

Report on an unannounced full follow-up  
inspection of

# **HMP Liverpool**

8 – 16 December 2011

by HM Chief Inspector of Prisons

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# Introduction

HMP Liverpool, known locally as Walton Gaol, is a large, local prison for remand and convicted men mainly from the Merseyside area. Previous inspections have found very little progress made in addressing some of the prison's deep-rooted problems and so it is to the credit of the current management and staff that this inspection found progress was being made, albeit painfully slowly and with some significant gaps.

In our survey, more prisoners than at our last inspection and at similar prisons told us that most staff treated them with respect and that they had a member of staff they could turn to if they had a problem. We observed generally relaxed and friendly interactions between staff and prisoners but mutual expectations appeared low. The prison struggled to keep old and sometimes literally crumbling buildings decent and habitable. A traffic light system had been introduced which now, at least, ensured cells in the very worst condition were taken out of use. Although, in our survey, prisoners from some minority groups reported less positively than the majority of the population, the prison's work on diversity issues had a new, positive impetus. There was an enthusiastic equalities team who were well regarded by prisoner diversity representatives, but it was now important that the new and comprehensive equalities strategy embedded further improvements in the work of the prison as a whole. Health services remained good.

Prisoners also told us that they felt safer in the prison than at our last inspection and perceptions of safety were now similar to other local prisons. For the population as a whole, the evidence generally bore out their perceptions. The recorded level of fights and assaults had fallen significantly since our last inspection. Levels of self-harm were relatively low and the average number of open ACCT documents (suicide and self-harm monitoring procedures) had remained constant. Despite this, there was no room for complacency. Both violence reduction and ACCT procedures needed more consistent implementation on the wings and a greater emphasis on tackling underlying causes. We found evidence that a problem of misplaced risk information identified by an investigation into a self-inflicted death earlier in 2011 was repeated on the arrival of another prisoner during the inspection. There had been three self-inflicted deaths since our last inspection and very sadly another death, which appeared to be self-inflicted, took place during the course of the inspection itself.

Most vulnerable prisoners had, at some time, feared for their safety in the prison. Problems with first night procedures were a significant factor in this. There were designated first night landings for ordinary and vulnerable prisoners but neither had the capacity required to cope with the flow of prisoners. This was bad enough for the general population but we found vulnerable prisoners located among the general population in their first week who had been forced to remain in their cells, unable to shower or associate. Most vulnerable prisoners had a very poor induction. Even after the first night and induction periods, the vulnerable prisoner wing did not have space for all and we found incidents of vulnerable prisoners who had been assaulted on the main wings where they had had to be located. Relationships between staff and prisoners on the vulnerable prisoner wing were good, but poor arrangements for securing the safety of vulnerable prisoners restricted their access to almost all other parts of the regime. They were less likely to be able to shower daily. They had very poor access to education, work and library provision, and no access at all to vocational training. Many did not even feel safe enough to attend religious services because these were held jointly with the main population. They had less access to some resettlement support and they felt stigmatised and threatened during visits. This was an unacceptable state of affairs and there was little sign the prison was addressing it in the determined way required.

The incentives and earned privileges scheme had been used to reinforce a zero tolerance approach to a range of bad behaviour. In practice, this was too often used as a crude punishment system with little emphasis on encouraging good behaviour. Of most concern was the designation of one wing landing as a 'reintegration unit' where prisoners on the 'basic' level of the scheme were held. Prisoners were placed on the basic level and in the unit for offences where an adjudication would normally be held but where the evidence was not sufficient to support formal charges. The unit was little different from segregation but without the procedural and governance safeguards segregation would require. In some aspects, the unit did not meet the minimum standards required by the prison service. Prisoners were not allowed association for the first 14 days they spent in the unit and, until the inspection, were not allowed a radio. Certainly, there was little evidence of the 'reintegration' the name implied. We found very vulnerable men on open ACCTs in the unit and others with meaningless targets where little effort was made to identify the reasons for their behaviour and where the regime was far too restrictive to meet their needs.

It was welcome that prisoners could spend more time out of their cells since our last inspection and that a greater range of activity was available. The quality of education, training and work opportunities was mixed and the good quality assurance processes that had been in place at the last inspection had not been sustained. The workshops did not lead to recognised qualifications and there was not enough steady contract work to provide a realistic working environment. Nevertheless, these problems had been identified and were being addressed. Roles and responsibilities had been reassigned and the prison was now well placed to implement its learning and skills strategy.

The prison's new reducing reoffending strategy was based on a thorough needs assessment but the strategy had not been in place long enough to assess its impact. The prison had developed good community links. However, resettlement resources were not adequate to meet the needs of the population held. There were significant backlogs of the reviews necessary to address prisoners' offending behaviour and little planning for remand or short-term prisoners. Housing services were stretched and some prisoners did not have accommodation confirmed until the day they were released; during the inspection just before Christmas, some prisoners expressed great anxiety that they would be homeless after release.

The challenge of making the improvements that HMP Liverpool requires should not be underestimated. There is still a need for significant improvements and some aspects of the regime – particularly the treatment of vulnerable prisoners and those on the basic incentives level – are unacceptable. However, overall this inspection found improvements were being made and the prison had some encouraging plans for the future, although they were still too new to be judged during this inspection. We hope that by the time of our next inspection these plans will have borne fruit and the improvements we began to see on this inspection will have accelerated.

**Nick Hardwick**  
**HM Chief Inspector of Prisons**

**February 2012**

# Fact page

## **Task of establishment**

To accommodate category C and B convicted male adults and remand and unconvicted men sentenced to custody by the courts in the Merseyside area.

## **Area organisation**

North West

## **Number held**

1253 (6 December 2011)

## **Certified normal accommodation**

1190

## **Operational capacity**

1477 (6 December 2012)

## **Last full inspection**

February 2007

## **Brief history**

HMP Liverpool was built in 1855 and covers some 22 acres. It has a single capped security wall and includes eight residential wings. A new purpose-built health care centre opened in partnership with Merseyside Primary Care Trust in July 2007.

## **Description of residential units**

A wing 3D (Drug free) unit  
B wing First night/induction/remand/segregation unit  
F wing Category C  
G wing Category B convicted and unsentenced  
H wing Detoxification unit IDTS  
I wing Category C  
J wing J1 Reintegration unit, J2 Resettlement unit  
K wing Vulnerable prisoners

## **Escort contractor**

GeoAmey

## **Health service commissioner and providers**

Liverpool Community Health Trust

## **Learning and skills providers**

The Manchester College





# Healthy prison summary

## Introduction

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HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

<b>Safety</b>	prisoners, particularly the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

**- outcomes for prisoners are good against this healthy prison test.**

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

**- outcomes for prisoners are reasonably good against this healthy prison test.**

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

**- outcomes for prisoners are not sufficiently good against this healthy prison test.**

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

**- outcomes for prisoners are poor against this healthy prison test.**

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- HP5 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.
- HP6 At the last inspection in 2009, we found that Liverpool was not performing sufficiently well against the healthy prison test of safety. We made 33 recommendations, of which nine had been achieved, four had been partially achieved and 20 were not achieved. We have made 17 further recommendations, including two main recommendations.
- HP7 In 2009, we found that Liverpool was performing reasonably well against the healthy prison test of respect. We made 67 recommendations, of which 22 had been achieved, 17 had been partially achieved and 28 were not achieved. We have made 20 further recommendations, including one main recommendation.
- HP8 In 2009, we found that Liverpool was not performing sufficiently well against the healthy prison test of purposeful activity. We made 18 recommendations, of which five had been achieved, three had been partially achieved and 10 were not achieved. We have made 11 further recommendations.
- HP9 In 2009, we found that Liverpool was not performing sufficiently well against the healthy prison test of resettlement. We made 44 recommendations, of which nine had been achieved, nine had been partially achieved and 26 were not achieved. We have made six further recommendations, including two main recommendations.

## Safety

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- HP10 Reception was busy but efficient. First night procedures remained unstructured and were particularly poor for vulnerable prisoners who also had an inadequate induction. Prisoners reported feeling safer than previously and the number of reported violent incidents had reduced but the violence reduction strategy was not effective, with few investigations and poor monitoring. A unit for basic prisoners was too punitive. There was reasonable support for those identified as at risk of self-harm but some assessment, care in custody and teamwork procedures needed tightening. There was little effective monitoring of the use of segregation and other disciplinary measures such as adjudications and the use of force. Support for drug-dependent prisoners was good. The mandatory drug testing rate was still relatively high. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP11 Prisoners were reasonably positive in our survey about their experience of escorts. Most did not have long journeys but some waited a long time for transfer from courts. Few prisoners were given sufficient notice of their transfer to other prisons and too many still arrived from the Birmingham area.
- HP12 Reception was busy and some prisoners waited there for several hours. All men got a free telephone call and the opportunity to shower on arrival. First night interviews, including cell-sharing risk assessments, were not carried out in private. Officers addressed prisoners by

surname alone and, apart from reception formalities, there was little engagement or supervision. There was no formal peer support in reception.

- HP13 Apart from vulnerable prisoners, more men than previously said they felt safe on their first night but there was still no first night strategy to ensure consistent support. Information given by reception officers varied in detail and quality. Published information relied on prisoners being able to read well. Most new arrivals went to B5 landing but when it was full they were dispersed wherever there was a space. Vulnerable prisoners often went to J2 landing but whether they were there or on B5 they had an unacceptably poor regime; some had waited a week for a shower or any association.
- HP14 There were no satisfactory induction arrangements for vulnerable prisoners and many fewer than previously, and than in comparison with other prisoners, said they had attended an induction course. The induction sessions we observed were appropriately run and covered what was needed.
- HP15 General perceptions of safety had improved and were now similar to other local prisons. Recorded levels of fights and assaults had fallen. However, the violence reduction strategy was uncoordinated, with poor links between safer custody and security and little meaningful prisoner involvement. A wide range of data on indicators of violence was collated but not effectively used to identify trends or direct the strategy. In recent months two thirds of requests from the safer custody team for investigations by residential staff into potential violent incidents had not been completed and few prisoners were monitored. Completion of behaviour monitoring documents was very poor. A high proportion of vulnerable prisoners said they had felt unsafe in the prison at some time but it was positive that the number who said they actually felt unsafe at the time of the survey had reduced significantly. Vulnerable prisoners said they generally felt safe on K wing.
- HP16 The incentives and earned privileges (IEP) scheme was too focused on regression to basic rather than encouraging improvement. All prisoners placed on basic were held on J1 landing where the regime was too punitive. There was no multidisciplinary input to reflect the unit's stated aim as a reintegration unit. Too many were regressed to basic quickly and some were men who needed additional support on the wings. Moves to basic were used when it was not possible to establish guilt at an adjudication which was a subversion of proper disciplinary procedures. Men spent too much time locked in cells in conditions similar to cellular confinement, which was particularly inappropriate for those identified as at risk of suicide or self-harm.
- HP17 Incidents of self-harm were relatively low but sadly there was an apparent self-inflicted death during the inspection. The investigation into the last self-inflicted death in June 2011 had noted problems about misplaced risk information and we were concerned that similar information about a newly arrived prisoner during the inspection was not highlighted and dealt with on his first night. It was not evident that all vulnerabilities were identified and acted on and too many staff were out of date with their ACCT training. Some investigations were completed following serious self-harm incidents but little was done to ensure that learning points were promulgated. ACCT assessments were generally clear and most reviews had some multidisciplinary presence but few care plans identified individual members of staff to support prisoners. Reviews were rarely chaired by the same case manager. Good support was provided by the crisis intervention team, chaplaincy and Listeners.
- HP18 There was a good flow of security information reports (SIRs) and most functions were represented at security committee meetings. Outcomes from SIRs were mixed. Target searches were usually carried out as required but not suspicion drug tests. Security

arrangements were mostly proportionate but too many prisoners were placed on closed visits for inappropriate reasons.

- HP19 Many authorisations for segregation did not give sufficiently detailed reasons to justify its use. The regime was adequate for most men who stayed just a short time but there was insufficient stimulation for longer stayers to prevent psychological deterioration. The exercise yard was poor. Relationships in the segregation unit were positive. There had been insufficient monitoring of the use of segregation, which had sometimes been used inappropriately for mentally ill men.
- HP20 A number of adjudication records showed insufficient enquiry into the circumstances of alleged offences and there was no regular quality assurance. Adjudications were not monitored to identify trends. Many charges were unnecessarily referred to the independent adjudicator and often dismissed because of lack of evidence.
- HP21 Use of force had risen in both years since the last inspection. Monthly figures were collected but not analysed to check whether its use was justified. Most records suggested use was appropriate but some indicated a need for senior manager scrutiny. There was commendably little use of special accommodation.
- HP22 The integrated drug treatment system (IDTS) operated well with good integration of clinical and psychosocial services. There were nearly twice as many prisoners on maintenance methadone than on reducing doses and no monitoring to identify whether more prisoners could have been encouraged into reduction and recovery. The average mandatory drug testing (MDT) rate for the previous six months was over 12% and little changed from previously. There was a supply reduction strategy but the lack of consistent suspicion and frequent testing programmes meant there was little effective response to individual drug use. Drug testing suites were unkempt and dirty.

## Respect

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- HP23 Relationships were improving but personal officer work was still underdeveloped. The prison was generally clean. There were improved systems to ensure that cells were fit for use. Prisoners remained dissatisfied with the food. Some good work was beginning to meet diverse needs but in our survey black and minority ethnic prisoners reported generally poorer perceptions than white prisoners. Some support was provided for foreign nationals but wing staff rarely used telephone interpreting services when needed. A more responsive application system had just been introduced. Health services remained very good. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP24 Most staff-prisoner interactions were relaxed and friendly but few officers used first or preferred names. More prisoners than the comparator and than previously said that most staff treated them with respect and that they had a member of staff they could turn to for support. Nevertheless, relationships lacked depth and were unchallenging. Prisoners had low expectations of officers. Few said they had a personal officer, which was unfortunate as a high proportion of those who said they had one found them helpful. Entries in case notes were sparse and said little about men's individual circumstances.
- HP25 The common areas of the prison were reasonably clean but not everywhere. Systems to help ensure unfit cells were not used had been introduced but some were too cramped for double use. Wing shower areas were much improved and most men were able to shower daily. The

standard of cleanliness and furnishings in many cells was poor and there was too much unsupervised reliance on wing cleaners to obtain cleaning materials. Some cells were cold. Management checks had improved response times to cell call bells. All prisoners were now able to wear their own clothes and there were satisfactory laundry facilities. There were some delays with mail.

- HP26 There was a new well equipped kitchen and a more varied menu. However, fewer prisoners in our survey than previously said the food was good. The withdrawal of a hot meal at lunch had been unpopular and some men said they did not get enough food. The meals we tasted were satisfactory but still served too early. Supervision of serveries had improved.
- HP27 As elsewhere, men found the shop prices expensive. Black and minority ethnic prisoners in our survey were dissatisfied with the range of products stocked. The order arrangements were inflexible and new arrivals could wait over a week to receive their first items making them vulnerable to debt and bullying.
- HP28 A relevant equalities policy was underpinned by a useful action plan. Monthly equalities group meetings were well attended and issues appropriately progressed. Diversity representatives and foreign national prisoners were positive about the support they received from the equalities manager and the coordinator. Some positive work had begun in areas such as sexuality and disability but further development was needed. There was no regular consultation with minority groups.
- HP29 In our survey, black and minority ethnic prisoners reported more negatively than white prisoners in a range of areas including safety and respect but ethnic monitoring did not indicate any consistent out-of-range trends. The quality of investigations into reported diversity incidents carried out by wing staff was unsatisfactory and there was no independent scrutiny. Some positive work with Gypsies and Travellers had just begun.
- HP30 The quality of the provision for the 61 foreign national prisoners was mixed. Twenty were immigration detainees, one of whom had been held for 17 months after his sentence expiry, which was detrimental to his mental health. The equalities coordinator provided some active support and UK Border Agency representatives attended the prison regularly but there was no independent immigration advice service. Wing officers were still reluctant to use telephone interpreters despite some cases of obvious need.
- HP31 Faith provision was good. In our survey, more prisoners than the comparator said their religious beliefs were respected and they were able to speak to a religious minister in private. Chaplains for all the main religions were active in the life of the prison. However, still very few vulnerable prisoners attended services because their services were held jointly with other prisoners.
- HP32 Following consultation with prisoners new application procedures had just been introduced to address some identified shortfalls in the system. Complaints were responded to quickly and reasonably well. A new quality assurance process ensured responses were timely and addressed the issues raised, but most were hand written and some were barely legible.
- HP33 Newly sentenced and remanded prisoners were normally seen by bail or legal service officers the day after they arrived and, in appropriate cases, helped to obtain bail.
- HP34 Health care was well managed, with appropriately qualified staff. Despite poor facilities the health care reception process was good. A wide range of clinics was provided, including a daily weekday GP session. Attendance had improved but there continued to be some

problems with appointments. Pharmacy services were adequate but some issues of medicines management needed to be addressed. The quality of dental care was satisfactory and urgent cases were seen within a week but routine check ups could take up to six months. There was good care for inpatients in an excellent facility. Mental health services were well resourced and there was a well organised single point referral meeting. Most mental health transfers to hospital were carried out in a reasonable time. Very few officers had attended the regular mental health awareness sessions.

## Purposeful activity

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- HP35 Prisoners were able to spend more time out of their cell, with increased activities and more part time provision than previously. Implementation of the learning skills strategy had been slow and few skills acquired at work were recognised or led to qualifications. There were very few vocational training places. Education was good but marred by poor punctuality. Literacy and numeracy was not supported in most work places. Access to the library was still poor. Opportunities to attend PE had improved. While some progress had been made there was still a need to improve the quality of provision in addition to the quantity to help prisoners gain useful skills. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP36 Average time out of cell recorded by the prison was eight hours a week. The range was between 10.5 hours Monday to Thursday for someone fully employed or in the worst case 3.5 hours for unemployed prisoners, of whom there were less than 100. A morning roll check showed about a third of prisoners locked in their cells. This had improved because of an increase in activities and more part time provision. Those without activities now also got a period of unlock daily for domestic tasks. Association was on a rota and some prisoners had only five days association a week. Time in the open air lasted only about 20 minutes on weekdays.
- HP37 Activities had extended significantly since the last inspection but implementation of the learning and skills strategy had been delayed by realignment of roles and responsibilities. Previous good quality assurance processes had not been sustained. The self-assessment process had not been applied to wider learning and skills in the last year but had recently been re-introduced. Quality systems were robust in education. Conduct was satisfactory in classes and workshops but some education class sizes were small and punctuality was poor in education with little encouragement to get to classes quickly.
- HP38 Prisoners received a satisfactory education induction with individual assessment of literacy and numeracy needs but did not get enough information about other activities. Information, advice and guidance interviews did not take place until four weeks after induction, which was too late to inform effective allocation to activities. The allocations process was efficient but some workshops recruited their own workers and there were no checks to ensure selection was equitable.
- HP39 A wide range of workshops offered prisoners good opportunities to develop work-related skills. However, the skills they acquired were not recognised or recorded, except in two employer-linked workshops. Some of the contract workshops did not have enough steady work and prisoners sometimes had little to do so they did not replicate a commercial work environment. In most work areas prisoners with literacy and numeracy learning needs did not receive additional support.

