime and Justice Act 2008 now stipulates a minimum two year tariff for an IPP sentence. This provision should result in fewer persons being sentenced with an IPP and, in theory, also provide time for sentence plans to be drawn up and courses to be provided, prior to a Parole Board hearing.

Nevertheless, from the information gathered by its delegation, the CPT considers that more concerted action is required to properly manage IPP prisoners. Persons with an IPP sentence should receive a proper induction as to what their sentence means and what is required of them in order to be eligible for release when their Parole Board meeting is scheduled (in theory, six months prior to the end of the tariff). Further, IPP prisoners should have their sentence plan drawn up rapidly and a schedule for the programmes they must complete laid out, in order for them to be able to map out their time in prison in the lead up to the Parole Board hearing. Such a schedule should equally ensure that IPP prisoners are able to carry out the required courses in prisons as close to their family as possible, and that the prisons have the necessary resources to carry out the required number of courses to meet demand²⁴.

From the point of view of managing IPP prisoners in an equitable way, it is important to keep in mind that, more than is the case with determinate sentences, their conduct whilst in prison will be a crucial factor as to when they are released.

²² See in particular HM Chief Inspectors of Prison and Probation "The indeterminate sentence for public protection: A thematic review" of September 2008; and Sainsbury Centre for Mental Health "In the Dark: The mental health implication of Imprisonment for Public Protection" of September 2008.

²³ R (Walker and Wells) v Secretary of State for Justice of 31 July 2007.

²⁴ The delegation received some complaints from life sentenced prisoners that IPP prisoners were given priority in applying for offender behaviour programmes and that they kept being put to the back of the queue.

The CPT recommends that the United Kingdom authorities take the necessary steps to improve the management of prisoners with an IPP sentence, in the light of the above remarks.

6. Close Supervision Centre in Woodhill Prison

52. Close supervision centres (CSC) were designed for the most difficult and challenging prisoners in the prison system, and entry to the CSC system is restricted to prisoners who have a history of disruptive and aggressive behaviour. The CSC system has evolved significantly since being severely criticised by HM Chief Inspector of Prisons in 2000, and it is now configured around a violence reduction model with the further development of programmes and interventions.

The CSC system consists of three units: a unit at Woodhill Prison²⁵, which was the entry point to the system and where prisoners were assessed during a three-month period as to their suitability for CSC; a unit at Wakefield Prison applying a segregated regime for prisoners posing an exceptional risk; and a unit at Whitemoor Prison offering a more open regime for those with a prospect of being reintegrated into mainstream custody. However, it should be noted that all the prisons in the high-security estate have segregation units with CSC designated cells for unlimited periods, in accordance with Rule 46 of the Prison Rules²⁶.

53. The number of prisoners at any given time in the CSC system is a very small proportion of the overall prison population, usually around 30 prisoners.

From the information gathered, it is apparent that the prisoners concerned do not form a homogenous group. Indeed, their perceived dangerousness can result from the nature of the offences they have committed (or of which they are accused), the degree to which they adapt to prison life and the manner in which they react to the constraints imposed by it, as well as their psychological/psychiatric profile.

54. The CPT's delegation observed that the approach taken at Woodhill CSC was individually tailored, to the extent that there was a multidisciplinary team of staff permanently on the unit working with each prisoner. Mental health services were provided by Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust, and the team was led by a consultant forensic psychiatrist and three senior mental health practitioners. During the three month period that prisoners spent in the unit, the team assessed whether they should enter the CSC system with a view to returning to the mainstream population (i.e. via the CSC in Whitemoor Prison) or to continue to be held in a separate high-security unit (i.e. the CSC in Wakefield Prison). In addition, some prisoners returned directly to dispersal prisons and others were transferred to secure psychiatric hospitals.

²⁵ This unit was visited by the CPT in February 2001; see CPT/Inf (2002) 6, paragraphs 59 to 68.

²⁶ The June 2006 HM Chief Inspector of Prisons review, "Extreme Custody", criticised inter alia the use of designated CSC cells in segregation units of high security prisons to hold CSC 'lodgers' for indefinite periods.

It was not clear to the delegation who decided, and based upon what criteria, that a prisoner should be admitted for an assessment period to the Woodhill CSC, as distinct from being accommodated in the segregation unit of a high security prison. **The CPT would like to be informed in greater detail about the criteria and decision-making process for admission to the close supervision system.**

55. The CPT has stressed in previous reports that prisoners who present a particularly high security risk should, within the confines of their detention units, enjoy a relatively relaxed regime by way of compensation for their severe custodial situation. In particular, they should be able to meet their fellow prisoners in the unit and be granted a good deal of choice about activities. Special efforts should be made to develop a good internal atmosphere within high-security units. The aim should be to build positive relations between staff and prisoners. This is in the interests not only of the humane treatment of the unit's occupants but also of the maintenance of effective control and security and of staff safety.

The existence of a satisfactory programme of activities is just as important - if not more so - in a high security unit than on normal location. It can do much to counter the deleterious effects upon a prisoner's personality of living in the bubble-like atmosphere of such a unit. The activities provided should be as diverse as possible (education, sport, work of vocational value, etc.). As regards, in particular, work activities, it is clear that security considerations may preclude many types of work which are found on normal prison location. Nevertheless, this should not mean that only work of a tedious nature is provided for prisoners.

56. At Woodhill Prison CSC, the regime offered to newly admitted prisoners consisted of little more than one hour of outdoor exercise per day and daily access to a shower and phone. However, depending on their conduct, prisoners could progress rapidly and participate in certain educational activities (e.g. cooking and enhanced thinking skills) and work (e.g. cleaning). For example, the delegation met a prisoner who was offered generous out-of-cell time and who worked as a cleaner and attended education classes. Regrettably, as he was the only prisoner on "level 3" he had no contacts with other prisoners.

The other three prisoners in the CSC at the time of the visit were limited to the basic regime described above, and no more than one prisoner would be out of his cell at the same time.

The CPT recommends that steps be taken to develop the range of activities offered in the CSC at Woodhill Prison, including access to a gym on a regular basis.

57. One particular prisoner in the CSC was considered a permanent threat to staff and other prisoners. For this reason, every time he was unlocked from his cell, six prison officers in full riot gear, including helmet and shield, would escort him, while handcuffed, to the exercise yard or shower or telephone. He categorically stated that he would refuse to engage with the system and would merely wait out his three months. The delegation also heard from staff and other inmates that this prisoner constantly shouted abuse and racist language from his cell. It was noted that he had already been in the Woodhill CSC in 2002 and since then had, apparently, spent more than four years in the segregation unit at Wakefield Prison.

While fully acknowledging that special security arrangements might well be justified in this particular case, the CPT is sceptical of prison officers wearing personal protection equipment²⁷ in their day-to-day contact with an individual prisoner. Such a practice may well foster, rather than attenuate, confrontational attitudes on the part of everyone.

The CPT would like to receive the comments of the United Kingdom authorities on this subject.

Further, the Committee wishes to be informed whether the above-mentioned prisoner made any progress during his time at Woodhill Prison, where he is currently being held and what is his daily regime (including staff requirements to manage his movements).

7. Health care

a. introduction

58. There have been considerable developments in the provision of health care in prisons in England and Wales since the CPT's last visit in 2003. Health care is now under the National Health Service and each prison comes under the responsibility of the local Primary Care Trust (PCT), which is charged with ensuring that the health care service in a prison is adequately resourced and properly staffed.

At Manchester and Woodhill Prisons, the delegation noted the considerable investments made by the relevant PCT to upgrade the provision of health care. At Wandsworth Prison, a "not for profit, social enterprise" called Secure Healthcare had been successful in a competitive bid in April 2007 to provide health care services following criticism of the service under the local PCT.

59. On a general note, it is worth recalling that the predominant age group among prisoners in England and Wales is 21 to 44 years, which normally represent the healthiest part of the population in the community. However, prisoners are not, as a whole, healthy²⁸; alcohol and drug misuse and mental illness, together with unstable social arrangements, poor housing and lack of employment, combine to produce high levels of health care needs among those incarcerated. Further, these needs are frequently not met by community services in the immediate period prior to imprisonment resulting in multiple demands placed upon prison health services. **The CPT would be interested to learn about what is being done to meet the challenge of establishing mechanisms to deliver continuity of care for this population group.**

²⁷ This consists of Riot Helmet, Flame retardant overalls, Gloves, Belt, Side arm baton and holder, Shin guards, Elbow protectors, Boots, Flame retardant balaclava and Shield cover (see PSO 1600 on the Use of Force).

²⁸ See inter alia Bromley Briefings Prison Fact file of December 2008, published by the Prison Reform Trust, for statistical data on the health of the prison population.

b health care in general

60. The delegation noted that prisoners could have access to a doctor within a reasonable time and that staffing levels were on the whole adequate. At Manchester Prison, there was one full time medical doctor and seven sessional general practitioners (GPs); at Wandsworth Prison, three full-time and three part-time GPs; and at Woodhill Prison, two full-time GPs. Each prison was also visited on a regular basis by relevant specialists (in psychiatry, sexual health, addictions, optometry, etc.) and dental care was generally good, although the delegation did receive a number of complaints concerning the delay in access to a dentist. In all the prisons visited, there was 24 hour nursing cover²⁹.

61. In addition to registered nurses, in all the prisons visited there were a number of prison officers with an additional qualification, who were now considered as “healthcare officers”. They had access to all medical records and some were authorised to dispense medication; at the same time they also undertook classical prison officer duties. This raises issues of conflict of interest.

The delegation learned that all nurses and healthcare officers were members of the Prison Officers Association. For health care officers the advantages were apparently better pension entitlements and the retention of the Statutory Powers of a Custodial Officer.

The complexities of the health of the prisoner population and the ethics of health care delivery in a custodial setting require a discrete, independent service. The transfer of health care to the NHS can be seen as recognition of this fact. The CPT considers that for a health care service to be truly independent, all staff assigned to it must be uniquely aligned to health, both administratively and professionally, which is not the case at present.

The CPT recommends that the United Kingdom authorities take the necessary steps to ensure the full independence of health care staff working in prisons, in the light of the above remarks.

62. In all three establishments, new prisoners were medically screened by a nurse upon admission. At Wandsworth Prison, a doctor made an assessment of the prisoner’s mental and physical health within a few hours of the initial screening; at Woodhill Prison, a doctor was present on the First Night Centre but only saw those prisoners in need, after consultation with the nurse; and at Manchester Prison, the doctor was present every evening at reception but, in principle, only saw those prisoners with a substance misuse problem, with all other prisoners undergoing a secondary health screening by a nurse 48 hours after admission.

However, the delegation met several prisoners, transferred from other prisons, who had apparently not been seen by a GP or a nurse upon admission. For example, an inmate who was transferred to Manchester Prison from Long Lartin Prison, on 18 November 2008, claimed he had still not seen a doctor nearly a week after his arrival, despite having specific needs.

The CPT recommends that all prisoners are medically screened upon arrival, including those transferred from another prison.

²⁹ At Manchester Prison there were 21 nurses and 15 health care officers; at Wandsworth Prison there were some 25 nurses and health care officers; and at Woodhill Prison there were 7 nurses and 9 health care officers.

It should also be noted that the inmate referred to above was registered as “blind/serious vision problems” and yet his request for special glasses had been pending for two years, which meant he was unable to work or attend any education or offender behaviour courses, and potentially had an impact on his ability to seek parole. **The CPT would like to be informed whether this prisoner has been provided with the glasses he required in order to cope properly in prison.**

63. The reception and first night procedures, including medical screening, have an extremely important role to play in suicide prevention; performed properly, it could identify at least certain of those at risk and relieve some of the anxiety experienced by all newly-arrived prisoners. In this respect, the delegation wishes to highlight the especially good practice of the reception and First Night Centre at Wandsworth Prison (a similar centre operated at Woodhill Prison). All new prisoners would undergo a cell-share risk assessment (conducted with care and professionalism) before being allocated to a cell and provided with toiletries, bedding and a hot meal (eaten communally). They would also have an opportunity to talk to “insiders”³⁰ and “listeners”³¹, and to get in touch with their family through a PACT worker (an independent charity supporting prisoners and their families). The following day prisoners were transferred to C Wing for seven days where an induction programme was run, before being allocated to a residential wing. The Committee considers that such an approach is vital in assisting inmates entering the criminal justice system to adjust to prison life.

By contrast, at Manchester Prison there was no first night centre and the CPT’s delegation noted that the induction process was less rigorous and more formalistic. The figures for self-harm and attempted suicide within the first 24 hours, seven days and one month would tend to reinforce the necessity for the level of support and supervision, during the reception process and on the induction wing (G wing), to be substantially enhanced.

The CPT recommends that the good practice of the First Night Centre at Wandsworth Prison be replicated across the whole prison estate, with priority given to local prisons.

64. More generally, once an inmate had been identified as being at risk of self-harming or attempting to commit suicide a multidisciplinary approach called ACCT (Assessment, Care in Custody, and Teamwork) was set in motion. In each case, an individual care plan was drawn up, monitored and reviewed. The CPT’s delegation observed that the care provided to those prisoners on an open ACCT was good. The challenge remains identifying prisoners at risk before they act, a key finding of inquests into deaths in custody. **The CPT would like to be informed of the training provided to staff to identify persons at risk of committing acts of self-harm or attempting to commit suicide.**

³⁰ “Insiders” are specially trained prisoners who are able to explain prison life to new inmates

³¹ “Listener” are prisoners trained by the Samaritans to be available, on a confidential basis, to listen to any inmate in distress.

65. All three of the prisons visited continued to use in-patient beds in the health care centre as accommodation for prisoners with disabilities or for those who were having difficulty coping within the prison, or even as a means of easing crowding in another part of the establishment. This was particularly evident at Manchester Prison, where some 21 of the 31 beds in the health care unit were not being occupied by prisoners on the basis of an assessment of clinical need. Indeed, the health care manager told the delegation that “health care beds were prison beds”. By contrast, at Woodhill Prison there was a conscious effort to place only prisoners in clinical need in the in-patient facility.

The CPT recommends that the United Kingdom authorities ensure that admission to beds in a prison’s health care centre is based only on assessment of clinical need.

66. The delegation noted that Inmate Medical Records were generally well kept. However, it observed that there was an inability for different prisons using the same electronic record system (EMIS) to transfer records to one another. The result was a discontinuity of clinical records across the prison estate, which impacts on patient care. For example, immunisation programmes started in one prison were not continued when an inmate transferred to another prison. There is also a need to be able to share medical records with health care practitioners outside prison, which in all the prisons visited proved problematic, not only to ensure that prison health care services are properly informed about the inmates coming into their prison, but also so that information can be relayed back into the community upon the inmate’s release. **The CPT would appreciate the comments of the United Kingdom authorities on these matters.**

c. psychiatric care and substance misuse

67. All the prisons visited had a mental health in-reach team (MHIRT). At Manchester Prison, the community mental health nurse made an assessment upon reception of which prisoners were in need of a psychiatric assessment. Such prisoners were subsequently referred to the full-time associate psychiatrist, with problematic cases being seen by an external consultant psychiatrist, who visited the prison twice a week. The MHIRT also considered referrals by staff members at a weekly meeting. After referral a prisoner would be seen by a mental health nurse within 24 hours and by the psychiatrist within seven days.

The MHIRTs at Wandsworth and Woodhill Prisons operated along similar lines, except that their acceptance criteria for referral to a psychiatrist appeared rather high. That is, a prisoner had to have been diagnosed with, or suspected of having, a severe and enduring mental health problem, or to have already been treated for moderate to severe depression with antidepressant medication for at least three months without a change in his condition. The CPT considers that these criteria are too strict and exclusive. The fact that a prisoner does not have a history of mental health problems should not be an indicator for a current mental health problem or for its intensity. At Wandsworth Prison, a team of six experienced mental health nurses visited the wings every day to meet with prisoners for possible referral. However, at Woodhill Prison the assessment of whether a prisoner had a mental health disorder was made only on the basis of consulting the medical files. This is not appropriate.

For example, the delegation met an inmate in the segregation unit of Woodhill Prison, who had told prison staff upon his admission that he had attempted to commit suicide in 2006 (after the death of his brother), and that he had been taking fluoxetine and, on occasion, diazepam. His Secondary Health Screening Form was empty. He told one of the delegation's doctors that he was worried about the deterioration in his mental state and said he spent much of his time rocking back and forth on his bed repeating "you are not crazy, you are not crazy .." to himself. He had filed several requests to see a psychiatrist but the MHIRT had still not seen him.

