



CPT/Inf (2002) 6

**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 4 to 16 February 2001

The United Kingdom Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2002) 7.

Strasbourg, 18 April 2002

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Copy of the letter transmitting the CPT's report

Strasbourg, 25 July 2001

Dear Sirs,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I have the honour to enclose herewith the 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 4 to 16 February 2001. The report was adopted by the CPT at its 45th meeting, held from 3 to 6 July 2001.

I would like to draw your attention to paragraph 142, in which the CPT requests the United Kingdom authorities to provide within **six months** a response setting out the measures taken upon its report. It would be most helpful if the United Kingdom authorities could provide a copy of the response 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.

Finally, I would be grateful if you could acknowledge receipt of this letter.

Yours faithfully,

Silvia CASALE
President of the European Committee for
the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

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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 4 to 16 February 2001.

The visit formed part of the Committee’s programme of periodic visits for 2001. It was the CPT’s fourth periodic visit to the United Kingdom¹.

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

- Ingrid LYCKE ELLINGSEN, First Vice-President of the CPT (Head of delegation)
- Mario FELICE
- Eugenijus GEFENAS
- Petros MICHAELIDES
- Maria Teresa PIZARRO BELEZA.

They were assisted by:

- Lionel BAILLY, Psychiatrist, Senior Lecturer in child and adolescent psychiatry, University College London Medical School, Honorary Consultant (expert)

and were accompanied by the following members of the CPT’s Secretariat:

- Jan MALINOWSKI
- Wolfgang RAU
- Bojana URUMOVA.

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

B. Establishments visited

3. The delegation visited the following places:

Police establishments

- Cardiff Central Police Station
- Colchester Police Station

Court detention facilities

- Central Criminal Court, Old Bailey, London
- Highbury Corner Magistrates Court, London
- Thames Magistrates Court, London

Prison establishments

- Young Offender Institution and Remand Centre, Feltham
- Parc Prison, Bridgend
- Pentonville Prison, London
- Woodhill Prison, Milton Keynes

Detention facilities for children

- Hillside Secure Centre, Neath
- Medway Secure Training Centre, Rochester

Military detention facilities

- Military Corrective Training Centre, Colchester

C. Consultations held by the delegation

4. The delegation held consultations with the national authorities and with representatives of non-governmental organisations active in areas of concern to the CPT. In addition, numerous meetings were held with local officials in charge of the places visited.

A list of the national authorities and non-governmental organisations with which the delegation held talks is set out in Appendix II to this report.

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

5. The degree of cooperation received by the CPT's delegation during the visit from the United Kingdom authorities was excellent.

At central level, the delegation met two Home Office Ministers: Paul BOATENG, Deputy Home Secretary, Minister of State with responsibility for prison matters and Barbara ROCHE, Minister of State with responsibility for immigration. It also met Philip HUNT, Parliamentary Secretary of State in the Department of Health with responsibility for prison health care and Martin NAREY, Director General of the Prison Service. Further useful meetings were held with a number of officials from the Home Office, the Department of Health and the Ministry of Defence.

Fruitful discussions were also held with David RAMSBOTHAM, Chief Inspector of Prisons and Stephen SHAW, Prisons Ombudsman, as well as with representatives from the Social Services Inspectorate.

6. At local level, the delegation met with a good reception and obtained the assistance it required from management and staff at all establishments, including those which had not been notified in advance of the CPT's intention to carry out a visit. This was also the case at the court detention facilities visited, despite the fact that they had received no information about the CPT's mandate and powers.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

7. In the course of previous visits to the United Kingdom, CPT delegations received few allegations of ill-treatment of persons detained by the police. Furthermore, the Committee's assessment of the conditions of detention and the formal safeguards against ill-treatment offered to persons detained by the police has been favourable.²

One of the police-related issues examined during recent visits was the system of legal remedies for police misconduct. Consequently, the framework for a new procedure for handling complaints against the police was at the centre of discussions held in February 2001 between the CPT's delegation and the Police Leadership and Powers Unit of the Home Office (cf. paragraphs 19 to 22).

8. The delegation which carried out the February 2001 periodic visit to the United Kingdom visited two police establishments (Cardiff Central and Colchester Police Stations) and met only a small number of persons held by the police; however, it interviewed many persons held in other establishments (prisons, detention facilities for children) about their recent experience in police custody in England and Wales.

2. Ill-treatment

9. In the prison establishments visited in or around London, the delegation heard no allegations of ill-treatment by the police. By contrast, a number of young persons interviewed separately at both Parc Prison and Hillside Secure Centre alleged that they had been ill-treated by police officers in different parts of Wales. Most of those allegations related to the time of apprehension; however, some of the persons interviewed claimed that they had been ill-treated during the time they were held at a police station (e.g. in their cells). The types of ill-treatment alleged mainly involved physical assault (punches, kicks) and verbal abuse.

The young persons concerned did not, at the time of the visit, bear any marks consistent with their allegations. However, the alleged ill-treatment had taken place some time before the visit and any marks which might have been caused by the kinds of ill-treatment alleged would almost certainly have healed in the meantime.

² The basic rules concerning the detention, treatment and questioning of persons detained by the police were summarised in the report drawn up following the CPT's first periodic visit (cf. CPT/Inf (91) 15, paragraphs 15 to 18).

10. At the end of the visit, the delegation requested information on complaints of police ill-treatment lodged against police officers in Wales during the year 2000 and on any criminal or disciplinary proceedings initiated as a result, as well as on the outcome of those proceedings. **The CPT looks forward to receiving this information.** Moreover, in order to have a broader overview of the situation, **it would also like to receive corresponding nationwide statistics for the year 2000.**

11. In previous reports, the CPT has recommended that the United Kingdom authorities deliver, in an appropriate manner at regular intervals, the clear message that the ill-treatment of detained persons is not acceptable and will be severely sanctioned if it occurs, and that police officers be unambiguously reminded that no more force than is strictly necessary should be used when effecting an arrest. **The CPT recommends that such a message and reminder be given to police forces in Wales at the earliest opportunity.**

12. Certain of the young persons who alleged ill-treatment by the police in Wales told the delegation that they had displayed bruises on visible parts of their body when they had been brought before a judicial authority; however, they claimed that their injuries had attracted no interest on the part of the magistrate (or other authorities present). In this context, **the CPT recommends that even in the absence of an express allegation of ill-treatment, the competent authorities request a forensic medical examination whenever there are other grounds to believe that a person brought before them could have been the victim of ill-treatment. This is all the more important in relation to juveniles, who are inherently more vulnerable than adults and may be easily discouraged from making a complaint.**

3. Safeguards against ill-treatment by the police

13. As had been the case during previous visits, the information gathered in February 2001 suggests that the three basic safeguards against ill-treatment of persons detained by the police advocated by the CPT (rights of notification of custody, access to a lawyer and access to a doctor) on the whole operate in a satisfactory manner.

However, a number of young detained persons in Wales alleged that there had been delays in granting them access to a lawyer; some indicated that police officers had refused their request for a lawyer outright, or had obstructed their lawyers' attempts to contact them. It is clear that such an approach would not be in compliance with the Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers issued under the Police and Criminal Evidence Act 1984, which provides that "whenever legal advice is requested ... the custody officer must act without delay to secure the provision of such advice to the person concerned."

The CPT recommends that steps be taken to ensure that the provisions of the above-mentioned Code of Practice concerning the right of access to a lawyer are being rigorously applied in practice in Wales.

14. In previous visit reports, the CPT addressed the question of the right of access to another lawyer, when access to a specific lawyer is delayed; in particular, it recommended that this be the subject of a legally binding provision (cf. CPT/Inf (96) 11, paragraph 40). Following the 1997 visit, the United Kingdom authorities indicated that, in the context of a comprehensive review of the Codes of Practice, that recommendation would be given full consideration. **The CPT would like to receive up-to-date information on this subject.**

15. The inherent vulnerability of juveniles may require that additional precautions be taken. In this connection, the CPT has noted that the Codes of Practice place police officers under a formal obligation themselves to ensure that an appropriate person is immediately notified of the fact that a juvenile has been arrested, of the reasons therefor and of the place of detention. The Codes also stipulate that police officers are not entitled to interview a juvenile in the absence of an “appropriate adult” (e.g. a parent, guardian or social worker) unless there are exceptional circumstances (cf. Sections 3.7 and 11.15 of Code C, and Annexe C thereto). The CPT welcomes these provisions.

16. The CPT has already indicated that the electronic (i.e. audio and/or video) recording of police interviews represents another important safeguard for detainees (cf. CPT/Inf (91) 15, paragraph 221), as well as offering advantages for the police. In particular, it can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of allegations of ill-treatment and the correct attribution of blame.

At present, police interviews of detained persons are systematically audio taped. Further, video recording has been introduced for certain categories of detainees (cf. CPT/Inf (2001) 6 and 7, paragraphs 53 and 18 respectively), and pilot schemes for the video recording of police interviews of detained persons in general have been run in several police stations (cf. CPT/Inf (91) 16, page 53). **The CPT would like to receive up-to-date information on this subject and on any plans to extend video recording to all such interviews.**

4. Conditions of detention

17. In previous visit reports, the CPT set out the general criteria it employs vis-à-vis conditions of detention in police stations (cf. CPT/Inf (96) 11, paragraph 24).

18. The accounts received from a large number of prisoners suggested that conditions of detention continue to be satisfactory in police stations in the London region (cf. CPT/Inf (2000) 1, paragraph 59).

As for the establishments visited, the cells in the custody suite at Colchester fully complied with the criteria referred to in paragraph 17 above. By contrast, the delegation observed that the cells at Cardiff Central Police Station were dirty and poorly ventilated. Further, a number of persons interviewed, including police officers, stated that a similar situation obtains in other police stations in Wales. **The CPT recommends that the United Kingdom authorities review conditions in police detention facilities in Wales and, if necessary, take appropriate measures to ensure that they meet the above-mentioned criteria.**

5. Developments as regards the system of legal remedies for police misconduct

19. The efficacy of legal remedies for police misconduct has been a prominent subject in the ongoing dialogue between the CPT and the United Kingdom, and was examined in detail during the Committee's September 1997 visit.

The information gathered by the CPT's delegation during that visit raised "serious questions about the independence and impartiality of the procedures ... used to process complaints about police misconduct" and "cast doubt upon the efficacy of criminal and/or disciplinary proceedings as legal remedies for police misconduct". In particular, the CPT noted that "the police themselves maintain a firm grip upon the handling of complaints against them ... from the very beginning of the complaints process ... through an investigation ... to the moment of assess[ment of] the criminal and/or disciplinary implications of that investigation" (cf. CPT/Inf (2000) 1, paragraphs 47 and 48).