- HP40 The quality and the standards of work in vocational training were good. Although the range of provision was limited, there were well advanced plans to expand this and the prison was working with external providers through a social enterprise initiative. Vulnerable prisoners had no access to vocational training.
- HP41 Teaching and learning in education were good. Sessions were well planned and met prisoners' needs well. Outcomes were good and achievements had improved significantly in literacy and numeracy. The standard of work was generally good. The range of provision was good for the general population but very limited for vulnerable prisoners. Tutors had insufficient access to information and learning technology to enhance teaching and learning.
- HP42 Although some arrangements had been made which were intended to improve access to the library, fewer than the comparator in our survey said they went once a week and this had decreased since 2009. Three of the main wings usually had to rely on a trolley service and two had access to the library only every other weekend. Stock was adequate but there were only limited activities to promote literacy.
- HP43 Access to PE had improved with allocated gym time outside work and education commitments. The large sports hall housed a range of cardiovascular equipment that had reduced the opportunity to provide team sports but had allowed increased use of the facilities. The changing and shower facilities remained extremely poor. The range of accredited programmes was limited but for the large population there was an understandable emphasis on recreational PE.

## Resettlement

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- HP44 The reducing reoffending strategy was based on a thorough needs assessment. Good community partnerships had been established. The mentoring scheme provided very useful through-the-gate support. However, significant delays with OASys and sentence plans hampered prisoners' progress. There was no custody planning for short-term and remand prisoners but a new community prison officer role provided some useful help. Frequent redeployment of prison officers affected the delivery of offender management work, sentence planning and CARAT groups. Housing services were stretched. Some partnerships with employers were beginning to be developed. There was insufficient work to support contact with children and families. Despite a high level of need, there was no alcohol programme. Links with local drug intervention programmes were good. Although some progress had been made, outcomes for prisoners were still not sufficiently good against this healthy prison test.
- HP45 The prison aimed to be a community prison for Liverpool and meet the needs of men serving their entire sentence at the prison. The reducing reoffending strategy was based on a comprehensive needs analysis, although the accompanying action plan did not cover all identified needs. Until recently, management of individual pathways had lacked strategic direction but this had just been rectified. There were good links with external partners, coordinated by a third sector agency, and effective liaison with community safety partnerships. A mentoring scheme and a community prison officer role were innovative approaches to providing pre- and post-release support to local prisoners but the mentoring service relied on achieving uncertain ongoing funding.
- HP46 There remained no formal strategy for offender management. About 300 prisoners formally in scope for offender management were managed by a mixed team of probation and prison officer offender supervisors but prison officers were redeployed to other duties too often. There

was a backlog of approximately 300 start of custody OASys and no custody planning for short-term and remanded prisoners. Sentence plans identified suitable interventions to address offending behaviour and individual risks but sentence planning boards were cancelled too often. Shortage of spaces elsewhere delayed transfers of indeterminate sentenced and re-categorised prisoners to suitable prisons. Home detention curfew arrangements were well managed. There was no use of release on temporary licence for resettlement purposes. Public protection arrangements were sound and proportionate, with improved reporting and recording systems.

- HP47 More offending behaviour programmes had been introduced but the range of courses was too limited to meet the prison's aim of becoming a community prison. Gaps had been identified for alcohol-related offending, anger management, domestic violence and victim awareness. Prisoners were unable to be assessed for programmes not run at Liverpool.
- HP48 Although prisoners surveyed identified relatively little knowledge of reintegration services they were fully informed about services at induction and during individual resettlement interviews. There was some good joint work between service providers but no formal coordination or pre-release review so prisoners were reliant on individual service providers. Accommodation services were stretched and some prisoners did not have housing confirmed until the day before or actual day of release. Insiders provided valuable support to service providers and prisoners for resettlement needs. Financial services were also good, although the facility to open a bank account had been suspended.
- HP49 A pre-release course no longer ran as funding had ceased. Good partnerships had been developed with two employers who provided training and work on site and the opportunity for employment on release. Other social enterprise projects were planned, including a restaurant and a construction training area linked to employment.
- HP50 There had been little progress in the children and families resettlement pathway. Visitor centre staff provided visitors with practical advice and guidance but there was little help for prisoners to re-establish or maintain relationships with their children and families. No family days were run and consultation with visitors was very limited. The visits hall was a reasonably comfortable environment but vulnerable prisoners reported feeling stigmatised and intimidated. Prisoners reported problems with their family booking visits and delays in receiving mail and having telephone numbers entered on telephone accounts.
- HP51 The delivery of IDTS group work was affected by the redeployment of CARAT officers and all groups in September had been cancelled. Difficulties with getting prisoners from the wings were also cited as a barrier to delivering group work. The drug-free wing operated well with weekly CARAT drop-in sessions but would have benefited from additional therapeutic input. There were no Alcoholics Anonymous or Narcotics Anonymous groups. Some services for prisoners with alcohol problems had been developed with a full-time alcohol nurse specialist, brief interventions from CARAT and alcohol awareness groups but there was a need for a therapeutic alcohol programme. Links with drug intervention programmes were good.

## Main concerns and recommendations

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- HP52 Concern: Vulnerable prisoners had a much poorer experience at Liverpool compared to other prisoners in almost every area of prison life, from ensuring safe arrival arrangements to access to work and learning and skills opportunities and to resettlement services.

**Recommendation: Vulnerable prisoners should have equivalent provision, services and**



**opportunities as other prisoners to participate in a safe and purposeful regime to aid their effective resettlement.**

**HP53** Concern: Too much use was made too quickly of the basic level of the incentives and earned privileges system and the arrangements on the reintegration unit for prisoners on basic were too punitive and unsuitable for prisoners with a range of vulnerabilities.

**Recommendation: The incentives and earned privileges system should positively encourage responsible behaviour and prisoners should be demoted to the basic level as a result of a single incident only in exceptional circumstances. The role of the reintegration unit for basic prisoners should be thoroughly reviewed to ensure that the regime is legitimate and fair and that there is multidisciplinary input and clear individual plans to help men return to the standard level. Prisoners with vulnerabilities such as mental health problems or at risk of suicide or self-harm should not be placed on such a restrictive regime.**

**HP54** Concern: While there were reasonable safer custody policies aimed at reducing the number of violent incidents and incidents of suicide and self-harm, analysis of underlying reasons and operational implementation of the strategies on the wings were insufficiently well developed to help ensure safety.

**Recommendation: Safer custody procedures should be fully embedded on all residential areas with thorough investigation and analysis of incidents of violence and self-harm backed up by an effective case management approach to monitoring possible perpetrators of violence and providing care to men at risk of suicide and self-harm.**

**HP55** Concern: Implementation of the learning and skills strategy had been slow. There were very few vocational training places and few skills acquired at work were recognised or led to qualifications.

**Recommendation: The reducing reoffending strategy should be implemented and managed to ensure all areas of learning and skills are coordinated sufficiently to meet the objectives of the plan and better meet prisoners' needs by providing more and better quality work and training opportunities in the prison to help men gain employment after release.**

**HP56** Concern: Too many sentenced men who ought to have OASys and formal sentence plans completed did not have them and there was no structured custody planning system for short sentenced men and those on remand to ensure that risks and needs were identified and services provided to address them.

**Recommendation: An effective custody and sentence planning system should be introduced for unconvicted, short sentenced prisoners and men serving longer sentences to ensure that risks and needs are identified and addressed before release.**

# Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

## Main recommendations

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- MR1 **An effective first night strategy should be introduced covering the needs of all prisoners. (HP47)**  
**Not achieved.** There was no published first night strategy and the quality of information and support given to new arrivals varied. We repeat the recommendation.
- MR2 **A full survey of all accommodation should be conducted, in conjunction with a local authority environmental health officer, and any cells no longer habitable should be taken out of operation until appropriately refurbished. (HP48)**  
**Partially achieved.** A traffic light system to take uninhabitable cells out of use had been introduced. Although this did not provide a wholly consistent approach to achieving the standards required we did not find any cells in use in the very poor condition we had previously found.
- MR3 **A comprehensive violence reduction strategy should be developed in consultation with prisoners to identify and tackle the underlying reasons for violent incidents and anti-social behaviour, which staff should actively police. (HP49)**  
**Not achieved.** While prisoners' perceptions of safety had improved, the violence reduction strategy was uncoordinated with little strategic direction, insufficient analysis of the reasons behind violent incidents and poor monitoring of suspected bullies. (See main recommendations and bullying and violence reduction.)
- MR4 **Sufficient work, education and training should be made available to provide increased time out of cell and allow more prisoners to take part in activities that will help provide them with suitable skills to prepare for release. (HP50)**  
**Partially achieved.** The introduction of part-time work and education meant more prisoners could participate in activities for part of each day. There were 1,166 activity places which met the needs of 83% of the population but there was too little for vulnerable prisoners.
- MR5 **A reducing reoffending strategy should be developed that reflects the assessed needs of the prisoner population together with an action plan outlining how those needs will be met. (HP51)**  
**Partially achieved.** The reducing reoffending strategy had been reviewed to reflect the outcomes of the comprehensive needs analysis carried out in March 2011. The action plan, which addressed all resettlement pathways, had been developed in September 2011 and only reviewed once during our inspection. Ongoing monitoring and updating was required to ensure that identified needs were addressed within a reasonable time.
- MR6 **Appropriate accredited drug and alcohol programmes should be introduced to meet the needs of the population. (HP52)**  
**Partially achieved.** The short duration programme was run and worked well but there was no alcohol programme.

- MR7 **An effective custody planning process for remanded and shorter sentenced prisoners should be implemented. (HP53)**  
**Partially achieved.** An assessment process had recently been introduced for those serving 12 months or less through a community prison officer scheme. There was no custody planning for remand prisoners or those serving over 12 months and not in scope of offender management (see main recommendations and also section on offender management and planning).



# Progress on recommendations since the last report

## Section 1: Arrival in custody

### Courts, escorts and transfers

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#### Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 Prisoners should have a hot drink and something to eat before going to court or being transferred. (1.6)  
**Partially achieved.** Hot drinks were available in reception every morning but breakfast was not. Prisoners were still given breakfast packs in the evenings. Many said they ate the contents the same evening or had not had time to eat breakfast before going to reception.

#### Housekeeping point

- 1.2 Prisoners should be able to have something to eat before going to court or being transferred.

- 1.3 The suitability and individual needs of prisoners from HMP Birmingham should be assessed before transfer and they should be given at least 24 hours' notice of their move. (1.7)  
**Not achieved.** No apparent consideration was given to the individual needs of prisoners who continued to transfer to Liverpool from Birmingham prisons each week. Most were told of their transfer only on the morning of their move and had not had time to let anyone know.  
**We repeat the recommendation.**

- 1.4 Prisoners should arrive before 7pm. (1.8)  
**Not achieved.** Some prisoners continued to arrive after 7pm.  
**We repeat the recommendation.**

- 1.5 More use should be made of the video link for court appearances. (1.9)  
**Achieved.** The video link was well used an average of 140 times a month compared to 399 prisoners who went to court.

#### Additional information

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- 1.6 In our survey, prisoners were relatively positive about their experience of escorts. Most prisoners attended Merseyside courts and did not have long journeys or delays arriving at court on time. Some spent long days at local courts. We found one man who had completed his court appearance before noon but did not arrive at reception until 7pm. Three did not arrive from a Liverpool court until almost 8 pm.

- 1.7 Most men transferring to other prisons were not given advance notice so could not tell family and friends of their move. They were taken to reception at the same time as men going to court but waited longer than previously to move. The escort provider had changed to GeoAmey at the end of August 2011 and escort staff escorted prisoners to court before returning to the prison to collect prisoners for transfer.

#### Further recommendation

- 1.8 Unless there are over-riding security reasons prisoners should be given 24 hours' notice of planned transfers.

## First days in custody

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### Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

### Reception

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- 1.9 **Vulnerable prisoners waiting to go to court should be held in a suitably equipped waiting room. (1.29)**  
**Achieved.** The room for vulnerable prisoners now contained seating and a television.
- 1.10 **The reception area should be refurbished. (1.30)**  
**Not achieved.** The area remained generally clean but with shabby and worn fixtures and fittings. The toilets were still badly stained and many had broken or missing seats. There was no toilet paper, soap or drying facilities.  
**We repeat the recommendation.**
- 1.11 **All areas of reception should be effectively supervised and staff should actively engage with prisoners. Reception staff should have the contact details of local social services teams and know when to contact them. (1.31)**  
**Partially achieved.** Officers interacted with individual prisoners only during the reception process and general observation and supervision were poor. The holding rooms at the back of reception, which held up to 30 men, were out of sight of the reception desk and officers did not check the closed-circuit television monitors. Prisoners smoked freely and were not challenged. Reception officers had the telephone numbers of local social services and emergency duty teams and knew when to use them.

#### Further recommendation

- 1.12 Prisoners should be effectively supervised in reception.

- 1.13 **Prisoners should be held in reception for as short a time as possible. (1.32)**  
**Not achieved.** Prisoners waited in reception for several hours at busy times.  
**We repeat the recommendation.**

- 1.14 **An information booklet should be introduced and supplied to all prisoners. (1.33)**  
**Achieved.** Prisoners were given one information booklet in reception, another on their first night and a third during induction. All contained different information but none was comprehensive and not all the information was correct.

#### Housekeeping point

- 1.15 A comprehensive and accurate information booklet should be introduced.

#### Additional information

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- 1.16 Not all information received from escort staff was properly dealt with. One prisoner arrived with a suicide risk warning form but this was not mentioned in his P-Nomis case notes on arrival or in written records of interviews with reception staff. Wing staff were not alerted to the warning until the following day. A similar warning about a prisoner whose death was being investigated by the Prisons and Probation Ombudsman had been misplaced in June 2011.
- 1.17 All new arrivals were interviewed to complete a cell-sharing risk assessment and a first night location form but, except for vulnerable prisoners, interviews did not take place in private. Other prisoners were able to overhear personal and sometimes sensitive information. The quality of information elicited and given by officers varied and not all were told what would happen on the first evening or the following day.

#### Further recommendation

- 1.18 Notification of risk or vulnerability should be clearly recorded, used to inform comprehensive and private initial reception and first night assessments and made known to staff on first night wings.

#### First night

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- 1.19 **First night accommodation should be prepared, clean and comfortable. (1.34)**  
**Not achieved.** Cells on the first night landing were reasonably clean but many lacked pillows and had badly stained and graffiti-covered mattresses. Furniture was damaged, with missing doors and back panels, and not all cells contained a television. Kettles and flasks were not provided and prisoners did not always have the opportunity to get hot water before they were locked up.  
**We repeat the recommendation.**

#### Additional information

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- 1.20 Most new prisoners went to the first night landing on B5 but when full went wherever there was space. Prisoners dependent on drugs or alcohol were accommodated on H wing. Vulnerable prisoners went to J2, although B5 was used when J2 was full and we met vulnerable prisoners who had been unable to shower or have association for a week on B5. In our survey a similar number of prisoners to the comparator said they felt safe on their first night, which was an improvement from the last inspection but vulnerable prisoners were much less positive. B5 had a touch-screen information point and there was some poorly presented information on

televisions but new arrivals were not always told about this. A Listener and an Insider worked as orderlies but there was still no structured peer support role for the first night.

#### **Further recommendation**

- 1.21 All new arrivals should be offered the chance to speak to a Listener or Insider on their first night.

### **Induction**

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- 1.22 **The induction programme should fully occupy prisoners and all new arrivals should attend. (1.35)**  
**Not achieved.** The induction programme had just been relocated to the education centre. Vulnerable prisoners were not included and in our survey only 28% compared to 79% of other prisoners said they had attended induction. Staff from other departments did not always turn up as planned and at those times prisoners were locked up.  
**We repeat the recommendation.**

#### **Additional information**

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- 1.23 Induction information about the prison was generally well presented, although some topics such as diversity and safer custody were not covered in sufficient depth and prisoners were not given paper and pens to make notes. An Insider explained the help and support available for accommodation, debt or family matters and there was planned input from other areas such as PE staff, drug workers, health care and Working Links. Prisoners were interviewed by a resettlement officer to identify pathway needs and referrals were made accordingly.



# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

### Accommodation and facilities

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- 2.1 **Cells designed for one prisoner should not be used to hold two. (2.18)**  
Not achieved. Population pressures meant many single cells were occupied by two prisoners. We repeat the recommendation.
- 2.2 **Reasonable adjustments should be made to residential areas to provide suitable accommodation for less mobile older prisoners and prisoners with disabilities. (2.19)**  
Not achieved. Cells had not been adapted for use by prisoners with limited mobility and anyone with acute physical disability were located in health care. Where necessary personal evacuation plans were available to all wing staff. We repeat the recommendation.
- 2.3 **All internal and external communal areas should be cleaned daily and standards maintained. (2.20)**  
Partially achieved. Most areas were reasonably clean but many wings did not adhere to cleaning schedules so some parts were not cleaned to appropriate standards.

#### Housekeeping point

- 2.4 All areas of wings should be clean.
- 2.5 **All cells should be checked regularly for deficiencies in fabric and furniture and necessary repairs and replacement carried out promptly. (2.21)**  
Not achieved. Furnishings were in a poor state of repair in many cells. We repeat the recommendation.
- 2.6 **All cell toilets should be fully screened to provide appropriate privacy. (2.22)**  
Partially achieved. Shower curtain screening had been fitted where there was no separate toilet area but this provided limited privacy. Some prisoners on H wing had removed the curtains because they had been fitted too close to the toilets.
- 2.7 **Prisoners sharing a cell should have a lockable cupboard for their possessions. (2.23)**  
Not achieved. Prisoners did not have keys for lockers in shared cells. We repeat the recommendation.
- 2.8 **The roof of F wing should be repaired. (2.24)**  
Achieved. A new roof had been fitted.

- 2.9 **More effective management checks of response times to cell bells should be introduced to ensure consistent prompt responses by staff and that none exceed five minutes. (2.25)**  
**Achieved.** Daily recorded management checks of response times had been introduced and any non-compliance investigated and recorded. Our checks indicated appropriate response times.
- 2.10 **Prisoners should receive incoming mail within 24 hours of arrival at the prison and outgoing mail should be posted in the same timescale. (2.26)**  
**Not achieved.** Prisoners did not receive their incoming mail within 24 hours and at weekends, it was often not delivered to wings until the following Monday.  
**We repeat the recommendation.**
- 2.11 **Delays to activating telephone numbers should be investigated and action taken to address shortfalls. (2.27)**  
**Not achieved.** Activation of telephone numbers was an unnecessarily protracted process. Some of the delays were caused by wing staff checking all numbers whether or not there were public protection concerns. This meant some prisoners were unable to speak to their families for some weeks. A recent investigation into prisoner dissatisfaction with applications had shown that this was a main cause of frustration.  
**We repeat the recommendation.**
- 2.12 **There should be at least one telephone for every 20 prisoners on each wing and prisoners should be able to use them in private. (2.28)**  
**Not achieved.** Not all wings had enough telephones. Prisoners said others spent too long on telephone calls further restricting their opportunities to use them.  
**We repeat the recommendation.**

### **Additional information**

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- 2.13 The standard of cleanliness was mixed. Outside areas on wings with sealed window units were very clean but H wing with older windows had problems with litter which attracted pigeons. Although staff and cleaners worked hard to keep communal areas clean, damp on the ground floor of G wing had left the brickwork exposed and crumbling and there was evidence of cockroach infestation. Not enough attention was paid to cleaning stairwells at the end of wings. Cleaners' cells were inappropriately used to store cleaning equipment. Many prisoners had difficulty getting cleaning materials and cleaners had too much unsupervised control of the limited supplies.
- 2.14 A traffic light system had been introduced to indicate whether cells were habitable. Remedial work was supposed to be checked by a duty governor but this did not always happen and wing managers occasionally took the same cells immediately back out of use. Almost all observation panels into toilet areas of cells had been obscured.
- 2.15 Not all prisoners had privacy keys to their cells, many keys had gone missing and staff were reluctant to issue those that remained. Only a few prisoners had kettles and hot water boilers were frequently out of order. The offensive displays policy was mostly enforced but we found inappropriate pictures in cells on J wing and racist and abusive graffiti in one of the cells. Association areas were limited to the ground floors of wings, which was not sufficient for the size of the population. Efforts had been made to make the most of the limited facilities, with pool, football, chess and table tennis tables, most of which were in good condition.