The CPT recommends that the assessment criteria for referral to a psychiatrist used by the MHIRTs at Wandsworth and Woodhill Prisons be reviewed, in the light of the above remarks. Further, at Woodhill Prison, assessment of prisoners for referral should not be based exclusively on existing medical records but should include a face to face interview.

68. The approach by the MHIRTs appeared focused on prisoners with severe and enduring mental health needs (i.e. cases dealt with by secondary mental health services in the community). However, the bulk of prisoners do not appear to be receiving the necessary mental health support. In this respect, it is essential for health care services in prisons to be given the resources to tackle primary mental health needs; general practitioners should receive specific training to deliver primary mental health care, and be in a position to refer more complex cases to the MHIRTs. Mental health awareness should also be part of every prison officer's further training. **The CPT would appreciate the comments of the United Kingdom authorities on the provision of mental health care in prisons, in the light of the above remarks.**

69. The MHIRTs in all three prisons experienced difficulties in trying to obtain relevant information from the courts and outside hospitals/general practitioners, with requests being either unanswered or refused for administrative reasons. Further, the transfer of mentally-ill prisoners to a suitable mental health establishment was a common problem, and usually took months rather than weeks to complete. The CPT has stated in the past that the transfer of mentally ill prisoners to an adequately equipped and properly staffed psychiatric facility should be treated as a matter of the highest priority.

The CPT recommends that prisoners with severe mental disorders who require in-patient treatment are transferred without delay to an appropriate facility, where they can be kept and cared for. Efforts should also be made to facilitate access by MHIRTs to information they need from outside bodies.

70. All of the prisons visited had programmes for inmates with drug addictions, based on early detection using appropriate screening procedures, mandatory and voluntary drug testing, drug counselling and support, and the delivery of detoxification programmes (including the treatment of withdrawal symptoms). Work in this area involved close contacts and cooperation with relevant professionals and organisations in the community.

The CPT welcomes the authorities' continued efforts to address this problem through a multifaceted strategy which involves reducing the supply and demand of drugs in prison, improving the quality of the treatment, assistance and information provided to prisoners with drug problems (including with a view to reducing the risks associated with the taking of drugs), and providing suitable training to staff.

That said, the CPT noted that prisoners were being forced off methadone maintenance or being offered low doses without reference to clinical needs, whereas the evidence supporting methadone maintenance therapy in prison is strong (both for criminological and health outcomes). The doses of methadone (or buprenorphine) need to satisfy the individual's addictive needs, and respond to the additional risks of disease transmission while in custody, and immediately after release. Instead, it appeared that the rapid reduction in the daily doses of methadone offered to inmates was being done for administrative reasons rather than based on clinical needs, and the reduction was being done without the consent of the patient. Further, prisoners taking methadone were apparently not offered work opportunities, although there is no reason why they should not work. The CPT understands that a new programme, Integrated Drug Treatment Services, will tackle some of these concerns.

The CPT recommends that the United Kingdom authorities consider introducing long-term methadone maintenance, and that the new Integrated Drug Treatment Services programme takes into consideration the above remarks.

8. Other issues

a. discipline

71. The disciplinary process has changed in England and Wales since the last CPT visit in 2003. The European Court of Human Rights judgment of Ezeh and Connors against the United Kingdom (2003) found that it was incompatible for governors to hear disciplinary charges where there was a risk that additional days would be added to the prisoners sentence as a punishment. Consequently, cases involving an offence which poses a serious risk to order and control or to safety of others by determinate sentenced or remand prisoners (assaults, fighting, drug offences and absconding), where the punishment may be "additional days" (i.e. loss of remission), will be heard by an adjudicator (district judge or deputy district judge). Other cases will be heard by a governor grade in the prison³².

72. In each of the prisons visited, the CPT's delegation observed a number of adjudications and, in general, it was impressed by the fairness of the procedure. Prisoners were informed in writing of the charges against them (Notice of Report) at least one day before the adjudication, and were always asked whether they understood the charges against them. They were asked whether they wanted to consult a lawyer or to request a friend or adviser to be allowed to attend the hearing (known as a "McKenzie" friend). At the hearing the charges would be read out and the prisoner would be given an opportunity to present his side of the case, including the right to call witnesses. During the proceedings the prisoner was seated at the table opposite the adjudicating governor, and the prison officer who filed the charge was also present. Prisoners were informed of their right to appeal all decisions.

The delegation noted the proportionality of the punishments handed down in those cases observed. Adjudicators did take into account mitigating circumstances and while certain offences brought cellular confinement or a loss of privileges, in most cases suspended sentences were handed down.

³² See Prison Rules 53, 53 (A), 54 and 55 as well as Prison Service Order 2000.

73. At Wandsworth and Woodhill Prisons, the segregation units had been relocated and downsized, and at the time of the visit were holding nine and seven prisoners, respectively. The material conditions on the units were adequate. At Manchester Prison, there were 10 inmates in the segregation unit, three of whom were Category A vulnerable and own protection prisoners. The material conditions were in need of upgrading; cells were dirty, toilet seats missing and windows broken; a recommendation has already been made on this subject (see paragraph 38 above).

Moreover, in addition to prisoners serving a punishment of cellular confinement, prisoners could be placed in the segregation unit for their own protection; it is important that they be offered a more purposeful regime than merely one hour of outdoor exercise, and every effort should be made to return them to mainstream custody. **The CPT recommends that the necessary steps be taken, in the light of the above remarks.**

b. staff

74. To obtain personnel of the right calibre, the authorities must be prepared to invest adequate resources into the process of recruitment and training. The real professionalism of prison staff requires that they should be able to deal with prisoners in a decent and humane manner while paying attention to matters of security and good order. In this regard, prison management should encourage staff to have a reasonable sense of trust and expectation that prisoners are willing to behave themselves properly. The development of constructive and positive relations between prison staff and prisoners will not only reduce the risk of ill-treatment but also enhance control and security. In turn, it will render the work of prison staff far more rewarding.

75. The delegation noted the presence of female staff on the wings in all of the prisons visited. This approach is to be welcomed.

Further, the delegation was informed of efforts being made to recruit staff from diverse backgrounds to reflect the prison population; for example, at Wandsworth Prison, some 26% of staff were Black Minority Ethnic (BME) while some 50% of prisoners were BME. The proportions at Manchester and Woodhill Prisons were much lower. **The CPT encourages the United Kingdom authorities to pursue their efforts to recruit staff from diverse backgrounds.**

As to training, the delegation was informed that basic training for prison officers consisted of eight weeks. Thereafter, there were no formal courses to complete but prison officers had to attend certain programmes in order to carry out particular tasks. The CPT considers it important to be able to offer all prison officers a programme of further training and refresher courses, such as those on mental health, psychology, suicide prevention, anti-bullying, cultural awareness, etc. **The CPT invites the United Kingdom authorities to develop follow-up training for all prison officers.**

76. In the three prisons visited, the delegation came across dedicated staff who carried out their duties professionally and in a decent and humane manner, and the atmosphere on the wings was, in general, relatively relaxed. That said, it did hear a number of complaints about a minority of staff members in all the prisons visited, particularly in terms of prison officers provoking inmates. As regards the personal officer scheme, many prisoners complained that either they did not have any contact with their personal officer or that the personal officer had not been helpful in addressing problems they encountered. **The CPT invites the United Kingdom authorities to take steps to ensure the effectiveness of the personal officer scheme in the prisons visited.**

77. At the time of the visit, the CPT's delegation heard from a number of prison officers of various grades about their concern that the proposed new "workforce strategy" would undermine the current career prospective for prison officers and make it more difficult to recruit qualified people to the post of prison officer. **The CPT would like to be informed about the nature of the proposed changes in the "workforce strategy" and the impact envisaged.**

c. complaints

78. Effective complaints and inspection procedures are basic safeguards against ill-treatment in prisons. Prisoners should have avenues of complaint open to them, both within and outside the prison system, and be entitled to confidential access to an appropriate authority. In addition to addressing the individual case involved, the CPT considers that a careful analysis of complaints can be a useful tool in identifying issues to be addressed at a general level.

79. In the prisons visited, inmates could lodge complaints in written form and place them in a locked box on the wing, which was emptied every day. Complaints were registered in the central complaints management unit and sent to the Senior Officer on the wing in which the inmate was accommodated, who had three days to make a response. If not satisfied with the answer, the inmate may make another written complaint which, after being registered was sent to the Principal Officer of the wing concerned, who had seven days to respond. Afterwards, the prisoner can address the Governor and if still not satisfied, he may write to the Prisons and Probation Ombudsman (separate forms being used in each case). Prisoners may also make confidential complaints directly to the Governor or to the Independent Monitoring Board.

The prisoner keeps a numbered copy of the complaint he makes. However, there is no way of tracing whether a complaint reached its destination and no record that prisoners actually received a response to their complaint. The delegation met a number of prisoners who alleged that they had filed complaints but had not received any responses. In several cases at Manchester Prison, no record of the complaint was found in the complaint management unit even though the prisoners themselves possessed a copy of the complaint. Not only was the individual complaint not addressed but the prisoner was prevented from pursuing the complaint, in due course, with the Ombudsman. Further, in a few cases the prisoner's complaint had been upheld but no subsequent action had been taken. For example, at Manchester Prison, an inmate had complained that a religious newspaper should not be counted as a book and should be distributed even if the prisoner possessed the full quota of books permitted. The complaint was upheld but certain prison officers continued to count the newspaper as a book.

It should be noted that many of the prisoners met by the CPT's delegation stated that they did not have faith in the complaints system and so did not make complaints, despite the multitude of formal opportunities that existed. The anecdotal evidence on the wings was that making a complaint achieved nothing.

The CPT recommends that the United Kingdom authorities take steps to improve the functioning of the complaints systems, in the light of the above remarks; such steps are required in particular at Manchester Prison. Further, the CPT considers that statistics on the types of complaints made should be kept as an indicator to management of areas of discontent within the prison.

d. access to religion

80. The CPT's delegation noted that the chaplaincy was active in all the prisons visited and that it was, in general, appreciated by prisoners. At the same time, the Committee was informed that fears of Islamic extremism combined with a lack of understanding of Islam have created particular challenges in certain prisons³³. With this in mind, it would like to highlight the good practice it encountered at Woodhill Prison, where the imam has initiated a number of programmes to provide prisoners and staff with an increased understanding of Islam (for example, discussions on the Koran). Further, special efforts made to keep food warm for prisoners observing Ramadan, the organisation of the Eid ul-Fitr celebration and courses for servery staff on halal food have led to better mutual understanding. The imam has established good links with mosques in the community. **The CPT recommends that the good practice observed at Woodhill Prison be supported and replicated in other prisons.**

e. foreign nationals

81. At the time of the visit, foreign nationals made up about 13% of the total prison population in England and Wales. These numbers were reflected in the prisons visited by the CPT's delegation, with Wandsworth Prison having the highest concentration (roughly 25%). Foreign nationals have been identified as a particularly vulnerable group who require particular support and care. The CPT's delegation observed the positive practice of appointing a dedicated foreign national officer, who could meet and provide advice to each new foreign national and serve as a point of reference. Further, the concerted efforts being made to provide foreign nationals with clear information on immigration procedures, through surgeries and information packs, are to be encouraged.

³³ See HM Chief Inspector of Prisons' reports on visits to Long Lartin and Whitemoor Prisons (respectively, April and July 2008).

82. The biggest concern for foreign nationals in prison, as conveyed to the CPT's delegation, was what would happen to them at the end of their sentence. Officials from the Ministry of Justice and UK Border Agency assured the delegation that all persons liable to automatic deportation at the end of their sentence (i.e. those non-EU nationals sentenced to more than 12 months) should receive a letter explaining their status at the outset of their sentence.

The intention was to avoid holding persons in prison beyond the end of their sentence. However, the delegation met a number of foreign nationals who were being held in prison under the 1971 Immigration Act a considerable time after their sentences had expired (see for example paragraph 46 above). **Such persons, if they are unable to be deported at the end of their sentence, should be transferred to a facility designed to provide conditions of detention and a regime in line with the status of immigration detainees.**

C. Young Offender Institutions and the detention of juveniles

1. Preliminary remarks

83. One of the cardinal principles enshrined in the United Nations Convention on the Rights of the Child and the Beijing Rules is that juveniles should only be deprived of their liberty as a last resort and for the shortest possible period of time. In the United Kingdom, the official policy is to place children in custody only where no alternative is appropriate. That said, the Committee is concerned by the very high numbers of juveniles in custody in England and Wales.

At the time of the visit the number of juveniles in detention was 2,905. In many instances juveniles are sentenced to very short periods of detention, which is insufficient time to address the root causes of the offending behaviour but long enough to become acquainted with prison culture. Further, most of the juveniles concerned are either on some sort of care order or come from a disruptive family life, thus demonstrating their need for support rather than purely punishment. The high rate of recidivism among juvenile offenders placed in detention, some 75% in 2007, would appear to attest to this approach not being wholly effective.

84. At the outset of the visit, the CPT's delegation was informed about a number of measures contained in the Crime and Justice Act 2008, which aim to increase the use of alternatives and diminish recourse to detention for juveniles. Particular mention was made of the intensive supervision period being increased from three to a maximum of 12 months, thus providing judges with an alternative measure to custody. A further initiative mentioned by several interlocutors, including the Justice Secretary, was an intensive fostering scheme based upon a model used in Oregon, United States of America. Further, local authorities are to shoulder more responsibility for young people through promoting a joined up approach between education, health, welfare and policing to prevent offending on the one hand, and to provide resettlement and after-care for juveniles leaving custody on the other hand. These are positive developments. However, their effectiveness will depend upon the Youth Justice Board being provided with the necessary funds to support these programmes. Public service efficiency savings should not result in these non-custodial programmes being cut back.

The CPT recommends that the authorities pursue with vigour their efforts to reduce the number of juveniles being placed into custody. It would like to receive further details about the various initiatives referred to above.

85. The CPT's delegation visited *Huntercombe Young Offender Institution* (YOI), located some 50 miles west of London near the town of Henley-on-Thames, which has been a dedicated site for juvenile males (15-18 year olds) since 2000. It has a certified normal accommodation of 360 and at the time of the visit was accommodating 309 juveniles.

Huntercombe YOI only receives juveniles who have been sentenced, usually by a court in south-east England, most of whom will already have spent time on remand in Feltham YOI³⁴. The majority of young persons were serving a detention and training order (DTO) ranging from 3 to 24 months, while some 52 juveniles had been sentenced under Section 91 of the Powers of the Criminal Courts (Sentencing) Act 2000 and were serving sentences of 24 to 84 months. There were also two young persons sentenced to life imprisonment and four to indeterminate sentences for public protection (DPP).

86. It should be noted at the outset that the CPT's delegation gathered no evidence of physical ill-treatment of young persons by staff at Huntercombe YOI. In general, the relations between inmates and staff appeared positive, though some allegations of rude behaviour by staff were received.

The CPT is, however, concerned by the number of incidents involving inter-juvenile violence, which required use of force by staff to end. The CPT recognises that the population of Huntercombe YOI poses specific challenges. Nevertheless, increased efforts need to be made to enable staff to foresee potential flash points and to take the necessary pre-emptive action. For example, one juvenile who was involved in a fight in a classroom with another juvenile was able to carry on his dispute the following day when the two young persons met during association. In the intervening period no discussion with the two juveniles had taken place about the first incident or to ascertain whether the dispute was over. **The CPT would appreciate the comments of the United Kingdom authorities on this matter.**

2. Material conditions

87. Huntercombe YOI consists of six residential units, each consisting of 60 single-occupancy cells. The layout in four of the units is the same: on the ground floor, an open association area providing access to a laundry room, shower area, servery, classrooms and an officer control room; the cells were located along two L-shaped corridors, on the ground and first floors. The remaining two units were housed in a recently constructed open plan building with 60 cells and association space on the ground floor (Mountbatten A) and 60 cells on the first floor (Mountbatten B). There were no classrooms on these units. The units were generally in an acceptable state of repair and cleanliness.

The cells had reasonable access to natural light and sufficient artificial lighting and heating, were adequately furnished (bed, chair, desk, locker) and contained a metal toilet and sink; all cells had a call bell. However, **ventilation was somewhat restricted and the cells were rather cramped** (7m²), especially bearing in mind that a juvenile could spend a considerable period of the day locked in one, especially between Friday afternoon and Monday morning. **Further, it would be desirable for the toilet and sink to be equipped with a partition.**

³⁴ See CPT/Inf (96) 11 and CPT/Inf (2002) 6 as regards the visits to Feltham YOI in 1994 and 2001, respectively.