Consequently, the CPT made a number of specific proposals for action designed to address the aforementioned concerns. While some of these proposals consisted of enhancing the powers of the existing Police Complaints Authority (PCA), the Committee expressed reservations about whether increasing the powers of the PCA alone would suffice to restore public confidence in the efficacy of police complaints and disciplinary procedures as legal remedies for police misconduct. In the CPT's view, "the creation of a fully-fledged independent investigating agency would be a most welcome development" (cf. CPT/Inf (2000) 1, paragraphs 50 and 55).

20. The response of the United Kingdom authorities to the CPT's 1997 visit report indicated that the Government was "sympathetic to the principle of an independent police complaints system which does not rely solely on the police to conduct investigations." Concrete proposals for the creation of such a system have recently been taking shape and were published in December 2000 in a document entitled "Complaints Against the Police: Framework for a New System".

21. At the core of the proposed framework is the creation of a new agency, the Independent Police Complaints Commission (IPCC), which would replace the PCA. Whereas the PCA's powers are, in practice, limited to occasional supervision of internal investigations of complaints against the police, the IPCC will have both supervisory and investigative powers of its own; in principle, it will have discretion over whether to supervise or investigate. As a result of a new requirement to refer automatically specific serious categories of cases to the IPCC³, irrespective of whether a formal complaint has been made, the number of cases supervised or investigated by it is likely to represent a substantial increase over those presently supervised by the PCA.

³ Mandatory-referral cases include deaths in police custody, fatal traffic accidents involving a police vehicle, shooting incidents, miscarriages of justice arising from alleged police misconduct, as well as allegations that police officers have engaged in serious corruption, racist conduct, serious arrestable offences, or have caused serious injury to a member of the public.

The CPT considers that all cases involving allegations of ill-treatment by the police or where there are other grounds to believe that such ill-treatment may have occurred should be investigated by the IPCC, regardless of whether they fall under one of the mandatory-referral categories specified in the framework document.

22. One of the recommendations made by the CPT in its 1997 visit report concerned the need for an independent review in cases where substantial amounts of money had been paid out by the police following civil claims of ill-treatment by police officers (cf. CPT/Inf (2000) 1, paragraph 58). In this regard, the framework document proposes that, “upon receipt of a notification of civil action, the appropriate [police] authority ... consider immediately the disciplinary and criminal issues and, if necessary, instigate an investigation” and that it “notify the IPCC of all civil cases at the outset and of the proposed action.” The CPT welcomes these proposals **and recommends that they be implemented.**

B. Court detention facilities

1. Preliminary remarks

23. The CPT's delegation visited the detention facilities at the Central Criminal Court (Old Bailey), Highbury Corner Magistrates Court and Thames Magistrates Court, all in the London area. The management of these facilities had been contracted out to a private company, whose staff is in charge of the custody of inmates and security arrangements, except as regards category A prisoners.

Persons could be held at the court cells only during the day, while the courts were sitting; the delegation was told that, on average, a detained person could remain in those facilities for a few hours and, at most, for 8 to 9 hours.

24. The CPT's delegation received no allegations and gathered no other evidence of ill-treatment of detainees by staff at the court detention facilities visited. Moreover, all of the persons interviewed who were or who had been held in such facilities indicated that they had been correctly treated by staff.

25. The CPT's delegation was informed that the staffing levels of the detention facilities was based on the average number of detainees held in each of them. If the number of detainees rose beyond those figures, reinforcement was provided by transport crews. However, certain members of staff indicated that, on occasion, the staff available was insufficient in view of their workload, given that they had to escort detainees to the courtrooms in rapid succession. Staff also claimed that they did not receive sufficient training.

The CPT would like to receive the United Kingdom authorities' comments on the question of staffing levels at court detention facilities. It would also like to receive detailed information on the initial and in-service training of custodial staff working in such facilities.

2. Conditions of detention

26. The number and size of the cells available at the court detention facilities visited were broadly sufficient to accommodate the maximum number of persons that might be held there on any given day. Cells designed to accommodate one person measured 5 m² or more. Multi-occupancy holding rooms measured up to 15 m². Separate accommodation was available for male, female and juvenile prisoners.

All cells and holding rooms visited by the delegation were fitted with a means of rest (wooden top plinth). Further, artificial lighting was adequate and a number of cells had some access to natural light.

Detainees had ready access to sanitary facilities and drinking water and were provided food at appropriate times.

27. The only criticism that can be levelled as regards material conditions concerns the poor state of cleanliness of some of the sanitary facilities and certain cells at Highbury Magistrates Court, as well as the inadequate ventilation in the detention facilities at the Old Bailey, particularly in the multi-occupancy holding rooms. **The CPT recommends that steps be taken to remedy these shortcomings.**

3. Further remarks

28. As in other custodial settings, staff working in court facilities will, on occasion, have to use force to control violent and/or recalcitrant detainees. In the interest of the prevention of ill-treatment, the use of force should be the subject of detailed records. This will assist in examining allegations of ill-treatment and may serve to dispel unfounded complaints.

The delegation examined the records on use of force at Highbury Corner and Thames Magistrates Courts; on the whole, they were kept in a satisfactory manner and systematically included a report on a medical examination performed following the restraint of a detainee. By contrast, the bulk of those records were not available at the Old Bailey; they were apparently kept at the company's headquarters. The few records which were available at the Old Bailey at the time of the visit were incomplete and did not allow the delegation to come to any conclusion.

The CPT recommends that keeping of records on use of force by custodial staff at the Old Bailey be reviewed, in the light of the above remarks.

29. The Greater London Lay Observers' tasks included the inspection of court cells in the London area; following their visits, they can issue recommendations to the relevant authorities. **The CPT would like to receive detailed information about the Lay Observers' powers and activities, as well as on the action taken upon their recommendations.**

30. The company in charge of the management of the court detention facilities visited has also been entrusted with the transport of most prisoners between police stations, prisons and courts. In this connection, the CPT's delegation heard some complaints about the duration of certain journeys (up to six hours). While the cubicles in the vans used for this purpose were quite adequate for short journeys (the cubicles were well-lit and ventilated, each measuring 70 x 81cm), they were not suitable for the transport of prisoners - especially children - when the journey was lengthy.

The CPT recommends that the United Kingdom authorities review current arrangements for the transport of prisoners, particularly children, in the light of the above remarks.

C. Prison establishments

1. Preliminary remarks

31. The CPT's delegation visited four prison establishments in England and Wales: one young offender institution and remand centre - Feltham - as well as three other establishments serving as local prisons - Parc, Pentonville and Woodhill.

32. The general characteristics of **Feltham Young Offender Institution and Remand Centre** have been described in the report on the CPT's 1994 visit (cf. CPT/Inf (96) 11, paragraph 126). Although the establishment as a whole continues to be under the authority of the Home Office, the management and ultimate responsibility for juveniles in detention (i.e. those under the age of 18) now lie with the Youth Justice Board. Most juveniles were being accommodated in Feltham A, while young offenders aged 18 or more were held in Feltham B. At the time of the February 2001 visit, Feltham had a certified normal accommodation of 886 and an operational capacity of 922; it was holding 663 inmates (most of them on remand), including 235 juveniles.

33. **Parc Prison**, in Bridgend (Wales), is a so-called DCMF prison, i.e. where the design, construction, management and finance have been entrusted to a private sector contractor. It is a modern establishment, which started receiving prisoners in late 1997. The prison has a certified normal accommodation of 800 and an operational capacity of 920. At the time of the visit, it was holding 786 inmates, of whom 294 were young offenders (aged 18 to 21); the vast majority were sentenced prisoners.

34. **Pentonville Prison**, in North London, is the oldest purpose-built establishment in the Prison Service in England and Wales; it was regarded as a "model prison" when first brought into service in 1842. It has a certified normal accommodation of 897 and an operational capacity of 1175. At the time of the visit, it was holding 1079 inmates, about 75% of whom were sentenced.⁴

35. **Woodhill Prison** is located on the outskirts of Milton Keynes. The delegation was told that it was the last prison built in England and Wales (in 1992) with public funds. It is categorised as a high security establishment and includes a close supervision centre for the management of highly dangerous and disruptive prisoners. Woodhill Prison has a certified normal accommodation of 677 and an operational capacity of 775. At the time of the visit, it was accommodating 630 inmates, evenly divided between remand and sentenced.

⁴ The CPT visited Pentonville Prison for the first time in 1994; however, on that occasion, the Committee only examined the situation of immigration detainees held in the establishment (cf. CPT/Inf (96) 11, paragraphs 226 to 230).

36. The CPT wishes to acknowledge at the outset the efforts being made by the United Kingdom authorities to address existing shortcomings in the prison system in England and Wales. Noteworthy improvements have taken place concerning material conditions of detention (e.g. reduction in overcrowding, including through developing non-custodial sanctions and measures; arrangements to avoid “slopping out”) and programmes of activities for prisoners.

However, the findings of the delegation which carried out the visit, as well as other information available to the CPT (including reports recently published by the Chief Inspector of Prisons), show that **much remains to be done to achieve the objective of holding all prisoners in “a safe, decent, and healthy environment”** (cf. the Business Plan for the Prison Service, 2000-2001).

2. Ill-treatment

37. The CPT’s delegation heard no allegations of physical ill-treatment of prisoners by staff at **Parc and Woodhill Prisons**.

38. At **Feltham**, the delegation interviewed a 20 year old inmate who claimed that, about two weeks before the CPT’s visit, several officers had punched him and banged his head against the floor, because he had failed immediately to comply with their instructions. Upon examining him following the incident, the prison doctor noted “left wrist painful from being under restraint yesterday. No swelling or discolouration of wrist but some loss of power in hand. Sling. Tubgrip. Cut under lower lip - strips put on.” The prisoner in question claimed that he had also sustained haematomas to various parts of the body, which had been photographed by his lawyer. The case had been referred to the police for investigation.

The establishment’s management informed the CPT’s delegation of a few other recent allegations of ill-treatment of inmates by custodial staff; several officers had been suspended pending investigations.

39. At **Pentonville Prison**, the delegation interviewed some inmates who claimed that they had been ill-treated by prison officers.

One inmate alleged that, approximately one month before the visit, a prison officer verbally abused him and punched him in the face. Upon being examined by the prison doctor, he was found to display “minor bruise (no laceration) buccal surface of the upper lip opposite the right canine tooth”. At the time of the visit, an investigation into the prisoner’s complaint had not yet been completed.

Most of the other complaints concerned inmates who claimed that they had been restrained in a painful manner without reason. By way of example, one prisoner alleged that, several days before the visit, he had been restrained (wrist locks, etc.) because he refused to speak to a prison officer who was being rude to him. The records of use of force at Pentonville Prison showed that control and restraint had been used 255 times in the year 2000; however, those records did not provide sufficient details to allow an assessment of the need to apply such techniques in each case and, in particular, whether the officers concerned had systematically exhausted non-physical means to handle the situation before having recourse to force.