### Further recommendation

- 2.16 Sufficient cleaning materials should be stocked securely with access controlled by officers to allow prisoners to maintain a good standard of cell cleanliness.

### Housekeeping points

- 2.17 Prisoners should be provided with privacy keys to their cells.
- 2.18 The offensive displays policy should be enforced on all wings.

## Clothing and possessions

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- 2.19 **All prisoners should receive appropriate decent clean prison clothing and bedding at least weekly. (2.29)**  
**Not achieved.** There were problems with kit and prisoners did not always receive enough clean prison clothing of the appropriate size and bedding each week.  
**We repeat the recommendation.**
- 2.20 **Prisoners, and in particular those who are unconvicted, should have the option of wearing their own clothes, including for activities off the wing. (2.30)**  
**Achieved.** All prisoners could wear their own clothes and there were satisfactory laundry facilities. There were few problems obtaining clothes from stored property and the amount allowed took pragmatic account of individual circumstances.

## Hygiene

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- 2.21 **All prisoners should have daily access to a shower. (2.31)**  
**Achieved.** Although there were some exceptions most prisoners had the opportunity to shower daily.

### Additional information

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- 2.22 New showers had been installed on most wings, although those on B wing were still being completed and prisoners used a temporary facility. There were only four showers on J wing and one of these was out of order. In our survey fewer vulnerable and older prisoners said they were able to shower daily. Mattresses were not routinely checked and some were in poor condition. Prisoners could have duvets and curtains. There was a wide enough range of personal hygiene items but wing stocks were limited, and prisoners said they could not always get what they needed.

### Housekeeping points

- 2.23 Mattresses should be checked regularly by staff and replaced if necessary.
- 2.24 Prisoners should be supplied with sufficient toiletries to maintain personal hygiene.

# Staff-prisoner relationships

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## Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.25 **Staff should be given clear guidance on maintaining professional relationships with prisoners and the need to set a personal example in the way they carry out their duties. (2.38)**

**Partially achieved.** A governor's notice to staff in 2010 had reminded them of the inspection findings from 2009 and outlined the expectations to maintain professional relationships. The staff performance and development record for residential officers included a requirement to address prisoners by their preferred names but few officers did so. As we found last time, prisoners said many staff expressed their frustrations about working in the prison to them directly. Some training for officers to improve their personal skills had recently been introduced.

- 2.26 **Staff should engage positively with prisoners on the wings and challenge appropriately any unacceptable conduct. (2.39)**

**Partially achieved.** Engagement with prisoners was inconsistent across the wings and better on smaller wings. Vulnerable prisoners on K wing reported more positive engagement with their regular wing staff. As previously, prisoners reported staff favouritism towards cleaners. Officers did not generally actively engage with prisoners but dealt with queries raised when approached. Our survey indicated a little more staff engagement with prisoners during association but relationships were mostly superficial and unchallenging and prisoners did not have high expectations of officers.

## **Additional information**

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- 2.27 Thirty-five staff had completed 'twenty-first century community prison officer training', which focused on promoting good staff-prisoner relationships and included sessions on interpersonal skills, dynamic security and an officer's role in reducing reoffending. Most staff-prisoner interactions we observed were relaxed and friendly and there was little evidence of the blatant disrespect we found last time. Relationships appeared to be improving, and in our survey 75% said that most staff treated them with respect and 77% said they had a member of staff they could turn to for help if they had a problem both significantly better than previously and the comparator.
- 2.28 Monthly prisoner consultative meetings gave prisoners the opportunity to raise queries or concerns about routines and facilities. Identified action points were reviewed at subsequent meetings. Queries were answered and issues resolved or explanations given where this was not possible.

# Personal officers

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## Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

2.29 Prisoners should keep their original allocated group officer while they remain on the same wing. (2.45)

**Not achieved.** The prison still operated a group officer scheme where officers were responsible for prisoners in designated cells and they did not retain the same officer if they moved to another cell on the wing.

### Housekeeping point

2.30 Prisoners should keep the same group officer while on the same wing.

2.31 Wing files should contain weekly entries, checked by managers for quality, that accurately reflect prisoners' individual circumstances, including issues relating to offending behaviour work and family contact. (2.46)

**Not achieved.** Case notes we looked at showed little evidence that officers knew the personal circumstances of prisoners. Entries were sparse and irregular and most comments were systematic and functional. Most comments were positive but a small number were unprofessional and there was no evidence of management checks. A new draft personal officer policy (November 2011) acknowledged that making two entries a month on P-Nomis was difficult to achieve and a new paper-based personal record was being piloted on I and A wings.

**We repeat the recommendation.**

### Additional information

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2.32 In our survey, few prisoners said they had a personal officer which was disappointing as 72% of those who identified they had one said they found them helpful. In a new initiative, community prison officers had been identified on each wing and were responsible for supporting prisoners serving less than 12 months. It was too soon to assess what impact this and the new personal officer policy would have on support for prisoners.



# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

**3.1 Staff should receive training in their role in the violence reduction strategy and be more active in challenging bullying and other anti-social behaviour. (3.22)**

**Not achieved.** There was no structured training for staff in the violence reduction strategy. Some staff consultation had taken place before the introduction of behaviour observation documents (BODs) along with staff briefings about changes to the strategy. New staff were given an overview of behaviour observation documents during their induction but it was accepted that staff were not fully engaged with the new strategy introduced in May 2011. Since then few of the required investigations had taken place and only 14 prisoners had been monitored.

**We repeat the recommendation.**

**3.2 The violence reduction policy should be updated to reflect current tackling anti-social behaviour procedures and rewritten in a clearer and more accessible style. (3.23)**

**Achieved.** The violence reduction strategy had been reviewed in May 2011 and re-named the safer prison community strategy. It incorporated violence reduction measures and the IEP scheme. Although staff had failed to operate it effectively the policy included a safer prison community operating model, which was a brief, clear explanation of the strategy.

**3.3 A principal officer responsible for safer custody should oversee the daily delivery of effective safer custody strategies and ensure that wing managers properly implement the tackling anti-social behaviour procedures. (3.24)**

**Not achieved.** The jobs of violence reduction and safer custody coordinators were profiled at senior officer grade, although the current violence reduction coordinator was a principal officer. There were still problems in ensuring wing managers implemented the required procedures and only a third of requests for investigations to be completed by wing managers had been returned to the safer custody team in recent months. Most investigations were poor and completion of behaviour monitoring documents, essentially just a tick box exercise, was inadequate. Some contained no evidence of any monitoring and most were closed within a week. (See main recommendations.)

### **Additional information**

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**3.4** The violence reduction and tackling anti-social behaviour committee was scheduled to meet monthly but two meetings over a recent six month period had not taken place. Attendance was poor and links between safer custody and the security department were weak. There was little discussion about the underlying reasons for violence such as gangs, which many staff said was a major issue, or of the problems of managing a large population of vulnerable prisoners. Monthly statistics were reported but were not properly analysed and there was no routine monitoring of trends to assess the efficacy of the strategy.

- 3.5 There was little meaningful consultation with prisoners about safety. Prisoners were not represented at the violence reduction meetings and, while violence reduction was on the agenda at monthly prisoner consultative meetings, minutes indicated little discussion of the issue. A survey of just 63 prisoners had been completed in July 2010. Since November 2011, the violence reduction meeting had been incorporated into a single Safer Liverpool meeting, which included suicide and self-harm prevention and was attended by Listeners. Other than formal policy statements, new prisoners were given little information about the strategy at induction. A care and concern hotline for prisoners and visitors had been used regularly, mainly by families. The safer custody department kept a log of calls and action taken.
- 3.6 Work had been done to implement new arrangements for reviewing cell-sharing risk assessments and in most cases previous convictions were accessible through the security department to inform these.
- 3.7 Our survey indicated that perceptions of safety had improved. Nineteen per cent of prisoners compared to 27% in 2009 said they felt unsafe and the number who said they had ever felt unsafe in the prison had reduced from 54% to 39%. While still high the latter was similar to other local prisons. In a recent six-month period, there had been on average 13 fights or assaults each month. Recorded levels of fights and assaults had fallen in recent years. In our survey, 6% of prisoners compared to 15% in 2009 said they had been hit, kicked or assaulted.
- 3.8 The local policy set out procedures for investigating unexplained injuries but these were not followed and as with investigations into potential bullying they lacked detail.
- 3.9 The same behaviour observation document was used for suspected perpetrators and victims. As with those for perpetrators, recording in documents opened to support victims was poor. Senior officers did not routinely update the behaviour observation documents register as required and there was no effective management overview.
- 3.10 The response to bullying and anti-social behaviour was almost entirely punitive through adjudications and demotion to J1 landing on the basic regime. There were no interventions as part of the strategy to address negative behaviour and no multidisciplinary input to reflect J1's aim as a reintegration unit.

#### Further recommendation

- 3.11 Investigations of suspected bullying, violence and unexplained injuries should be prompt and thorough.

## Vulnerable prisoners

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- 3.12 Prisoners who needed protection from other prisoners were assessed by the duty governor or the manager of K wing, the designated wing for vulnerable prisoners. The wing held 139 prisoners, a third of whom were there due to the nature of their offence while others needed protection due to debt, gang allegiance or other issues. The wing appeared well managed and there was little evidence that this mix caused problems between sex offenders and others. Security information was used to assess when prisoners needed to be kept apart.
- 3.13 There were difficulties transferring sex offenders and other vulnerable prisoners to other suitable prisons. Insufficient spaces on K wing meant some vulnerable prisoners were held on B5 landing and J wing with little or no regime and we noted incidents when vulnerable



prisoners had been assaulted on F, G and J wings for reasons associated with their offence. In our survey, a high proportion of vulnerable prisoners said they had felt unsafe in the prison at some time but the number who said they felt unsafe at the time of the survey had reduced significantly. This suggested that vulnerable prisoners felt safe once located on K wing, and this view was supported by vulnerable prisoners we spoke to individually and in a group. (See main recommendation.)

## Self-harm and suicide

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### Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

#### 3.14 Attendance at the suicide prevention meeting should be improved. (3.40)

**Achieved.** Attendance had improved. The meeting was chaired by a senior manager and regularly attended by representatives from health care, the chaplaincy, drugs workers, residential units and the offender management unit. Listeners and Samaritans attended all meetings but escort and reception staff did not attend.

### Housekeeping point

#### 3.15 Representatives from reception and from the escort contractor should attend suicide prevention meetings.

#### 3.16 A manager of appropriate seniority should take responsibility for managing the operation of safer custody procedures to ensure better assessment, care in custody and teamwork procedures and more consistent and effective case management. (3.41)

**Not achieved.** The suicide prevention coordinator was a senior officer and found it difficult in a hierarchical organisation to influence managers of the same or higher rank to improve routine assessment, care in custody and teamwork (ACCT) procedures. Audit checks were completed and emailed to relevant managers but the section used to record action taken by group managers in response to findings was not completed. Minutes of the suicide prevention meetings noted that areas for improvement, such as the need for regular management checks, were not being addressed.

**We repeat the recommendation.**

#### 3.17 Recommendations from death in custody investigations and findings at coroners' inquests should be included in a consolidated action plan and periodically reviewed to ensure changes in practice have been sustained. (3.42)

**Not achieved.** Individual action plans were completed following investigations of deaths and progress was discussed at the suicide prevention meetings but as with findings from coroners' inquests there was no consolidated action plan.

**We repeat the recommendation.**

#### 3.18 In addition to quantitative data, the suicide prevention committee should discuss the reasons underlying self-harm and for opening assessment, care in custody and

**teamwork documents and consider what could be done to help. (3.43)**

**Not achieved.** A range of quantitative data was presented to the suicide prevention meeting monthly, including the reasons why ACCTs had been opened such as prisoners' previous history, threats or thoughts of self-harm or following actual self-harm. This information was not always analysed or discussed to help understand prisoners' experiences and establish what, if anything, could be done to reduce the distress underlying the behaviour.

**We repeat the recommendation.**

**3.19 Initial assessment, care in custody and teamwork assessments should be conducted promptly. (3.44)**

**Achieved.** In the sample of closed ACCTs we looked at, all assessments had been completed promptly.

**3.20 Assessment, care in custody and teamwork reviews should be held in suitable locations free from interruptions. (3.45)**

**Not achieved.** The fact that most ACCT reviews still took place in unsatisfactory locations had been raised at a recent suicide prevention meeting. Reviews were often held in cramped wing offices with regular interruptions.

**We repeat the recommendation.**

**3.21 Entries recording daily contact with prisoners should demonstrate that officers have spoken to the prisoner to assess his well-being, and the name of the person making the entry should be legible. (3.46)**

**Partially achieved.** The majority of daily contact records indicated that staff had asked how prisoners were feeling and entries by mental health nurses and chaplains were often more comprehensive. In some cases, however, written entries and the name of the person making the entry were not legible.

#### Housekeeping point

**3.22 The names and designation of staff making entries in assessment, care in custody and teamwork documents should be legible.**

**3.23 There should be greater integration of other disciplines, particularly health care, in assessment, care in custody and teamwork procedures, including participation in reviews. (3.47)**

**Partially achieved.** More reviews were now multidisciplinary and often involved health care and chaplaincy staff. However, the need for better coordination and notice of reviews to enable better attendance had been noted at several suicide prevention meetings.

**3.24 All staff with prisoner contact should receive assessment, care in custody and teamwork foundation training. (3.48)**

**Not achieved.** ACCT training was provided regularly but minutes of the suicide prevention meetings recorded a poor uptake. ACCT refresher training was provided every three years but 155 staff were out of date for this in October 2011.

**We repeat the recommendation.**

**3.25 The suicide prevention coordinator should monitor and report to the suicide prevention committee all use of non-standard accommodation for prisoners at risk of self-harm and the conditions and appropriateness for those at risk placed on the basic regime. (3.49)**

**Not achieved.** Some monitoring of reduced risk cells, gated cells and care suites had started in September 2011 but information on the use of gated cells in health care was very limited.

Although the number of times these cells were used overnight was recorded, the number of prisoners and length of time held in non-standard accommodation was not and there was no record of whether prisoners at risk were also on the basic regime, as was the case for some on J wing.

**We repeat the recommendation.**

- 3.26 Access to free and confidential telephone contact with the Samaritans should be advertised and portable Samaritan telephones on wings should be in working order and their use logged. (3.50)**

**Not achieved.** The contact number for the Samaritans was advertised by wing telephones but, contrary to the information given to new arrivals in reception, such calls were not free. All wings had portable telephones but these were not well advertised and use was not recorded. About half of the Listeners we asked did not know portable telephones were available and reception on the telephones was poor in some areas.

**We repeat the recommendation.**

- 3.27 The improper use of emergency cell call bells should not be encouraged by officers. (3.51)**

**Achieved.** There was no evidence that cell call bells were used inappropriately for wing routines, although a governor's notice to staff had raised concerns that staff were deliberately muting the cell call system.

- 3.28 The heightened risk to recalled prisoners should be included in the suicide prevention policy. (3.52)**

**Not achieved.** The policy referred to procedures for prisoners arriving at prison in various circumstances, including transfer from another prison and following return after a period of bail. It did not refer specifically to recalled prisoners. In most cases, such prisoners were seen by a duty probation officer on the day after reception but those arriving on a Friday were not seen until the following week.

#### **Further recommendation**

- 3.29** The increased risk to recalled prisoners should be acknowledged in the suicide prevention policy and all recalled prisoners should be reassured of the help available as part of the reception and first night procedures.

#### **Additional information**

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- 3.30** A comprehensive suicide and self-harm policy had last been reviewed in November 2010 and the governor had reinforced some key aspects of ACCT procedures to staff during the year. The safer custody team included two coordinators, one for suicide prevention and one for violence reduction supported by a full-time administrative officer. There were no wing-based safer custody liaison officers.
- 3.31** New arrivals were not given much information about the help available if they were struggling to cope with custody but services for those requiring support for substance misuse were working well. There had been three self-inflicted deaths since our last inspection in 2009 and there was another apparent self-inflicted death during the inspection. The investigation into a previous apparent self-inflicted death in June 2011 had identified some concerns about misplaced risk information and we were concerned that similar information about a prisoner had not been acted on promptly (see section on first days in custody).

- 3.32 Levels of self-harm were relatively low. Although the number of incidents was reported monthly, the number of prisoners involved was less clear. Some useful data were collected on the number of prisoners at risk who self-harmed when alone in cells and had been used to reinforce procedures. Investigations following serious self-harm were detailed and aimed to understand prisoners' concerns before they self-harmed. However, few led to clear recommendations and not enough was done to distil learning points and inform the strategy.
- 3.33 An average of 36 ACCT documents had been opened each month in 2011, similar to 2009. Fifty-seven were open during the inspection but this was unusually high. There were 26 ACCT assessors but few from non-uniformed grades. Potential triggers to self-harm were identified in all documents. Staff were informed in advance of the day reviews were due but not the time and many were still convened by wing managers at short notice. ACCT assessments were generally clear but few care maps identified individual members of staff to support prisoners and few reviews had a consistent case manager. Alternative procedures for the management of ACCT documents were being considered but care was needed to ensure that residential staff remained fully involved.
- 3.34 Good support was provided by the crisis intervention team, the mental health in-reach team and the chaplaincy and daily entries by officers indicated interaction with prisoners. There was little reference to prisoners being asked or encouraged to identify their own support needs or that support from families had been used to enhance the care of prisoners of risk.
- 3.35 There were 24 Listeners, including two able to speak languages other than English, but they were not deployed effectively to support prisoners in their first days in custody. A Listener worked in reception as an orderly but had no formal role to introduce himself and Listeners were not involved in induction. The Listener scheme was routinely discussed at suicide prevention meetings. Listeners generally felt well supported by staff but believed prisoners had sometimes been refused a Listener at night. One prisoner had complained about this but the manager's response was unsatisfactory, stating that cell doors were opened at night only in extreme circumstances. Two Listeners normally shared a cell that included a third bed for the prisoner requesting the service but not all Listener cells were used appropriately, with non-Listeners sometimes accommodated in them. Listeners agreed to remain at Liverpool for six months following training but some were transferred with little notice or discussion with the suicide prevention coordinator.
- 3.36 Some prisoners were held in segregation on ACCT documents and their cases were reported each month to the suicide prevention meetings. When an ACCT document was opened on a prisoner held in segregation, procedures required heightened levels of observation until a mental health assessment had been completed. During the inspection, two prisoners in segregation were on ACCT documents. One had been opened while in the segregation unit and had promptly been assessed by a mental health nurse.
- 3.37 Post-closure reviews were routinely completed. Discharge lists were monitored in advance by the safer custody team to identify anyone subject to ACCT procedures and departments were advised to alert relevant agencies in the community.