88. The CPT was very concerned to learn that outdoor exercise had not been offered on a regular basis for several months. Further, the current (theoretical) provision of 30 minutes per day is totally inadequate. **The CPT recommends that all young persons at Huntercombe YOI be offered a minimum of one hour of outdoor exercise every day and, preferably, considerably more. Further, provision should be made to enable outdoor exercise to take place during inclement weather.**

89. The CPT's delegation received many complaints concerning both the quantity and the quality of the food. Most of the complaints were directed towards the breakfast pack and the baguette lunch. For the hot evening meal, young persons were provided with a weekly menu containing a number of choices (including vegetarian and halal), and complaints related mainly to quantity.

The evening meal was supposed to be eaten communally in the association area but, in practice, staff shortages meant that young persons usually collected their meals from the servery and ate alone in their cells. When meals were eaten communally they appeared to be hurried, in order to get the group back into their cells and the next group of young persons unlocked to collect their meals.

The CPT recommends that the breakfast packs and baguette lunches be reviewed as to their sufficiency. Further, efforts should be made to install a regular practice of communal evening meals.

The CPT would also like to be informed whether a nutritionist has now been recruited at Huntercombe YOI.

3. Regime

90. Children and young persons have a particular need for physical activity and intellectual stimulation, and those deprived of their liberty should be offered a full programme of education, sport, vocational training, recreation and other purposeful activities. Physical education should constitute an important part of that programme.

The reduction of the core week to four and a half days across the prison estate is particularly detrimental for juvenile inmates. Instead of being engaged in purposeful activity, juvenile inmates now spend most of their time between Friday midday and Monday morning locked in their cells. From the delegation's observations at Huntercombe YOI, such a regime is not conducive to the well-being of the inmates. **The CPT recommends that the United Kingdom authorities reinstate the five day core week in juvenile establishments.**

91. Huntercombe YOI has a stated policy of providing education and learning as a focus of its regime. At the time of the visit, the Education department could provide up to 240 young persons between 12 and 22 hours of classes per week in a range of subjects, notably maths, English, numeracy, literacy, computer studies, art, music, social and life skills. Vocational courses such as motor vehicle repair, construction, painting and decorating and industrial cleaning were also available, though places were limited. Regrettably, there were too few courses which resulted in a certificate.

Nevertheless, it should be noted that most of the young persons had previously been excluded from school at some time, and many had poor reading and writing abilities. Some attempts were made to combine literacy and numeracy learning with practical courses in order to provide a more stimulating learning environment. However, many young persons were not interested in class work and behaviour in class could rapidly deteriorate once the boys became bored. Young persons attending classes in their residential units were particularly critical.

Efforts should be made to ensure young people do not spend most of their day confined to their unit but instead are offered activities on a daily basis outside the unit. The authorities are also encouraged to pursue their attempts to provide a more stimulating learning environment for the profile of young persons held in Huntercombe YOI.

92. In terms of physical activities, young persons could go to the gym once a week as part of the educational programme and on two evenings a week for one and a half hours; evening gym was a privilege which could be stopped as part of a disciplinary punishment. There was also a football pitch; however, it was rarely used and, more generally, it appeared that there were limited organised team sports activities.

The CPT recommends that inmates at Huntercombe YOI be provided with more opportunities for physical activities; for example, through greater use of the outdoor exercise yard and the organisation of more team sports

93. The CPT's delegation was told that due to the volatility of the inmate population it was no longer possible to allow all 60 juveniles in a unit to have association at the same time. Therefore, association was offered on alternate days to each floor of a unit, thus limiting the numbers associating at any one time to 30. However, there was little to occupy young persons during association time, other than to play table tennis. The delegation was informed about bingo and other games being offered in the evenings by two "enrichment officers" but they did not take place during the visit and none of the young persons interviewed referred to them.

The CPT encourages the United Kingdom authorities to seek ways of offering young persons more purposeful activities during their association periods.

4. Staffing issues

94. The CPT's delegation heard about the difficulties in attracting quality staff to work at Huntercombe YOI. At the time of the visit there were some 20 staff vacancies and some 17 staff on long-term sick leave. The result was that instead of each unit being staffed by a Senior Officer (SO) and four officers during the day, all shifts were at least one officer short and at weekends the staffing levels were usually only one SO and two officers. The staff shortages were inevitably having a negative impact on the regime. Further, the shortages were no doubt a contributing factor to the overly security-oriented approach towards the young persons.

The CPT recommends that all necessary steps be taken to ensure that staffing levels at Huntercombe YOI are sufficient to provide a full regime.

95. The custody and care of juveniles deprived of their liberty is a particularly challenging task. The staff called upon to fulfil that task should be carefully selected for their personal maturity and ability to cope with the challenges of working with - and safeguarding the welfare of - this age group. More particularly, they should be committed to working with young people, and be capable of guiding and motivating the juveniles in their charge. All such staff should receive professional training, both during induction and on an ongoing basis, and benefit from appropriate external support and supervision in the exercise of their duties.

Given that more than half the juveniles at the time of the visit came from disruptive families, more than one-fifth were children in care and a quarter had mental health problems, it is evident that the staff at Huntercombe YOI have a challenging role. Not all prison officers are necessarily suited to working with young people and it is important that a rigorous selection process is in place. Further, the seven-day Juvenile Awareness Staff Programme (JASP) would not appear to be sufficient to prepare staff for working in such an environment. The delegation was also informed that not all staff completed the JASP and that there were no follow-up or refresher courses.

The CPT recommends that the United Kingdom authorities take the necessary steps to ensure that a rigorous selection and training programme is in place for all staff allocated to a Juvenile YOI; JASP should be reviewed and all staff should be offered follow-up and refresher training.

96. The CPT also concurs with the recommendation made by the Independent Review of Restraint in Juvenile Secure Settings that: "YOIs should be designated a specialist system within the Prison Service with their management a discrete specialism. Career opportunities should be created for managers and staff which reward their expertise in working with young people."³⁵

The CPT would like to be informed about the concrete steps being taken to implement this recommendation.

³⁵ See Recommendation 8 and Sections 13.32 to 13.36 of the Independent Review of Restraint in Juvenile Secure Settings by Peter Smallridge and Andrew Williamson (December 2008)

5. Health care

97. The prevalence of behavioural and/or emotional problems tends to be high among juveniles placed in secure accommodation. It is therefore particularly important that the health care service offered to juveniles constitute an integrated part of a multidisciplinary (medico-psycho-social) programme of care. This implies inter alia that there should be close coordination between the work of an establishment's health care team (doctors, nurses, psychologists, etc.) and that of other professionals (including social workers and teachers) who have regular contact with the minors. The goal should be to ensure that the health care delivered to juveniles deprived of their liberty forms part of a seamless web of support and therapy.

98. The information gathered indicates that - on the whole - the above-mentioned criteria were being met at Huntercombe YOI. The Oxford Primary Care Trust (PCT), which was responsible for the provision of healthcare, had invested heavily in the health care services available in the establishment and in upgrading the skills of the healthcare staff. The health care facilities were clean, well-organised and appropriate for the needs.

There was a team of nurses³⁶ who ensured a 24 hour presence in the establishment and a general practitioner (GP) was present three whole days a week, and at other times if needed; the PCT's Emergency Care Service provided medical coverage when the GP was not working. A dentist was present two afternoons a week and a Sexual Health Consultant and opticians visited the establishment regularly.

The delegation noted that members of the health care staff appeared regularly to carry out custodial officer tasks; for example, taking part in strip searches when juveniles were admitted to the establishment. This is not appropriate and, as has been stated in paragraph 61 above, **the health care service should be a discrete, independent service.**

99. The delegation also formed a positive impression of the mental health in-reach team, which included a child and adolescent forensic psychiatrist, a consultant forensic psychologist, a mental health worker, a community psychiatric nurse and psychology assistants. The team would carry out a consultation in the health care centre or on the unit, depending on the preference of the juvenile.

100. All juveniles deprived of their liberty should be properly interviewed and physically examined by a medical doctor as soon as possible after their admission to the establishment concerned; save for in exceptional circumstances, the interview/examination should be carried out on the day of admission. However, a newly-arrived juvenile's first point of contact with the health care service could be a fully-qualified nurse who reports to a doctor.

At Huntercombe YOI, all young persons were seen by a nurse and/or doctor upon admission to the establishment. A second health care check-up was scheduled two weeks after admission but did not always take place. Further, the delegation noted that hepatitis immunisation status was recorded upon admission but that there was no guaranteed follow-up of the required vaccination. **These deficiencies should be remedied.**

³⁶ Equivalent to 8.5 full time registered nurses, including the head of healthcare.

6. Contact with the outside world

101. The CPT attaches considerable importance to the maintenance of good contact with the outside world for all persons deprived of their liberty. The guiding principle should be to promote contact with the outside world; any restrictions on such contacts should be based exclusively on security concerns of an appreciable nature or considerations linked to available resources.

The active promotion of such contacts can be especially beneficial for juveniles deprived of their liberty, many of whom may have behavioural problems related to emotional deprivation or a lack of social skills.

102. Juveniles at Huntercombe YOI were provided with two free letters a week and could have access to the telephone during evening association (i.e. every second day).

As for visits, the entitlement was for a two-hour visit twice every four weeks. However, the conditions under which visits took place were not ideal. The visitor's centre was in need of refurbishment and did not provide much in the way of a welcome to families who had travelled extensive distances to make a visit. Visitors often had to wait for extended periods in the cold and rain outside the main gate before being let into the establishment. Further, they were provided with no privacy during the searching procedures. The visiting room itself was acceptable, if a little shabby.

Requiring juvenile inmates taking part in a visit to wear a fluorescent sash was unnecessary, especially as they were allocated to a different coloured chair to that of their visitors. Also, the existence of a canteen as opposed to merely a refreshment machine would have contributed to a more animated and less sterile environment, as well as met the needs of those families that had travelled a fair distance.

The CPT invites the United Kingdom authorities to take the necessary steps to improve the facilities and arrangements for visits, in the light of the above remarks.

103. The delegation was concerned about the pre-release preparations for providing care in the community. For example, it met a young person who had been in and out of secure children's institutions for several years. He did not mix with other young persons, self-harmed and had recently attempted to commit suicide. He also refused to take his anti-psychotic and anti-depressant medicine, but expressed a wish to see a psychiatrist when he left prison. His release was upcoming and as he was homeless with no support on the outside, he had requested to go and live in Leicester. The CPT's delegation was told that the local social services would find him accommodation (bed and breakfast) but he had no information about what awaited him upon release. **The CPT would appreciate the comments of the United Kingdom authorities on this matter.**

7. Good order and discipline

104. The CPT is particularly concerned about the placement of juveniles in conditions resembling solitary confinement, a measure which can compromise their physical and/or mental integrity. The Committee considers that resort to such a measure must be regarded as highly exceptional. If juveniles are held separately from others, this should be for the shortest possible period of time and, in all cases, they should be guaranteed appropriate human contact, granted access to reading material and offered at least one hour of outdoor exercise every day.

The Young Offender Institution Rules 2000, as amended, provide for the same safeguards as those in adult prisons and the Prison Service Order 2000 on adjudications applies equally to YOIs (see paragraph 71 above).

105. Juveniles could be placed in isolation in the Intensive Support Unit (ISU), if their behaviour was considered particularly refractory. The ISU consisted of five cells (each 6.5m²) and a calm down room (7m²). The cells all had access to natural light and ventilation; three of them had moulded furniture and cardboard chairs, and two possessed normal fixed furniture. The calm down room had access to natural light and a call bell but contained no furniture. The registers showed that the room had been used 13 times in 2008 and 24 times in 2007 for periods up to three and a half hours but usually far shorter. Juveniles placed in the room should be checked every 15 minutes but the records showed that checks often took place only every 30 minutes.

In general, isolation was used as a last resort and records showed that most young persons were not kept longer than three days in the ISU. However, one of the three juveniles on the ISU at the time of the visit had been held there for nearly two months. The reason for this exceptionally long period was due to the juvenile's poor coping abilities and his consistent abusive and racist language. Consequently, it was considered not appropriate to place him on a main unit for reasons of his own protection as well as to prevent other juveniles from being subjected to abuse. The juvenile had signed a "compact" and was spending his days in the ISU but sleeping in Howard Unit.

From the information gathered by the CPT's delegation, the regime in the ISU did not provide much in the way of intensive support – 20 minutes of outdoor exercise and access to the gym for 30 minutes (if well-behaved) were offered every day.

The CPT recommends that the necessary resources be allocated to ensure that the ISU can live up to its name and provide a more developed regime to assist juveniles reintegrate rapidly onto mainstream accommodation units.

106. The delegation received a number of complaints about the practice of strip-searching, which young persons said they found degrading. Routine strip-searching of all young people occurred on reception and discharge, as well as when a young person's cell was searched; a random 10% of juveniles were also strip-searched after visits. Mandatory drug testing strip searches only took place if intelligence-based. Strip searches of young persons sent to the ISU were, in theory, based upon an individual risk-assessment but, from the information gathered by the CPT's delegation, appeared to be routine. Staff told the delegation that, in general, anything found during a strip search could have been identified during a rub down and with a metal detector, and they hoped that the establishment would move towards a risk-assessed approach. Nevertheless, for the time being strip-searches were being carried out in compliance with Prison Service orders.

The CPT considers that the routine practice of strip-searching of juveniles is a disproportionate measure, which could be considered as degrading.

The CPT recommends that the United Kingdom authorities amend the relevant Prison Service regulations in order to end this routine practice and to introduce a strict policy of risk-assessed strip searches only.

8. Use of restraint

107. The CPT has previously conveyed its concerns to the United Kingdom authorities over the use of restraints on children in detention, particularly as concerns the Physical Control in Care techniques used in Secure Training Centres. It has also followed the debate in the United Kingdom on this matter over the past two years and has had an opportunity to examine the Independent Review of Restraint in Juvenile Secure Settings (see footnote 35 above) and the Government's response to the Review, published on 15 December 2008.

The CPT welcomes the Government's generally positive response to the Review, including the continued monitoring by the authors of the implementation of the Review's recommendations. Nevertheless, the CPT considers that the key to reducing resort to the use of restraint lies in a rigorous recruitment policy and intensive training for staff, which places the emphasis on building relationships and solving conflicts without having to resort to force. If staff do not feel at ease and confident in a juvenile secure setting resort to use of restraint is likely to be greater. In this context, reference is made to the recommendation in paragraph 95.

Further, the CPT does not share the conclusion of the authors of the above-mentioned Review that the use of manual restraint based upon pain-compliant techniques should be retained in juvenile establishments as a means of "managing challenging behaviour by stronger, more violent young people". In the CPT's view, only specifically designed non-pain compliant manual restraint techniques, combined with better risk assessment of young people and enhanced staffing skills (as referred to above), should be used in juvenile establishments.

The CPT recommends that the United Kingdom authorities discontinue the use in juvenile establishments of manual restraint based upon pain compliant methods.

108. At Huntercombe YOI, use of force was deployed 122 times in the third quarter of 2008, and there appeared on average to be some 40 uses per month. In about half of the instances, the use of force was used to separate juveniles involved in fighting. The delegation met a number of juveniles who had been restrained and they all complained of the painful techniques employed; particular mention was made of a nose grip whereby the nose was pulled back and a finger rubbed hard across the base of the nostrils.

Any force used to bring juveniles under control should be the minimum required in the circumstances and should in no way be an occasion for deliberately inflicting pain. **The CPT recommends that the United Kingdom authorities ensure that all custodial officers abide by this precept; more particularly, use of the above-mentioned nose grip should be discontinued.**

109. Documentation on each use of force was generally satisfactory, but it was not always evident as to why force was used. Given the necessity of ensuring comprehensive safeguards around the use of force, it would be beneficial that management review a sizeable proportion of the use of force paperwork each month. Further, monthly, quarterly and six-monthly reports on use of force should include the reasons why staff have used force, whether force has been used on a young person more than once and whether it has been deployed by a member of staff more than once. **The CPT would appreciate the comments of the United Kingdom authorities on the above.**

The CPT would also like to be informed whether there is a comparative analysis of the use of force in similar juvenile YOIs, relating to the frequency of the use of force, the reasons for its use, injuries sustained, whether its use was applied to a young person more than once, etc.

9. Complaints procedures

110. Effective complaints procedures are basic safeguards against ill-treatment in institutions where minors are deprived of their liberty. Residents in such institutions should have avenues of complaint open to them, both within the establishment's administrative system and to outside bodies, and be able to have confidential access to an appropriate authority.