40. Other records examined at Pentonville Prison provided additional information about allegations of ill-treatment.

Particular reference might be made to one inmate who claimed that, in mid-2000, his cell door had been unlocked (by prison officers) and his cell-mate asked to leave, following which several prisoners entered the cell and assaulted him, causing him various injuries. At the time of the visit, these allegations were being investigated both internally and by the police; at least one prison officer had been suspended.

The CPT also wishes to mention the case of a prison officer at Pentonville in respect of whom several allegations of ill-treatment and abusive behaviour (including towards a probation officer) had been made. Following the last complaint on record, made in October 2000, it was determined that the officer in question should receive interpersonal skills training.

41. It should be added that, to varying degrees, in all of the establishments visited, the delegation received allegations of verbal abuse and unfriendly, confrontational or overly strict behaviour on the part of some staff members. That said, the delegation gained the impression that, on the whole, relations between inmates and prison officers were relaxed and of a constructive nature.

42. In the report on its first visit to the United Kingdom, the CPT highlighted the importance of prison management delivering the clear message that abuses of authority by prison officers are not acceptable and will, if discovered, be dealt with severely (cf. CPT/Inf (91) 15, paragraph 34). **It recommends that the authorities at both central and local level reiterate this message at the earliest opportunity vis-à-vis staff at Pentonville and Feltham.**

43. Having regard to the information set out in paragraph 38, **the CPT would stress that the record made of the medical examination of an inmate following a violent episode in prison should contain (i) a full account of the statements made by the person concerned which are relevant to the medical examination (including the description of his/her state of health and any allegations of ill-treatment), (ii) a full account of objective medical findings based on a thorough examination, and (iii) the doctor's conclusions in the light of (i) and (ii).**

44. The CPT recognises that prison staff will, on occasion, have to use force to control violent and/or recalcitrant prisoners. Following its November/December 1999 visit, the Committee recommended that prison officers in Northern Ireland be reminded that force should only be used as a last resort and must not be more than is strictly necessary (cf. CPT/Inf (2001) 6, paragraph 68). In view of the information set out in paragraph 39, third sub-paragraph above, **the CPT recommends that prison officers in Pentonville Prison also be reminded of these precepts.**

45. The CPT has repeatedly stressed the need for prison officers to be properly recruited and trained, and the importance of them possessing developed interpersonal communication skills (cf. also CPT/Inf (91) 15, paragraphs 95 and 96). It therefore welcomes the approach followed in the case mentioned in paragraph 40, third sub-paragraph. However, **it considers that training in interpersonal communication skills should be more widely available to prison officers, in particular at Pentonville Prison. Building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation.**

46. The delegation formed the impression that, at senior management level, there was a strong determination to take decisive action to eradicate any physical or verbal abuse of inmates by staff. Complaints by prisoners were investigated at internal level and more serious complaints - i.e. those which could involve a criminal offence - were referred to the police. On occasion, prison officers were transferred or suspended as a precautionary measure, and disciplinary and/or criminal penalties had been imposed on those found guilty. The CPT welcomes this approach; the diligent examination of complaints of ill-treatment and, where evidence of wrongdoing emerges, the imposition of appropriate disciplinary and/or criminal penalties, will have a considerable deterrent effect (cf. CPT/Inf (91) 15, paragraph 182).

47. However, at Pentonville Prison, many inmates expressed great hesitation to file complaints and some claimed that pressure had been brought to bear upon them to persuade them to withdraw their complaints or to dissuade them from complaining. One prisoner also stated that disciplinary charges against him had been dropped in exchange for not pursuing his own complaint of ill-treatment against a prison officer. A member of Pentonville's Board of Visitors also expressed concern about this matter.

Following the visit, the United Kingdom authorities informed the CPT that Pentonville's Governor had requested an external independent audit of the investigation of complaints and that a new post had been created in the establishment to ensure the protection and safety of prisoners. The Committee welcomes these measures; **it would like to receive information on the results of the above-mentioned audit and further details on the post created to ensure the protection and safety of prisoners. Further, the CPT would underline that prisoners' complaints procedures should offer appropriate guarantees of independence and impartiality, and that persons who may have been ill-treated should not be discouraged from pursuing a complaint.**

48. In order to obtain a broader overview of the situation, **the CPT would like to receive the following information in respect of 2000 and 2001:**

- **the number of complaints lodged concerning ill-treatment by prison officers in England and Wales and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;**
- **an account of those complaints and the outcome of the proceedings (allegations, brief description of the findings of the relevant court or body, verdict, sentence/sanction imposed).**

49. 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 of the establishments visited, the CPT's delegation heard accounts of inter-prisoner violence and bullying. The situation was by far the worst at Feltham Young Offender Institution and Remand Centre. In January 2001 alone, 36 cases of inter-prisoner violence (assaults, fights) had been recorded; in some of those cases, the inmates concerned had sustained injuries. Conversations with inmates confirmed that the problem was widespread. Reference should also be made in this context to the assault - apparently racially motivated - of a prisoner by his cell-mate at Feltham B on 1 November 2000; the inmate in question died as a result of his injuries.

50. The CPT wishes to emphasise that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm.

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 (cf. paragraph 45).

51. The CPT has noted that the establishments visited, particularly those accommodating young offenders, apply "anti-bullying" policies. In view of the information gathered during the visit, **the Committee recommends that current strategies to combat inter-prisoner violence be vigorously pursued, and that means of rendering them more effective be explored.**

3. Conditions of detention

a. material conditions

52. The inmate population of three of the prison establishments visited (Feltham, Parc and Woodhill) was within their respective certified normal accommodation. Although higher than its certified normal accommodation, Pentonville's inmate population was within its operational capacity, i.e. within its "safe overcrowding" level. The CPT expressed misgivings as regards this latter notion following its 1997 visit (cf. CPT/Inf (2000) 1, paragraph 72).

At Parc Prison, the vast majority of inmates were being accommodated one, and sometimes two, to a 10 m² cell. In the other establishments visited, many inmates were also held one to a cell measuring 7 to 8.5 m²; however, some prisoners at Woodhill and many at Pentonville were being held two to a cell measuring 8.5 m² or less, including in-cell sanitation. Feltham also had some recourse to doubling up.

As indicated in the report on the 1997 visit, although quite acceptable for one person, a cell measuring 8.5 m² represents cramped accommodation for two (cf. CPT/Inf (2000) 1, paragraph 73). Even with a separate sanitary annexe (e.g. in renovated parts of Pentonville), cells of such a size offer limited living space for two prisoners.

The CPT recommends that cells measuring 8.5 m² 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).

53. In all of the establishments visited, cells had artificial lighting and ventilation and benefited from access to natural light. They were adequately furnished (bed, storage space, table, chair) and, at Parc and Woodhill Prison and certain parts of the other two establishments visited, were fitted with connections for electrical appliances (e.g. television sets). Cells were equipped with a washbasin and a lavatory; however, in most cases they were partitioned only by curtains or screens. **The CPT recommends that the partitioning of in-cell lavatories be improved.**

54. Cells were clean and in a good state of repair at Parc and Woodhill Prisons.

Most of Feltham A had been refurbished following the transfer of responsibility for juveniles in detention to the Youth Justice Board, and work was ongoing in the not yet renovated parts; prisoner accommodation was in a satisfactory state of repair and cleanliness. The same cannot be said of Feltham B; the CPT's delegation saw dirty cells, broken windows and malfunctioning sanitary facilities.

At Pentonville, some cells had been renovated to an acceptable standard (in B and G wings, groups of three cells had been converted into two cells, each with a separate sizeable sanitary annexe) and others had been recently painted. However, a number of cells, mostly accommodating remand prisoners, were in a poor state of repair and cleanliness. The CPT's delegation also observed that the roof was leaking in certain parts of the establishment.

It should be added that, at both Feltham B and Pentonville, the delegation was shown dirty and worn out mattresses and pillows. Further, at Feltham B and Woodhill, the CPT's delegation observed that some newly admitted inmates had been placed in cells at the induction unit which had not been cleaned following the departure of their previous occupant.

The CPT recommends that steps be taken to remedy the above-mentioned shortcomings. Particular efforts are required to keep units with a high turnover of remand prisoners in a satisfactory state of repair and cleanliness.

b. regime

55. The delegation observed that in all of the prisons visited, 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 offending behaviour programmes).

The delegation was impressed by the sports activities and facilities at Feltham A, Parc and Woodhill Prisons. The facilities for educational activities were also of a high standard in those establishments. Further, the nature of the work offered in the workshops at Parc and Pentonville deserves particular praise.

Nonetheless, the information gathered during the visit shows that there is still ample scope for developments in this area.

56. Most inmates at Parc Prison had the possibility to work or to participate in educational activities. However, the activities on offer were not sufficient to occupy all inmates, and the time involved did not always reach the objectives set (Parc Prison was contractually required to offer 35 hours of out-of-cell activities per prisoner per week).

At Feltham Young Offender Institution and Remand Centre, the vast majority of juveniles held in Feltham A were also engaged in educational activities or had work, and there were 350 places for activities (work and education) for the 430 inmates aged 18 or more held in Feltham B. However, many of the places available for inmates held in Feltham B remained vacant, particularly in the prison workshops, apparently due to insufficient staff resources. In practice, most inmates aged 18 or more were not offered a regime worthy of the name. Following the visit, the United Kingdom authorities informed the CPT of measures taken to remedy these shortcomings.

At Pentonville and Woodhill Prisons, work (in the prisons' general services and, at Pentonville, in the workshops) or educational activities were offered only to approximately half of the inmates. The regime of remand and so-called vulnerable prisoners was particularly impoverished.

57. The CPT wishes to stress once again the importance of offering a satisfactory programme of activities to all prisoners, both remand and sentenced (cf. CPT/Inf (2001) 6, paragraph 75). **It recommends that the United Kingdom authorities continue to strive to develop regime activities for prisoners; particular efforts are required to increase the number of prisoners engaged in activities at Pentonville and Woodhill Prisons, as well as at Feltham B.**

58. Shortfalls in terms of activities were made up, at least in theory, by offering generous association/out-of-cell time (up to 10.5 hours per day for prisoners in enhanced regime), including one hour of outdoor exercise every day.

However, except at Parc Prison, 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 were not provided due to staff shortages or agreed working conditions. At Pentonville Prison, the inmates who were more likely to have such entitlements curtailed were those offered the poorest regime. For a significant proportion of prisoners at Feltham B, the only out-of-cell time was one hour of association time per day; offering them outdoor exercise was the exception rather than the norm. This state of affairs is not acceptable.