#### Further recommendations

- 3.38 Where appropriate, investigations into serious incidents of self-harm should identify learning points and lead to recommendations to improve practice.
- 3.39 Assessment, care in custody and teamwork procedures should be improved and include better coordinated reviews and consistent case management.

3.40 The Listener service should be supported by ensuring that reasons for denying access to a Listener are reported to the suicide prevention meeting, designated cells for Listeners are used just by them and their clients and that appropriate notice is given when a Listener is to be transferred.

**Housekeeping point**

3.41 Prisoners should not incur charges for calls to the Samaritans from wing telephones.

## Applications and complaints

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**Expected outcomes:**

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

**3.42 Applications should be responded to within seven days. (3.57)**

**Partially achieved.** There had been problems with applications but a new system to improve responses had recently been introduced on some wings. This showed some promise and many prisoners on G wing, where the system had been piloted, said there had been an improvement.

**Additional information**

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3.43 Application and complaint forms were freely available on all wings. In our survey, prisoners were reasonably positive about accessibility of applications and fairness of response but fewer than the comparator said they were dealt with promptly. A review of the process in June 2011 showed that many applications went unanswered and the issues causing the most frustration were the approval of telephone numbers, missed canteen, property and closed visits enquiries. Under a new system, piloted on G wing, a wing representative was available at a help desk from 7.45am to 8.15am to advise prisoners which application form to use and, if possible, help resolve the query. A designated officer was responsible for answering questions or, when necessary, taking any written applications to the relevant department, getting an answer and giving this to the prisoner later the same day. The scheme was gradually being introduced across all wings. A handbook was being developed to help officers answer simple questions, such as where to find information about transfer approvals and closed visits review dates.

3.44 Information about the complaints system was given at induction but was advertised on wings only in English. Not all wings displayed information about the Prisons and Probation Ombudsman or the Independent Monitoring Board. Complaints were mostly answered quickly, politely and relevantly, although most were hand-written and some were barely legible. Quality checking of 10% of all applications had been introduced in August 2011 and identified action points were forwarded to line managers. There was monthly trend analysis. There were few complaints about staff. Of the two seen, one had been signed as withdrawn by an operational manager with no reason given. In the other the investigating senior officer had discussed the allegation with the officer concerned but the prisoner had not been interviewed. The response to the prisoner was inappropriate and threatening in tone.

### Further recommendation

- 3.45 All complaints about staff should be investigated by a senior manager, appropriately answered and the reasons for the withdrawal of complaints should be recorded.

## Legal rights

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### Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.46 **Suitable training and refresher training should be provided to bail/legal service officers. (3.63)**  
**Not achieved.** Only one member of staff carrying out work relating to bail/legal services had received external training 10 years previously. Other staff doing this work had received only ad hoc in-house training or had learned on the job.  
**We repeat the recommendation.**

### Additional information

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- 3.47 A pool of 16 officers carried out bail and legal rights work and saw all newly arrived prisoners. Low to medium risk remand prisoners identified as needing accommodation were referred to the bail accommodation support service (BASS) worker who assessed around six cases a month and usually placed two or three of them in supported accommodation.
- 3.48 Legal visits were bookable by email and took place each week day. There was usually sufficient capacity in the 12 private booths available. Prisoners had access to appropriate legal reference materials in the library. Prisoners who needed to contact their solicitors were given free letters but were not given free telephone calls.

## Faith and religious activity

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### Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

- 3.49 **Chaplaincy resources for Roman Catholic prisoners should be improved. (3.75)**  
**Achieved.** There was now a full-time Roman Catholic chaplain and study groups were held on Tuesday mornings.
- 3.50 **Appropriate arrangements should be made to allow vulnerable prisoners to attend religious services without fear for their safety. (3.76)**  
**Not achieved.** According to the records only five or six vulnerable prisoners attended chapel services on Sundays and no arrangements had been made to encourage and support their attendance at Christian services. Vulnerable Muslim prisoners felt safer and almost all practising Muslims attended Friday prayers.  
**We repeat the recommendation.**

- 3.51 **The range of faith-based activities should be extended. (3.77)**  
**Achieved.** The range of available activities had been extended and included regular worship services and Christian and Muslim groups.

#### **Additional information**

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- 3.52 Religious provision was good. In our survey, more prisoners than the comparator said their religious beliefs were respected and that they were able to speak to a religious minister in private. The four-member chaplaincy team was well integrated into prison life and attended a range of meetings. A range of visiting chaplains ensured that all major religions were represented. A member of the team routinely met newly arrivals and attended health care and the segregation unit. Muslim, Sikh and Hindu services were held in the multi-faith room and Christian services in the spacious chapel. The team had links with external faith groups and organisations.

## **Substance use**

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#### **Expected outcomes:**

**Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.**

#### **Clinical management**

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- 3.53 **New arrivals who require it should receive prompt assessment and treatment by the drug dependency team. (3.86)**  
**Achieved.** Drug dependency unit staff saw all prisoners identified as needing drug or alcohol interventions following generic health care reception screening procedures.

#### **Additional information**

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- 3.54 There was a good level of integration between the clinical and psychosocial services. There were 144 prisoners on methadone maintenance and 76 on reducing doses. A significant proportion of those on maintenance were likely to have been on remand or short sentences but this was not monitored and no specific efforts were made to encourage longer term prisoners on maintenance or other prisoners to consider reduction and recovery.

#### **Further recommendation**

- 3.55 Drug dependency unit staff should monitor which prisoners on methadone maintenance are serving longer-term sentences to ensure compliance with Department of Health guidelines '*Updated guidance for prison based opioid maintenance prescribing*' (March 2010) and also encourage suitable remand and shorter term prisoners to consider reduction and recovery regimes.

## Drug testing

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- 3.56 **Joint working between the CARAT, drug dependency unit and the dual diagnosis teams should be further developed to facilitate care coordination and care planning of dual diagnosis prisoners. (3.87)**

**Not achieved.** Drug dependence unit staff and the counselling, assessment, referral, advice and throughcare (CARAT) team worked well together but the two dual diagnosis workers had little contact with the other two departments. Despite referrals by CARAT staff or the drug dependency unit there was no care coordination or joint care planning.

**We repeat the recommendation.**

- 3.57 **The security department should be appropriately involved in all drug-related security information reporting and decisions about drug testing on suspicion. (3.88)**

**Achieved.** All security information reports involving drug-related issues were analysed by the security department. Where appropriate, suspicion test requests were authorised by the operations governor or drug strategy governor. Security department managers also attended the drug strategy meeting.

### **Additional information**

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- 3.58 The random positive mandatory drug testing (MDT) rate for the six months to November 2011 was 12.36%. In the same period, there had been 22 drug finds. In our survey, 32% of prisoners compared to 45% in 2009 and a comparator of 29% said it was easy to get illegal drugs in the prison. Only twenty-seven suspicion tests had been completed in the six months with an average positive rate of 64%. Testing officers said they were frequently redeployed so a significant number of tests fell outside the required 72-hour testing window. The actual level of suspicion test slippage was not monitored. The absence of consistent suspicion and frequent testing programmes meant the prison could not effectively respond to individual prisoners' drug use on the wings. The MDT suite was filthy and smelt of stale urine. The compact-based drug testing suites were in equally poor condition. Two suites were also used as depositories for bags filled with rubbish from the wings.

#### **Further recommendation**

- 3.59 Mandatory drug testing should be appropriately staffed to ensure all testing, including suspicion tests are carried out within identified and monitored timescales and without gaps in provision.

#### **Housekeeping point**

- 3.60 Mandatory and compact-based drug testing facilities should be kept clean and tidy to ensure suitably respectful forensic testing environments.



## Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

### Diversity

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- 4.1 There should be a diversity strategy that encompasses the needs of older prisoners, those with disabilities and those with a different sexual orientation. This should be underpinned by an action plan, and equality of treatment should be monitored. (4.3) **Partially achieved.** A comprehensive equalities strategy had been published in October 2011 based on the 2010 Equalities Act and which encompassed age, disability and sexual orientation. The equalities action plan covered relevant areas, identified actions, allocated responsibilities and set deadlines. Other than race, there was no monitoring of equality of treatment.

#### Further recommendation

- 4.2 Periodic monitoring should be carried out to help ensure equality of outcomes for different minority groups.

#### Additional information

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- 4.3 Foreign nationals and prisoner diversity representatives were positive about the support they received from an equalities and inclusion manager (EIM) and an equalities and inclusion coordinator (EIC). Twelve prisoner diversity representatives were paid on a part-time basis and had job descriptions. They were given a booklet explaining their role but had no formal equalities training. Representatives were committed and well informed. The monthly equalities action group meetings were well attended by a range of staff from across the prison together with diversity representatives and actions were progressed. The EIM and EIC met diversity representatives before some of the meetings but not routinely.
- 4.4 In the five months to our inspection, there had been 31 diversity incident report forms (17 relating to race, nine to disability, two to sexual orientation, one to religion and two were unclassified). Residential senior officers conducted investigations but the quality was poor. The head of safety and decency quality checked the reports, as did the EIM, but there was no independent external monitoring. Anonymised and redacted versions of the reports were not shared with prisoners.
- 4.5 A programme of equality impact assessments was under way. The first policies had been assessed but had yet to be published. There were no regular consultation meetings with minority groups.

### Further recommendations

- 4.6 Discrimination investigation reports should be subject to independent scrutiny to help improve quality and summaries should be shared with prisoners.
- 4.7 Regular consultation meetings should be held with different minority groups.

### Race equality

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- 4.8 **Attendance at the race equality action team meetings should be improved and all areas listed as members of the group should attend or send a representative. (4.14)**  
**Achieved.** Those listed as members generally attended.
- 4.9 **Interventions for challenging racism and protecting victims of racist bullying should be put in place. (4.15)**  
**Not achieved.** There were no interventions to challenge racism or to protect victims.  
**We repeat the recommendation.**
- 4.10 **Ethnic monitoring should be widened to cover areas about which prisoners express concern, such as allocations to jobs. (4.16)**  
**Not achieved.** Ethnic monitoring (SMART data) covered employment and unemployment but did not analyse which jobs were going to which groups of prisoners. We repeat the recommendation.

### Additional information

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- 4.11 Eighty-four per cent of the population were white and 10% black and minority ethnic. Six per cent were not identified. In our survey black and minority ethnic prisoners' perceptions of their treatment by staff and the conditions they were held in were more negative than those of white prisoners in many areas including safety and respect. Fewer black and minority ethnic prisoners than white prisoners said most staff treated them with respect or that there was a member of staff they could turn to for help and more than white prisoners said they had felt unsafe at some time in the prison, currently felt unsafe, and had been victimised, threatened or intimidated by a member of staff. The equalities and inclusion team could not explain the reasons for these negative perceptions, some of which were not consistent with the largely in range ethnic monitoring (SMART) data. Other than at the equalities action group meeting, the SMART data were not shared with prisoners or displayed on wing notice boards and there were no forums where these perceptions could be discussed.
- 4.12 In our survey, 3% (representing about 42 prisoners) identified themselves as Gypsy, Romany or Traveller. Services for Travellers were embryonic. Links had been established with an external community group, Irish Community Care Merseyside, which had attended the prison's first Travellers' forum a few weeks previously. There were plans to broadcast a programme on Irish Travellers on the prison radio.

### Further recommendation

- 4.13 The reasons for black and minority ethnic prisoners' negative perceptions should be investigated, including through black and minority ethnic prisoner forums and the findings acted on.

## Foreign nationals

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- 4.14 **Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (4.29)**  
**Not achieved.** There were 20 immigration detainees one of whom had been held for 17 months after completing a 15-month sentence. A consultant clinical psychologist had serious concerns about his mental health and noted that the detainee was 'too clinically depressed and traumatised about his current [detention] to engage in any work regarding his previous trauma.'  
**We repeat the recommendation.**
- 4.15 **An on-site independent immigration advice service should be provided. (4.30)**  
**Not achieved.** Independent immigration advice organisations did not attend the prison. Instead, the equalities team directed prisoners to two Liverpool-based law firms.  
**We repeat the recommendation.**
- 4.16 **Foreign national prisoners should not have to make repeated monthly applications for a free telephone call overseas and should receive these irrespective of whether or not they have visits. (4.31)**  
**Achieved.** Once a foreign national prisoner had made an initial application for a free monthly telephone call, further additional credit was added automatically irrespective of the number of visits.
- 4.17 **Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. (4.32)**  
**Not achieved.** Use of telephone interpreters was little changed at about 13 uses a month, mostly by reception and the equalities team. Despite some cases of obvious need and a reminder to staff in September 2011, wing staff rarely used the service. One convicted prisoner who could not speak English was unaware of the length of his sentence and had no idea what had happened to the money he had with him when he was arrested. Another prisoner's computer records noted that staff had found it difficult to communicate 'because of the language barrier' but no attempt had been made to use an interpreter.  
**We repeat the recommendation.**

### Additional information

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- 4.18 Provision for the 61 foreign nationals was mixed. The largest groups were Irish (14), Polish (6), Nigerian (5) and Pakistani (5). There were no regular foreign national consultation meetings. A UK Border Agency (UKBA) officer regularly attended the centre, which was helpful for those prisoners wishing to return to their country of origin. Wing file entries indicated that the UKBA initiated the deportation process in good time, which enabled prisoners to prepare for their return or appeal against the deportation. The EIC was proactive in liaising between prisoners and the UKBA and regularly requested detainees be moved from the prison to an immigration removal centre. The EIC gave detainees bail application forms but copies of bail for immigration detainees handbook were not available. Inappropriate sanctions were applied to

detainees such as one who had been issued with three warnings for failing to attend work and his IEP status had been downgraded to basic.

#### Further recommendation

- 4.19 Immigration detainees who are not transferred to an immigration removal centre should have the same status as unconvicted prisoners.

#### Housekeeping point

- 4.20 Copies of the bail for immigration detainees handbook should be available in a range of relevant languages.

## Disability and older prisoners

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- 4.21 **A more strategic approach to meeting the needs of prisoners with disabilities should be developed and overseen by an appropriate management forum. (4.37)**

**Achieved.** The needs of prisoners with disabilities were managed by the equalities team through the overarching equalities procedure.

- 4.22 **Formal procedures should be put in place for prisoners with disabilities to identify themselves. These should be promoted and known to staff and fully explained to prisoners. (4.38)**

**Partially achieved.** An equalities questionnaire was used to identify prisoners with disabilities but the forms were completed by reception staff and prisoners could not declare their disability in confidential circumstances. The EIC met prisoners to discuss their needs, arrange reasonable adjustments and draw up a care plan but plans were not systematically shared with wing staff. The identification system had just been established so there was likely to be significant under-recording of prisoners with disabilities. The equalities team recorded 78 prisoners as having a disability but in our survey, 23% of prisoners (equalling about 320) said they had a disability.

#### Further recommendation

- 4.23 A confidential system should be established to allow prisoners to declare their disabilities at any stage of their stay at the prison.

- 4.24 **All prisoners with a disability should have a multidisciplinary care plan that includes involvement by residential staff on how their needs will be met. (4.39)**

**Partially achieved.** Care plans were drafted by the equalities team with no input from health care or wing staff. Shortly before our inspection, the equalities team had invited health care to join the care planning process but the plans were not available to residential staff.

**We repeat the recommendation.**

- 4.25 **The disability liaison officer should be given sufficient time, support and resources to carry out meaningful work with prisoners with disabilities. (4.40)**

**Not achieved.** There was no longer a dedicated disability liaison officer. The EIC and EIM were responsible for prisoners with disabilities as well as the other diversity strands. Prisoners with disabilities reported more negatively in a number of areas in our survey but there was little

consultation with them to allow wider needs to be assessed.  
**We repeat the recommendation.**

**4.26 A register of prisoners with disabilities should be kept and evacuation plans should be ready and available for those who need them. (4.41)**

**Achieved.** The equalities team kept a register of prisoners with disabilities although as noted this was likely to be incomplete. Evacuation plans were drawn up for those with known mobility problems and kept in wing offices. Those requiring assistance in an emergency were identified on the wing roll notice board.

**Additional information**

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- 4.27** Prisoners with disabilities' reported less positively than other prisoners in our survey in a range of areas including access to regime opportunities. More than others reported feeling unsafe. There were no adapted cells in the main prison, although there were five prisoners in wheelchairs. Many parts of the prison, including the chapel, were inaccessible to prisoners in wheelchairs. Forty-five per cent of those on the vulnerable prisoner unit identified themselves as having a disability. An accessibility audit had been conducted by the disability advisory group of Merseyside Probation Trust. The report, which had just been released, made a number of recommendations that had yet to be implemented. Links were being developed with Mencap, the learning disability charity. There was no formal carer system. One prisoner acted as a buddy to a prisoner with a disability and had a job description but did not receive training or pay for his role. The equalities team had access to an online catalogue for accessories for prisoners with disabilities but had not used it and there were few adaptations for prisoners with disabilities. (See also accommodation and facilities.)

**Sexual orientation**

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**4.28 A strategy should be developed to support and meet the needs of gay and bisexual prisoners and prevent discrimination against them. (4.46)**

**Achieved.** The equalities strategy covered gay and bisexual prisoners and their issues were a standing item on the equalities action plan.

**Additional information**

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- 4.29** In our survey, three per cent of prisoners (equalling about 42 individuals) identified themselves as gay or bisexual. The equalities team was beginning to do some good work with gay prisoners. A forum for gay and bisexual prisoners had taken place before our inspection attended by four prisoners. Following the forum, a gay and bisexual prisoner newsletter had been produced and distributed to every cell. A previous edition of the equalities newsletter had also focused on gay and bisexual issues. The prison had marked lesbian, gay, bisexual and transgender (LGBT) month by organising a football match between staff and a team of gay footballers. The match had been showcased on the prison radio.
- 4.30** Steps were taken to enable gay prisoners to come out and to tackle homophobia. A governor's notice to prisoners displayed around the prison reminded prisoners that homophobic abuse was unacceptable and could lead to disciplinary action.
- 4.31** Prisoners did not have an opportunity to declare their sexual orientation in a confidential setting. An equalities questionnaire was meant to capture sexual orientation but we did not observe reception staff asking new arrivals about their sexuality.

#### **Further recommendation**

- 4.32** Prisoners should be asked about and be able to declare their sexual orientation in a confidential setting.

## Section 5: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

### General

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- 5.1 **Health care information should be provided in the holding rooms and throughout the health care centre and should include information in languages other than English. (5.56)**

**Achieved.** Health care information was widely available, with some in a range of languages. Information was displayed in the health care holding rooms and clinics and leaflets were available for patients.