Information on complaint procedures was provided to all juveniles in an understandable manner, and avenues for dealing with grievances were both varied and accessible. However, most juveniles interviewed by the CPT's delegation stated that they saw no purpose in making a complaint as it would not affect their situation. The feeling was that the word of a staff member would always be believed over that of an inmate. According to the Prisons and Probation Ombudsman, the lack of confidence of young persons in making a complaint was reflected across the whole prison estate. It is important that young persons with potential grievances are able to make themselves heard either through the formal complaints system or through being given an opportunity to express themselves directly to staff (in the presence of their caseworker or a manager if they so desire).

The CPT invites the United Kingdom authorities to examine different ways for young persons to express any grievances they might have other than through the formal complaints system. At the same time, efforts should be made to encourage young persons to take advantage of the complaints system.

10. Transport of juvenile offenders

111. The CPT is concerned about the persistent practice of juveniles spending long hours travelling in secure transport vehicles between prison and court. For example, on the day of the delegation's visit, the last juvenile to arrive was processed at 11.45 pm, after having been on the move for 18 hours from the moment he left to go to court in the morning (from another YOI) to the time he was brought to Huntercombe YOI. Many of the young persons met by the delegation explained that they too had spent many hours in escort vans, during which they were not offered any refreshments or given an opportunity to go to the toilet. It also appeared that young persons were often transported in the same vans as adult prisoners, and that the priority was to deliver them to prison before the young persons. This is not a new problem and has been documented in a number of HM Prison Inspectorate reports and raised frequently by both the establishment's management and its Independent Monitoring Board. **The CPT recommends that concerted action be taken to remedy this unacceptable situation.**

D. Immigration detainees (Harmondsworth Immigration Removal Centre)

1. Preliminary remarks

112. The administrative detention of foreign nationals is governed by paragraphs 16 to 21 of Schedule 2 of the Immigration Act 1971 (as amended). The power to detain foreign nationals is exercised by officials of the United Kingdom Border Agency (UKBA)³⁷. Such detention is not subject to any time limit.

At present, there are ten Immigration Removal Centres (IRC) with a capacity of 2,466, but the Government has embarked on a programme to expand the estate by some 60%. An eleventh IRC, Brook House near Gatwick airport, with a capacity to hold 426 persons (male and female) is scheduled to open in early 2009, and two further IRCs are planned, one at Yarls Wood (420 males) and another, with the equivalent security of a category C Prison, at Bullingdon (c. 800 males).

According to Home Office statistics, at the end of September 2008 a total of 2,415 persons were being detained under Immigration Act powers. The vast majority were being held in one of the existing ten Immigration Removal Centres (IRCs), with about 100 persons held at Immigration Short Term Holding Facilities. These figures also show that some 55 persons were under the age of 18, and that five of these juveniles had been held in detention for between 29 days and two months.

113. The CPT's delegation visited *Harmondsworth Immigration Removal Centre*, near Heathrow airport. Much of the living accommodation had been destroyed in a serious disturbance in November 2006 and the Centre had been closed for half a year. At the time of the visit, only two wings were operational as the other wings had still to be rebuilt, and the Centre was holding 238 persons for a capacity of 259; 168 detainees were asylum seekers who were being processed under the Fast-Track Procedure. The average length of stay was 29 days but four persons had been in the Centre for longer than 100 days, the longest stay at the time of the visit being 204 days; the delegation noted that recently one person had spent more than a year in Harmondsworth IRC.

114. The Centre is managed by Kalyx Services, a private contractor, on behalf of the UKBA. An on-site monitor from the UKBA is responsible for ensuring the terms of the contract are met. The delegation was informed that the contract had been re-tendered in 2008 and that a new company would take over the management of Harmondsworth IRC in July 2009. **The CPT would like to be informed about the practical implications of this transfer of management, in relation to staff and the regime and care afforded to detainees.**

³⁷ The UK Border Agency was formed in April 2008, and brings together the work previously carried out by the Border and Immigration Agency, Customs detection work at the border from Her Majesty's Revenue and Customs (HMRC) and UK Visa Services from the Foreign and Commonwealth Office (FCO).

115. The Committee received no allegations of ill-treatment of detainees by staff at Harmondsworth IRC. In fact, the atmosphere was generally relaxed.

However, the Committee is aware that there have been a number of allegations of ill-treatment of immigration detainees by escort personnel, apparently during the deportation process³⁸. Details of a number of these cases were brought to the attention of the Home Secretary in July 2008, who appointed Dame Nuala O'Loan to conduct an investigation into these allegations. **The CPT would like to receive a copy of the final report and to be informed of any subsequent action taken by the United Kingdom authorities.**

2. Conditions of detention

116. The material conditions in the Centre were generally good. The accommodation consisted of a mixture of double and triple-occupancy bed rooms. The rooms were of an appropriate size, appropriately furnished and enjoyed natural light and artificial lighting. Further, the sanitary facilities were in a satisfactory state of cleanliness and repair.

117. As regards regime, it should be noted that the rooms were not locked³⁹, but detainees were encouraged to remain in their rooms between 11 p.m. and 5 a.m. The Centre provided a range of activities: day rooms where detainees could either associate or watch television; a well-equipped fitness room supervised by a qualified member of staff; and various sports activities could take place in a large indoor sports hall. Outdoor activities could take place in two internal courtyards attached to each of the wings. The Centre had several classrooms where various courses were provided, notably English language lessons and computer studies. A large room was used for arts and crafts activities. There was a multi-faith prayer room, a mosque and Christian chapel; a team of clergy administered to the religious needs of the detainees.

To sum up, the range of activities could be considered as satisfactory given the average length of stay.

3. Health care

118. Health care staff consisted of a general practitioner, who was present Monday to Friday five hours a day and three hours at the weekend. Three other doctors were on call at night, on a rota basis. In addition, there were 10 nurses and 6 health care assistants, with at least two nurses present at all times of the day and night. A psychiatrist visited every Saturday morning, a dentist one day a week and an optician twice a month.

The health care centre was adequately equipped, clean and spacious. The in-patient unit, consisting of 20 beds in three rooms, had an average occupancy rate of three.

³⁸ See "Outsourcing Abuse" – a report by Birnberg, Peirce & Partners, Medical Justice and the National Coalition of Anti-deportation Campaigns, July 2008.

³⁹ In fact, detainees were provided with keys to their rooms.

119. In general, access to a member of the health care service was satisfactory. All detainees were examined by a nurse upon admission to the Centre; however, no blood tests for transmissible diseases (blood borne viruses, sexually transmitted diseases, etc.) were carried out as part of the screening. In the interests of both detainees and staff, and also as a preventive public health measure, **the CPT recommends that medical screening include testing for transmissible diseases.**

Further, the CPT must stress the need for particular attention to be paid to the mental health and psychological state of foreign nationals in custody, some of whom may have experienced difficult situations – including torture and other forms of ill-treatment – in their home countries, while others might be suffering from psychological stress while awaiting deportation. In this respect, Harmondsworth IRC could benefit from the presence of a mental health nurse to follow-up on the treatment and care of detainees, especially those being treated by the psychiatrist. **The CPT recommends that steps be taken to recruit a mental health nurse.**

4. Other issues

120. Contacts with the outside world were generally satisfactory. An efficient pager system operated, alerting detainees about incoming calls and other messages. For outgoing calls a phone card system was in place, and telephones were placed at strategic points throughout the centre as well as in the rooms. Further, detainees were allowed to possess mobile phones.

As to social visits, they could take place between 2 p.m. and 9 p.m. every day. Up to three adults plus children could visit the detainee at one time. The visiting facilities were bright and spacious, and it possessed a dedicated area for children, with games and toys in evidence. There was also a machine for coffee and light refreshments.

121. The CPT has constantly stressed the importance of ensuring that staff in centres for foreigners are carefully selected and receive appropriate training. As well as possessing qualities in the area of interpersonal communication, the staff concerned should be familiarised with the different cultures of the detainees and at least some of them should have relevant language skills. Ideally, they should be taught to recognise possible symptoms of stress reactions displayed by detained persons and to take appropriate action.

The delegation was informed that following the closure of the Centre at the end of 2006, staff and management had undergone re-training. At the time of the visit, there were 305 staff, 44% of whom were from minority ethnic groups and who together covered some 29 different languages. Further, management explained that staff were now encouraged to interact with detainees, and a sign of the new more integrated approach was the adoption by staff of a ‘soft’ uniform. Indeed relations between staff and detainees appeared relatively positive.

122. The measure of removal from association was used by management as a means for permitting agitated detainees to calm down, as well as for separating detainees who are going to be deported from the rest of the population. The welfare and support unit (WASU), consisting of 16 single-occupancy rooms on the ground and first floor of Dove wing was used for this purpose. All the rooms were adequately furnished (bed, cupboard) and possessed integral sanitation. Detainees had access to a common room with a television and could be escorted to an outdoor courtyard but were not offered any activities. The rooms on the unit were locked between 8.30 p.m. and 6.30 a.m.

Refractory or violent detainees could be placed in temporary confinement in one of four cells in the care and separation unit (CASU) on the ground floor of Dove wing. Each cell contained a bed, toilet and sink; there was adequate access to natural light and artificial lighting and ventilation was sufficient. However, the size of the cells in the CASU (5.6m²) is scarcely adequate for periods longer than a few hours; consequently, **the CPT recommends that the steps be taken to enlarge the cells.**

Statistics for the first 10 months of 2008 showed that 160 detainees had been removed from association to the WASU, in most cases for periods not exceeding 24 hours, and 37 detainees had been placed in the CASU.

123. It should be recalled that neither removal from association nor temporary confinement in the CASU are disciplinary measures. Indeed, the Detention Centre Rules 2001 explicitly forbid such confinement to be used for the purpose of punishment. Further, the Rules provide for each detainee to be informed in writing within two hours of the reasons for the measure, and a member of the visiting committee, the medical practitioner and the manager of religious affairs to be notified immediately. Removal from association may be ordered by the Centre's management for 24 hours, after which the authorisation of the Secretary of State (i.e. an official of the UK Border Agency) is required for an extension, up to a maximum of 14 days⁴⁰. With regard to placement in the CSU, the Secretary of State must approve such confinement beyond 24 hours and in no instance should it exceed three days⁴¹.

The procedures and safeguards were generally applied correctly. However, the delegation noted that nine detainees had alternated for 24 hours each time between the WASU and CSU over the course of several days, thereby avoiding the necessity to obtain the permission of the Secretary of State for prolonging their segregation. Such a practice is not in accordance with the meaning of the Rules and **the CPT recommends that it cease immediately.**

Persistent troublemakers at Harmondsworth IRC would be transferred to another Centre, usually the higher security facility of nearby Colnbrook.

⁴⁰ See Rule 40 of the Detention Centre Rules 2001

⁴¹ See Rule 42 of the Detention Centre Rules 2001

124. Complaints' forms and boxes were available throughout the Centre. Further, detainees could make a complaint in their own language and special arrangements existed to assist detainees with learning or visual disabilities. Allegations of serious misconduct, including racism and ill-treatment were handled by the Professional Standards Unit of the UKBA. Appeals to the Prisons and Probation Ombudsman could be made within one month of receiving a response from the UKBA. A detainee may also complain directly to the Independent Monitoring Board (visiting committee), which will raise any shortcomings with the UKBA manager or the Centre's management..

125. In the course of the visit to Harmondsworth IRC, the CPT's delegation met a number of detainees who had spent longer than a year in immigration detention. The UKBA informed the CPT that on 1 December 2008 there were 215 detainees, all of whom were former foreign national prisoners, who had been detained between 12 and 24 months in one or more IRCs. However, the CPT was told that the UKBA did not hold central management information in relation to the overall length of detention of detainees. Consequently, it may be possible for detainees to spend longer than two years in detention awaiting deportation; indeed, one person at Harmondsworth told the delegation he had been in immigration detention for 30 months. This particular detainee was an Iraqi Kurd, who claimed that while he was willing to be deported back to Kirkuk (northern Iraq), he refused to be sent back to Iraq via Baghdad.

The CPT is concerned by the rise in the number of persons being detained for lengthy periods in IRCs; in certain cases, it would appear that there was little prospect of the persons concerned being sent back to their countries of origin. Continuing to hold a person in immigration detention in such circumstances would appear to be a disproportionate measure⁴², and the indefinite nature of detention could lead to a deterioration in mental health. **The CPT would appreciate the comments of the United Kingdom authorities on this matter.**

⁴² The European Court of Human Rights held in *Chahal v. the United Kingdom* (judgment of 15 November 1996) that (§ 113) "any deprivation of liberty under Article 5 § 1(f) will be justified only for as long as deportation proceedings are in progress. If such proceedings are not prosecuted with due diligence, the detention will cease to be permissible ...".

NORTHERN IRELAND

A. Introduction

126. The CPT last visited Northern Ireland in 1999. At that time, a fundamental reform of the criminal justice system was underway as part of the package of measures outlined in the Good Friday Agreement.

The transfer of the political, legislative and managerial responsibility for the Northern Ireland Criminal Justice System from the UK administration to devolved Northern Ireland bodies (the Northern Ireland Assembly and the Northern Ireland Executive) had been scheduled to take place in May 2008. Political disagreement between the main political parties of Northern Ireland resulted in the process of devolution being stalled. However, in the course of the visit, the CPT received information that the process of devolution of the responsibility for the criminal justice system, including for policing and for prisons, would be resumed.

The CPT would like to receive further details regarding the process of devolution of responsibilities for criminal justice

B. Police establishments

1. Preliminary remarks

127. In 2008, the CPT found a remodelled police service - the Police Service for Northern Ireland (PSNI) - which bore little resemblance to the former Royal Ulster Constabulary (RUC), in terms of staffing and organisation; there was also a robust oversight system in place. Clearly, significant investment had been made to build confidence in the PSNI among all segments of the population.

128. The Police and Criminal Evidence (NI) Order 1989 (PACE (NI)) has remained in force and the provisions concerning police detention have not been altered in substance since the CPT's 1993 visit to Northern Ireland. The PACE (NI) stipulates that a person shall in principle not be detained in a police station for longer than 24 hours before being charged. However, in the case of an arrest for an 'indictable offence', such detention may be extended to 36 hours, under specific conditions. Continued detention is authorised for up to 96 hours, but must be authorised by a court at predetermined intervals.

The PACE (NI) also includes a provision stipulating that any person attending on a voluntary basis a police station is always free to leave, unless he/she has been arrested⁴³. **The CPT trusts that persons voluntarily going to a police station are informed that they are free to leave at any time.**

129. In respect of offences of a terrorist nature, the Northern Ireland (Emergency Provisions) Act 1996 had been repealed and replaced by the Terrorism Act 2000 (see paragraph 9). Furthermore, the 2007 Justice and Security (Northern Ireland) Act contains provisions that deal exclusively with offences designated as acts of terrorism. This latter Act also empowers members of the Armed Forces to stop, arrest and detain, for a maximum of four hours, persons⁴⁴ suspected of involvement in any offence, not just terrorism-related offences. The delegation was told that, to date, the Armed Forces had not made use of these powers, and it did not meet any person claiming to have been subjected to them. Nevertheless, in general, the CPT prefers law enforcement tasks to be carried out by well trained and properly equipped civilians rather than by members of the Armed Forces. **The CPT would like to be informed of the reasons for giving such law enforcement powers to the Armed Forces, as well as the arrangements currently in place in this respect.**

130. The CPT visited seven police stations: the Musgrave and Strandtown stations in Belfast, and stations in Antrim, Ballymena, Coleraine, Limavady and Londonderry. The Ballymena, Limavady and Londonderry police stations had already been visited by the CPT in 1993, and the Musgrave police station in 1993 and 1999.

2. Ill-treatment

131. In the course of the visit, the CPT's delegation received no allegations of ill-treatment of persons detained by the Police Service for Northern Ireland. On the contrary, most persons interviewed stated that they had been well treated by members of the PSNI at the time of their apprehension and during custody.

132. In Northern Ireland, electro-shock weapons (Tasers) have been authorised for use by the PSNI as a less lethal option than fire arms in situations where the use of fire arms are permitted⁴⁵.

The CPT considers that the criteria for any use of electro-shock weapons by police officers should at least closely correspond those governing the use of firearms; their use must therefore be thoroughly regulated and monitored. Furthermore, only specially selected and trained⁴⁶ police officers should be allowed to use such electro-shock weapons, and all necessary precautions should be taken when such weapons are used. **The CPT recommends that the United Kingdom authorities take due account of the above criteria in their guidance on the use of Tasers.**

⁴³ Article 31 (1) PACE (NI).