In this connection, the CPT has misgivings about the very flexible wording of rule 30 of the Prison Rules 1999, which provides that “weather permitting and subject to the need to maintain good order and discipline, a prisoner shall be given the opportunity to spend time in the open air at least once every day, for such a period as may be reasonable in the circumstances.”⁵ The Committee would recall that the basic requirement of at least one hour of outdoor exercise per day is a fundamental safeguard for prisoners. Consequently, **the CPT recommends that steps be taken to ensure that prisoners are guaranteed this basic requirement; if necessary, rule 30 of the Prison Rules 1999 should be amended.**

4. The Close Supervision Centre at Woodhill Prison

a. introduction

59. According to information received from the authorities, in the context of a national strategy, prisoners categorised as highly dangerous and disruptive are removed from mainstream prisons and contained for as long as necessary in small, highly supervised units where the safety of staff and prisoners can be guaranteed: the close supervision centres (CSCs). One of the objectives is to encourage the prisoners concerned to adopt “a settled and acceptable pattern of institutional behaviour” which would permit their return to mainstream establishments. Such groups of prisoners are of particular concern to the CPT, as the need to take exceptional measures in respect of them brings with it a greater risk of inhuman and degrading treatment.

⁵ The question of outdoor exercise was addressed in several of the reports on previous CPT visits to the United Kingdom (cf. for example, CPT/Inf (96) 11, paragraphs 94 to 96 and 149), and was the subject of an exchange of correspondence between the Committee and the United Kingdom authorities in late 1996/early 1997.

60. At the time of the visit, there were 37 prisoners in close supervision centres, 13 of whom were being held at Woodhill's CSC, regarded as the core unit for the most dangerous prisoners in the Prison Service. The CPT's delegation spoke at length with the staff in charge of the CSC and interviewed several inmates.

61. As already indicated (cf. paragraph 37), the CPT's delegation received no allegations of ill-treatment of prisoners by staff at Woodhill Prison, including at the CSC. Moreover, the CPT welcomes the efforts being made by staff to work with inmates at the CSC in a constructive manner.

b. inmates in close supervision centres

62. If the classification system is working satisfactorily, the number of prisoners liable to be held in units for prisoners considered to be dangerous or disruptive will represent a very small proportion of the overall prison population. This is indeed the case in England and Wales.

It should be borne in mind that the prisoners involved are unlikely to form a homogeneous group, given that their perceived dangerousness can result from the nature of the offences they (may) have committed, 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.⁶

It is axiomatic that a prisoner should not be held in a special security regime any longer than the risk which he presents makes necessary. This calls for regular reviews of the placement decision. Further, prisoners should as far as possible be kept fully informed of the reasons for their placement and, if necessary, its renewal; this will inter alia enable them to make effective use of avenues for challenging that measure.

63. In his report on the 1999 inspection of the close supervision centres, the Chief Inspector of Prisons indicated that those centres have been designed for prisoners who "repeatedly challenge the authorities and/or commit acts of serious violence, hostage taking or concerted indiscipline, or who incite others to do so."

However, the discussions held with health care staff at Woodhill Prison, as well as the conversations with staff and inmates at the CSC, suggest that it was also an "end-of-line" facility for some prisoners suffering from mental disorders. The prison doctor attributed this to the fact that prisoners were not properly assessed before admission to the centre and to the failure to provide them with the care required by their condition (cf. paragraphs 76 and 77). He indicated that, over a 30-month period, 9 persons had been transferred from the CSC to a special hospital; the prison's health care services had recommended that a further two prisoners held at the CSC at the time of the visit be thus transferred.

The CPT would like to receive the comments of the United Kingdom authorities on this subject, including further information about the criteria applied for admission to the close supervision system and details on the assessment of the mental health of candidates.

⁶ cf. paragraphs 13 to 24 of the Explanatory Memorandum to Recommendation No. R (82) 17 of the Committee of Ministers of the Council of Europe concerning custody and treatment of dangerous prisoners.

c. material conditions of detention and regime

64. On the whole, material conditions of detention at the CSC appeared to be acceptable: cells were of an adequate size, had artificial lighting and access to natural light and ventilation, were equipped with in-cell sanitation, and had basic furniture. Sleeping arrangements consisted of a foam mattress laid on a masonry plinth.

Nonetheless, prisoners complained about the ventilation in their cells, and certain of them claimed that, at night, the heating was turned off and their cells became cold. Another frequent grievance related to the bedding, which was alleged to get damp as a result of the mattresses being in direct contact with the plinth. The CPT understands that, following the Chief Inspector's report on the close supervision centres, the United Kingdom authorities are reviewing sleeping arrangements; **it would like to be informed of their conclusions and of any remedial action taken, and to receive the authorities' comments on the other complaints made by prisoners held at the CSC.**

65. The CPT has already made clear (cf. CPT/Inf (96) 11, paragraph 330 and CPT/Inf (2001) 6, paragraph 82) that the existence of a satisfactory programme of activities is just as important - if not more so - in a special detention unit as 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.).

66. The CSC offered newly admitted prisoners a rather austere regime, consisting of little more than one hour of outdoor exercise per day. However, depending on their conduct, prisoners could progress and participate in certain educational activities (e.g. cooking and enhanced thinking skills) and work (e.g. cleaning). At the time of the visit, some of the prisoners held at the CSC were offered generous out-of-cell and association time (in small groups), including access to a common television room. Further, there were plans to build two gyms at the CSC.

67. As regards work, it is clear that security considerations may preclude many types of activities which are found in ordinary prison units. Nevertheless, this should not mean that only work of a tedious nature, such as cleaning tasks, is provided for prisoners. In this respect, the CPT would again draw attention to the suggestions set out in paragraph 87 of the Explanatory Memorandum to Recommendation No. R (82)17 of the Committee of Ministers of the Council of Europe. **The CPT recommends that the range of activities offered continue to be developed.**

The CPT also recommends that a high priority be accorded to the implementation of plans to build sports facilities for inmates held at the CSC.

d. further remarks

68. Until several months before the visit, the CSC's D wing was being used as a segregation unit within the close supervision system in England and Wales. Inmates held in D wing were subject to exceptional security measures, which included prison officers wearing riot gear in all day-to-day contacts with prisoners. It should be recalled that, following the 1994 visit, the CPT recommended that a similar practice at Peterhead Prison be discontinued.

The CPT has noted that D wing is at present only used for the temporary segregation (lasting only a few hours) of prisoners involved in a disturbance at Woodhill's CSC or for those on dirty protest. The Committee welcomes this development.

5. Health care

a. introduction

69. In the CPT's opinion, a prison health care service should be able to provide medical treatment and nursing care, as well as appropriate diets, physiotherapy, rehabilitation or any other necessary special facility, in conditions comparable to those enjoyed by patients in the outside community. Provision in terms of medical, nursing and technical staff, as well as premises, installations and equipment, should be geared accordingly.

70. In the context of previous visits to the United Kingdom, the CPT paid considerable attention to the health care provided to prisoners. More particularly, after the 1994 visit (cf. CPT/Inf (96) 11, paragraph 84), the CPT noted that the objective of prison health care services was to provide "services equivalent in range and quality to those available in the community".

Subsequently, following recommendations made by the Chief Inspector of Prisons in 1996, a joint Health and Prison Services working group was set up, which concluded that there were considerable variations in organisation, quality, funding and effectiveness of prison health care services, and that morale of health care staff was low. As a result, since April 2000, the Prison Service and the National Health Service are together striving to attain the above-mentioned objective, in terms of the range and quality of the care provided, as well as health promotion.

71. While the CPT's delegation found that these developments had led to positive changes, it also observed that certain of the shortcomings identified by the joint Health and Prison Services working group persisted, particularly as regards psychiatric care.

b. health care in general

72. At Parc Prison, health care staff consisted of 2 full-time and 3 part-time general practitioners, assisted by 20 nurses. A dentist and a physiotherapist visited the prison three times per week and a GU specialist once a week. Pentonville had a head doctor and the equivalent of 4.5 general practitioners; at the time of the visit, 40 nurses were also employed at the prison. A dentist attended the establishment for 32 hours per week, which was also regularly visited by STD and GU specialists, as well as by an optician.

At Woodhill Prison, there was a head doctor and two general practitioners. However, at the time of the visit, one of the general practitioners had been on sick leave for a prolonged period. The health care team also comprised 14 nurses. A dentist attended the prison twice a week and other specialists (GU, optician, chiroprapist) visited the prison from time to time.

As regards Feltham, in the report on its 1994 visit, the CPT indicated that a young offender establishment of its size should have the equivalent of at least 3 full-time general practitioners (cf. CPT/Inf (96) 11, paragraph 152); however, in February 2001, it had only one full-time general practitioner (as compared to two in 1994). The health care team also comprised 18 nurses. A dentist attended the prison for 1.5 days per week, and a GU specialist and an optician visited the establishment periodically.

73. In all of the establishments visited, prisoners complained of delays in having access to a doctor. At Woodhill and Feltham, certain of these complaints appeared to be founded. Moreover, it became obvious that Feltham's only doctor was not in a position to perform in a satisfactory manner all of the prison doctor's duties (e.g. supervision of in-patients cared for at the health care centre).

The CPT recommends that immediate steps be taken to increase substantially the presence of general practitioners at Feltham. Further, it recommends that arrangements be made to ensure that the prolonged absence of doctors at Woodhill Prison is not detrimental to the quality of care provided to prisoners.

74. Staff at Pentonville and Woodhill Prisons suggested that the resources in terms of nursing staff were insufficient. However, it was also advanced that shortcomings (e.g. as regards the management of suicide/self-harm risk prisoners, nursing supervision of patients and the presence of nurses on the prison wings) were, at least in part, the consequence of inadequate management of nursing resources. **The CPT would like to receive the authorities' comments on this point.**

75. The purpose-built health care facilities at Parc and Woodhill Prisons were of a high standard. However, at Woodhill, certain of the premises (e.g. an observation cell for disturbed or suicidal patients) were dirty.

The situation was less favourable at Feltham and Pentonville, where the health care centres had been located in converted prisoner accommodation. While they were on the whole in a good state of repair and cleanliness, the premises were not ideal for their current use, e.g. there were no ramps or lifts for disabled patients. Consequently, the CPT welcomes existing plans to relocate the health care centres of Feltham and Pentonville.

Another shortcoming, affecting to varying degrees the health care services of all four prisons visited, was that psychiatric and somatic patients were often compelled to share association areas and, on occasion, accommodation.

The CPT recommends that steps be taken to remedy the above-mentioned shortcomings. In particular, there should be separate facilities for psychiatric and somatic patients and the state of hygiene of prison health care facilities should meet hospital hygiene standards.

c. psychiatric care

76. Feltham Young Offender Institution and Remand Centre was well resourced in terms of mental health specialists. It had the equivalent of 3.5 psychiatrists, as well as 3 full-time psychologists. Further, seven of the nurses employed in the establishment had received psychiatric training. However, as had been the case at the time of the 1994 visit, none of the psychiatrists had received specialised training in child and adolescent psychiatry.