- 5.2 **Health care reception screening interviews should be carried out in an appropriate confidential environment. (5.57)**

**Partially achieved.** The facilities in reception for the initial screening of prisoners had not changed and remained unfit. However, funding had been approved for the refurbishment and extension of rooms and work was due to start shortly after our inspection.

- 5.3 **Appropriate monitoring arrangements for the use of the gated cell and anti-ligature clothing in health care should be developed. (5.58)**

**Not achieved.** A protocol had been developed for the use of the gated cell and anti-ligature clothing but there was no monitoring of their use.

**We repeat the recommendation.**

### Additional information

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- 5.4 Health care services were commissioned by Liverpool Primary Care Trust and provided by Liverpool Community Health Care Trust. A refresh of the health needs analysis had been completed in 2011 and a full analysis had been commissioned for 2012. The analysis was used to inform the development and delivery of services through the clinical governance and partnership board meetings.

- 5.5 The health care centre was a large purpose-built facility. Treatment rooms on five of the wings were used primarily for the administration of medicines. Prisoners in our survey were generally satisfied with the quality of health care services but less so with the access to a GP. The health care centre was well managed and there were good working relationships with the commissioners and the senior management team.

### Clinical governance

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- 5.6 **The primary care trust should employ GPs on permanent contracts. (5.59)**

**Achieved.** One GP had been employed on a full-time contract. Two more had been recruited and were awaiting security clearance. Two regular locum GPs were employed.

**5.7 Clinical records should be secured sufficiently to ensure patient confidentiality in line with the Data Protection Act and Caldicott principles. (5.60)**

**Achieved.** Clinical records were managed electronically using SystmOne. The quality of clinical records we looked at was very good with comprehensive and regularly reviewed care plans. Paper records were archived and were being summarised electronically. All records were secured appropriately.

**5.8 A dedicated prisoners' health care forum should be established. (5.61)**

**Partially achieved.** A health care forum had been established for inpatients and health care staff also attended prisoner consultative meetings but there was no dedicated health care forum for all prisoners.

#### Housekeeping point

- 5.9** The health care forum for inpatients should be extended to include prisoner representatives from the wings.

### Additional information

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- 5.10** Clinical governance was well organised, with bi-monthly meetings that informed the quarterly partnership board. The board was attended regularly by the governor and offender health services manager and considered strategic issues followed by updates from the providers. The large team of clinical and support staff was well managed by three senior nurses. Staff were qualified to provide a good range of services and had opportunities for professional development. All healthcare staff maintained their mandatory training. A comprehensive induction programme was provided and arrangements were made for student nurses to undertake a clinical placement during their training.

### Primary care

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- 5.11 Measures to improve the poor attendance at clinics should be developed. (5.62)**  
**Partially achieved.** Measures to improve attendance at clinics included employing discipline staff to manage movements of patients and providing GP clinics on the wings as well as in the health care centre. Attendance rates had improved but non-attendance levels remained high at between 30% and 40%.

#### Further recommendation

- 5.12** Appointment arrangements and attendance rates should be reviewed and monitored to improve attendance at all clinics.
- 5.13 Nurses should be trained in the management of triage and triage algorithms should be developed to ensure consistency of treatment. (5.63)**  
**Achieved.** Nurses had been trained in clinical examination skills and the management of triage clinics. Additional staff had been identified for further training and triage algorithms had been developed for each of the clinics.



## Additional information

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- 5.14 Primary care clinics were delivered mainly in the health care centre. Prisoners used a health care application form that was managed confidentially by health care staff. Prisoners could also see nurses in the wing treatment rooms and arrange appointments. GP clinics were provided daily and patients were usually seen within 24 hours of referral. Most patients were seen initially at nurse triage clinics and either treated or referred to the appropriate clinic. There were three nurse prescribers and a further two were being trained. A good range of nurse-led and specialist clinics were provided and patients could see staff trained in the care of older prisoners and those with life-long conditions. The out-of-hours service was provided by the same health care provider as that used in the local community and a nurse and health care assistant were also available in the inpatient unit during the night.
- 5.15 Health promotion was managed by one of the senior nurses in accordance with the health care delivery plan. Regular healthy settings meetings were attended by a range of prison staff with standing agenda items covering mental health promotion, smoking, healthy eating and lifestyles and substance misuse. An appropriate range of health promotion and immunisation clinics were delivered.

## Pharmacy

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- 5.16 **All pharmacy procedures and policies should be reviewed and adopted via the medicines and therapeutics committee. All staff should read and sign the agreed procedures. (5.64)**  
**Achieved.** The terms of reference for the medicines and therapeutics committee (MTC) included a requirement to ensure systems and policies were in place and minutes of the meetings indicated that changes to policy had been considered. The policy for the management of medicines included the special sick and in possession policies, which were both under review by the MTC.
- 5.17 **Prisoners should have direct access to the pharmacist, who should also develop medicine use reviews for the prison population. (5.65)**  
**Partially achieved.** Prisoners could request an appointment with the pharmacist but this was not widely advertised and not included on the request slip used by prisoners to book appointments so uptake was minimal. The pharmacist said she was often approached informally by prisoners with queries about their medication. The pharmacist had previously carried out medicines use reviews for prisoners but uptake had been minimal and the service had been discontinued.

### Housekeeping point

- 5.18 Information about access to the pharmacist should be more widely advertised.
- 5.19 **There should be a clear out-of-hours policy with availability of emergency stock and pre-packs. Full records of medicines supplied out of hours should be maintained. (5.66)**  
**Partially achieved.** Although there was no formal pharmacy out-of-hours policy the 24-hour health care service meant there was access to most medicines so the out-of-hours cupboard contained only medicines not normally supplied from stock and was rarely used. Records of medicines supplied from the out-of-hours cupboard were kept.

- 5.20 **Named-patient medicines should not be administered or supplied to anyone other than the patient named on the label. (5.67)**  
**Not achieved.** Named-patient medicines were often treated as stock by nursing staff and administered to other patients.  
**We repeat the recommendation.**
- 5.21 **Where general medicine stock is used, the system should be subject to audit so that stock supplied can be reconciled against prescriptions issued. (5.68)**  
**Not achieved.** Stock supplied was not reconciled against prescriptions issued.  
**We repeat the recommendation.**
- 5.22 **There should be a review of security arrangements in the health care centre specifically with regard to arrangements for administration of controlled drugs. (5.69)**  
**Not achieved.** It was unclear whether security had been reviewed but concerns remained. Methadone was supplied under the control of drug dependence unit nurses, with patients allowed to enter the treatment room one at a time to take their medication under the supervision of a prison officer and two nurses. Treatment times were generally separate from the supply of other medicines and adequately supervised.  
**We repeat the recommendation.**
- 5.23 **The special sick policy should be reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. Patient group directions should be produced to allow supply of more potent medicines by the nursing staff where appropriate. (5.70)**  
**Partially achieved.** The special sick policy enabled supply of a very limited range of medicines but was under review by the MTC. Some patient group directions were in place to allow medication to be provided by nurses, although this was primarily used to enable the administration of vaccines.

#### Further recommendation

- 5.24 Patient group directions should be extended to allow the appropriate supply of more potent medicines by nurses.
- 5.25 **The medicines and therapeutics committee should meet at least four times a year and meetings should be meaningful, with all stakeholders attending. (5.71)**  
**Achieved.** Minutes of the MTC meetings indicated that the group held meaningful bi-monthly meetings that were generally well attended by all stakeholders.
- 5.26 **A specific prescribing formulary should be made available. (5.72)**  
**Achieved.** A specific prescribing formulary existed and was under review by the MTC.
- 5.27 **Prescribing data should be used to demonstrate value for money and to promote effective medicines management. (5.73)**  
**Achieved.** Prescribing data were used to discuss effective medicines management during MTC meetings, with the data for one drug analysed at each meeting.

#### Additional information

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- 5.28 Pharmacy services were provided by a local pharmacy supplier under a service level agreement. The pharmacist and a technician spent one day a week at the prison. Prescriptions

were supplied in good time. The pharmacy and treatment rooms were in good order. Thermolabile products were stored appropriately with daily recorded temperature checks.

- 5.29 Medication was administered by nursing staff during three daily treatment times. All medicines were supplied through gated hatches that provided an adequate interface. Patients on in possession medication were usually given a patient information leaflet with their medications but those on supervised medications did not always receive one. Medicines supplied in possession were not always appropriately labelled.
- 5.30 Medicine stock was poorly maintained, with a number of tablets and tablet foils loose in the cabinets. Extra tablet foils had been inserted into some containers and discontinued or uncollected medicines were found in the stock cupboards. No date-expired medicines were found but some stock containers did not include batch numbers or expiry dates on the label. A few general stock medicines were held, including dihydrocodeine tablets, chlordiazepoxide capsules and diazepam syrup. There was no audit of the use of these medicines and no reconciliation of the amount of general stock supplied against prescriptions issued.

#### Further recommendations

- 5.31 Medication should be stored in an orderly way and pharmacy staff should check treatment areas regularly. Loose tablets and foils should not be present in stock and all stock containers should be labelled to show batch numbers and expiry dates.
- 5.32 In possession medicines should be supplied in appropriately labelled containers and information leaflets should be available to all patients.

## Dentistry

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- 5.33 **The second dental surgery should be used to provide hygienist and/or therapist sessions. (5.74)**  
**Achieved.** An additional dentist had been recruited for two further sessions and an oral health promotion team ran sessions in the second dental surgery.

#### Additional information

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- 5.34 Dental services were provided by Liverpool Community Health Trust. Two dentists delivered nine sessions each week supported by a dental nurse, and cover was provided by the trust for annual leave and emergency cover. Oral health promotion was provided by an additional team who visited the prison weekly. The large dental suite comprised two surgeries, a holding room, 'clean' and 'dirty' utility rooms and a storage room. The suite was clean and bright, well equipped and suited for the care and treatment of patients. The waiting list included 76 routine cases that were prioritised for treatment but patients could wait for up to six months for a routine check up appointment. Urgent cases were treated within a week. We observed some very good standards of treatment where patients were treated with care and respect.

#### Further recommendation

- 5.35 Routine dental check up appointments should be available more quickly.

## Inpatient care

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- 5.36 **All health care beds should be removed from the certified normal accommodation. (5.75)**  
**Not achieved.** All health care beds apart from those in the gated cells remained on the list of certified normal accommodation.  
**We repeat the recommendation.**
- 5.37 **Inpatients in health care should be allowed to smoke in a suitable outside area. (5.77)**  
**Not achieved.** There was no facility for patients to smoke outside and the primary care trust had a no smoking policy in all its places of work.  
**We repeat the recommendation.**

### Additional information

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- 5.38 There were 28 bed spaces on the inpatient unit, including two safer gated cells, one of which had camera surveillance. One cell was dedicated to infection control cases and there was a large double cell with adaptations to support prisoners with disabilities. The environment was clean and bright. There were in-cell toilet and shower facilities that prisoners could use in appropriate privacy. There were suitable treatment and consultation rooms. There was a suitable mix of registered mental health and general nurses supported by health care officers and health care support workers. At night, there was one registered nurse and one health care support worker. The registered nurse also covered the prison.
- 5.39 About half the 23 men on the unit were there without identified health needs. Four had acute mental health needs and one was waiting for a second mental health act assessment. The prison regularly admitted men deemed 'difficult to manage' on the wings, men who scored as high risk on the cell-sharing risk assessment and men who were vulnerable due to their offence or profile in the prison. The unit was regularly full and nurses often had to trawl for vacant cells on wings to discharge prisoners. The average length of stay was three to six months, although a significant number of men stayed only 24 hours. Men were unlocked for most of the day during the week. We saw men playing pool and attending a reading group, outside for exercise or going to education. Communal meals in the association/dining area were actively encouraged. The atmosphere was calm and men seemed to respond positively to this freedom.

### Further recommendation

- 5.40 Admission to the inpatient unit should be a decision based on clinical need.

## Secondary care

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### Additional information

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- 5.41 Outside hospital appointments were managed well by one of the health care administrators. There were 18 escorting opportunities each week and all were generally used. Demands on the discipline staff resulted in 10% of appointments being cancelled each month. Appointments were rearranged when required and patients were put on medical hold when appropriate.

#### Further recommendation

- 5.42 Sufficient escorts should be provided to avoid having to cancel outside hospital appointments and delayed waiting times for patients.

### Mental health

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- 5.43 Patients with mental health needs should be cared for in the health care centre rather than the segregation unit except in exceptional circumstances. They should receive a suitable regime and interventions appropriate to their condition, regardless of their behaviour. (5.76)

**Partially achieved.** We were told that a couple of men with severe and enduring mental health problems whose presentation was deemed too high risk for care in inpatients had been managed in the segregation unit in the previous year but most men with severe mental health problems were cared for on the inpatient unit.

#### Further recommendation

- 5.44 Alternative measures to manage high risk mental health patients should be developed to ensure they are cared for appropriately in a health care setting.

### Additional information

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- 5.45 Mental health care was comprehensive and good quality. It included primary mental health, a clinical psychology service and a mental health in-reach team (MHIRT). All referrals were dealt at a weekly 'single point' meeting attended by all mental health professionals to share individual referral information and allocate the prisoner to the most appropriate service. An integrated mental health pathway was being developed. Men identified at the reception screening as needing mental health assessment were seen by a mental health nurse and referred to the crisis intervention team or MHIRT. Referrals were accepted from prisoners and all staff and there was helpful linkage with other health care professionals and the wider prison, including probation services.
- 5.46 Primary mental health was provided by a crisis intervention team of three registered mental health nurses rotated from the inpatient unit. There was one vacancy during our visit. There were 55 men on the team's caseload prioritised as high, medium and low risk to inform response times. Most men were seen on the wings partly to enable choice but also due to lack of consultation rooms. Prisoners identified with severe and enduring mental health needs, such as early onset psychosis, were referred to the MHIRT.
- 5.47 Clinical psychology services provided an appropriate range of time-limited interventions including cognitive behavioural therapy, cognitive analytical therapy and trauma counselling. Men were usually seen within a week for an initial assessment before being allocated to an appropriate therapy. There were 25 referrals a month, a median of 92 men on the caseload in the last year and a median total of 225 contacts a year. There were no exclusion criteria other than whether the remand/sentence length allowed the prisoner to engage with services for enough time to ensure safe disclosure and therapy.
- 5.48 MerseyCare NHS Trust provided the MHIRT. We were told there had been 153 referrals in the previous year and the case load averaged around 50 patients. Men were usually seen within a

week of referral or sooner if urgent. A team of four community psychiatric nurses, including a team leader, provided the core service supported by two sessions of a clinical psychiatrist who initiated prescribing of specialist medication. Two sessions a week were provided by a forensic psychiatrist from the local medium secure unit and related prescribing was through a note to inform the GP, which sometimes caused delays in prisoners receiving new medications.

- 5.49 There had been seven transfers under the Mental Health Act in the previous year and men waited an average of six weeks for placement. Only 12 officers among the prison staff had completed mental health awareness training in the previous year.

**Further recommendation**

- 5.50 All discipline staff should complete mental health awareness training.

## Section 6: Activities

### Time out of cell

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**Expected outcomes:**

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 6.1 **All prisoners should have daily association. (6.48)**  
Not achieved. Association was provided on a rota basis with at least one landing on every wing locked up during association times.  
We repeat the recommendation.
- 6.2 **All prisoners should have the opportunity for at least one hour's exercise in the open air everyday. (6.49)**  
Not achieved. The published core day showed that time in the open air was 45 minutes on weekdays and an hour at weekends. However, prisoners reported and we observed that weekday provision was only about 20 minutes daily.  
We repeat the recommendation.
- 6.3 **Prisoners without allocated activities should have more time out of their cells during the day. (6.50)**  
Achieved. A domestic rota giving prisoners without allocated activities an additional hour out of their cells during the day had been implemented.

#### **Additional information**

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- 6.4 The prison recorded just over eight hours a day time out of cell against a target of eight hours. The maximum time a fully occupied prisoner could have out of cell daily was 10.5 hours from Monday to Thursday. This reduced to between seven and eight hours on Fridays and at weekends. The worst case for unemployed prisoners was 3.5 hours daily, an improvement on what we found in 2009. A morning roll check showed about a third of prisoners locked in their cells. Because of an increase in activities and more part time provision this had improved significantly from 2009 when we found 46% of men locked in cells at the same time.
- 6.5 The evening and weekend association timetable was published to prisoners and scheduled association generally took place as planned. Association areas were reasonably well equipped with pool tables and staff were out on the landings. Prisoners were locked up when shop orders were delivered at weekends, further reducing association time.

### Learning and skills and work activities

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**Expected outcomes:**

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

## Leadership and management

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- 6.6 **Allocation to activities should reflect individual prisoners' needs and assessments. (6.25)**  
**Achieved.** The initial assessment of prisoners' literacy and numeracy needs was satisfactorily taken into account by the allocation unit when deploying prisoners to activities.
- 6.7 **Data should be better used to inform programme development. (6.26)**  
**Not achieved.** A wide range of data was collected but was not used sufficiently well to inform programme development.  
**We repeat the recommendation.**
- 6.8 **Prisoners should arrive at activities on time. (6.30)**  
**Partially achieved.** Prisoner movement from accommodation wings to activities was efficient and ensured that they arrived at work and vocational training areas on time. While most education classes started promptly too many prisoners arrived after planned session start times.

### Additional information

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- 6.9 The reducing reoffending strategy for learning and skills was closely aligned with government priorities of providing meaningful work and training that reflected a realistic working day and led to potential employment on release. However, implementation of the strategy had been delayed while the prison realigned staff roles and responsibilities to meet better its reducing reoffending agenda. Education and vocational training were managed well. Work, industries, PE and the library were coordinated by individual managers but there was no overall coordination to ensure the individual areas worked well together to meet the needs of the prisoners. Insufficient direction by senior managers had failed to ensure that key improvement processes were sufficiently well coordinated and applied across all learning and skills. The effective quality assurance processes identified in 2009 had not been sustained. The self-assessment process had not been applied to wider learning and skills in 2010/11 but it had recently been reintroduced and a draft report compiled. Within education, quality assurance systems were robust.
- 6.10 The promotion of equality and diversity was satisfactory. The prison radio course was used particularly well to promote diversity. Education staff attended regular equality and diversity training provided by the prison. Staff were suitably trained to support learners with dyslexia. Access to the education department for prisoners with restricted mobility was satisfactory, with reasonable adjustments, but access to some workshops and the library was difficult. In our survey, significantly fewer prisoners who said they had a disability engaged in education, work and vocational training than others. Vulnerable prisoners did not have access to the majority of the learning and skills provision.
- 6.11 Allocation to activity was efficient and prisoners were deployed to activities quickly after participating in a prison and learning and skills induction. Risk assessment for specific activities did not cause delays. In two social enterprise workshops and in the main kitchen, individual instructors managed applications and selection which bypassed the main allocation process and there were insufficient checks to ensure the process was fair and equitable. Rates of pay were fair.



### Further recommendations

- 6.12 Quality assurance processes should be fully embedded in all areas of learning and skills.
- 6.13 The allocation unit should ensure that the selection process for all activities is fair and equitable.