⁴⁴ See Article 22 Justice and Security (Northern Ireland) Act 2007.

⁴⁵ See SP 06/08 Service Procedure "PSNI Guidelines on the operational use of taser"

⁴⁶ Such training should include instruction in first aid.

3. Conditions of detention

133. In Northern Ireland, police detention generally takes place in one of 23 so-called "designated police stations". However, detention in non-designated police stations is authorised under the conditions listed in PACE (NI)⁴⁷, and may last for a maximum period of six hours⁴⁸. None of the persons met by the delegation indicated that he/ she had been detained in a non-designated police station for more than six hours.

134. The layout of the Ballymena, Limavady, Londonderry and Belfast Musgrave police stations had remained largely unchanged since the CPT's previous visits⁴⁹.

At Antrim Police Station, there were two custody suites: one for persons suspected of serious offences (mainly terrorism-related) and one for suspects of common crimes; both suites had 10 cells. The Belfast Strandtown Police Station had five cells and the Coleraine Police Station had 10 cells, one of which was used exclusively for detained females.

135. The police stations visited were generally well maintained and clean. All cells visited were of adequate size for short stays and equipped with a low plinth. Detained persons were provided with a mattress, a blanket and a pillow. The cells were adequately illuminated by artificial lighting, but not all cells had access to natural light. Further, the padded walls of the security cell at the Londonderry Police Station were in such a poor state that they represented a danger to persons placed in this cell. **The CPT recommends that the security cell at Londonderry Police Station be refurbished. Until the refurbishment is completed, detained persons should not be placed in this cell.**

136. The PSNI appears to be making serious efforts to limit police detention to the shortest time possible. Many of the persons interviewed during the visit said that they had stayed no longer than one night in police custody, which was confirmed by the custody files. Also, a recent amendment to the PACE (NI), which authorises police officers to release apprehended persons on so-called "police bail"⁵⁰, could further assist the PSNI in reducing the time detained persons spend in police custody. Indeed, at Belfast Musgrave Police Station the delegation observed the frequent use of police bail.

⁴⁷ See Article 32 (3), (4), (5) and (6) of the PACE (NI).

⁴⁸ Article 32 (8) of the PACE (NI) indicates that detention in a non-designated police station may continue beyond six hours if transport of the detained person may lead to an unacceptable risk of injury for the person and those accompanying him.

⁴⁹ See CPT/Inf (94) 17, paragraph 50 and CPT/ Inf (2001) 6, paragraph 59.

⁵⁰ Following Article 32a of the PACE (NI), police officers may immediately release a person apprehended elsewhere than in a police station under the condition that the person reports to a police station later.

However, for persons apprehended on Friday night or during weekends, the first opportunity for a court appearance is usually not until Monday morning, which means that, these persons may stay in a police station for up to three nights. With the exception of Belfast Strandtown Police Station and the Antrim Police Station Serious Crime Suite, none of the police stations were equipped with an outdoor exercise yard. The absence of such a facility renders these stations unsuitable for detaining persons longer than 24 hours. **The CPT recommends that all persons have access to daily outdoor exercise after 24 hours of police detention**

137. As for irregular migrants, the CPT is concerned that they may be held for up to seven days in police custody suites. In practice, only those irregular migrants being deported from the United Kingdom through Belfast International Airport remain in police custody suites for such a period. Most irregular migrants are transferred to an immigration removal centre (IRC) in Scotland within five days of their arrest.

In the CPT's view, police stations are, by their very nature, not suitable for holding immigration detainees. As a matter of principle, irregular migrants should not be treated in the same way as persons detained in relation to a criminal offence or held on public order grounds. In addition, as indicated above, conditions of detention in police stations in Northern Ireland are not adequate for prolonged periods of custody. Consequently, the period of time spent by immigration detainees in such establishments should be kept to the absolute minimum. **The CPT recommends that the United Kingdom authorities provide appropriate facilities for the detention of irregular migrants.**

4. Safeguards against ill-treatment

138. The CPT recalls that it attaches particular importance to the formal safeguards against ill-treatment which are offered to persons deprived of their liberty by the police, in particular the rights of detained persons to inform a close relative or another third party of their situation, to have access to a lawyer, and to have access to a doctor. As the Committee has repeatedly stressed, these are fundamental rights, which should be guaranteed to all categories of persons from the very outset of their deprivation of liberty (that is, from the moment when the persons concerned are obliged to remain with the police).

139. In Northern Ireland, the above-mentioned formal safeguards are set out in the PACE (NI) Code of Practice 2007⁵¹. As the CPT's delegation did not receive complaints regarding the application of these formal safeguards in practice, they appear to operate in a satisfactory manner. All persons, upon arrival at the police station were informed, both orally and via a computer screen, of their right to a lawyer and their right to inform a close relative or another third party of their situation. Subsequently, the detainee gave a scanned signature to confirm having received this information. Further, they were examined by a medical doctor within a few hours of arrival at the police station.

⁵¹ Code of Practice 2007 Edition; C. Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers.

140. As is the case in England and Wales⁵², in Northern Ireland police interviews of detained persons are systematically audio taped. Further, the CPT is aware that video recording has been introduced for certain categories of detained persons. However, in the police stations visited video recording of interviews was not yet an option, except for in one interview room at Antrim Police Station. **The CPT would like to receive up-to-date information on this subject and on any plans to extend video recording to all police interviews. Further, it would be interested to receive information on any evaluations of the audio taping of police interviews with detained persons.**

In some police stations visited, a brochure explaining the rights of detained persons was available; however, some detained persons claimed that they had not received it. **The CPT recommends that written information on their rights be given to all detained persons.**

141. With the exception of Londonderry and Limavady Police Stations, all police facilities visited by the delegation in 2008 had CCTV-cameras installed in the public areas. Further, in these establishments the cells were under constant CCTV - and audio monitoring; police staff could monitor each cell from a central control centre. In order for the detained person to retain some privacy, the toilet area was blanked out on the monitor.

The CPT acknowledges that persons are, in general, only detained in police stations for short periods and that many of them may require ongoing observation due to their physical or mental state at the time of detention. Nevertheless, in terms of safeguarding a detained person, **CCTV should never replace direct human contact and the matter of a right to privacy needs to be taken into account.**

5. Inspection and complaints procedures

142. All complaints regarding the PSNI⁵³ are dealt with by the Police Ombudsman. The Police Ombudsman is an independent public body accountable to parliament through the Secretary of State for Northern Ireland, with a staff complement of 150, including 100 investigators; Ombudsman investigators are mostly police officers, seconded from other jurisdictions.

The Police Ombudsman investigates complaints made against police officers which have been lodged within a year after the alleged event took place. However, not all admissible complaints are investigated; in agreement with the complainant, less serious complaints may be referred to the Police Service for informal resolution⁵⁴.

In addition, the Police Ombudsman investigates matters referred by the Chief Constable, the Police Board or the Secretary of State for Northern Ireland; *ex officio* the Ombudsman investigates all use of Tasers and cases of death in custody and other matters considered to be in the public interest.

⁵² See paragraph (..)

⁵³ Article 52 Police (Northern Ireland) Act 1998.

⁵⁴ In 2007, about 24% of the complaints were referred back to the Police Service for informal resolution.

143. The Police Ombudsman told the CPT's delegation that the number of complaints received is declining gradually: in 2007 the Office received approximately 3000 complaints, which is 10% less than in 2006 and a further 2% reduction was expected for 2008. In 2007, 25% of complaints were considered well-founded after investigation and they were sent either to the Chief Constable (in the case of misconduct) or to the Public Prosecutors Office (in the case of a criminal offence) for action. In 2007, 19 police officers were charged with a criminal offence⁵⁵.

The CPT would like to receive information as to the outcome of the proceedings concerning police officers charged in 2007 with a criminal offence involving allegations of work-related ill-treatment and would like to receive similar information for 2008.

144. In the police stations visited, the CPT's delegation found that information about the Police Ombudsman was readily available; posters, complaint forms and brochures. In addition, at the Antrim Police Station Common Crime Suite, the CPT's delegation was told that, upon release, detained persons were explicitly asked whether they had complaints about their treatment. Nevertheless, no complaints had apparently been received at this police station for several years.

145. Police stations receive frequent inspection visits from one of the four Northern Ireland lay visiting committees. The logbooks kept at the police stations indicated that lay committees carry out regular inspections at all hours of the day. Comments on the treatment of detained persons and the cleanliness of the premises were written down and followed up during subsequent visits. Moreover, the 2007 annual report⁵⁶ states that, in that particular year designated police stations in Northern Ireland received between 14 (Newry station) and 77 (Coleraine station) visits from lay visiting committees.

The powers of lay visitors have been laid down in Article 73 of the Police (Northern Ireland) Act of 2000, and include, inter alia, the right to access places of detention and to interview persons held by the police. However, as far as the CPT could ascertain, the legislation in force does not explicitly provide for the right of members of lay visiting committees to interview detained persons in private. **The CPT would like to receive confirmation that lay visiting committees have the right to speak to detained persons in private.**

6. Medical care and medical confidentiality

146. The CPT observed that detained persons consultations with a doctor were properly recorded. However, more attention should be paid to medical confidentiality. The CPT's delegation found medical records stored in the personal files of detained persons and therefore accessible to non-medical staff. While the CPT recognises that custodial staff should have information about the state of health of a detained person, including medication being taken and particular health risks, there is no reason why non-medical staff should have access to medical diagnoses or injury reports. **The CPT recommends that custodial staff only have access to the medical information necessary to carry out their duties.**

⁵⁵ See 2007 Police Ombudsman Annual Report.

⁵⁶ Northern Ireland Independent visiting scheme "Report on the custody visiting in Northern Ireland during 2006/2007".

147. The CPT acknowledges that a regular check on detained persons on suicide watch (indeed of all detained persons) is essential. However, at Ballymena Police Station, the delegation was told that detained persons on suicide watch were woken up every 30 minutes, which serves no purpose in most cases. **The CPT recommends that this practice be discontinued; such a measure should be applied on a case-by-case basis only.**

148. The CPT also has concerns with respect to the availability of appropriate psychiatric care for persons detained by the police. More than once, members of the CPT's delegation were told that the behaviour of some detained persons became so erratic that custody officers considered it necessary to tie them naked to a chair in order to prevent any acts of self-harm. Such treatment is clearly unacceptable **and should be stopped immediately**. In such cases police officers should immediately call a doctor and act in accordance with his instructions. Further, detained persons who display severe psychiatric disorders should be transferred without delay to a mental health facility.

The CPT recommends that immediate steps be taken to ensure that detained persons with mental health disorders, held in police stations, are provided with appropriate care and treatment, until they are transferred to a mental health facility.

C. Prison establishments

1. Preliminary remarks

149. In 2008, the CPT's delegation undertook follow up visits to the adult male prisons of Maghaberry and Magilligan, which together accommodated approximately 85% of the prison population of Northern Ireland.

Maghaberry Prison remains the only high security prison in Northern Ireland and accommodated various categories of prisoner, including on remand, life sentenced and those with paramilitary affiliations. The presence of such diverse groups of inmates renders Maghaberry Prison a particularly complex prison with many differences, including in regime, between the different units. At the time of the visit, Maghaberry Prison held 845 prisoners for an designated capacity of 670.

Magilligan Prison continued to hold sentenced prisoners with up to a maximum of six years of their prison term remaining to be served. At the time of the visit, it was accommodating approximately 447 prisoners for a designated capacity of 560.

150. The Northern Ireland Prison Service has undergone considerable changes since the CPT's 1999 visit; the Maze Prison has been closed down and the nature of the prison population has changed with the early release of more than 450 prisoners with paramilitary affiliations under the terms of the Northern Ireland (Sentences) Act 1998. Further, since 1999, female prisoners have moved from Mourne House at Maghaberry Prison to Hydebank Wood, a facility they share with young offenders, and foreign nationals undergoing extradition proceedings have been relocated from the former Crumlin Road Prison to Maghaberry Prison.

The relevant legal framework remains unchanged, with both the 1953 Prison Act (Northern Ireland) and the Prison and Young Offenders Centre Rules (Northern Ireland) 1995 ("Prison Rules") still in force.

151. The prison population in Northern Ireland has increased from a low point of 926 in 2001 to approximately 1,556 prisoners at the time of the visit; it is projected to rise to 2,500 or more in the next 15 years⁵⁷. Expanding the prison estate is one of the measures being undertaken by the authorities⁵⁸, but, as the CPT has consistently emphasised, it needs to be accompanied by other measures if overcrowding is to be avoided. In this respect, the efforts of the authorities to reduce the high numbers of inmates on remand (approximately 35% as opposed to 16% in England and Wales) through, inter alia, improving the quality of police investigations and reducing the time taken by courts to process cases, especially those involving juveniles, are to be welcomed. Further, the use of alternative measures to imprisonment should be expanded. **The CPT encourages the United Kingdom authorities to pursue their efforts to prevent prison overcrowding becoming a permanent feature of Northern Ireland's prison system.**

⁵⁷ See "Magilligan Prison to be rebuilt on current site - 300 extra cells at Maghaberry"; Prison Service Press release, 18 December 2007

⁵⁸ The UK authorities have announced their intention to expand the Northern Ireland Prison estate by 400 places before 2011.

2. Ill-treatment

152. The CPT's delegation received no allegations of ill-treatment of prisoners by staff at *Magilligan Prison*. In general, inmates spoke in positive terms about relations with staff and the delegation's own observations confirmed this impression.

153. At *Maghaberry Prison*, on the other hand, several prisoners interviewed claimed to have been recently physically ill-treated by staff. The alleged ill-treatment consisted of punches or kicks by members of the Stand-by Search Team (SST)⁵⁹. Similar allegations were received from former inmates of *Maghaberry Prison*, whom the delegation met during its visits to police stations or at *Magilligan Prison*. Moreover, on more than one occasion, members of staff at *Maghaberry Prison* told the delegation that incidents of ill-treatment of inmates by SST-members had indeed occurred.

154. In certain cases, the delegation gathered medical findings consistent with the allegations of physical ill-treatment; for example:

- One prisoner alleged that, approximately three weeks before the CPT's visit, members of the SST had inflicted blows with batons and fists to various parts of the body, in the course of a cell search. His medical file recorded that he had alleged to prison health care staff that he had been assaulted by prison officers and contained the following entry: "some bruising and redness noted on arms, upper torso and knees".
- Another prisoner alleged that in December 2007, two members of the SST had assaulted him in his cell. The prisoner claimed to have been punched and to have received blows from a baton to his left cheek, left arm, left leg and on his neck. The man complained that the incident has left him with a pain in the neck. The information in the medical file of this prisoner in relation to the incident was cursory and, at times, difficult to decipher (including for the medical staff present). Nevertheless, the following notes were found: 'Pain both wrists'; 'Alleges bite right hand', 'Abrasion forehead + scalp'; 'Laceration inside mouth'; 'Scratches left elbow region'.

155. The Committee is aware that the management of *Maghaberry Prison* has taken certain measures to prevent both violence by prisoners against staff and ill-treatment of prisoners by prison officers; for example, most of the prison's units are under CCTV surveillance and pre-planned interventions by the SST are video-recorded. However, there is no video-recording of ad hoc interventions or of cell searches by the SST, and there is no CCTV cover in the Special Supervision Unit-staircase or, understandably, in cells. Further, it should be noted that cell searches are carried out without wing staff being present on the landing.

⁵⁹ The Stand-by Search Team (SST) is a group of approximately 40 prison officers tasked with carrying out cell and full body searches, interventions during incidents and the escort of prisoners to the Special Supervision Unit (SSU).

156. The CPT's delegation was told that all complaints concerning ill-treatment of prisoners by staff were investigated following a procedure laid down in a protocol, which includes the alleged victim being interviewed by a police officer based in Maghaberry Prison⁶⁰. Subsequently, all investigation reports were sent to the Northern Ireland Prosecution Service; apparently, to date, no investigation had ever led to prosecution.

However, the CPT's delegation was told that an investigation into the origin of the injuries in the first case mentioned in paragraph 154 above was not carried out, despite visible injuries having been observed by health care staff when the prisoner arrived in the SSU. Apparently, this was due to the absence of a formal complaint submitted by the prisoner; it should be noted that the prisoner in question was illiterate.

It is essential that an investigation be carried out whenever there are grounds (e.g. visible injuries) to believe that ill-treatment of a prisoner by staff may have occurred, irrespective of whether the prisoner concerned has lodged a formal complaint. **The CPT recommends that the necessary steps be taken to ensure that this is the case.**

157. The delegation also received complaints from many prisoners at Maghaberry Prison that, on occasion, full body searches were carried out in an inappropriate manner.