The other three prisons visited were significantly under-resourced, particularly as regards psychiatrists. At Pentonville, the forensic psychiatry input amounted to 48 hours per week, while general psychiatry amounted to a mere 28 hours per week, distributed between a number of different psychiatrists. As regards Parc Prison, one of the general practitioners had some psychiatric training, and a forensic psychiatrist visited the establishment from time to time. A psychiatrist attended Woodhill Prison twice a week, mostly for the purpose of establishing forensic reports. The paucity of general in-house psychiatry at Pentonville and Woodhill was not made up by the possibility to refer patients to visiting psychiatrists; arranging consultations with such specialists seemed to be problematic.

On the other hand, part of the nursing staff had psychiatric training. Further, Parc and Pentonville Prisons were regularly visited by psychologists. The psychologists at Woodhill focused their attention on the CSC.

The CPT recommends that the provision in terms of ambulatory psychiatric care at Pentonville and Woodhill Prisons be significantly increased. More generally, **establishments which accommodate juveniles should have the possibility to have recourse to child and adolescent specialists.**

77. In all of the establishments visited, the transfer of mentally ill prisoners to a suitable mental health establishment appeared to pose problems (e.g. at Feltham, the average waiting period for such transfers was roughly three months). Certain mentally ill prisoners remained in prison because hospitals refused to admit them or they were prematurely returned to prison from such establishments: such patients were not receiving the level of care required by their condition. For example, a person suffering from a serious chronic brain disease had been transferred to Parc Prison after four years in hospital because of his violent conduct; since his arrival in the prison in November 2000, he had been held in the segregation unit.

Other psychiatric patients in the establishments visited were also held under conditions akin to solitary confinement, had very little human contact, and did not benefit from psychotherapy or occupational therapy. For instance, at Pentonville's health care centre, the delegation found a reportedly disruptive and aggressive patient, heavily sedated, locked in a dirty cell; he was very seldom allowed out of the cell and was not offered outdoor exercise on a regular basis.

78. The CPT wishes to recall that mentally ill prisoners should be kept and cared for in a hospital facility, which is adequately equipped and possesses appropriately trained staff (cf. for example, CPT/Inf (91) 15, paragraph 154). That facility could be a civil mental hospital or a specially equipped psychiatric facility within the prison system. Whichever course is chosen, the accommodation capacity of the psychiatric facility in question should be sufficient to avoid prolonged waiting periods before necessary transfers are effected. The transfer of a mentally ill prisoner to a psychiatric facility should be treated as a matter of the highest priority (cf. also CPT/Inf (2001) 6, paragraph 97).

The CPT recommends that immediate steps be taken to ensure that mentally disturbed prisoners who require in-patient treatment are kept and cared for in appropriate facilities.

6. Other issues

a. information for prisoners

79. Rule 10 of the Prison Rules 1999 stipulates that "every prisoner shall be provided, as soon as possible after his reception into prison ... with information in writing" about various aspects of life in the establishment. At the time of the visit, this requirement appeared to be met in all of the establishments visited. However, discussions with both prisoners and staff at Pentonville Prison revealed that, until recently, newly arrived inmates were seldom provided with written information.

Efforts should be made to ensure that all newly admitted prisoners are systematically supplied with written information on the regime in force in the establishment and on their rights and duties, in a language which they understand.

b. the management of drug-related problems in prison

80. The presence in prison of inmates with drug-related problems gives rise to a number of particular difficulties for the prison authorities. These include health and security issues, as well as the choice of forms of assistance which are to be offered to the prisoners concerned. Further, the widespread availability of illicit drugs within a prison is bound to have very negative repercussions on all aspects of prison life, and may undermine the motivation of prison officers.

81. It is generally acknowledged that a large proportion of persons admitted to prison in the United Kingdom have drug-related problems. Consequently, 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. **Those strategies should be vigorously pursued.**

82. All of the prisons visited had programmes for inmates with drug problems, 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.

83. Nonetheless, the CPT has certain misgivings about the approach followed.

The groundwork for successful rehabilitation had not systematically been completed before detoxification. Effectiveness in this area may well require a substitution programme leading, through adequate guidance and counselling, to a free decision to detoxify and to participate in a rehabilitation programme. This would be consistent with the approach already being followed in the community at large.

Further, prisoners undergoing detoxification were not always offered the possibility to participate in rehabilitation programmes (e.g. at Pentonville Prison there were a mere 50 places in the programme). Those not admitted to a rehabilitation programme were accommodated with the general prison population, on occasion in total idleness. Under such conditions, the long-term results of detoxification are seriously compromised. In order to lay down the foundations for continuing progress, inmates who participate in drug-treatment programmes should be offered education and training designed to enhance their social skills, develop working habits and provide them with suitable qualifications.

Health care and psycho-socio-educational services of establishments accommodating significant numbers of prisoners with drug-related problems should be adequately staffed with a closely knit inter-disciplinary team of persons having appropriate expertise and training; due regard should also be given to the potential contribution of prison officers in this context.

The CPT recommends that the management of drug-related problems in prison be reviewed, in the light of the above remarks.

c. inspection procedures and supervision

84. In previous visit reports, the CPT described the role and work of the Boards of Visitors (CPT/Inf (91) 15, paragraphs 196 to 200), the Chief Inspector of Prisons (cf. CPT/Inf (91) 15, paragraphs 201 to 203) and the Prisons Ombudsman (cf. CPT/Inf (96) 11, paragraphs 122 to 124). The CPT welcomes their contribution to improving conditions in prison and the treatment of prisoners.

85. As regards prisons managed by private sector contractors, such as Parc, in addition to the above-mentioned inspection and supervision mechanisms, Home Office “controllers” are deployed in each establishment to ensure that it is managed in “accordance to the contract” and in a manner which is “reasonable and fair”. Controllers also have the power to conduct disciplinary hearings and award sanctions to prisoners, and to investigate allegations against staff. The delegation gained the impression that the Home Office controllers intervened promptly and effectively.

The CPT wishes to underline the importance of ongoing monitoring systems of privately managed prisons, capable of ensuring that the State remains in a position to discharge all its obligations vis-à-vis persons deprived of their liberty.

D. The Military Corrective Training Centre

1. Preliminary remarks

86. The Military Corrective Training Centre (MCTC) is located in extensive grounds surrounded by greenery on the outskirts of Colchester. It holds persons subject to military laws and regulations - the Services Disciplinary Acts - serving disciplinary sanctions or sentences involving detention for 14 days to 2 years. Longer periods of imprisonment are served in civil establishments; while waiting for a transfer to a civil prison, the persons concerned may be accommodated at the MCTC, but are held separate from other inmates. It is noteworthy that a significant proportion of the persons held at the MCTC are to be dismissed from the army at the end of their sentence.

The MCTC has an official capacity of 314 and, at the time of the visit, it was holding 121 prisoners, including 3 women.

2. Ill-treatment

87. The CPT's delegation heard no allegations of physical ill-treatment of inmates by staff. Moreover, staff was widely said to be correct in their dealings with prisoners. However, several inmates claimed that some members of staff tended to address them in a harsh and abusive manner which, in their view, was not warranted by the needs of military discipline or the prevailing circumstances. A few prisoners made similar allegations concerning staff in charge of their custody prior to their transfer to the MCTC.

The CPT recommends that the authorities at both central and local level deliver to military personnel in charge of detained persons the clear message that all forms of ill-treatment, including verbal abuse, are not acceptable.

3. Conditions of detention

a. material conditions

88. Material conditions of detention at the MCTC were of a high standard. Inmates were accommodated in spacious and adequately furnished dormitories with up to 8 beds. Large windows provided good access to natural light and ventilation, and dormitories had good artificial lighting. Communal areas comprised sanitary facilities, television rooms and association rooms with billiards, darts and exercise equipment. All facilities were in a good state of repair and impeccably clean.

Women prisoners were accommodated in separate dormitories. At the time of the visit, there were some problems in allowing them access to a shower facility following military drill or sport, given that they could only take a shower when female staff were available to ensure their privacy. However, the CPT was subsequently informed of plans to build by mid-March 2001 a separate changing room and showers for female detainees.

b. regime

89. The MCTC had different programmes of activities for prisoners who were going to remain in service and for those to be discharged after completing their sentence. Those who were to remain in service had military drill and physical training, as well as some educational activities adapted to their needs; prisoners to be discharged from service were required to participate in organised sports activities and in a choice of educational activities (writing skills, mathematics, use of computers) and vocational training (brick laying, painting, plumbing, basic car repair). Inmates not subject to separate detention/segregation were occupied throughout the day.

As regards, more particularly, prisoners to be discharged from service at the end of their sentence, efforts were being made to facilitate their re-integration into civilian life. Education and training were of a very practical nature, and inmates could obtain an officially recognised qualification in pig-farming. **The CPT invites the United Kingdom authorities to broaden the range of officially recognised qualifications which can be obtained at the MCTC.**

90. On the whole, opportunities for association were satisfactory. However, apart from training and education hours, the extent of association open to female detainees was limited by their small number. **The CPT invites the authorities to explore the possibility of offering mixed gender association at the MCTC, in particular when there are only a few female prisoners.**

91. The CPT recognises that, as in any military establishment, strict rules of conduct are to be expected at the MCTC. Indeed, many of the prisoners interviewed by the delegation accepted those rules and considered them desirable. However, a number of inmates - especially those to be discharged from service at the end of their sentence - resented this state of affairs; in particular, the prohibition of conversation during mealtimes was the subject of reiterated complaints. The delegation raised this matter with the establishment's management, and was told that consideration would be given to amending this particular rule. The CPT was subsequently informed that staff have been instructed to apply this rule only when necessary to ensure that inmates have completed their meal in time to be ready for the next activity. **The Committee would welcome any further comments on this subject.**

4. Health care

92. Having regard to the establishment's inmate population and their overall state of health, the MCTC's health care resources (staff and facilities) were satisfactory. Further, the CPT's delegation heard no complaints from inmates about the level of care provided to them.

93. Medical confidentiality should be respected in prisons in the same way as in the community. On the whole, medical confidentiality was being respected at the MCTC. However, the doctor was required to report to the establishment's management about individual inmates' drug habits/use. The CPT has certain misgivings about this reporting requirement, in particular given that other means could be used to establish whether inmates use drugs, without threatening medical confidentiality; **treating doctors should not be subject to reporting obligations which are capable of undermining doctor-patient confidence.**

5. Other issues

a. contacts with the outside world

94. Visiting arrangements at the MCTC were very good. Inmates were entitled to a two-hour visit per week. Visits were of an open nature and took place in pleasantly decorated premises. Financial assistance and accommodation at the MCTC could be arranged for relatives who lived far away from the establishment and, if they were not able to visit frequently, longer visits were authorised.