## Induction

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### Additional information

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- 6.14 Education induction sessions were well managed and attended. Induction included appropriate information on available education and vocational training programmes but prisoners did not receive enough information on work activities. Prisoners' preferences for education and vocational training were identified and communicated effectively to the allocations unit and they received an appropriate assessment of their literacy and numeracy needs. Additional diagnostic assessment of learning needs was carried out before prisoners began a learning programme. Working Links provided the career information, advice and guidance service but interventions were not carried out early enough to inform decisions on activity allocation. Links between sentence planning and career information, advice and guidance were very weak. Few workshops received information on the outcomes of guidance sessions. Vulnerable prisoners did not routinely receive effective career information, advice and guidance.

### Further recommendation

- 6.15 Career information, advice and guidance service workers should establish effective and timely interventions at the beginning of a prisoner's sentence that effectively inform allocation to activity.

### Housekeeping point

- 6.16 Prisoners should be provided with comprehensive information on all activities at induction.

## Work

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- 6.17 **The range of work activities for vulnerable prisoners should be improved. (6.29)**  
**Not achieved.** The range of work activities available for vulnerable prisoners had reduced. There were plans to convert an unused kitchen to provide work and education activities for vulnerable prisoners but the refurbishment was not complete.  
**We repeat the recommendation.**
- 6.18 **The use of individual learning plans should be improved to include better target-setting and recording of personal development. (6.31)**  
**Partially achieved.** Individual learning plans were used effectively in vocational training and in two employment-related workshops. They had been introduced into all other industrial workshops but were not used.

## Additional information

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- 6.19 The number of work places had increased to around 278 part-time and 557 full-time places, of which approximately 87% were utilised. Work consisted of 12 industry workshops, grounds maintenance, kitchens, wing serveries, painters, cleaners and orderly roles. Wing cleaning jobs accounted for 26% of full-time work but this work did not fully occupy prisoners throughout the core day.
- 6.20 A wide range of contract workshops helped develop prisoners' practical skills to meet the demands of external and Prison Service contract requirements. These included bicycle refurbishment and repair, washing machine repair and recycling, furniture reupholstery for local communities, sign-making, leather work, making prison-issue clothes and breakfast packing. Vulnerable prisoners had access to work only on their wings and some grounds maintenance jobs. Punctuality had improved and was good but attendance had decreased from 97% to 80%. Some contract workshops had insufficient throughput of work and prisoners were not always constructively occupied. Qualifications had not been offered in the industry workshops for about six months and progress made was not formally recognised. Individual learning plans were not being used to record employability skills or to set improvement targets. Support to develop prisoners' literacy and numeracy skills at work was available only in a limited number of industry workshops.
- 6.21 Kitchen workers benefited from working in a new high-quality and spacious prison kitchen. They and the wing servery workers took a level 1 food hygiene award as part of their work induction. Kitchen workers took a level 2 food hygiene award within a month of starting work. There were plans to reintroduce national vocational qualifications in catering.
- 6.22 Two social enterprise workshops, developed in partnership with Timpson and Elixir, were run as near to commercial standards as possible, offering an approximate 36-hour working week. Prisoners stayed in the workshops over the lunch time period, which maximised their working day. The workshops were staffed by the organisations and supported by prison officers. Each had a training programme focused on skill development in their industry and preparation for progression on release into employment in the companies. Timpson shoe repair workshop, established in 2009, reflected the company's recognisable external image. Prisoners wore the company's work clothing and the workshop was furnished in its corporate colours. Just over 30% of discharged prisoners had chosen to take up company employment on release. In mid-2011, Elixir had installed a large workshop recycling UPVC windows and two prisoners had already progressed into employment with the company on release.

### Further recommendations

- 6.23 Work should be planned to occupy prisoners' time fully, with additional employment-related activities used during work down time to enhance prisoners' skills and knowledge.
- 6.24 The development of prisoners' employability skills should be formally recognised and recorded in individual learning plans.
- 6.25 Specialist literacy and numeracy support should be reintroduced into work areas to enable prisoners to improve their functional skills alongside their work activities.

## Vocational training

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### Additional information

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- 6.26 The range of accredited level 1 vocational training provided by The Manchester College had increased since 2009. Approximately 32 prisoners were enrolled on full-time programmes in painting and decorating, plumbing, horticulture, computer maintenance and radio production. The radio production programme provided prison radio, as Radio Walton, and had appropriately focused on achievement of qualifications and employability skills. Industrial cleaning training had stopped temporarily due to the relocation of the workshop. Vulnerable prisoners had no access to vocational qualifications. Success rates were high in 2010/11 on industrial cleaning, food hygiene and health and safety programmes. At 73%, success rates were satisfactory on the computer maintenance award. Success rates were low in plumbing at 54%, radio production at 20% and very low on NVQ level 1 in hospitality. The horticulture course had only started recently. Attendance and punctuality were good but only about 80% of places were utilised.
- 6.27 The quality of prisoners' work was generally good, especially the development of practical skills in painting and decorating and radio broadcasting. Some prisoners developed skills and knowledge to beyond their level 1 award. Prisoners exhibited good work ethics, behaviour and teamwork. Teaching was good in painting and decorating and in plumbing. Practical group demonstrations and individual coaching met individual needs well. Work areas were well resourced. Individual learning plans were used effectively. Education tutors provided good support alongside vocational staff to help prisoners improve their literacy and numeracy skills.

### Further recommendation

- 6.28 The low success rates on some vocational training courses should be improved.

## Education

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- 6.29 **Attendance should be improved at education sessions. (6.27)**  
**Achieved.** Attendance rates had improved and were satisfactory at around 80%.
- 6.30 **All prisoners should attend education induction promptly. (6.28)**  
**Achieved.** Punctuality had improved and was satisfactory.

### Additional information

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- 6.31 Education courses were provided by The Manchester College. The prison had expanded the provision to 330 part-time and 144 full-time education places. About 43% of prisoners participated in some education. Programmes included information technology, web page design, business administration, literacy, numeracy, English for speakers of other languages (ESOL), functional skills, creative writing, personal development, healthy living, art and design, family relationships and film production. Twenty-four learners were participating in distance learning and Open University programmes. A further 30 learners undertook learning courses on their accommodation wings.

- 6.32 The standard of learners' work and skills development was good. Many made good progress to higher level programmes. Learners worked effectively individually and during group activities. All learning took place in a safe environment. Success rates were generally high. Retention and success rates in skills for life programmes had improved considerably since the previous academic year. There were no significant differences in the achievement of different groups of learners. While the range of education courses was good for mainstream prisoners, vulnerable prisoners had inadequate access to the full range of provision.
- 6.33 Teaching and learning accommodation was adequate. The range and quality of paper-based resources were generally good but tutors had insufficient access to information and learning technology to enhance learning sessions. Teaching and learning were good. All sessions were consistently well planned and managed. Tutors provided good learner support that effectively removed barriers to progress. They made particularly good use of individual coaching and small group teaching strategies to engage and motivate learners. In the better sessions, tutors effectively used question and answer sessions to check and reinforce understanding. In addition, learners' progress was enhanced through the use of challenging extension learning material. Most learners concentrated on their tasks, participated well and enjoyed learning. Mutual respect between tutors and learners was evident in learning sessions and behaviour was good. Learning support arrangements were satisfactory. The use of learning mentors in education sessions was in abeyance but plans were well advanced to reintroduce accredited mentor training for prisoners.
- 6.34 Attendance was satisfactory. Most tutors kept learners fully engaged in learning until the expected end time. However, the number of learners in classes was often low, and some turned up late. Information technology classes based in the library resource centre were disrupted by noise from the learning centre, particularly as the centre was used as a thoroughfare from one wing to another.

#### Further recommendations

- 6.35 All tutors should have sufficient access to information and learning technology to add variety and interest to their learning sessions.
- 6.36 The low numbers and late arrivals at some education classes should be improved.

## Library

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- 6.37 **The library accommodation should be improved to ensure an environment conducive to study. (6.32)**  
**Not achieved.** The accommodation had not improved and continued to be noisy. The noise disrupted classes in the learning centre and also did not provide a suitable environment for the library.
- 6.38 **All prisoners should have regular opportunities to use the library. (6.33)**  
**Not achieved.** Although access to the library had improved for some prisoners, those on G, H and I wings did not have regular access due to lack of prison staff to provide escorts and they had to rely on a trolley service. Fewer than the comparator in our survey said they went once a week and this had decreased since 2009. Vulnerable prisoners had access to the library only every other weekend.  
**We repeat the recommendation.**

## Additional information

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- 6.39 Library services were provided by Liverpool City Council. The library was run by a qualified librarian and a full-time assistant, supported by 10 orderlies. The orderlies were mainly used to deliver newspaper and magazine orders for prisoners rather supporting library activities. The library's location in the education department provided easy access to prisoners attending education classes. Activities to promote literacy remained limited. Two reading groups operated for vulnerable prisoners and those in health care but nothing was provided for other prisoners.
- 6.40 The book stock of 14,500 texts was adequate. The range of fiction and non-fiction books was satisfactory and included a range of easy readers, spoken word CDs and a range of books for more mature readers. Additional texts could be ordered through the central library service. Data showing the range of prisoners of different nationalities were not used to determine the sufficiency of stock to meet their specific needs but the library carried a good range of books and dictionaries in European and other languages. Prison Service Orders were up to date and accessible on request. No magazines or newspapers were stocked and prisoners had to buy their own.

### Further recommendations

- 6.41 Orderlies should be trained and deployed more effectively to support library services.
- 6.42 The library should better promote the development of literacy skills by introducing more activities.

### Housekeeping point

- 6.43 Data should be collected and used more effectively to ensure the range of book stock meets population needs.

## Physical education and health promotion

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### Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.44 **Relevant health assessments should be shared with PE staff. (6.38)**  
**Not achieved.** A process to communicate relevant health care assessments between health care and PE staff had not been implemented.  
**We repeat the recommendation.**
- 6.45 **Access to PE for prisoners without allocated activities should be improved. (6.39)**  
**Achieved.** Mainstream prisoners without allocated activity had access to a choice of 90-minute weights or fitness sessions from Monday to Thursday. Vulnerable prisoners who were not allocated to an activity had access to three separate 90-minute sessions.

- 6.46 **The PE shower facilities should be re-furbished. (6.40)**  
**Not achieved.** The showers had been cleaned and painted after the previous inspection but had not been maintained since and were again in need of repair and refurbishment. The Victorian bathhouse shower facility was in urgent need of refurbishment. Both areas were in daily use following PE sessions.  
**We repeat the recommendation.**
- 6.47 **Vocationally-relevant PE programmes should be run. (6.41)**  
**Not achieved.** The revised PE timetable utilised the core day for recreational PE and only one vocationally-relevant course was offered.  
**We repeat the recommendation.**
- 6.48 **There should be more programmes to promote healthy lifestyles. (6.42)**  
**Not achieved.** The PE programme provided recreational gym for all prisoners but had insufficient focus on promoting healthy lifestyles or providing programmes to improve the health and fitness of specific groups of prisoners.  
**We repeat the recommendation.**

### **Additional information**

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- 6.49 PE was staffed by a senior instructor and eight instructors who provided an induction to PE activities as part of the classroom-based education induction. PE facilities were satisfactory and consisted of a gym with free weights and cardiovascular (CV) equipment. The sports hall now housed CV equipment, which had increased numbers using the facility but reduced the opportunity to run team games. The outside all-weather football pitch was water-logged.
- 6.50 A revised PE timetable introduced in October 2011 had significantly increased use and access was more equitable. Management had decided to focus strongly on maximising participation in recreational activities, choosing to continue not to offer vocationally-related programmes even though PE staff were qualified to offer them. Programmes to promote healthy lifestyles remained limited. A health and fitness programme run for prisoners referred by drugs workers and who needed physiotherapeutic support had on average a 75% success rate. PE staff recorded participation rates but did not analyse them to identify individuals or groups of prisoners who were not using the facilities. Prisoner views were not gathered to identify if the facilities were meeting needs or to inform future planning.

#### **Housekeeping point**

- 6.51 PE staff should make better use of data analysis and evaluation and of prisoner feedback to inform decisions for quality and quantity improvement.

# Section 7: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

### Security

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**7.1 Residential staff should react quickly to action required to deal with issues raised through security information reports by the security department. (7.9)**

**Not achieved.** All relevant functional areas were now notified by email of required actions following security information report (SIR) submissions but these were not followed up to ensure that they had been carried out.

**We repeat the recommendation.**

#### **Additional information**

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**7.2** Formal systems for maintaining managerial oversight of security issues appeared sound. A weekly report was provided by trained analysts to a small forum of senior managers, headed by the governor, who identified security objectives. These were then fed into the monthly security committee meeting for competitive analysis by representatives from virtually all functional areas except learning and skills.

**7.3** Monthly SIR submissions for the year to date averaged 394 a month but this had fluctuated between a 305 and a 464. The analysis of submitted intelligence appeared sound but the reasons behind this fluctuation had not been explored. Outcomes from SIR actions were not monitored and, while the presence of a dedicated security group in the security department meant all searches were conducted as identified not all suspicion drug tests were carried out within the required timescales. Security managers were unaware of how many fell in to this category.

**7.4** The majority of security arrangements were proportionate but the imposition of closed visits was used too generally to punish those caught in possession of or taking drugs rather than as a means to reduce drug supply where intelligence suggested a link to visits. The number of prisoners subject to closed visits was high, fluctuating between 30 and 60, and predominantly for inappropriate reasons such as a single failed mandatory drug test.

#### **Further recommendation**

**7.5** Prisoners should be subject to closed visits arrangements only where there are proven or reasonable grounds for suspecting involvement in drug smuggling through visits or other illegal or inappropriate behaviour in the visits hall.

# Discipline

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## Additional information

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### Disciplinary procedures

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- 7.6 There had been 1202 adjudications during the first 11 months of 2011 a similar rate to previously but there was little collation and analysis of data. The first adjudication standardisation meeting for at least a year took place during the inspection and had only set out the format for future meetings. The total number of adjudications for each month with a breakdown of the most common charges was presented to the violence reduction and security committees but the minutes indicated very little analysis, discussion or action points arising.
- 7.7 Adjudications were no longer run mainly by the governor and deputy governor as had previously been the case but by all operational managers. Many records indicated insufficient enquiry into charges and some guilty verdicts were reached with no explanation of how the adjudicator had reached that conclusion. There were no quality assurance arrangements to identify and address such deficiencies.
- 7.8 As a result of what was described as a zero tolerance approach to violence and drugs, a high number of charges were referred to the independent adjudicator. Over 90 cases were due to be heard at the independent adjudicator's next monthly visit. It appeared this approach had not been thought through as many charges were dismissed by the independent adjudicator, often because there was a lack of evidence particularly in cases of unauthorised possession in shared cells. Often when prisoners were found guilty they did not receive additional days as a punishment, suggesting the referral to the independent adjudicator was unnecessary. The lack of monitoring meant that senior managers were unaware of the extent of these outcomes and the impact on their zero tolerance ethos.

### Further recommendation

- 7.9 Quality assurance arrangements should be introduced to ensure that disciplinary charges are fully and fairly investigated and appropriately recorded.

### Use of force

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- 7.10 Use of force had risen significantly from 100 incidents in the six months before the last inspection to 147 incidents in the six months before this one and there has been a steady increase from 2009.
- 7.11 Use of force records were mostly well completed and suggested a good focus on de-escalation. There was no use of force meeting and while data were monitored at the violence reduction and security meetings it was limited to monthly totals by area. There was no quality analysis or strategy to reduce its use. The deputy governor reviewed the control and restraint log weekly but no senior manager scrutinised completed records or watched videos of planned use. We identified some concerns, particularly where force had been used for non-compliance, which would have at least merited further examination and enquiry.



- 7.12 There was commendably little use of special accommodation, with only five instances so far in 2011 and all for periods of no more than two hours. Logs indicated that men were moved out of special accommodation as soon as they were compliant.

### **Segregation unit**

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- 7.13 The segregation unit remained a decent if austere environment for the majority of prisoners who spent only a short time there. Staff were respectful and caring but the regime, while basically satisfactory, was not appropriate for prisoners who remained there for longer periods. There was still no in-cell electricity and the exercise yard was a very poor environment in which to spend time in the open air. There was no meaningful care plan process for long-stayers to help prevent their psychological deterioration. In some exceptional cases, the segregation unit had been used for mentally ill men waiting for transfer to hospital whose behaviour was judged too difficult to manage on the health care centre. The segregation unit was not an appropriate environment for mentally ill men.
- 7.14 In a number of cases, authorisations for segregation did not give sufficient reasons to justify it and were often signed by the manager responsible for the segregation unit rather than the manager who had made the operational decision to relocate the prisoner.
- 7.15 As with adjudications and use of force, there was no strategic overview of the use of segregation. Other than the number of times prisoners had been held there, 334 to date in the year to November 2011, there were few data to inform such analysis but a new system had just begun that would facilitate this in future.

#### **Further recommendations**

- 7.16 The segregation unit should provide a suitable environment and regime, including effective care plans to help prevent psychological deterioration for prisoners who stay there for long periods.
- 7.17 Senior managers should routinely monitor and analyse a range of data across all three discipline areas, adjudications, use of force and segregation in order to direct and improve strategic management of all three areas.

## **Incentives and earned privileges**

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### **Expected outcomes:**

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 7.18 Prisoners should be able to attain enhanced level in a shorter time and incentives should be introduced that are not related to prisoners' access to private cash and visitors. (7.34)  
**Not achieved.** Prisoners still had to be at Liverpool for a minimum of three months before they could apply for enhanced status. Most incentives were still primarily linked to access to private cash and additional visits.  
**We repeat the recommendation.**

- 7.19 **Prisoners on basic regime should not automatically move cells and should be offered the same regime across the prison, including daily access to showers and exercise. This should be rigorously monitored by managers. (7.35)**

**Not achieved.** All prisoners continued to move cells automatically when placed on basic. Rather than moving to designated cells on their current wing, they now moved to a newly created basic 'reintegration' unit on the first floor of J wing. This had resulted in a more consistent experience but it was too punitive and restricted and in some aspects did not meet the minimum standards required by the Prison Service. Prisoners were not allowed association during the first 14 days of the minimum 28 spent on basic. They could attend gym once a week and chapel services and, although rectified during the inspection, they were not allowed a radio. In some cases moves to basic seemed to be a subversion of formal disciplinary procedures and prisoners were held in conditions similar to cellular confinement without the normal safeguards which would apply. One reason given for placing a man on basic was he was 'alleged to have seriously assaulted another prisoner' but there was no evidence from his P-Nomis record or security file to support this and he had not been subject to a disciplinary charge. (See main recommendations.)