According to the Prison and Young Offenders Centre Rules (Northern Ireland) 1995, prison officers, including medical staff, are not permitted to conduct body cavity searches. Further, the delegation was informed that prison officers are not allowed to fully undress prisoners or place them in a position considered to be degrading (such as bending forwards). However, prisoners met at Maghaberry Prison complained about staff inserting fingers into their body cavities, being placed in a degrading position or being fully undressed. One prisoner said that he had been forced to lie on the floor on his back wearing only a T-shirt, with his legs tucked up to his chest, and having to rock back and forth – in this way, it was presumed that any hidden contraband would be expelled. These allegations concerned almost exclusively members of the SST.

The CPT recommends that the United Kingdom authorities ensure that all full body searches at Maghaberry Prison are carried out in accordance with the relevant rules and guidelines, and respect the dignity of the prisoner concerned.

158. When informed of the findings of the CPT's delegation, the management of Maghaberry Prison denied the existence of ill-treatment and stated that none of the investigations into allegations of physical ill-treatment had resulted in sufficient evidence to substantiate the claims. On the contrary, the delegation was told that allegations received concerning ill-treatment and sexual assault were generally vexatious, and lodged by prisoners on whom contraband had been found in the course of a cell or body search.

⁶⁰ See 'Standard Operating Procedures/ allegations of physical or sexual assault'

However, from the evidence gathered by its delegation, the CPT considers that there are sufficient grounds for the Northern Ireland authorities to review the operating practices of the SST, and for management to monitor more closely their actions. It would appear from various reports on Maghaberry Prison⁶¹ that the excessive use of force by members of the SST is a persistent phenomenon. **The CPT recommends that appropriate action is taken, in the light of the above remarks, to ensure that members of the Maghaberry Stand-by Search Team (SST) do not abuse their powers and that they act in accordance with relevant prison regulations.**

159. The CPT's delegation was informed about several incidents of inter-prisoner violence at Maghaberry Prison. For instance, on the eve of the CPT's visit to that prison, several Chinese prisoners were assaulted with billiard cues and other makeshift weapons in the association room of Lagan House. This assault was apparently one of 13 incidents involving violence against Chinese prisoners, which generally took place during association⁶²: eight incidents had taken place in Lagan House and five in Foyle House.

The delegation was told that, for security reasons, prison officers at Maghaberry Prison withdrew physically from the association room when a large group of prisoners was present and, instead, monitored them through CCTV from a control room. The CPT has some misgiving about this approach, in particular given the above mentioned incidents. The physical presence of prison officers will have a preventive effect on inter-prisoner violence, while CCTV serves essentially as a means of identifying the perpetrators once an attack has taken place. **The CPT recommends that concerted measures be taken to reduce the incidence of inter-prisoner violence, including through ensuring the physical presence of prison officers in the association room.**

3. Material conditions of detention

160. With the exception of a few new accommodation units in both Maghaberry and Magilligan prisons, the layout of the establishments remained as described in the report on the 1999 visit. The material conditions of detention were, in general, adequate.

However, a considerable number of remand prisoners at Maghaberry Prison continued to be doubled up in cells designed for single occupancy (measuring approximately 7m²). As already stated by the CPT⁶³, due to their size such cells are only suitable for accommodating one person. Moreover, prisoners were forced to comply with the needs of nature in full view of their cell mates, as the in-cell toilet facilities are still not partitioned. **The CPT recommends that the 7m² cells at Maghaberry Prison are never occupied by more than one prisoner. Further, the toilet facilities in every cell should be at least partially partitioned.**

161. At Magilligan Prison, the cells in the older parts of the prison (the three 'H-blocks') were

⁶¹ See for instance, the Report on an announced inspection of Maghaberry Prison by HM Chief Inspector of Prisons and the Chief Inspector of Criminal Justice in Northern Ireland, 10-14 October 2005 (in particular Section 6, paragraphs 6.1 and 6.5) as well as CPT/Inf (2001) 6, paragraphs 65 and 68.

⁶² A few days later, the CPT's delegation observed that the Lagan House association room was being searched by members of the SST, after prisoners had been observed breaking away metal parts from the pool table. The management of Maghaberry suspected that these objects were intended to be used for yet another attack on Chinese prisoners.

⁶³ CPT/Inf (2001) 6; paragraph 71.

still not equipped with toilet facilities. Instead, a policy had been put in place to allow prisoners to use the toilets on the wings at night. No complaints were received on this subject.

The CPT understands that the Northern Ireland authorities have decided to construct a new prison with a capacity of approximately 800 prisoners on the Magilligan site in 2011. **The CPT trusts that the necessary measures will be taken to ensure that prisoners held in this new establishment have ready access to a toilet at all times (including at night).**

162. The CPT's delegation also visited the "protection room" in the health care unit at Maghaberry Prison; it was not fit for the segregation of mentally ill prisoners due to the hard walls and floors. **The CPT recommends that the room be adequately refurbished.**

163. On a more positive note, the material conditions in recently constructed accommodation⁶⁴ were, without exception, very good. In particular, all cells were of sufficient size and had access to natural light and artificial lighting.

4. Regime

164. In Northern Ireland prisons, particular emphasis is put on work and education as tools in the prevention of re-offending after release. Such an approach is reflected in the Prison Rules, which stipulate that sentenced prisoners are obliged to work⁶⁵ and all prisoners are entitled to education⁶⁶.

165. At both Maghaberry and Magilligan prisons, inmates could participate in various educational courses, such as music, numeracy, yoga and cooking. In addition, at Magilligan Prison vocational training is available to prisoners and, according to the prisoners interviewed, some of the vocational courses were of particularly high quality. However, in particular at Maghaberry Prison, prisoners complained that their courses were regularly cancelled due to staff shortages.

Further, in contrast to the situation at Magilligan Prison, the delegation noted that a large number of prisoners had not been allocated work at Maghaberry Prison. The prison's overpopulation had a negative impact on the proportion of prisoners with work; only half of the sentenced prisoners were offered work, while for remand prisoners no work opportunities existed at all. In compensation for the lack of work, prisoners were given up to eight hours of association daily, with the exception of recently arrived remand prisoners in the Committal Units, who spent up to 21 hours locked up in their cells. **The CPT recommends that concerted efforts be made to provide a meaningful regime, including work, education and recreation, for all prisoners at Maghaberry Prison.**

⁶⁴ The Assessment Unit, Roe and Bush House in Maghaberry Prison and in Magilligan Prison, Halward House, Foyle view, Sperrin and the Alpha Compound.

⁶⁵ Rule 51 (2), Prison and Young Offenders Centre Rules (Northern Ireland) 1995

⁶⁶ Rule 52 (1), Prison and Young Offenders Centre Rules (Northern Ireland) 1995

166. Rule 7 of the Northern Ireland Prison Rules indicates that in case of an emergency, the Secretary of State may direct that “[Prison Rules] shall only have effect to the extent consistent with the action taken in regards of the emergency”. According to information provided by the Northern Ireland authorities, between November 2003 and November 2008, the Prison Rules were suspended 11 times, for periods ranging between a few hours to approximately 17 days⁶⁷.

During the visit to Maghaberry Prison, the CPT’s delegation observed that Rule 7 was applied for approximately 24 hours in respect of Lagan House after an attack upon Chinese prisoners on 14 November; besides one hour of outdoor exercise, all 141 prisoners accommodated at Lagan House had to remain in their cells for the full day.

The CPT understands that the daily regime of prisoners may have to be adapted in case of exceptional circumstances. However, it is essential for Rule 7 to be applied in a proportional and, as far as possible, targeted manner; otherwise, it could easily be perceived by prisoners as a form of collective punishment. **The CPT would like to receive the comments of the United Kingdom authorities on this matter.**

167. In contrast to Magilligan Prison⁶⁸, at Maghaberry a generic security regime is applied to all prisoners; there are no units with a lower level of security. In addition, inmates at Maghaberry Prison are not allowed to move around the prison unescorted, but are accompanied by at least three staff members.

In the same way as other bodies, such as the Northern Irish Criminal Justice Inspectorate⁶⁹, the CPT considers that the current generic security regime is unduly restrictive for prisoners with a low risk profile. **The CPT recommends that a differentiated security regime be introduced at Maghaberry Prison.**

5. Separated prisoners

168. Separate accommodation for prisoners who are members of paramilitary groups was instituted after several violent incidents and following the recommendations of an advisory committee headed by Mr John Steele⁷⁰. Since March 2004, prisoners with “paramilitary affiliations” could opt for placement in separate accommodation within Maghaberry Prison; prisoners with loyalist affiliations are held in ‘Bush House’ (landings 3 and 4) and members of dissident republican organisations in ‘Roe House’ (landings 3 and 4).

The conditions of detention on these landings were of a good standard.

⁶⁷ From 25 August to 11 September 2007 in Bush House at Maghaberry Prison due to an internal feud amongst “loyalist” prisoners.

⁶⁸ At Magilligan Prison, the Alpha Compound, Foyle view and Sperrin are units with a lower level of security.

⁶⁹ Report on an announced inspection of Maghaberry Prison by HM Chief Inspector of Prisons and the Chief Inspector of Criminal Justice in Northern Ireland, 10-14 October 2005; Section 6: Good order.

⁷⁰ “Review of safety at HMP Maghaberry” dated 29 August 2003

169. At the time of the visit, Roe House held 32 prisoners and Bush House 37 prisoners. Both units functioned as stand-alone entities, with separate outdoor exercise yards, gyms and educational facilities. Prisoners who had opted to be placed in either of these units were prevented from having contact with other prisoners.

170. All separated prisoners are either on standard regime or on enhanced regime⁷¹ with some additional restrictions included in Part XIII A of the Prison Rules. These restrictions mainly concern the absence of work for separated prisoners due to the requirement that they not mix with the general prison population. Instead, separated prisoners are given additional education and sports opportunities.

6. Health care

171. Prison health care is under the responsibility of the South Eastern Trust since April 2008; doctors working at Maghaberry and Magilligan Prisons are employed directly by the Trust, and the same will be the case in due course for nursing staff.

172. In both establishments, all prisoners are examined by a nurse upon arrival (even during weekends), and in Maghaberry Prison within 48 hours also by a medical doctor. Further, in Magilligan Prison, all new arrivals were seen by a dentist. In case a newly arrived prisoner bore injuries, these were adequately recorded, including a statement from the prisoner. A copy of the injury report is inter alia sent to the governor.

a. staffing issues

173. At Maghaberry Prison, there are the equivalent of two and a half full-time medical doctors present during the day, and three doctors are on standby at night. The prison employs 40 nurses, including a manager, four senior nurses and 12 nurses with training in mental health. In addition, there is a full-time dentist, who treats around 13 to 14 patients on a daily basis and two half time senior psychiatrists (assisted by a psychiatrist in training).

Magilligan Prison employs one doctor, who is present in the prison during the mornings and on standby during the afternoons, evenings and weekends. In addition, there are nine nurses, three of whom have received a training in mental health, a half time dentist and a psychiatrist, who visits the prison once every two weeks. Also, various medical specialists (including a dermatologist and an optician) visit the prison on a regular basis

⁷¹ Since a few years, the so-called Progressive Regime of Earned Privileges Scheme (PREPS) operates at Maghaberry Prison (and Magilligan Prison) for both sentenced and remanded prisoners. Under PREPS, prisoners are allocated one of three levels of privileges ('basic', 'standard' and 'enhanced') and may subsequently be promoted or demoted according to the assessment of their behaviour and attitude.

Given the current size of the inmate population at Magilligan Prison, **the CPT recommends that a doctor be present in this establishment on a full-time basis during the week and that the presence of a psychiatrist be increased. Further, it will be necessary to review the medical staff complement at Magilligan Prison in the event of any significant increase in the establishment's inmate population.**

174. Both Maghaberry Prison and Magilligan Prison employ psychologists, who work in various areas, such as making prisoner assessment. However, as the delegation was told, psychologists are not involved in either of the prisons in care for prisoners suffering from a mental disorder. **The CPT recommends that both prisons recruit a qualified clinical psychologist to be involved in care for prisoners suffering from mental disorders.**

b. psychiatric care provided in the prisons visited

175. As Maghaberry Prison has an in-patient unit, it is better equipped to deal with prisoners with mental disorders, and such prisoners are generally accommodated in this establishment⁷². However, the severity of the disorders of some of the inmates requires more care than the prison health care service is able to provide.

The Northern Ireland authorities are aware of the gravity of the problem and measures are being taken to improve the care in the Northern Ireland prison system for persons with a mental disorder. In this respect, the CPT was informed about a medium security unit that has been opened in the Shannon Clinic, and about a review that is currently being carried out by the Department of Health in respect of personality disorders. **The CPT would like to receive detailed information about the initiatives being taken to improve the care afforded to prisoners suffering from a mental disorder.**

176. The CPT noted that, in both establishments, pharmacological treatment to prisoners suffering from mental health problems was provided on a voluntary basis and that instruments of mechanical restraint were not applied to such prisoners.

7. Other issues of relevance to the CPT's mandate

a. discipline and segregation

177. Prison Rule 38 lists the type of offences for which a prisoner may receive a disciplinary sanction ('governor's award') under Rule 39; such an award may range from a caution to cellular confinement not exceeding 14 days.

⁷² Prisoners suffering from acute disorder may also be transferred to a mental hospital in Scotland.

The procedural rules surrounding an inquiry into an offence are laid down in Rules 35 and 36 and include the right to a hearing and the right to legal representation. Further, Rule 45 provides for a right to petition the Secretary of State for Northern Ireland, who has the power to quash or mitigate a governor's award. In addition, records of the adjudication process should be kept, including charge, findings and award⁷³. Prisoners are entitled to receive copies of all relevant documents.

178. Rule 41 (2) indicates that a medical officer will examine whether a prisoner is fit to undergo the disciplinary sanction of cellular confinement. The CPT has misgivings about the involvement of doctors in disciplinary proceedings against prisoners. It wishes to stress that medical practitioners working in prisons act as the personal doctors of prisoners, and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. Obliging prison doctors to certify that prisoners are fit to undergo punishment is scarcely likely to promote that relationship. This point was recognised in the Committee of Ministers' Recommendation (2006) 2 on the European Prison Rules; indeed, the rule in the previous version of the Rules, stipulating that prison doctors must certify that a prisoner is fit to sustain the punishment of disciplinary confinement, has now been removed. **The CPT recommends that existing legal arrangements and practice concerning the role of prison doctors in relation to disciplinary matters be reviewed. In so doing, regard should be had to the Revised European Prison Rules and the comments made by the CPT in paragraph 53 of its 15th General Report (CPT/Inf (2005) 17).**

179. In both prisons, a nurse visits on a daily basis prisoners undergoing cellular confinement as from the outset of the measure. However, at Maghaberry Prison, some prisoners stated that not all nurses would actually enter the cell, the contact with the prisoner taking place through the hatch in the door; further, certain other nurses, who did enter the cell, were always accompanied by prison officers.

The CPT considers that, in principle, all health evaluations should be carried out in direct contact with the prisoner concerned, and be conducted out of the hearing and - unless the health care staff member concerned requests otherwise in a given case - out of the sight of prison officers. **The CPT recommends that the manner in which the daily visit by a nurse to prisoners undergoing cellular confinement is carried out be reviewed at Maghaberry Prison.**

180. Besides cellular confinement, the Prison Rules also contain a provision for segregating a prisoner "for the maintenance of good order or discipline, or in his own interest" (Rule 32). A restriction of association longer than 48 hours should be authorised by the Secretary of State. After one month, segregation under Rule 32 may be renewed for a period not exceeding one month. There is no maximum time set for the use of Rule 32, and the CPT's delegation met prisoners who had already been segregated for many months⁷⁴.

⁷³ Rule 37, Prison and Young Offenders Centre Rules (Northern Ireland) 1995

⁷⁴ One prisoner was placed in the SSU under Rule 32 on 7 February 2008, where he had remained ever since.