95. Prisoners should also be given the opportunity to use a telephone on a regular basis. At the MCTC, inmates were not authorised ordinary calls for at least the first twelve weeks, i.e. the minimum time required to become eligible for the full range of privileges available. In the CPT's opinion, it would be desirable to move towards giving all inmates access to a telephone. This would not preclude temporarily suspending this entitlement in appropriate cases. **The CPT recommends that inmates be authorised to use a telephone on a regular basis, as from the outset of their detention at the MCTC.**

96. Inmates could also send and receive letters. With the exception of inmates who had acquired the full range of privileges, prisoners' correspondence was liable to be controlled - and censored - by staff. Correspondence with prisoners' legal advisers and with relevant national and international authorities (e.g. European Court of Human Rights and the President of the CPT) did not appear to be excluded from such control. **The CPT would like to receive further information on this subject.**

b. discipline and segregation

97. Disciplinary sanctions ranged from reprimand and regression in classification level/loss of privileges to forfeiture of remission of sentence and close confinement for up to 14 days. Sanctions were decided by the commandant of the MCTC and, in more serious cases, by a visiting disciplinary board composed of senior military personnel. The delegation gathered no evidence of excessive resort to disciplinary sanctions at the MCTC.

98. As regards procedural safeguards, inmates were duly informed of the charges against them, and had the right to question the evidence against them and to present their case. However, there appeared to be no provision for a right to appeal against a disciplinary sanction. **The CPT would like to receive further information on this matter.**

99. Material conditions in the cells in the segregation unit were of a high standard. Further, prisoners undergoing segregation were entitled to send and receive letters and to have reading matter.

However, the CPT is concerned to note that Section 90(3) of the Imprisonment and Detention (Army) Rules 1979 stipulates that inmates undergoing segregation as a disciplinary measure are not entitled to outdoor exercise. The Committee has already stressed that all prisoners must be offered at least one hour of outdoor exercise every day; this basic requirement also applies to inmates undergoing disciplinary segregation. **The CPT recommends that the Imprisonment and Detention (Army) Rules 1979 be amended accordingly.**

E. Detention facilities for children

1. Preliminary remarks

100. The age of criminal responsibility in England and Wales is 10. Minors (persons under 18) older than 12 and, in some cases, younger children, can be detained on remand and may be sentenced to a detention and training order (DTO). Such orders involve detention for a maximum of 12 months, followed by supervision in the community (usually for an equivalent period). Longer-term detention may be ordered for children convicted of serious offences.⁷

In all such cases, children are detained in local authority secure accommodation units, or in establishments operated or contracted by the Home Office (young offender institutions and secure training centres).

Irrespective of whether they are suspected or convicted of a criminal offence, children considered to be at risk or a threat to themselves or to others can be placed, by order of a judge, in a secure accommodation unit for “so long as is necessary and unavoidable”.⁸

101. In addition to Feltham Young Offender Institution and Remand Centre, the CPT’s delegation visited two establishments for the secure placement of minors: Hillside Secure Centre in Neath (South Wales) and Medway Secure Training Centre in Rochester (Kent). Both establishments could receive girls and boys older than 12 and younger than 18.

Hillside Secure Centre is located on the hills overlooking the Neath-Port Talbot area. It was established in 1996, and is the only secure accommodation unit for the detention of children in Wales. Hillside has an official capacity of 18 and, on 14 February 2001, held that number of residents.

Medway Secure Training Centre is located in a residential suburb of Rochester. It entered into service in 1998. The establishment is under the ultimate responsibility of the Home Office, but is operated by a private sector contractor. The premises comprised several buildings constructed around a large central lawn. On 10 February 2001, Medway was operating at its full capacity, with 44 inmates. As a general policy, management strove to limit admissions to children aged 12 to 15 and vulnerable 16-year-olds.

102. It should be stated at the outset that the CPT’s delegation heard no allegations of ill-treatment by staff at either establishment.

⁷ cf. Sections 97 and 98 of the Crime and Disorder Act 1998 and Sections 90 to 92 of the Powers of Criminal Courts Act 2000.

⁸ cf. Sections 1 and 25 of the Children’s Act 1989 and Section 8 of the accompanying Guidance and Regulations.

2. Material conditions of detention

103. Establishments where children may be deprived of their liberty should provide a positive and personalised environment. In addition to being of an adequate size, well lit and ventilated, sleeping and living areas should be properly furnished, well-decorated and offer appropriate visual stimuli. Unless there are compelling security reasons to the contrary, children in detention should be allowed to keep a reasonable quantity of personal items.

104. At both establishments, inmates were accommodated in individual bedrooms grouped in units of five or six and measuring 9.4 m² (at Hillside Secure Centre) or 11.2 m² (at Medway), including sanitary annexes. Bedrooms benefited from adequate lighting (natural and artificial) and ventilation, and were suitably furnished (bed, desk, chair, bookshelves and lockers). In general, they were in a good state of repair and cleanliness and were decorated in a personalised manner by the minors themselves.

The unit association areas were suitably decorated with colourful and educational murals and bulletin boards, and were equipped with television sets/video game facilities, radios/CD players, etc. In particular, those at Hillside offered an inviting environment, with their high ceilings and separate landscaped courtyards for each unit.

To sum up, conditions in both establishments were of good standard, which generally met the criteria outlined in paragraph 103. However, the secure nature of the establishments was made quite evident by ubiquitous security measures, such as the incessant jangle of the keys used by staff to lock and unlock doors and, at Medway, the constant radio reporting of movements by staff and the use of closed circuit television cameras (present in all areas of the centre, except bedrooms).

3. Regime

105. Juveniles have a particular need for physical activity and intellectual stimulation. 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.

Further, girls and young women deprived of their liberty should enjoy access to such activities on an equal footing with their male counterparts.

106. Both of the centres visited proclaimed similar guiding principles as a foundation of the programmes of activities for the young persons in their charge. The core aims were to address offending behaviour and foster skills and attitudes with a view to enabling reintegration in the outside community, while taking into account the unique needs of every individual. For example, the director of Medway informed the delegation that a principal goal was to build up the self-esteem of the minors by encouraging and recognising achievement in a manner which was absent in their former environments. These are commendable aspirations.

107. In practice, the centres offered developed and individualised programmes of activities, equally accessible to minors of both sexes. Those programmes included education following national standards, vocational training and extracurricular activities (sport, drama, etc.). The premises for activities (classrooms, workshops, indoor and outdoor sports facilities) were well-designed and equipped to a high standard. The vocational training courses were varied and open to many residents at each centre; course offerings ranged from hairdressing to construction trades.

108. It should be noted that each centre applied a system of incentives and privileges to encourage and reward good behaviour. The incentives related to the use of radios and television sets in bedrooms, permission to play computer games, “girl-specific” bonuses such as cosmetics (at Medway), etc.

In the CPT’s opinion, the socio-educative value of such incentive schemes in the context of juvenile detention would be enhanced if additional emphasis were to be placed on the acquisition of greater responsibility, rather than limiting incentives to material privileges. The CPT understands that the Youth Justice Board intends to review, by the end of 2001, the system of incentives and privileges with a view to their standardisation. **The CPT trusts that, in the context of that review, due account will be taken of the above remarks.**

109. Management staff at both centres considered it desirable to create more opportunities for minors to engage in activities beyond the confines of the institutions, in the interest of their future reintegration in the community. As matters stood, minors subject to Detention and Training Orders or long-term detention almost never left the centres (the sole exception being one resident at Medway). It was foreseen that a new semi-open unit at Hillside Secure Centre would ameliorate the situation as regards certain inmates.

The CPT fully agrees that participating in activities beyond the boundaries of the detention facility can be beneficial for juveniles deprived of their liberty, many of whom have behavioural problems related to emotional deprivation or a lack of social skills. **The CPT would like to receive the comments of the United Kingdom authorities on this subject.**

4. Staffing issues

110. 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.

111. The delegation was informed that staff in each of the centres visited had received induction training for working with minors in a secure setting. There was no separate custodial/security staff; instead, such duties were performed by staff assigned to each unit (referred to as “residential child care staff” at Hillside and “training assistants” at Medway), also responsible for the guidance and care of children. Staffing levels allowed for individual attention to be paid to children, and staff and minors appeared to be interacting in a generally positive and relaxed manner, with all individuals addressing one another on a first-name basis.

Residential child care staff at Hillside did not wear uniforms, unlike the training assistants at Medway, who wore forest green track suits. The director of the latter establishment expressed the desire to eliminate uniforms altogether. **The CPT believes that this would be a positive development.**

5. Health care

112. 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.

113. The information gathered indicates that - on the whole - the above-mentioned criteria were being met in the establishments visited. However, the delegation was concerned by the absence of a clinical psychologist at Hillside, given the profile of the establishment's residents. **The CPT recommends that this shortcoming be remedied.**

114. 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.

Newly-arrived juveniles were being medically screened by one of the nurses at Medway. As for Hillside, screening of recent arrivals was performed by a doctor who attended the establishment once a week and on request. **The CPT recommends that the relevant authorities verify that interviews/examinations of newly-arrived residents by health care staff at Hillside take place as soon as possible, preferably on the day of admission.**

6. Complaints and inspection procedures

115. 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.

The CPT also attaches particular importance to regular visits to all juvenile establishments by an independent body (for example, a visiting committee or a judge) with authority to receive - and, if necessary, take action on - juveniles' complaints and to inspect the facilities.

116. The situation in this respect was found to be fully satisfactory in both establishments visited.

Information on complaints procedures was provided to both minors and their parents/guardians in an understandable manner, and avenues for dealing with grievances were both varied and accessible (e.g. free telephone contact with a child advocacy group, presence of a Home Office Monitor at Medway during business hours, etc.). An examination of the relevant records revealed the processing of complaints - even minor ones - to be diligent.

117. As for inspections, there was regular monitoring of each centre by the Home Office, the relevant Social Services Inspectorate, and certain independent groups. The CPT welcomes the existence of these mechanisms.

III. RECAPITULATION AND CONCLUSIONS

A. Police establishments

118. In the establishments visited in or around London, the CPT's delegation heard no allegations of ill-treatment by the police. However, a number of young persons interviewed separately at both Parc Prison and Hillside Secure Centre alleged that they had been ill-treated (punches, kicks, verbal abuse) by police officers in different parts of Wales. Most of the allegations related to the time of apprehension; however, some of the persons interviewed claimed that they had been ill-treated whilst held at a police station.

The CPT has recommended that the authorities deliver to police forces in Wales the clear message that the ill-treatment of detained persons is not acceptable and will be severely sanctioned if it occurs, and that they be unambiguously reminded that no more force than is strictly necessary should be used when effecting an arrest. The CPT has also recommended that, even in the absence of an express allegation of ill-treatment, the competent authorities request a forensic medical examination whenever there are other grounds (e.g. bruising on visible parts of the body) to believe that a person brought before them could have been the victim of ill-treatment.