### **Additional information**

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- 7.20 The incentives and earned privileges (IEP) scheme was used to reinforce a zero tolerance approach to a range of identified poor behaviour and offences such as fighting, assaults, testing positive for drugs and being in possession of illicit items such as mobile telephones and hooch. There was no stand-alone IEP policy which was contained within the violence reduction policy. The scheme was therefore viewed by staff and prisoners as a punitive tool rather than an aid to encouraging positive behaviour and rewarding compliance with sentence plan targets. There was little reference to how a prisoner could progress through the levels.
- 7.21 Some offences such as violent assaults were serious enough for immediate consideration of regression to basic, but too often they were not, particularly for a move from enhanced to basic. This could happen as a result of one failed mandatory drug test when referral to CARAT services and a downgrade to the standard level would have been a more proportionate and effective response. In some cases it was apparent that moves to the basic regime were imposed when the burden of proof was not sufficient to prove guilt through formal disciplinary procedures. A notice to staff explicitly stated that all prisoners sharing a cell where hooch was found should be placed on basic immediately as it would be almost impossible to prove possession on the part of only one of them.
- 7.22 Of most concern were the levels of vulnerability demonstrated by some prisoners located in the reintegration unit. In a progress report produced a few months after the unit's opening, managers had written that the unit had 'to deal with prisoners who have complex needs such as self-harm issues and mental health issues'. Some of these prisoners described carrying out extreme acts such as jumping on netting and barricading in cells as a way of extricating themselves from what they saw as dangerous circumstances and as a last resort following a lack of support from wing staff. Not only had the zero tolerance approach blinded managers from exploring the circumstances behind such actions but the regime was also far too restrictive for such vulnerable prisoners. Despite the unit's stated aim of reintegration there was a lack of multidisciplinary input and support for prisoners. (See main recommendations.)

# Section 8: Services

## Catering

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### Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

**8.1 A new kitchen should be built. (8.7)**

**Achieved.** A new full size production kitchen had opened in November 2010. It was well designed and fitted with modern equipment and could cater for up to 2000.

**8.2 Staff should vigilantly supervise meals before serving. (8.8)**

**Achieved.** Two members of staff were present on each servery while meals were served.

### **Additional information**

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**8.3** In our survey fewer than the comparator and than previously said they found the quality of food good. Nevertheless, there were some indications of improvement. Portion sizes were small but the food we sampled was adequate. The new kitchen provided more space and it was now possible to store, prepare and cook halal products separately. Efficient new heated trolleys had been provided and helped to maintain the quality of the food as it was transported to the wings. The kitchen was now run entirely by civilian staff and was managed efficiently by a professional catering manager. Twenty-eight prisoners working in the kitchen had all received basic food hygiene training. The wing serveries were clean and staff and prisoners working in them were suitably dressed in kitchen whites, hats and gloves.

**8.4** The menu now provided more variety, with fresh fruit available daily. The recent loss of a cooked lunch had been very unpopular and there were plans to reintroduce it. Breakfast consisted of a cereal pack served the night before and many prisoners ate the contents before morning particularly as the 'evening' meal was served at 4.30pm. Lunch was also served early at about 11.40am.

**8.5** The catering manager or a staff representative from the kitchen always attended the monthly prisoner consultative meeting but few issues about food were raised. New food consultation books had recently been placed on each wing servery and the catering manager checked these weekly but it was too early to judge how useful this process was.

### **Further recommendation**

**8.6** Breakfast should be served on the morning it is to be eaten and lunch and evening meals at later and more appropriate times.

# Prison shop

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## Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 8.7 **Black and minority ethnic prisoners should be specifically consulted about the range of goods in the shop to ensure it reflects the diverse needs of the population. (8.15)**  
**Not achieved.** Canteen was part of a fixed agenda item at the diversity committee but views expressed by black and minority ethnic prisoners were seldom recorded in the minutes of these meetings. Issues about the shop were sometimes raised at the general consultative committee but there was no means by which black and minority ethnic prisoners could reflect their views directly. In our survey, only 28% of black and minority ethnic prisoners compared with 42% of white prisoners said the list of products was wide enough to meet their needs.  
**We repeat the recommendation.**
- 8.8 **Prisoners should have access to the prison shop within 24 hours of arrival. (8.16)**  
**Not achieved.** Shop order sheets were issued on Friday and collected early on Monday morning so they could be sent to HMP Kennet where they were processed and packed. They were returned to Liverpool and issued the following Saturday. This meant that a prisoner arriving on Monday had to wait almost two weeks to receive their first shop order which made them vulnerable to getting in debt and consequent bullying.  
**We repeat the recommendation.**
- 8.9 **Errors with orders should be rectified expeditiously without prisoners having to wait until the following week. (8.17)**  
**Partially achieved.** A member of the contract staff was always present on the wing when shop orders were distributed and could deal with any mistakes and, where necessary, arrange for refunds. However, there was no provision for items to be replaced immediately as spare products were not held on site.

## Additional information

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- 8.10 The shop sold most basic items but prisoners found goods expensive. The ordering process was inflexible and the arrangements were not well suited to meeting the needs of minority groups. Prisoners could suggest changes to the product list and a small number of changes were made every three months. A representative from the contractor had attended a recent prisoner consultation meeting which was unusual and there had been some discussion about quality and price but there was no evidence that any changes had been made as a result.

### Housekeeping point

- 8.11 A representative of the shop contract staff should attend all prisoner consultation meetings and report back on action taken.

# Section 9: Resettlement

## Strategic management of resettlement

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Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 9.1 The format and meeting structure of the resettlement policy committee should be reviewed to ensure an appropriate strategic approach to the development of resettlement services. (9.7)  
**Achieved.** The resettlement policy committee had been reformed as a reducing reoffending strategy meeting. This met bi-monthly and had a more strategic approach to the development of resettlement services.
- 9.2 Separate action plans should be produced for each of the reducing reoffending pathways and progress reviewed at the committee meetings. (9.8)  
**Partially achieved.** An overall action plan covering all the resettlement pathways had been produced but had been reviewed only once.
- 9.3 A community engagement strategy should be developed and the prison should bring together periodically voluntary and community sector groups providing services to prisoners to inform them of their contribution to the development of the reducing reoffending strategy. (9.9)  
**Not achieved.** A voluntary and community sector coordinator had been appointed and an action plan developed to ensure that this work was better coordinated but this had not yet resulted in a community engagement strategy.  
**We repeat the recommendation.**

### Additional information

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- 9.4 Strategic management of resettlement had undergone review and changes, with new managers. The reducing reoffending strategy meeting had been reviewed but the new arrangements had not been in place long enough to assess their impact. Management of the pathways had been through individual pathway meetings, which in most cases resulted in a lack of strategic development. These meetings had now been incorporated into departmental meetings to ensure a more strategic approach to pathway development. The pathway action plan had just been updated and some progress had been made.

## Offender management and planning

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Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

## Sentence planning and offender management

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- 9.5 **A strategy should be developed for the delivery of offender management in the prison, including effective resourcing of the offender management unit. (9.32)**  
**Not achieved.** There was no strategy for the delivery of offender management. The offender management unit was not effectively resourced and staff were often diverted to other duties. We repeat the recommendation.
- 9.6 **Offender supervisors should be allocated within two days for prisoners subject to offender management. (9.33)**  
**Achieved.** Offender supervisors were allocated to prisoners in scope for offender management within the prescribed timescales.
- 9.7 **Quality assurance of sentence planning should be introduced. (9.34)**  
**Achieved.** Ten per cent of all OASys assessments completed each month were subject to formal quality assurance.
- 9.8 **Interventions to help prisoners address their offending behaviour should be available to prisoners likely to serve six months or more. (9.35)**  
**Partially achieved.** There were some interventions available but gaps in provision had been identified.
- 9.9 **Personal officers should encourage and support prisoners to achieve sentence plan objectives. (9.36)**  
**Not achieved.** There was little evidence in P-Nomis case notes of personal officers offering encouragement and support to prisoners in relation to sentence plan targets. We repeat the recommendation.

### Additional information

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- 9.10 There was a backlog of almost 300 start of custody OASys assessments for prisoners serving over 12 months but not in scope for offender management which meant these prisoners had no formal assessment, planning or support in place.

#### Further recommendation

- 9.11 All eligible prisoners should have up to date OASys assessments with relevant sentence plans to address identified risks and needs.

## Public protection

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- 9.12 **Records of the monthly public protection meetings should ascribe actions to individuals and note whether actions have been concluded. Copies of notes should be provided to offender managers in the community. (9.37)**  
**Achieved.** Minutes of the public protection meetings clearly showed who was responsible for actions and whether or not actions had been completed. Offender managers in the community and offender supervisors received a written account of events relating to prisoners under their supervision.

- 9.13 **Prisoners' mail should be monitored without delay. (9.38)**  
**Achieved.** Arrangements for monitoring the mail of prisoners' subject to public protection arrangements had improved.
- 9.14 **Public protection files should be updated following discussion at both the weekly sift and the monthly meeting. (9.39)**  
**Achieved.** The monthly meetings no longer took place but files were updated following discussions at the weekly meeting.

### **Additional information**

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- 9.15 Public protection procedures were sound and there were adequate processes to ensure that prisoners requiring monitoring and interventions for public protection reasons were identified during the reception and induction process. A significant number of prisoners were subject to intervention from the public protection team, ranging from mail monitoring to visits restrictions for child protection and multi-agency public protection arrangement (MAPPA) procedures. Recording and reporting procedures had improved and offender supervisors played an important role in managing prisoners subject to public protection procedures. The weekly risk management meeting considered and reviewed the cases of all prisoners who had been identified on reception in the previous week and all those with ongoing issues.

### **Indeterminate-sentenced prisoners**

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- 9.16 **Prisoners sentenced to life and indeterminate sentences should receive written information about their sentence. (9.40)**  
**Achieved.** Written information explaining indeterminate sentences was given to prisoners by offender supervisors at their initial meeting with prisoners.
- 9.17 **Lifer prisoners should be moved to stage one lifer establishments at the earliest opportunity. (9.41)**  
**Not achieved.** There were significant delays in moving newly sentenced lifer prisoners to appropriate prisons.  
**We repeat the recommendation.**
- 9.18 **IPP prisoners should be prioritised for moves to establishments where they can fulfil sentence planning objectives before their tariff has expired. (9.42)**  
**Partially achieved.** Prisoners serving indeterminate sentences for public protection (IPPs) were prioritised for moves but population pressures meant it was difficult to move prisoners on. There were 26 IPP prisoners six of whom were beyond their tariff date, one of whom by three years. A number of others were waiting for moves to fulfil sentence planning objectives. The total number had reduced from 57 in 2009 suggesting some improvement.  
**We repeat the recommendation.**

### **Additional information**

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- 9.19 As well as the 26 IPP prisoners there were 15 serving life sentences. Indeterminate sentenced prisoners were now managed by offender supervisors. The lifer administration officer kept a comprehensive database showing that parole hearing dossiers were up to date and submitted in good time. He met all newly sentenced IPP prisoners to explain their sentences and the implications.

# Resettlement pathways

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## Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

## Reintegration planning

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### Accommodation

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- 9.20 Periodic meetings should be held with those providing accommodation services to help identify gaps in provision and improve services. (9.56)

**Achieved.** Regular pathway meetings were held with accommodation service providers to discuss services and identify scope for improvement. These meetings had been incorporated into the reducing reoffending meeting to ensure strategic direction was maintained.

### Additional information

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- 9.21 The contract for providing accommodation services had recently been allocated to Shelter, who offered a full range of services including preserving tenancies, accommodation searches and provision through external agencies and accommodation providers and assistance with benefits claims. Team members attended induction and prisoners could apply to see them. The team was supported by trained prisoner Insiders who provided a valuable service by giving advice on a range of subjects and helping prisoners complete forms for benefits claims and other services. However, accommodation services were stretched and accommodation was not arranged for some prisoners until the day before or even the actual day of release.

### Further recommendation

- 9.22 Accommodation services should be sufficiently resourced to ensure prisoners who need accommodation are notified of arrangements in time to help plan their release.

## Education, training and employment

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*For further details, see Learning and skills and work activities in Section 6*

- 9.23 **A pre-release course should be introduced. (9.57)**  
**Not achieved.** A pre-release course had been run but had stopped due to lack of funding. Pre-release planning was therefore ad hoc and relied on individual service providers contacting prisoners before release to ensure appropriate interventions and support were in place. (See also additional information.)  
**We repeat the recommendation.**
- 9.24 **Prisoners should be able to research employment opportunities. (9.58)**  
**Not achieved.** The prison has installed a 'virtual campus' but technical problems meant the facility was not yet available for job searches.  
**We repeat the recommendation.**



## **Additional information**

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- 9.25 In the absence of a pre-release course prisoners had too few opportunities to produce letters for job applications or curriculum vitae, or to prepare for interviews and explore their rights and responsibilities in respect of offence disclosure. JobCentre Plus, Connexions, Working Links and Sefton CVS had effective links with the prison for the referral of prisoners in need of resettlement support before release. Working Links provided guidance interviews for prisoners but the outcomes of these interventions were not routinely used by the prison. Prisoners could apply for employment, education or training opportunities before release but vulnerable prisoners did not receive the full range of help.
- 9.26 Links with employers were limited but improving. The prison had established a social enterprise programme that included good partnership links with Timpson for training linked to the shoe repair industry and Elixir for training in plastic recycling, that could lead to employment opportunities for prisoners on release. Other partnership initiatives to enhance the social enterprise programme offer were planned. (See also section on work.)

## **Finance, benefit and debt**

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- 9.27 **Prisoners should have the option to undertake financial literacy courses while in custody. (9.59)**  
**Not achieved.** There were no financial literacy courses.  
**We repeat the recommendation.**
- 9.28 **The services available to prisoners for finance benefit and debt and accommodation should be publicised throughout the prison. (9.60)**  
**Not achieved.** There was no information publicising these services around the prison. The service provider had recently changed and new advertising materials had not yet been received.  
**We repeat the recommendation.**

## **Additional information**

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- 9.29 Shelter provided finance, benefit and debt services for prisoners as well as accommodation services. The service was comprehensive and supported by prisoner Insiders. JobCentre Plus provided benefits advice and assisted prisoners with benefits issues.

## **Drugs and alcohol**

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- 9.30 **The drug strategy document should be updated, include alcohol services and contain detailed action plans and performance measures. (9.72)**  
**Partially achieved.** The drug and alcohol strategy had been updated but the integral action plan did not contain specific performance measures.

### **Housekeeping point**

- 9.31 The drug strategy action plan should include performance measures that can be regularly reviewed and monitored by the drug strategy committee.

- 9.32 **CARAT provision should be extended to reflect demand for the service. (9.73)**  
**Achieved.** The CARAT team was stretched but was achieving the expected number of assessments and referrals despite the frequent redeployment of staff. In our survey, 71% of prisoners, more than the 60% in 2009, said they had received help or intervention for a drug or alcohol problem.
- 9.33 **Group work modules should recommence to supplement and support the work undertaken on a one-to-one basis. (9.74)**  
**Partially achieved.** Approximately seven joint group work sessions co-facilitated by CARAT workers and drug dependency unit nurses were scheduled to be delivered each week in response to a steady increase in the number of prisoners asking for referrals to group work. However, frequent redeployment of the four full-time CARAT officers limited the delivery of scheduled group work. All groups had been cancelled in September and a further 238.25 hours had been lost to CARAT officer case and group work in October and November. CARAT staff and prisoners also cited a lack of cooperation from wing staff with unlocking prisoners as an additional barrier to attendance at group work sessions.

#### Further recommendation

- 9.34 Uniformed CARAT officers should not be redeployed away from their contracted core roles.

#### Housekeeping point

- 9.35 Managers should ensure that wing staff are fully aware of their obligation to facilitate prisoners' engagement with drug and alcohol interventions.

- 9.36 **Alcoholics Anonymous and Narcotics Anonymous meetings should be made available to all prisoners regardless of location. (9.75)**

**Not achieved.** Ongoing problems with the security clearance of Alcoholics Anonymous and Narcotics Anonymous external facilitators had caused the cessation of all meetings.

**We repeat the recommendation.**

- 9.37 **The required level of voluntary drug testing should take place. (9.76)**

**Not achieved.** With 356 tests completed in November against a target of 500, the trend had been steadily moving away from the target in recent months. Designated compact-based drug testing (CBDT) officers were regularly redeployed to other duties.

**We repeat the recommendation.**

#### Additional information

- 9.38 The 3D ('Don't Do Drugs') drug-free wing was working well, with weekly CARAT drop-in sessions and regular CBDT tests. Prisoners felt the unit could be improved by a greater level of therapeutic input, including 12-step fellowship meetings. In an effort to overcome the lack of such meetings, there were plans to introduce 'smart recovery' 12-step sessions in early 2012 to enable prisoners to link to community groups on release. These would be peer led by mentors trained and supervised by CARAT staff. Links with local drug intervention programmes were described by CARAT staff as excellent.

- 9.39 In our survey, 33% of prisoners against a comparator of 26% said they had arrived at the prison with an alcohol problem. Some progress had been made in meeting the needs of men with alcohol problems. In addition to a comprehensive alcohol detoxification service, a full-time

alcohol nurse specialist worked with CARAT workers services and conducted brief one-to-one interventions and delivered regular alcohol awareness groups. The education department also provided an alcohol awareness session. Despite these essentially awareness-raising interventions, there was clearly still a need for a therapeutic alcohol programme given the number of prisoners with alcohol dependency problems.

#### Further recommendation

- 9.40 A therapeutic alcohol programme and other services should be introduced to meet the needs of prisoners with alcohol dependency problems.

### Children and families of offenders

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- 9.41 **There should be no upper limit on the number of visits that an unconvicted prisoner can have. (9.95)**  
**Not achieved.** Unconvicted prisoners continued to receive an upper limit of seven visits a month during the week and three at weekends which did not meet the Prison Service requirement of at least three days a week.  
**We repeat the recommendation.**
- 9.42 **Prisoners should not have to wear bibs in the visits room. (9.96)**  
**Not achieved.** Prisoners were still required to wear numbered bibs during visits despite the fact that all visitors received an ultra violet stamp on their hand and prisoners remained in relative close proximity of staff throughout the visit process.  
**We repeat the recommendation.**
- 9.43 **Closed visits should be authorised only when there is a significant risk justified by security intelligence, not just a drug dog indication. (9.97)**  
**Not achieved.** Records indicated that the threshold for authorising closed visits was too low and some of the reasons were not directly related to visits. An experienced senior officer working in the visits area said that he would simply send any visitor indicated by a drug dog away and tell them to re-book without even offering a closed visit.  
**We repeat the recommendation.**
- 9.44 **The play area in the visits room should be accessible to both rooms and should be open during all visits sessions. (9.98)**  
**Not achieved.** The smaller of the two visits areas was now used only at weekends. The play area was still accessible only to visitors in the main visits area.  
**We repeat the recommendation.**
- 9.45 **Holding rooms for prisoners should be enlarged and contain seating. (9.99)**  
**Not achieved.** The main holding room contained a bench and could accommodate 20 men reasonably comfortably but it was not unusual for 30 men to be held there. The smaller holding room used for vulnerable prisoners did not have any seating. The holding room arrangements remained inadequate.  
**We repeat the recommendation.**
- 9.46 **Audibility in closed visits should be improved and visitors should be able to make these visits in private. (9.100)**  
**Not achieved.** The physical layout of the closed visit area was unchanged. Staff said the problems with noise had been mitigated because the number of closed visits taking place at

any one time had been halved to six. Despite this, the open setting still did not provide visitors with any privacy.