In order to ensure that Rule 32 is only applied when absolutely necessary and for the shortest period of time, the CPT recommended in its report on the 1999 visit to Northern Ireland that the formal procedural safeguards should be strengthened⁷⁵. In this respect, the Committee was pleased to observe that the Prison Rules now provide for a monitoring of the decision-making process under Rule 32 by the Independent Monitoring Board. However, the Rule 32 procedure still does not include a hearing with the prisoner and a possibility to appeal to a higher authority. **The CPT recommends that both a hearing of the prisoner and the possibility of appeal be introduced into the procedure regarding the application of Rule 32.**

Under the Northern Ireland Prison Rules, the governor must inform the Independent Monitoring Board whenever Rule 32 is applied, and a written record should be maintained of this contact. However, in neither prison was there any trace of such records. **The CPT recommends that all contacts with the Independent Monitoring Board concerning the application of Rule 32 are diligently kept and available for consultation and inspection at all times.**

181. The CPT finds that the distinction between segregation under Rule 32 and cellular confinement under Rule 39 is not clear. For instance, at Magilligan Prison its delegation met with prisoners who had committed offences under Rule 39, such as bringing in unauthorised objects or on whom drugs had been found, but who had been placed in segregation under Rule 32.

In the CPT's view, segregation measures and disciplinary sanctions serve distinct purposes and should therefore not be confused. An segregation measure is imposed in the interest of the institution and its inmates and staff, and thus aims at protection and prevention, while a disciplinary sanction is intended to correct a prisoner's behaviour after a breach of the Prison Rules, and thus has a certain pedagogical objective. **The CPT recommends that operational guidelines be drafted to ensure that there is a clear distinction between the application of a segregation measure and a disciplinary sanction.**

182. In both prisons, cellular confinement and segregation was applied in the Special Supervision Unit (SSU), without any distinction in respect of regime or detention conditions⁷⁶. Prisoners of both categories remained locked in their cells for the whole day, with the exception of one hour of daily outdoor exercise, and were not offered work or education; nor could they participate in religious services or have access to the tuck shop.

The CPT considers that accommodating Rule 32 prisoners under the same conditions as disciplined prisoners is inappropriate. In particular, prisoners segregated for their own protection should, as far as possible, enjoy a normal regime, with the inevitable limitations on association being compensated by an enhanced access to outdoor exercise, education, the library etc. **The CPT recommends that the policy of accommodating "own protection" prisoners under Rule 32 in conditions akin to cellular confinement be reconsidered.**

⁷⁵ CPT/ Inf (2001) 6, paragraph 79

⁷⁶ For example, at the time of the visit, the SSU at Maghaberry prison held 12 prisoners under Rule 39 and seven segregated under Rule 32.

183. The CPT observed that the SSU registers were in many cases not complete, with dates when prisoners left the unit not recorded, or forms indicating authorisation from the Secretary of State in the case of a placement under Rule 32⁷⁷ missing. **Steps should be taken to ensure that all relevant facts are diligently recorded in the SSU registers.**

b. complaints system

184. As was the case in England and Wales, the complaints system in Northern Ireland consists of three different phases (paragraph 79), followed by a possibility of complaining to the Prison Ombudsman⁷⁸. At the first stage, a completed complaints form is submitted to a prison officer on the landing, who will deal with the complaint himself or passes it on to a concerned staff member. If a prisoner is not satisfied with the answer to his complaint, or has not received a response within 11 days, he may resubmit his complaint form to a prison officer on the landing, who should pass it on to an appropriate line manager. If no answer is received within 11 days, or the prisoner is not satisfied with the answer, he may submit the complaint to a prison officer for a third time in order for it to be passed on to the line manager's superior. The prisoner should receive an answer within 11 days.

The operation of the complaints system was troublesome, particularly at Maghaberry Prison, where the delegation found that complaint forms were not always readily available to prisoners. Some prisoners accommodated in the SSU even claimed that in order to obtain a complaint form, they first had to file a request under Rule 74. Further, the CPT is concerned that the central role afforded to the prison officer on the landing on which the prisoner is located may undermine the effectiveness of the complaints system itself. Indeed, the delegation received several complaints to this effect; some prisoners claimed that they had been threatened with repercussions should they file or pursue complaints⁷⁹. More generally, many prisoners expressed a profound lack of confidence in the complaints system. This issue needs to be addressed urgently, as a well-functioning complaints system is in the interest of all parties; it can serve as a valuable source of information for prison management about potential problems in the establishment, as well as allaying tension among prisoners by ensuring that their concerns are treated seriously and, where appropriate, that suitable remedies are proposed.

The delegation was informed that the complaints system is currently under review. **The CPT recommends that the necessary steps be taken to ensure that the complaints procedure offers appropriate guarantees of independence, impartiality and thoroughness, taking into consideration the above remarks. Further, the Committee considers that statistics on the types of complaints made should be kept as an indicator to management of areas of discontent within the prison.**

⁷⁷ Rule 32 (2), Prison and Young Offenders Centre Rules (Northern Ireland) 1995

⁷⁸ Prison and Young Offenders Centre Rules (Northern Ireland) 1995; Part VIII

⁷⁹ The CPT's delegation was told that in order for complaints not to be filtered by prison staff, the Prison Ombudsman opened a free telephone line from all NI prisons.

185. Once a prisoner has exhausted the three stages of the internal complaints system and the complaint concerns his treatment, the facilities available to the prisoner or the cleanliness or adequacy of the prison premises, he may submit the complaint to the Prison Ombudsman⁸⁰. If a complaint is considered to be well-founded, the Prison Ombudsman's Office will act as an informal mediator between the complainant and the Northern Ireland Prison Service.

In order for the Prison Ombudsman to carry out an investigation into a complaint, Prison Rule 79 M provides that (s)he may enter prisons, interview both prisoners and staff (if they consent), and request and obtain information related to the complaint⁸¹.

186. The role of the Prison Ombudsman in investigating complaints is rightly recognised as an essential component in the proper functioning of the Northern Ireland Prison Service and the CPT also welcomes the practice that has developed of the Prison Ombudsman investigating *ex officio* certain incidents, such as deaths in prison. However, it has been argued that the tasks and powers of the Prison Ombudsman require a statutory basis higher than the Prison Rules if they are to be exercised effectively⁸². **The CPT would like to receive the comments of the United Kingdom authorities on this matter.**

Further, in order for the Prison Ombudsman to carry out his/her tasks professionally, independently and comprehensively, sufficient resources must be allocated to this body. **The CPT would like to be informed about the resources currently allocated to the Prison Ombudsman.**

c. inspection and monitoring

187. Prisons are regularly inspected by the Northern Irish Criminal Justice Inspectorate and each establishment also has its own Independent Monitoring Board (IMB).

Under Rule 126, members of IMB's have at any time free access to all parts of the prison and may interview any prisoner out of sight and hearing of prison staff. However, in both prisons, prisoners complained that requests to meet with the members of the Independent Monitoring Board were at times filtered by prison officers. **The CPT recommends that appropriate means be established to enable prisoners to have confidential access to both the Independent Monitoring Board of the establishment where they are held and the Northern Irish Criminal Justice Inspectorate.**

⁸⁰ At present, the Prison Ombudsman's Office employs four investigators.

⁸¹ In this respect it is relevant that Rule 79 M (5) states explicitly that those employed in the Northern Ireland Prison Service shall assist the Prison Ombudsman.

⁸² The CPT's delegation was told that there is no further legislation concerning the Prison Ombudsman, apart from Part VIII of the Prison and Young Offenders Centre Rules (Northern Ireland) 1995.

APPENDIX I

**LIST OF THE CPT'S RECOMMENDATIONS, COMMENTS
AND REQUESTS FOR INFORMATION**

Cooperation

comments

- the CPT trusts that the United Kingdom authorities will take steps to ensure that its visiting delegations are able to consult records pertaining to detained persons (paragraph 5).

A. ENGLAND

Police establishments

Preliminary remarks

recommendations

- the United Kingdom authorities to ensure that persons detained under terrorism legislation who have not yet been transferred to prison are always brought into the direct physical presence of the judge responsible for deciding the question of the possible extension of their detention (paragraph 9);
- the United Kingdom authorities to make the necessary improvements to material conditions at Paddington Green Police Station or to find alternative suitable premises for stays of longer than a few days (paragraph 9).

Ill-treatment

recommendations

- appropriate measures to be taken to put an end to the misuse of handcuffs by police officers in the Greater Manchester Police Area (paragraph 10);
- senior police officers to regularly deliver the clear message that the ill-treatment of persons deprived of their liberty is not acceptable and will be the subject of severe sanctions (paragraph 11);
- police officers to be regularly reminded that no more force than is strictly necessary should be used when effecting an arrest and that, once arrested persons have been brought under control, there can be no justification for their being struck by police officers (paragraph 11);
- the United Kingdom authorities to take due account of the remarks in paragraph 12 in their guidance on the use of electro-shock weapons by police officers (paragraph 12).

requests for information

- the steps taken to implement DOMILL's recommendations concerning prompt medical review of individuals who suffer head injury from Taser-induced falls and the requirement for in-custody Forensic Medical Examiner evaluation of all persons who have been subjected to Taser discharge (paragraph 13).

Safeguards against ill-treatment by the police

recommendations

- detained persons to be provided with a written copy of their rights (paragraph 14);
- all custody officers to be reminded of their duty to enable detained persons to exercise their rights throughout the period of their custody (paragraph 14);
- all Forensic Medical Examiners and custodial staff to receive appropriate training on mental health issues (paragraph 15);
- steps to be taken to ensure that the right for detained persons to be examined by a doctor of their own choice is effective in practice (paragraph 17);
- the United Kingdom authorities to take the necessary steps to ensure that all 17 year olds detained by the police are treated as juveniles and not as adults (paragraph 19).

comments

- the CPT trusts that the United Kingdom authorities will continue to ensure that the resources of the IPCC are sufficient to enable the Commission to carry out its tasks effectively (paragraph 22).

requests for information

- the measures being taken to improve the care and attention afforded to persons with mental disorders in police custody (paragraph 15);
- further details of the proposed changes to the provision of health care in police stations and their expected impact (paragraph 16);
- the comments of the United Kingdom authorities on the current organisation of the provision of health care to persons detained in police stations in England and Wales, in the light of the remarks in paragraph 16 (paragraph 16);
- up-to-date information on the video recording of police interviews of detained persons and on any plans to extend such recording to all police interviews (paragraph 18);
- evaluations of the audio taping of police interviews with detained persons (paragraph 18).

Conditions of detention

recommendations

- the deficiencies observed concerning access to natural light and outdoor exercise to be remedied when custody suites are constructed/refurbished (paragraph 23).

comments

- CCTV should never replace direct human contact and the matter of a right to privacy needs to be taken into account (paragraph 24).

Prison establishments

Preliminary remarks

recommendations

- the CPT calls upon the United Kingdom authorities to consider fresh approaches towards eradicating overcrowding as a chronic feature of the prison system (paragraph 26);
- the United Kingdom authorities to give due consideration to the core proposals in the Corston report (paragraph 27);
- the United Kingdom authorities to reconsider their plans to build very large prison complexes (paragraph 29).

comments

- the CPT is concerned that the declared objective of holding all prisoners in a safe, decent and healthy environment is in fact being jeopardised by year on year efficiency savings (paragraph 30);
- a system whereby there are financial incentives to run a prison on the basis of constant overcrowding would not appear to be compatible with achieving the Prison Service's goal of holding all prisoners in a safe, decent and healthy environment (paragraph 32).

requests for information

- the comments of the United Kingdom authorities on the issue raised in paragraph 28 concerning persons serving sentences of less than six months (paragraph 28).

Ill-treatment

recommendations

- a more proactive stance to be taken by the “anti-bullying” and Race Equality teams in the prisons visited (paragraph 36).

Conditions of detention

recommendations

- cells measuring 8.5m² or less to be used to accommodate no more than one prisoner (save in exceptional cases when it would be inadvisable for a prisoner to be left alone). Further, the toilet area in every cell should be at least partially partitioned (paragraph 37);
- steps to be taken to remedy the deficiencies observed in many of the cells in the segregation unit and G Wing of Manchester Prison (paragraph 38);
- the United Kingdom authorities to continue to strive to develop prison regimes by increasing the number of prisoners engaged in purposeful activities (paragraph 41);
- the United Kingdom authorities to ensure prisoners are guaranteed the basic requirement of at least one hour of outdoor exercise every day, which is also provided for explicitly in Rule 27 (1) of the European Prison Rules. Further, exercise yards should provide shelter from inclement weather (paragraph 42);
- prisoners who do not work or attend education to be able to enjoy more out-of-cell time and, as far as possible, to be offered meaningful activities during association (paragraph 42).

comments

- the CPT encourages the United Kingdom authorities to take steps in all prisons to embed numeracy and literacy learning in vocational courses (paragraph 40).

requests for information

- the comments of the United Kingdom authorities as regards the quantity and quality of the food in the prisons visited, in the light of the remarks made in paragraph 39 (paragraph 39);
- information on the development of the workshops at Woodhill Prison and the activities they will offer (paragraph 40).

Category A prisoners

recommendations

- efforts to be made at Manchester Prison to provide a more meaningful regime for Category A prisoners; the approach followed at Woodhill Prison should be taken as a model. Further, prisoners should be able to continue any educational courses which they may have started in a previous prison (paragraph 45);
- steps to be taken to ensure that Category A vulnerable and own protection prisoners at Manchester Prison are not systematically accommodated in the segregation block; further, regardless of their location, they should all be provided with a meaningful regime (paragraph 47).

requests for information

- the comments of the United Kingdom authorities on the case of the prisoner referred to in paragraph 46 (paragraph 46).

Prisoners on Indeterminate sentences for Public Protection (IPP)

recommendations

- the United Kingdom authorities to take the necessary steps to improve the management of prisoners with an IPP sentence, in the light of the remarks made in paragraphs 48 to 51 (paragraph 51).

Close Supervision Centre (CSC) in Woodhill Prison

recommendations

- steps to be taken to develop the range of activities offered in the CSC at Woodhill Prison, including access to a gym on a regular basis (paragraph 56).

requests for information

- the criteria and decision-making process for admission to the CSC system (paragraph 54);
- comments of the United Kingdom authorities on prison officers wearing personal protection equipment in their day-to-day contact with an individual prisoner, in the light of the remarks in paragraph 57 (paragraph 57);
- whether the prisoner mentioned in paragraph 57 made any progress during his time at Woodhill Prison, where he is currently being held and what is his daily regime (including staff requirements to manage his movements) (paragraph 57).

Health care

recommendations

- the United Kingdom authorities to take the necessary steps to ensure the full independence of health care staff working in prisons, in the light of the remarks made in paragraph 61 (paragraph 61);
- all prisoners to be medically screened upon arrival, including those transferred from another prison (paragraph 62);
- the good practice of the First Night Centre at Wandsworth Prison to be replicated across the whole prison estate, with priority given to local prisons (paragraph 63);
- the United Kingdom authorities to ensure that admission to beds in a prison's health care centre is based only on assessment of clinical need (paragraph 65);
- the assessment criteria for referral to a psychiatrist used by the MHIRTs at Wandsworth and Woodhill Prisons to be reviewed, in the light of the remarks made in paragraph 67 (paragraph 67);
- at Woodhill Prison, the assessment of prisoners for referral to a psychiatrist not to be based exclusively on existing medical records but to include a face to face interview (paragraph 67);
- prisoners with severe mental disorders who require in-patient treatment to be transferred without delay to an appropriate facility, where they can be kept and cared for (paragraph 69);
- efforts to be made to facilitate access by MHIRTs to information they need from outside bodies (paragraph 69);
- the United Kingdom authorities to consider introducing long-term methadone maintenance, and the new Integrated Drug Treatment Services programme to take into consideration the remarks made in paragraph 70 (paragraph 70).

requests for information

- what is being done to meet the challenge of establishing mechanisms to deliver continuity of care for prisoners (paragraph 59);
- whether the prisoner referred to in paragraph 62, who was registered as "blind/serious vision problems", has been provided with the glasses he required in order to cope properly in prison (paragraph 62);
- the training provided to staff to identify persons at risk of committing acts of self-harm or attempting to commit suicide (paragraph 64);

- the comments of the United Kingdom authorities on the transfer of medical records and information across the prison estate and with health care practitioners outside prison (paragraph 66);
- the comments of the United Kingdom authorities on the provision of mental health care in prisons, in the light of the remarks made in paragraph 68 (paragraph 68).