119. The three basic safeguards against ill-treatment of persons detained by the police advocated by the CPT (rights of notification of custody, access to a lawyer and access to a doctor) on the whole appeared to operate in a satisfactory manner. However, a number of young detained persons in Wales alleged that police officers had refused their request for a lawyer, or had obstructed their lawyers' attempts to contact them. The CPT has therefore recommended that steps be taken to ensure that the provisions concerning the right of access to a lawyer in the Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers are being rigorously applied in practice in Wales.

120. After the 1997 visit to the United Kingdom, the CPT expressed misgivings about the efficacy of legal remedies for police misconduct. The proposals currently being examined for a new procedure for handling complaints against the police, which include the establishment of an Independent Police Complaints Commission (IPCC), are capable of remedying some of the deficiencies identified by the Committee. In this context, the CPT has suggested that all cases involving allegations of ill-treatment by the police or where there are other grounds to believe that such ill-treatment may have occurred should be investigated by the IPCC.

121. The information gathered during the visit indicated that conditions of detention in police establishments in the London region and at Colchester were satisfactory. However, the CPT's delegation found that cells at Cardiff Central Police Station were dirty and poorly ventilated. Moreover, a number of persons interviewed, including police officers, stated that a similar situation obtains in other police stations in Wales. The CPT has recommended that conditions in police detention facilities in Wales be reviewed.

B. Court detention facilities

122. The CPT's delegation received no allegations and gathered no other evidence of ill-treatment of detainees by security staff at the court detention facilities visited, and found that, with very few exceptions, conditions of detention in those facilities were adequate.

123. Other issues raised by the CPT include the keeping of records on use of force by staff at the Old Bailey and the transport of prisoners between police stations, prisons and courts, a task which has been entrusted to the private security company in charge of the management of the court detention facilities visited. As regards in particular the transport of prisoners, the delegation heard some complaints about the duration of certain journeys (up to six hours); while the cubicles in the vans used for this purpose were quite adequate for short journeys, they were not suitable for the transport of prisoners - especially children - when the journey was lengthy. Consequently, the CPT has recommended that current arrangements for the transport of prisoners be reviewed.

C. Prisons

124. The CPT has acknowledged the efforts being made by the United Kingdom authorities to address existing shortcomings in the prison system in England and Wales. Noteworthy improvements have taken place concerning both material conditions of detention and programmes of activities for prisoners. However, the information available to the CPT shows that much remains to be done to achieve the Prison Service's objective of holding all prisoners in "a safe, decent, and healthy environment".

125. No allegations of physical ill-treatment of prisoners by staff were heard at Parc and Woodhill Prisons. At Feltham, the CPT's delegation interviewed one inmate who claimed that several officers had recently punched him and banged his head against the floor, and it was also informed of a few other recent allegations of ill-treatment by custodial staff. At Pentonville Prison, some inmates interviewed claimed that they had been ill-treated by prison officers (e.g. punched, restrained in a painful manner without reason). To varying degrees, in all of the establishments visited, the delegation received allegations of verbal abuse and unfriendly, confrontational or overly strict behaviour on the part of some staff members. That said, the delegation gained the impression that, on the whole, relations between inmates and prison officers were relaxed and of a constructive nature.

The CPT has recommended that staff at Pentonville and Feltham be reminded at the earliest opportunity that abuses of authority by prison officers are not acceptable and will, if discovered, be dealt with severely. As regards more particularly Pentonville Prison, it has recommended that prison officers be reminded that force should only be used as a last resort and must not be more than is strictly necessary. Further, training in interpersonal communication skills should be more widely available to prison officers, in particular at Pentonville Prison. Building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation.

126. The delegation formed the impression that, at senior management level, there was a strong determination to take decisive action to eradicate any physical or verbal abuse of inmates by staff. However, the CPT has expressed some misgivings concerning complaints procedures at Pentonville Prison; it has therefore welcomed the Governor's request for an external independent audit of the investigation of complaints and the creation of a new post in the establishment to ensure the protection and safety of prisoners. The Committee has underlined that prisoners' complaints procedures should offer appropriate guarantees of independence and impartiality, and that persons who may have been ill-treated should not be discouraged from pursuing a complaint.

127. In all of the establishments visited, the delegation heard accounts of inter-prisoner violence and bullying. The situation was by far the worst at Feltham Young Offenders Institution and Remand Centre. The CPT has emphasised that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm. It has recommended that current strategies to combat inter-prisoner violence be vigorously pursued and that means of rendering them more effective be explored.

128. As regards conditions of detention, the inmate population of all of the prisons visited was within their respective certified normal accommodation or operational capacity. Notwithstanding this, some prisoners at Feltham and Woodhill and many prisoners at Pentonville were being held two to a cell measuring 8.5 m² or less, including in-cell sanitation. The CPT has recommended that cells measuring 8.5 m² 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). It has also recommended that the partitioning of in-cell lavatories be improved and that steps be taken to remedy other shortcomings observed; particular efforts are required to keep units with a high turnover of remand prisoners in a satisfactory state of repair and cleanliness.

129. In the establishments visited, emphasis was being placed on developing the programmes of activities for prisoners (work, education, sport), and the CPT has praised some of the facilities available for activities. However, at Pentonville and Woodhill Prisons, work or educational activities were offered only to approximately half of the inmates; the regime of remand and vulnerable prisoners was particularly impoverished. At Feltham B, most inmates aged 18 or more were not offered a regime worthy of the name. The CPT has stressed the importance of offering a satisfactory programme of activities to all prisoners, both remand and sentenced, and recommended that the authorities continue to strive to develop regime activities for prisoners.

130. At Feltham, Pentonville and Woodhill, out-of-cell and outdoor exercise entitlements were not always being respected, apparently due to staff shortages or agreed working conditions. More particularly, for a significant proportion of prisoners at Feltham B, the only out-of-cell time was one hour of association time per day; offering them outdoor exercise was the exception rather than the norm. This state of affairs is not acceptable. The CPT has recommended that steps be taken to ensure that prisoners are guaranteed the basic requirement of at least one hour of outdoor exercise per day; if necessary, the relevant provision (rule 30) of the 1999 Prison Rules should be amended.

131. On the whole, material conditions of detention at Woodhill Prison's Close Supervision Centre (CSC) were acceptable. Further, although prisoners were at first offered a rather austere regime, depending on their conduct they could progress and participate in certain activities. Staff were making efforts to work with inmates in a constructive manner. The CPT has recommended that the range of activities offered at the CSC continue to be developed.

132. The joint efforts of the Health and Prison Services have led to positive changes in the health care provided to prisoners. Nonetheless, the CPT has made certain recommendations with a view to remedying persisting shortcomings, e.g. the presence of general practitioners at Feltham to be substantially increased, and separate accommodation and association facilities to be provided in prison health care services for psychiatric and somatic patients.

As regards more particularly psychiatry, none of the psychiatrists at Feltham had received specialised training in child and adolescent psychiatry, and the provision in terms of ambulatory psychiatric care at Pentonville and Woodhill Prisons needs to be significantly increased. Moreover, the transfer of mentally ill prisoners to a suitable mental health establishment appeared to pose problems. The CPT has recommended that steps be taken to ensure that mentally disturbed prisoners who require in-patient treatment are kept and cared for in appropriate facilities.

133. The CPT has encouraged the United Kingdom authorities to pursue their strategies concerning the management of drug-related problems in prison. It has pointed out that successful rehabilitation of prisoners with such problems may well require a substitution programme leading, through adequate guidance and counselling, to a free decision to detoxify and to participate in a rehabilitation programme. Further, prisoners undergoing detoxification should be offered the possibility to participate in adequately resourced rehabilitation programmes, including education and training designed to enhance their social skills, develop working habits and provide them with suitable qualifications.

134. Further, the CPT has underlined the importance of ongoing monitoring systems of prisons managed by private sector contractors; such systems should be capable of ensuring that the State remains in a position to discharge all its obligations vis-à-vis persons deprived of their liberty.

D. The Military Corrective Training Centre

135. No allegations of physical ill-treatment of inmates by staff were received at the Military Corrective Training Centre (MCTC); moreover, staff was widely said to be correct in their dealings with prisoners. However, several inmates claimed that some members of staff tended to address them in a harsh and abusive manner and a few prisoners made similar allegations concerning staff in charge of their custody prior to their transfer to the MCTC. Military personnel in charge of detained persons should receive the clear message that all forms of ill-treatment, including verbal abuse, are not acceptable.

136. The material conditions of detention and regime offered at the MCTC were of a high standard. In particular, prisoners had military drill/physical training and educational activities adapted to their needs. The CPT has suggested that the range of officially recognised qualifications which can be obtained at the MCTC be broadened.

137. Visiting arrangements at the MCTC were very good and, after some twelve weeks of detention at the centre, prisoners were given the opportunity to use a telephone on a regular basis. The CPT has recommended that inmates be authorised to use a telephone on a regular basis, as from the outset of their detention at the MCTC.

The Committee has also recommended that the Imprisonment and Detention (Army) Rules 1979 be amended in order to ensure that inmates undergoing disciplinary segregation are offered at least one hour of outdoor exercise every day.

E. Detention facilities for children

138. The delegation heard no allegations of ill-treatment by staff in the detention facilities for children visited (Hillside Secure Centre and Medway Secure Training Centre). More generally, staff and minors appeared to be interacting in a generally positive and relaxed manner.

139. Material conditions of detention were of good standard and inmates were offered developed and individualised programmes of activities (education, vocational training) which took place in well designed and equipped premises.

Each centre applied a system of incentives and privileges to encourage and reward good behaviour. The CPT considers that the socio-educative value of the schemes would be enhanced if additional emphasis were to be placed on the acquisition of greater responsibility, rather than limiting incentives to material privileges. Further, in the interest of their future reintegration in the community, children would benefit from participating in activities beyond the boundaries of the detention facility.

140. Finally, while the health care provided to detained children on the whole met the required standards, the CPT has stressed that Hillside Secure Centre should have the services of a clinical psychologist. The Committee has also recommended that interviews/examinations of newly-arrived residents by health care staff at Hillside take place as soon as possible, preferably on the day of admission.

F. Action on the CPT's recommendations, comments and requests for information

141. The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I.

142. 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 report 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 report reactions to the comments formulated in this report which are listed in Appendix I as well as replies to the requests for information made.

APPENDIX I

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

A. Police establishments

1. Ill-treatment

recommendations

- police forces in Wales to receive, at the earliest opportunity, the clear message that the ill-treatment of detained persons is not acceptable and will be severely sanctioned if it occurs, and an unambiguous reminder that no more force than is strictly necessary should be used when effecting an arrest (paragraph 11);
- even in the absence of an express allegation of ill-treatment, the competent authorities to request a forensic medical examination whenever there are other grounds to believe that a person brought before them could have been the victim of ill-treatment. This is all the more important in relation to juveniles, who are inherently more vulnerable than adults and may be easily discouraged from making a complaint (paragraph 12).

requests for information

- information on complaints of ill-treatment lodged against police officers in Wales during the year 2000 and on any criminal or disciplinary proceedings initiated as a result, as well as on the outcome of those proceedings; corresponding nationwide statistics for the year 2000 (paragraph 10).

2. Safeguards against ill-treatment by the police

recommendations

- steps to be taken to ensure that the provisions of the Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers concerning the right of access to a lawyer are being rigorously applied in practice in Wales (paragraph 13).

requests for information

- up-to-date information on the implementation of the CPT's recommendation that the right of access to another lawyer, when access to a specific lawyer is delayed, be the subject of a legally binding provision (paragraph 14);

- up-to-date information concerning the video recording of police interviews of detained persons and on any plans to extend video recording to all such interviews (paragraph 16).

3. Conditions of detention

recommendations

- conditions in police detention facilities in Wales to be reviewed and, if necessary, appropriate measures to be taken to ensure that they meet the general criteria employed by the CPT in this respect (paragraph 18).

4. Developments as regards the system of legal remedies for police misconduct

recommendations

- the proposals referred to in paragraph 22 to be implemented (paragraph 22).

comments

- all cases involving allegations of ill-treatment by the police or where there are other grounds to believe that such ill-treatment may have occurred should be investigated by the Independent Police Complaints Commission (IPCC), regardless of whether they fall under one of the mandatory-referral categories specified in the framework document published in December 2000 (paragraph 21).

B. Court detention facilities

1. Preliminary remarks

requests for information

- comments on the question of staffing levels at court detention facilities (paragraph 25);
- detailed information on the initial and in-service training of custodial staff working in court detention facilities (paragraph 25).

2. Conditions of detention

recommendations

- steps to be taken to remedy the shortcomings referred to in paragraph 27 concerning material conditions in the detention facilities at Highbury Magistrates Court and the Old Bailey (paragraph 27).

3. Further remarks

recommendations

- the keeping of records on use of force by custodial staff at the Old Bailey to be reviewed, in the light of the remarks made in paragraph 28 (paragraph 28);
- current arrangements for the transport of prisoners, particularly children, to be reviewed, in the light of the remarks made in paragraph 30 (paragraph 30).

requests for information

- detailed information about the Lay Observers' powers and activities, as well as on the action taken upon their recommendations (paragraph 29).

C. Prison establishments

1. Preliminary remarks

comments

- much remains to be done to achieve the objective of holding all prisoners in “a safe, decent, and healthy environment” (paragraph 36).

2. Ill-treatment

recommendations

- the authorities at both central and local level to reiterate at the earliest opportunity, vis-à-vis staff at Pentonville Prison and Feltham Young Offender Institution and Remand Centre, the message that abuses of authority by prison officers are not acceptable and will, if discovered, be dealt with severely (paragraph 42);

- prison officers in Pentonville Prison to be reminded that force should only be used as a last resort and must not be more than is strictly necessary (paragraph 44);
- current strategies to combat inter-prisoner violence to be pursued vigorously and means of rendering them more effective to be explored (paragraph 51).

comments

- the record made of the medical examination of an inmate following a violent episode in prison should contain (i) a full account of the statements made by the person concerned which are relevant to the medical examination (including the description of his/her state of health and any allegations of ill-treatment), (ii) a full account of objective medical findings based on a thorough examination, and (iii) the doctor's conclusions in the light of (i) and (ii) (paragraph 43);
- training in interpersonal communication skills should be more widely available to prison officers, in particular at Pentonville Prison. Building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation (paragraph 45);
- prisoners' complaints procedures should offer appropriate guarantees of independence and impartiality, and persons who may have been ill-treated should not be discouraged from pursuing a complaint (paragraph 47).

requests for information

- information on the results of the external independent audit of the investigation of complaints at Pentonville Prison and further details on the post created to ensure the protection and safety of prisoners in that establishment (paragraph 47);
- for 2000 and 2001:
 - the number of complaints lodged concerning ill-treatment by prison officers in England and Wales and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;
 - an account of those complaints and the outcome of the proceedings (allegations, brief description of the findings of the relevant court or body, verdict, sentence/sanction imposed) (paragraph 48).

3. Conditions of detention

recommendations

- cells measuring 8.5 m² or less to accommodate no more than one prisoner (save in exceptional cases when it would be inadvisable for a prisoner to be left alone) (paragraph 52);

- the partitioning of in-cell lavatories to be improved (paragraph 53);
- steps to be taken to remedy the shortcomings referred to in paragraph 54. Particular efforts are required to keep units with a high turnover of remand prisoners in a satisfactory state of repair and cleanliness (paragraph 54);
- the United Kingdom authorities to continue to strive to develop regime activities for prisoners; particular efforts are required to increase the number of prisoners engaged in activities at Pentonville and Woodhill Prisons, as well as at Feltham B (paragraph 57);
- steps to be taken to ensure that prisoners are guaranteed the basic requirement of at least one hour of outdoor exercise per day; if necessary, rule 30 of the Prison Rules 1999 should be amended (paragraph 58).

4. The Close Supervision Centre at Woodhill Prison

recommendations

- the range of activities offered to prisoners at the Close Supervision Centre (CSC) to continue to be developed (paragraph 67);
- a high priority to be accorded to the implementation of plans to build sports facilities for inmates held at the CSC (paragraph 67).

requests for information

- comments on the subject raised in paragraph 63 concerning prisoners suffering from mental disorders held in the CSC at Woodhill Prison, including further information about the criteria applied for admission to the close supervision system and details on the assessment of the mental health of candidates (paragraph 63);
- the conclusions of the United Kingdom authorities concerning sleeping arrangements at the CSC and remedial action taken, and comments on the other complaints made by prisoners held at the CSC (paragraph 64).

5. Health care

recommendations

- immediate steps to be taken to increase substantially the presence of general practitioners at Feltham (paragraph 73);
- arrangements to be made to ensure that the prolonged absence of doctors at Woodhill Prison is not detrimental to the quality of care provided to prisoners (paragraph 73);

- steps to be taken to remedy the shortcomings concerning health-care facilities mentioned in paragraph 75 (paragraph 75);
- the provision in terms of ambulatory psychiatric care at Pentonville and Woodhill Prisons to be increased significantly (paragraph 76);
- establishments which accommodate juveniles should have the possibility to have recourse to child and adolescent specialists (paragraph 76);
- immediate steps to be taken to ensure that mentally disturbed prisoners who require in-patient treatment are kept and cared for in appropriate facilities (paragraph 78).

requests for information

- comments on the amount and management of nursing staff resources at Pentonville and Woodhill Prisons (paragraph 74).

6. Other issues

- a. information for prisoners

comments

- efforts should be made to ensure that all newly admitted prisoners are systematically supplied with written information on the regime in force in the establishment and on their rights and duties, in a language which they understand (paragraph 79).

- b. the management of drug-related problems in prison

recommendations

- the management of drug-related problems in prison to be reviewed, in the light of the remarks made in paragraph 83 (paragraph 83).

comments

- the 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 should be vigorously pursued (paragraph 81).

- c. inspection procedures and supervision

comments

- it is important that there are ongoing monitoring systems of privately managed prisons, capable of ensuring that the State remains in a position to discharge all its obligations vis-à-vis persons deprived of their liberty (paragraph 85).

D. The Military Corrective Training Centre (MCTC)

1. Ill-treatment

recommendations

- the authorities at both central and local level to deliver to military personnel in charge of detained persons the clear message that all forms of ill-treatment, including verbal abuse, are not acceptable (paragraph 87).

2. Conditions of detention

comments

- the CPT invites the United Kingdom authorities to broaden the range of officially recognised qualifications which can be obtained at the MCTC (paragraph 89);
- the CPT invites the authorities to explore the possibility of offering mixed gender association at the MCTC, in particular when there are only a few female prisoners (paragraph 90).

requests for information

- further comments concerning the prohibition of conversation during mealtimes at the MCTC (paragraph 91).

3. Health care

comments

- treating doctors should not be subject to reporting obligations which are capable of undermining doctor-patient confidence (paragraph 93).

4. Other issues

recommendations

- inmates to be authorised to use a telephone on a regular basis, as from the outset of their detention at the MCTC (paragraph 95);
- the Imprisonment and Detention (Army) Rules 1979 to be amended in order to ensure that inmates undergoing segregation as a disciplinary measure are entitled to at least one hour of outdoor exercise every day (paragraph 99).

requests for information

- further information on the possible control and censorship of prisoners' correspondence with their legal advisers and with relevant national and international authorities (paragraph 96);
- further information on inmates' right to appeal against disciplinary sanctions (paragraph 98).

E. Detention facilities for children

1. Regime

comments

- the CPT trusts that, in the context of the review of the system of incentives and privileges, due account will be taken of the remarks made in paragraph 108 (paragraph 108).

requests for information

- comments concerning minors' participation in activities beyond the boundaries of detention facilities (paragraph 109).

2. Staffing issues

comments

- eliminating uniforms at Medway Secure Training Centre would be a positive development (paragraph 111).

3. Health care

recommendations

- a clinical psychologist to be engaged at Hillside Secure Centre (paragraph 113);
- the relevant authorities to verify that interviews/examinations of newly-arrived residents by health care staff at Hillside Secure Centre take place as soon as possible, preferably on the day of admission (paragraph 114).

APPENDIX II

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

A. National authorities

Home Office

Paul BOATENG	Minister of State with responsibility for prison matters
Barbara ROCHE	Minister of State with responsibility for immigration
Martin NAREY	Director General of the Prison Service
Bob DAW	Directorate of Resettlement, Prison Service
Mary BATCHELOR	Directorate of Resettlement, Prison Service
Simon HICKSON	Head of Juvenile Offenders Unit
Paul PUGH	Head of Police Leadership and Powers Unit
John UNWIN	Police Leadership and Powers Unit
Colin HARBIN	Deputy Director of Enforcement Directorate, Immigration Service
Philip STEVENS	Human Rights Unit
Ian MAYNARD	Human Rights Unit

Department of Health

Philip HUNT	Parliamentary Secretary of State with responsibility for prison health care
Derek GARDINER	
Savas HADJIPAVLOU	

Ministry of Defence

Martin FULLER	Director of Conduct and Discipline Policy Department
Willie WOOD	Colonel
Robin WOLFENDEN	Major

Other authorities

David RAMSBOTHAM
Colin ALLEN

Chief Inspector of Prisons
Deputy Chief Inspector of Prisons

Stephen SHAW

Prisons Ombudsman

David GILROY
Stephen HART

Deputy Chief Inspector, Social Services Inspectorate
Inspector, Social Services Inspectorate

B. Non-governmental organisations

The Howard League for Penal Reform

Liberty

National Association for the Care and Resettlement of Offenders (NACRO)