Other issues (discipline, staff, complaints, access to religion and foreign nationals)

recommendations

- the necessary steps to be taken to ensure that prisoners placed in the segregation unit on own protection are offered a more purposeful regime than merely one hour of outdoor exercise, and every effort to be made to return them to mainstream custody (paragraph 73);
- the United Kingdom authorities to take steps to improve the functioning of the complaints systems, in the light of the remarks made in paragraph 79; such steps are required in particular at Manchester Prison (paragraph 79);
- the good practice observed at Woodhill Prison of promoting an increased understanding of Islam to be supported and replicated in other prisons (paragraph 80).

comments

- the CPT encourages the United Kingdom authorities to pursue their efforts to recruit staff from diverse backgrounds (paragraph 75);
- the CPT invites the United Kingdom authorities to develop follow-up training for all prison officers (paragraph 75);
- the CPT invites the United Kingdom authorities to take steps to ensure the effectiveness of the personal officer scheme in Manchester, Wandsworth and Woodhill Prisons (paragraph 76);
- statistics on the types of complaints made should be kept as an indicator to management of areas of discontent within the prison (paragraph 79);
- foreign national prisoners liable to automatic deportation who are unable to be deported at the end of their sentence should be transferred to a facility designed to provide conditions of detention and a regime in line with the status of immigration detainees (paragraph 82).

requests for information

- the nature of the proposed changes in the “workforce strategy” and the impact envisaged (paragraph 77).

Young Offender Institutions and the detention of juveniles

Preliminary remarks

recommendations

- the authorities to pursue with vigour their efforts to reduce the number of juveniles being placed into custody (paragraph 84).

requests for information

- further details of the various initiatives aimed at diminishing recourse to detention of juveniles (paragraph 84);
- comments of the United Kingdom authorities on inter-juvenile violence at Huntercombe YOI, in the light of the remarks in paragraph 86 (paragraph 86).

Material conditions

recommendations

- all young persons at Huntercombe YOI to be offered a minimum of one hour of outdoor exercise every day and, preferably, considerably more. Further, provision should be made to enable outdoor exercise to take place during inclement weather (paragraph 88);
- the breakfast packs and baguette lunches to be reviewed as to their sufficiency. Further, efforts should be made to install a regular practice of communal evening meals (paragraph 89).

comments

- ventilation in the cells was somewhat restricted and the cells were rather cramped. Further it would be desirable for the toilet and sink to be equipped with a partition (paragraph 87).

requests for information

- whether a nutritionist has now been recruited at Huntercombe YOI (paragraph 89).

Regime

recommendations

- the United Kingdom authorities to reinstate the five day core week in juvenile establishments (paragraph 90);

- inmates at Huntercombe YOI to be provided with more opportunities for physical activities; for example, through greater use of the outdoor exercise yard and the organisation of more team sports (paragraph 92).

comments

- efforts should be made to ensure young people do not spend most of their day confined to their unit but instead are offered activities on a daily basis outside the unit. The authorities are also encouraged to pursue their attempts to provide a more stimulating learning environment for the profile of young persons held in Huntercombe YOI (paragraph 91);
- the CPT encourages the United Kingdom authorities to seeks ways of offering young persons more purposeful activities during their association periods (paragraph 93).

Staffing issues

recommendations

- all necessary steps to be taken to ensure that staffing levels at Huntercombe YOI are sufficient to provide a full regime (paragraph 94);
- the United Kingdom authorities to take the necessary steps to ensure that a rigorous selection and training programme is in place for all staff allocated to a Juvenile YOI; the Juvenile Awareness Staff Programme to be reviewed and all staff to be offered follow-up and refresher training (paragraph 95).

requests for information

- the concrete steps being taken to implement the recommendation made by the Independent Review of Restraint in Juvenile Secure Settings that: “YOIs should be designated a specialist system within the Prison Service with their management a discrete specialism. Career opportunities should be created for managers and staff which reward their expertise in working with young people.” (paragraph 96).

Health care

comments

- the health care service should be a discrete, independent service (paragraph 98);
- the deficiencies referred to in paragraph 100 should be remedied (paragraph 100).

Contact with the outside world

comments

- the CPT invites the United Kingdom authorities to take the necessary steps to improve the facilities and arrangements for visits at Huntercombe YOI, in the light of the remarks made in paragraph 102 (paragraph 102).

requests for information

- comments of the authorities on pre-release preparations for providing care in the community (paragraph 103).

Good order and discipline

recommendations

- the necessary resources to be allocated to ensure that the Intensive Support Unit can live up to its name and provide a more developed regime to assist juveniles reintegrate rapidly onto mainstream accommodation units (paragraph 105);
- the United Kingdom authorities to amend the relevant Prison Service regulations in order to end the routine practice of strip-searching juveniles and to introduce a strict policy of risk-assessed strip searches only (paragraph 106).

Use of restraint

recommendations

- the United Kingdom authorities to discontinue the use in juvenile establishments of manual restraint based upon pain compliant methods (paragraph 107);
- the United Kingdom authorities to ensure that all custodial officers abide by the precept that any force used to bring juveniles under control should be the minimum required in the circumstances and should in no way be an occasion for deliberately inflicting pain (paragraph 108);
- use of the nose grip mentioned in paragraph 108 to be discontinued (paragraph 108).

requests for information

- comments of the United Kingdom authorities on the remarks made in paragraph 109 concerning the use of force (paragraph 109);
- whether there is a comparative analysis of the use of force in similar juvenile YOIs (paragraph 109).

Complaints procedures

comments

- the United Kingdom authorities are invited to examine different ways for young persons to express any grievances they might have other than through the formal complaints system. At the same time, efforts should be made to encourage young persons to take advantage of the complaints system (paragraph 110).

Transport of juvenile offenders

recommendations

- concerted action to be taken to remedy the unacceptable situation of juveniles spending long hours travelling in transport vehicles between prison and court (paragraph 111).

Immigration detainees (Harmondsworth Immigration Removal Centre)

Preliminary remarks

requests for information

- the practical implications of the transfer of management from Kalyx Services to a new private contractor, in relation to staff and the regime and care afforded to detainees (paragraph 114);
- a copy of the final report on the investigation conducted by Dame Nuala O'Loan into allegations of ill-treatment of immigration detainees by escort personnel, and information on any subsequent action taken by the United Kingdom authorities (paragraph 115).

Health care

recommendations

- medical screening to include testing for transmissible diseases (paragraph 119);
- steps to be taken to recruit a mental health nurse at Harmondsworth IRC (paragraph 119);

Other issues

recommendations

- steps to be taken to enlarge the cells in the Care and Separation Unit at Harmondsworth IRC (paragraph 122);

- alternately placing detainees for 24 hours between the Care and Separation Unit and the Welfare and Support Unit, thereby avoiding the necessity to obtain the Secretary of State's permission for prolonging segregation, to cease immediately (paragraph 123).

requests for information

- comments of the United Kingdom authorities on the rise in the number of persons being detained for lengthy periods in Immigration Removal Centres (paragraph 125).

B. NORTHERN IRELAND

Introduction

requests for information

- on the process of devolution of responsibilities for the criminal justice system (paragraph 126).

Police establishments

Preliminary remarks

comments

- the CPT trusts that persons voluntarily going to a police station are informed that they are free to leave at any time (paragraph 128).

requests for information

- the reasons for giving law enforcement powers to the Armed Forces, as well as the arrangements currently in place in this respect (paragraph 129).

Ill-treatment

recommendations

- the United Kingdom authorities to take due account of the remarks in paragraph 132 in their guidance on the use of electro-shock weapons by police officers (paragraph 132).

Conditions of detention

recommendations

- the security cell at Londonderry Police Station to be refurbished and until the refurbishment is completed, detained persons not to be placed in this cell (paragraph 135);
- all persons to have access to daily outdoor exercise after 24 hours of police detention (paragraph 136);
- the United Kingdom authorities to provide appropriate facilities for the detention of irregular migrants (paragraph 137).

Safeguards against ill-treatment

recommendations

- written information on their rights to be given to all detained persons (paragraph 140).

comments

- CCTV should never replace direct human contact and the matter of a right to privacy needs to be taken into account (paragraph 141).

requests for information

- up-to-date information on the video recording of interviews for certain categories of detained persons and on any plans to extend such recording to all police interviews (paragraph 140);
- evaluations of the audio taping of police interviews with detained persons (paragraph 140).

Inspection and complaints procedures

requests for information

- the outcome of the proceedings concerning police officers charged in 2007 with a criminal offence involving allegations of work-related ill-treatment, and similar information for 2008 (paragraph 143);
- confirmation that lay visiting committees have the right to speak to detained persons in private (paragraph 145).

Medical care and medical confidentiality

recommendations

- custodial staff only to have access to the medical information necessary to carry out their duties (paragraph 146);
- the practice of waking detained persons on suicide watch every 30 minutes to be discontinued; such a measure should be applied on a case-by-case basis only (paragraph 147);
- the tying of detained persons naked to a chair in order to prevent any acts of self-harm to be stopped immediately (paragraph 148);
- immediate steps to be taken to ensure that detained persons with mental health disorders, held in police stations, are provided with appropriate care and treatment, until they are transferred to a mental health facility (paragraph 148).

Prison establishments

Preliminary remarks

comments

- the CPT encourages the United Kingdom authorities to pursue their efforts to prevent prison overcrowding becoming a permanent feature of Northern Ireland's prison system (paragraph 151).

Ill-treatment

recommendations

- steps to be taken to ensure that an investigation is carried out whenever there are grounds (e.g. visible injuries) to believe that ill-treatment of a prisoner by staff may have occurred, irrespective of whether a formal complaint has been lodged (paragraph 156);
- the United Kingdom authorities to ensure that all full body searches at Maghaberry Prison are carried out in accordance with the relevant rules and guidelines, and respect the dignity of the prisoner concerned (paragraph 157);
- appropriate action to be taken, in the light of remarks made in paragraph 158, to ensure that members of the Maghaberry Stand-by Search Team (SST) do not abuse their powers and that they act in accordance with relevant prison regulations (paragraph 158);
- concerted measures to be taken to reduce the incidence of inter-prisoner violence at Maghaberry Prison, including through ensuring the physical presence of prison officers in the association room (paragraph 159).

Material conditions of detention

recommendations

- the 7m² cells at Maghaberry Prison never to be occupied by more than one prisoner. Further, the toilet facilities in every cell to be at least partially partitioned (paragraph 160);
- the "protection room" in the health care unit at Maghaberry Prison to be adequately refurbished (paragraph 162).

comments

- the CPT trusts that the necessary measures will be taken to ensure that prisoners held in the new prison on the Magilligan site have ready access to a toilet at all times (including at night) (paragraph 161).

Regime

recommendations

- concerted efforts to be made to provide a meaningful regime, including work, education and recreation, for all prisoners at Maghaberry Prison (paragraph 165);
- a differentiated security regime to be introduced at Maghaberry Prison (paragraph 166).

requests for information

- the comments of the United Kingdom authorities on the application of Rule 7 of the Northern Ireland Prison Rules, in the light of the remarks made in paragraph 166 (paragraph 166).

Health-care

recommendations

- a doctor to be present at Magilligan Prison on a full-time basis during the week and the presence of a psychiatrist to be increased (paragraph 173);
- both Maghaberry Prison and Magilligan Prison to recruit a qualified clinical psychologist to be involved in care for prisoners suffering from mental disorders (paragraph 174).

comments

- it will be necessary to review the medical staff complement at Magilligan Prison in the event of any significant increase in the establishment's inmate population (paragraph 173).

requests for information

- the initiatives being taken to improve the care afforded to prisoners suffering from a mental disorder (paragraph 175).

Other issues of relevance to the CPT's mandate

discipline and segregation

recommendations

- existing legal arrangements and practice concerning the role of prison doctors in relation to disciplinary matters to be reviewed. In so doing, regard should be had to the Revised European Prison Rules and the comments made by the CPT in paragraph 53 of its 15th General Report (CPT/Inf (2005) 17) (paragraph 178);
- the manner in which the daily visit by a nurse to prisoners undergoing cellular confinement is carried out to be reviewed at Maghaberry Prison (paragraph 179);

- both a hearing of the prisoner and the possibility of appeal to be introduced into the procedure regarding the application of Rule 32 of the Northern Ireland Prison Rules (paragraph 180);
- all contacts with the Independent Monitoring Board concerning the application of Rule 32 to be diligently kept and available for consultation and inspection at all times (paragraph 180);
- operational guidelines to be drafted to ensure that there is a clear distinction between the application of a segregation measure and a disciplinary sanction (paragraph 181);
- the policy of accommodating “own protection” prisoners under Rule 32 in conditions akin to cellular confinement to be reconsidered (paragraph 182);
- steps to be taken to ensure that all relevant facts are diligently recorded in the SSU registers (paragraph 183).

complaints system

recommendations

- the necessary steps to be taken to ensure that the complaints procedure offers appropriate guarantees of independence, impartiality and thoroughness, taking into consideration the remarks in paragraph 184 (paragraph 184).

comments

- the CPT considers that statistics on the types of complaints made should be kept as an indicator to management of areas of discontent within the prison (paragraph 184).

requests for information

- the comments of the United Kingdom authorities on giving the Prison Ombudsman a statutory basis higher than the Prison Rules (paragraph 186);
- the resources currently allocated to the Prison Ombudsman (paragraph 186).

inspection and monitoring

recommendations

- appropriate means to be established to enable prisoners to have confidential access to both the Independent Monitoring Board of the establishment where they are held and the Northern Irish Criminal Justice Inspectorate (paragraph 187).

APPENDIX II

LIST OF THE NATIONAL AUTHORITIES AND NON GOVERNMENTAL ORGANISATIONS WITH WHICH THE DELEGATION HELD CONSULTATIONS

A. National authorities

Home Office

Jacqui SMITH	Home Secretary
Vic HOGG	Acting Director General of Crime Reduction and Community Safety Group
Stephen KERSHAW	Director of Police Reform and Research
Stephen WEBB	Acting Director of Policing Policy and Operation
Tom DOOLEY	Human Rights Coordinator
Lin HOMER	Chief Executive of the UK Border Agency
Alan KITTLE	Director of Detention Services, UK Border Agency

Ministry of Justice

Jack STRAW	Secretary of State for Justice and Lord Chancellor
Shahid MALIK	Parliamentary Under Secretary for Justice
Pat BASKERVILLE	Head of Safer Custody, National Offender Management Service (NOMS)
Simon GREENWOOD	Head of International Section, NOMS
Phil WRAGG	Governor of HMP Belmarsh
John KISSANE	Deputy Head, Human Rights Division and CPT Liaison Officer
Jiwan RAHEJA	Head of Performance and Stakeholders, Human Rights Division and CPT Liaison Officer
Robyn SCHNUIR	Policy Advisor, Human Rights Division and CPT Liaison Officer

Youth Justice Board

Graham ROBB	Youth Justice Board member
Brendan FINIGAN	Director of Strategy
Johnny BUGG	Head of Secure Development

Department of Health

Richard BRADSHAW	Director of Offender Health
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Northern Ireland Office

Paul GOGGINS	Minister of State
Carol MOORE	Associate Director of Policing and Security
Barbera McATAMNEY	Acting Head, Police Powers and Custody Branch
Gareth JOHNSTON	Deputy Director of Criminal Justice Policy Division
David HUGHES	Head of Strategy and Support Branch
Nadine BROWN	Deputy Head, Human Rights and Equality Unit
Robin MASEFIELD	Director, Northern Ireland Prison Service
Anne McCLEARY	Deputy Director of Services, Northern Ireland Prison Service
Pat MAGUIRE	Governor 1, Operations Directorate, Northern Ireland Prison Service
Alan CRAIG	Governor, Custody Branch, Northern Ireland Prison Service
Kiera LLOYD	Human Rights Advisor, Northern Ireland Prison Service and CPT Liaison Officer
Mr ECCLES	Chief Superintendent, Police Service of Northern Ireland (PSNI)
Mr MCDONALD	Chief Inspector, PSNI and CPT Liaison Officer

Other authorities

Anne OWERS	Chief Inspector of Prisons, England and Wales
Nigel NEWCOMEN	Deputy Chief Inspector of Prisons
Stephen SHAW	Prisons and Probation Ombudsman, England and Wales
Mike FRANKLIN	Commissioner, Independent Police Complaints Commission, England and Wales
Al HUTCHINSON	Police Ombudsman of Northern Ireland
Pauline McCABE	Prison Ombudsman of Northern Ireland
Monica McWILLIAMS	Chief Commissioner, Northern Ireland Human Rights Commission
Michael MAGUIRE	Chief Inspector, Criminal Justice Inspectorate of Northern Ireland

B. Non-governmental organisations

The Children Rights Alliance for England

The Howard League for Prison Reform

INQUEST

National Society for the Protection and Care of Children

The Refugee Council

(including representatives from London Detainee Support Group, Medical Justice, Medical Foundation for the Care of the Victims of Torture, Association of Visitors of Immigration Detainees, Bail for Immigration Detainees, Yarl's Wood Befrienders and Barbed Wire Britain)

Centre for Administration of Justice in Northern Ireland