**We repeat the recommendation.**

- 9.47 **Evening visits, the video link visits facility and family days should be available to all prisoners. (9.101)**  
**Not achieved.** Evening visits were still restricted to prisoners on the enhanced level of the IEP scheme. The video link visits facility was seldom used and family days were no longer run.  
**We repeat the recommendation.**
- 9.48 **Children aged 10 and over should not be counted as adults for the purpose of visits. (9.102)**  
**Not achieved.** There was some confusion among visits staff about how children should be treated in this respect. We were finally told that anyone aged 12 and over was counted as an adult.  
**We repeat the recommendation.**
- 9.49 **Families should be invited to attend sentence planning reviews. (9.103)**  
**Not achieved.** Families were not invited to and did not attend sentence planning meetings.  
**We repeat the recommendation.**
- 9.50 **Prisoners should be able to undertake general relationship counselling with their immediate family. (9.104)**  
**Not achieved.** Prisoners did not have the opportunity to participate in counselling along with members of their family.  
**We repeat the recommendation.**
- 9.51 **Prisoners should be able to receive incoming calls from children or to deal with arrangements for them. (9.105)**  
**Not achieved.** Prisoners were not allowed to receive incoming calls from children or to deal with arrangements about them.
- 9.52 **Prisoners should be able to exchange unused visiting orders for additional telephone credit. (9.106)**  
**Achieved.** Prisoners were able to exchange 10 unused visiting orders for £2 by making an application to the wing governor.
- 9.53 **Release on temporary licence should be used to allow suitable primary carers to keep in contact with their children. (9.107)**  
**Not achieved.** Release on temporary licence was seldom used and never for this purpose.  
**We repeat the recommendation.**
- 9.54 **A qualified family support worker should be employed. (9.108)**  
**Not achieved.** There was no family support worker.  
**We repeat the recommendation.**

## **Attitudes, thinking and behaviour**

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- 9.55 **The eligibility criteria for the focus on resettlement course should be reviewed with a view to extending the number of prisoners able to benefit. (9.118)**  
**Not achieved.** The criteria for the focus on resettlement course had been set nationally. Managers at Liverpool had asked for changes to be made but had been unsuccessful.

9.56 **A needs analysis should establish the demand for interventions for domestic violence and victim awareness, which should be provided if required. (9.119)**

**Partially achieved.** A needs analysis had been carried out and the need for both these interventions had been identified. The victim awareness course was due to be discontinued in early January 2012 due to lack of funding and there was no intervention yet in place for domestic violence.

9.57 **Assessments of suitability for courses such as the sex offender treatment programme and controlling anger and learning to manage it should be carried out at Liverpool to ensure that prisoners are moved to appropriate prisons to address their offending behaviour needs. (9.120)**

**Not achieved.** There were no arrangements for prisoners to be assessed for courses not offered at Liverpool.

**We repeat the recommendation.**

### **Additional information**

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9.58 The recently introduced thinking skills programme was a welcome addition to the focus on resettlement course. A recent needs analysis had identified some significant gaps in the provision of offending behaviour courses, including for domestic violence and anger management. The victim awareness offered by Sycamore Tree was under threat as funding was coming to an end. The lack of a comprehensive range of offending behaviour programmes and other interventions did not support the aim of becoming a community prison for Liverpool.

9.59 Post-course reviews were carried out in good time. Prisoners' families and friends were invited and often attended, although there was no formal peer support for those undertaking courses.



# Section 10: Summary of recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

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<b>Main recommendations</b>	<b>To the governor</b>
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|------|--|
| 10.1 | Vulnerable prisoners should have equivalent provision, services and opportunities as other prisoners to participate in a safe and purposeful regime to aid their effective resettlement. (HP52)  |
| 10.2 | The incentives and earned privileges system should positively encourage responsible behaviour and prisoners should be demoted to the basic level as a result of a single incident only in exceptional circumstances. The role of the reintegration unit for basic prisoners should be thoroughly reviewed to ensure that the regime is legitimate and fair and that there is multidisciplinary input and clear individual plans to help men return to the standard level. Prisoners with vulnerabilities such as mental health problems or at risk of suicide or self-harm should not be placed on such a restrictive regime. (HP53) |
| 10.3 | Safer custody procedures should be fully embedded on all residential areas with thorough investigation and analysis of incidents of violence and self-harm backed up by an effective case management approach to monitoring possible perpetrators of violence and providing care to men at risk of suicide and self-harm. (HP54)   |
| 10.4 | The reducing reoffending strategy should be implemented and managed to ensure all areas of learning and skills are coordinated sufficiently to meet the objectives of the plan and better meet prisoners' needs by providing more and better quality work and training opportunities in the prison to help men gain employment after release. (HP55)   |
| 10.5 | An effective custody and sentence planning system should be introduced for unconvicted, short sentenced prisoners and men serving longer sentences to ensure that risks and needs are identified and addressed before release. (HP56)  |

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<b>Recommendations</b>	<b>To the governor</b>
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## **Courts, escorts and transfers**

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| 10.6 | The suitability and individual needs of prisoners from HMP Birmingham should be assessed before transfer and they should be given at least 24 hours' notice of their move. (1.3) |
| 10.7 | Prisoners should arrive before 7pm. (1.4)  |
| 10.8 | Unless there are over-riding security reasons prisoners should be given 24 hours' notice of planned transfers. (1.8)   |

## **First days in custody**

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- 10.9 The reception area should be refurbished. (1.10)
- 10.10 Prisoners should be effectively supervised in reception. (1.12)
- 10.11 Prisoners should be held in reception for as short a time as possible. (1.13)
- 10.12 Notification of risk or vulnerability should be clearly recorded, used to inform comprehensive and private initial reception and first night assessments and made known to staff on first night wings. (1.18)
- 10.13 First night accommodation should be prepared, clean and comfortable. (1.19)
- 10.14 All new arrivals should be offered the chance to speak to a Listener or Insider on their first night. (1.21)
- 10.15 The induction programme should fully occupy prisoners and all new arrivals should attend. (1.22)

## **Residential units**

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- 10.16 Cells designed for one prisoner should not be used to hold two. (2.1)
- 10.17 Reasonable adjustments should be made to residential areas to provide suitable accommodation for less mobile older prisoners and prisoners with disabilities. (2.2)
- 10.18 All cells should be checked regularly for deficiencies in fabric and furniture and necessary repairs and replacement carried out promptly. (2.5)
- 10.19 Prisoners sharing a cell should have a lockable cupboard for their possessions. (2.7)
- 10.20 Prisoners should receive incoming mail within 24 hours of arrival at the prison and outgoing mail should be posted in the same timescale. (2.10)
- 10.21 Delays to activating telephone numbers should be investigated and action taken to address shortfalls. (2.11)
- 10.22 There should be at least one telephone for every 20 prisoners on each wing and prisoners should be able to use them in private. (2.12)
- 10.23 Sufficient cleaning materials should be stocked securely with access controlled by officers to allow prisoners to maintain a good standard of cell cleanliness. (2.16)
- 10.24 All prisoners should receive appropriate decent clean prison clothing and bedding at least weekly. (2.19)



## **Personal officers**

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- 10.25 Wing files should contain weekly entries, checked by managers for quality, that accurately reflect prisoners' individual circumstances, including issues relating to offending behaviour work and family contact. (2.31)

## **Bullying and violence reduction**

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- 10.26 Staff should receive training in their role in the violence reduction strategy and be more active in challenging bullying and other anti-social behaviour. (3.1)
- 10.27 Investigations of suspected bullying, violence and unexplained injuries should be prompt and thorough. (3.11)

## **Self-harm and suicide**

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- 10.28 A manager of appropriate seniority should take responsibility for managing the operation of safer custody procedures to ensure better assessment, care in custody and teamwork procedures and more consistent and effective case management. (3.16)
- 10.29 Recommendations from death in custody investigations and findings at coroners' inquests should be included in a consolidated action plan and periodically reviewed to ensure changes in practice have been sustained. (3.17)
- 10.30 In addition to quantitative data, the suicide prevention committee should discuss the reasons underlying self-harm and for opening assessment, care in custody and teamwork documents and consider what could be done to help. (3.18)
- 10.31 Assessment, care in custody and teamwork reviews should be held in suitable locations free from interruptions. (3.20)
- 10.32 All staff with prisoner contact should receive assessment, care in custody and teamwork foundation training. (3.24)
- 10.33 The suicide prevention coordinator should monitor and report to the suicide prevention committee all use of non-standard accommodation for prisoners at risk of self-harm and the conditions and appropriateness for those at risk placed on the basic regime. (3.25)
- 10.34 Access to free and confidential telephone contact with the Samaritans should be advertised and portable Samaritan telephones on wings should be in working order and their use logged. (3.26)
- 10.35 The increased risk to recalled prisoners should be acknowledged in the suicide prevention policy and all recalled prisoners should be reassured of the help available as part of the reception and first night procedures. (3.29)
- 10.36 Where appropriate, investigations into serious incidents of self-harm should identify learning points and lead to recommendations to improve practice. (3.38)
- 10.37 Assessment, care in custody and teamwork procedures should be improved and include better coordinated reviews and consistent case management. (3.39)

- 10.38 The Listener service should be supported by ensuring that reasons for denying access to a Listener are reported to the suicide prevention meeting, designated cells for Listeners are used just by them and their clients and that appropriate notice is given when a Listener is to be transferred. (3.40)

### **Applications and complaints**

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- 10.39 All complaints about staff should be investigated by a senior manager, appropriately answered and the reasons for the withdrawal of complaints should be recorded. (3.45)

### **Legal rights**

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- 10.40 Suitable training and refresher training should be provided to bail/legal service officers. (3.46)

### **Faith and religious activity**

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- 10.41 Appropriate arrangements should be made to allow vulnerable prisoners to attend religious services without fear for their safety. (3.50)

### **Substance use**

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- 10.42 Drug dependency unit staff should monitor which prisoners on methadone maintenance are serving longer-term sentences to ensure compliance with Department of Health guidelines '*Updated guidance for prison based opioid maintenance prescribing*' (March 2010) and also encourage suitable remand and shorter term prisoners to consider reduction and recovery regimes. (3.55)
- 10.43 Joint working between the CARAT, drug dependency unit and the dual diagnosis teams should be further developed to facilitate care coordination and care planning of dual diagnosis prisoners. (3.56)
- 10.44 Mandatory drug testing should be appropriately staffed to ensure all testing, including suspicion tests are carried out within identified and monitored timescales and without gaps in provision. (3.59)

### **Diversity**

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- 10.45 Periodic monitoring should be carried out to help ensure equality of outcomes for different minority groups. (4.2)
- 10.46 Discrimination investigation reports should be subject to independent scrutiny to help improve quality and summaries should be shared with prisoners. (4.6)
- 10.47 Regular consultation meetings should be held with different minority groups. (4.7)
- 10.48 Interventions for challenging racism and protecting victims of racist bullying should be put in place. (4.9)

- 10.49 The reasons for black and minority ethnic prisoners' negative perceptions should be investigated, including through black and minority ethnic prisoner forums and the findings acted on. (4.13)
- 10.50 Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (4.14)
- 10.51 An on-site independent immigration advice service should be provided. (4.15)
- 10.52 Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. (4.17)
- 10.53 Immigration detainees who are not transferred to an immigration removal centre should have the same status as unconvicted prisoners. (4.19)
- 10.54 A confidential system should be established to allow prisoners to declare their disabilities at any stage of their stay at the prison. (4.23)
- 10.55 All prisoners with a disability should have a multidisciplinary care plan that includes involvement by residential staff on how their needs will be met. (4.24)
- 10.56 The disability liaison officer should be given sufficient time, support and resources to carry out meaningful work with prisoners with disabilities. (4.25)
- 10.57 Prisoners should be asked about and be able to declare their sexual orientation in a confidential setting. (4.32)

### **Health services**

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- 10.58 Appropriate monitoring arrangements for the use of the gated cell and anti-ligature clothing in health care should be developed. (5.3)
- 10.59 Appointment arrangements and attendance rates should be reviewed and monitored to improve attendance at all clinics. (5.12)
- 10.60 Named-patient medicines should not be administered or supplied to anyone other than the patient named on the label. (5.20)
- 10.61 Where general medicine stock is used, the system should be subject to audit so that stock supplied can be reconciled against prescriptions issued. (5.21)
- 10.62 There should be a review of security arrangements in the health care centre specifically with regard to arrangements for administration of controlled drugs. (5.22)
- 10.63 Patient group directions should be extended to allow the appropriate supply of more potent medicines by nurses. (5.24)
- 10.64 Medication should be stored in an orderly way and pharmacy staff should check treatment areas regularly. Loose tablets and foils should not be present in stock and all stock containers should be labelled to show batch numbers and expiry dates. (5.31)
- 10.65 In possession medicines should be supplied in appropriately labelled containers and information leaflets should be available to all patients. (5.32)

- 10.66 Routine dental check up appointments should be available more quickly. (5.35)
- 10.67 All health care beds should be removed from the certified normal accommodation. (5.36)
- 10.68 Inpatients in health care should be allowed to smoke in a suitable outside area. (5.37)
- 10.69 Admission to the inpatient unit should be a decision based on clinical need. (5.40)
- 10.70 Sufficient escorts should be provided to avoid having to cancel outside hospital appointments and delayed waiting times for patients. (5.42)
- 10.71 Alternative measures to manage high risk mental health patients should be developed to ensure they are cared for appropriately in a health care setting. (5.44)
- 10.72 All discipline staff should complete mental health awareness training. (5.50)

### **Time out of cell**

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- 10.73 All prisoners should have daily association. (6.1)
- 10.74 All prisoners should have the opportunity for at least one hour's exercise in the open air everyday. (6.2)

### **Learning and skills and work activities**

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- 10.75 Data should be better used to inform programme development. (6.7)
- 10.76 Quality assurance processes should be fully embedded in all areas of learning and skills. (6.12)
- 10.77 The allocation unit should ensure that the selection process for all activities is fair and equitable. (6.13)
- 10.78 Career information, advice and guidance service workers should establish effective and timely interventions at the beginning of a prisoner's sentence that effectively inform allocation to activity. (6.15)
- 10.79 The range of work activities for vulnerable prisoners should be improved. (6.17)
- 10.80 Work should be planned to occupy prisoners' time fully, with additional employment-related activities used during work down time to enhance prisoners' skills and knowledge. (6.23)
- 10.81 The development of prisoners' employability skills should be formally recognised and recorded in individual learning plans. (6.24)
- 10.82 Specialist literacy and numeracy support should be reintroduced into work areas to enable prisoners to improve their functional skills alongside their work activities. (6.25)
- 10.83 The low success rates on some vocational training courses should be improved. (6.28)
- 10.84 All tutors should have sufficient access to information and learning technology to add variety and interest to their learning sessions. (6.35)

- 10.85 The low numbers and late arrivals at some education classes should be improved. (6.36)
- 10.86 All prisoners should have regular opportunities to use the library. (6.38)
- 10.87 Orderlies should be trained and deployed more effectively to support library services. (6.41)
- 10.88 The library should better promote the development of literacy skills by introducing more activities. (6.42)

### **Physical education and health promotion**

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- 10.89 Relevant health assessments should be shared with PE staff. (6.44)
- 10.90 The PE shower facilities should be re-furbished. (6.46)
- 10.91 Vocationally-relevant PE programmes should be run. (6.47)
- 10.92 There should be more programmes to promote healthy lifestyles. (6.48)

### **Security and rules**

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- 10.93 Residential staff should react quickly to action required to deal with issues raised through security information reports by the security department. (7.1)
- 10.94 Prisoners should be subject to closed visits arrangements only where there are proven or reasonable grounds for suspecting involvement in drug smuggling through visits or other illegal or inappropriate behaviour in the visits hall. (7.5)

### **Discipline**

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- 10.95 Quality assurance arrangements should be introduced to ensure that disciplinary charges are fully and fairly investigated and appropriately recorded. (7.9)
- 10.96 The segregation unit should provide a suitable environment and regime, including effective care plans to help prevent psychological deterioration for prisoners who stay there for long periods. (7.16)
- 10.97 Senior managers should routinely monitor and analyse a range of data across all three discipline areas, adjudications, use of force and segregation in order to direct and improve strategic management of all three areas. (7.17)

### **Incentives and earned privileges**

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- 10.98 Prisoners should be able to attain enhanced level in a shorter time and incentives should be introduced that are not related to prisoners' access to private cash and visitors. (7.18)

### **Catering**

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- 10.99 Breakfast should be served on the morning it is to be eaten and lunch and evening meals at later and more appropriate times. (8.6)

## **Prison shop**

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- 10.100 Black and minority ethnic prisoners should be specifically consulted about the range of goods in the shop to ensure it reflects the diverse needs of the population. (8.7)
- 10.101 Prisoners should have access to the prison shop within 24 hours of arrival. (8.8)

## **Strategic management of resettlement**

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- 10.102 A community engagement strategy should be developed and the prison should bring together periodically voluntary and community sector groups providing services to prisoners to inform them of their contribution to the development of the reducing reoffending strategy. (9.3)

## **Offender management and planning**

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- 10.103 A strategy should be developed for the delivery of offender management in the prison, including effective resourcing of the offender management unit. (9.5)
- 10.104 Personal officers should encourage and support prisoners to achieve sentence plan objectives. (9.9)
- 10.105 All eligible prisoners should have up to date OASys assessments with relevant sentence plans to address identified risks and needs. (9.11)
- 10.106 Lifer prisoners should be moved to stage one lifer establishments at the earliest opportunity. (9.17)
- 10.107 IPP prisoners should be prioritised for moves to establishments where they can fulfil sentence planning objectives before their tariff has expired. (9.18)

## **Resettlement pathways**

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- 10.108 Accommodation services should be sufficiently resourced to ensure prisoners who need accommodation are notified of arrangements in time to help plan their release. (9.22)
- 10.109 A pre-release course should be introduced. (9.23)
- 10.110 Prisoners should be able to research employment opportunities. (9.24)
- 10.111 Prisoners should have the option to undertake financial literacy courses while in custody. (9.27)
- 10.112 The services available to prisoners for finance benefit and debt and accommodation should be publicised throughout the prison. (9.28)
- 10.113 Uniformed CARAT officers should not be redeployed away from their contracted core roles. (9.34)
- 10.114 Alcoholics Anonymous and Narcotics Anonymous meetings should be made available to all prisoners regardless of location. (9.36)

- 10.115 The required level of voluntary drug testing should take place. (9.37)
- 10.116 A therapeutic alcohol programme and other services should be introduced to meet the needs of prisoners with alcohol dependency problems. (9.40)
- 10.117 There should be no upper limit on the number of visits that an unconvicted prisoner can have. (9.41)
- 10.118 Prisoners should not have to wear bibs in the visits room. (9.42)
- 10.119 Closed visits should be authorised only when there is a significant risk justified by security intelligence, not just a drug dog indication. (9.43)
- 10.120 The play area in the visits room should be accessible to both rooms and should be open during all visits sessions. (9.44)
- 10.121 Holding rooms for prisoners should be enlarged and contain seating. (9.45)
- 10.122 Audibility in closed visits should be improved and visitors should be able to make these visits in private. (9.46)
- 10.123 Evening visits, the video link visits facility and family days should be available to all prisoners. (9.47)
- 10.124 Children aged 10 and over should not be counted as adults for the purpose of visits. (9.48)
- 10.125 Families should be invited to attend sentence planning reviews. (9.49)
- 10.126 Prisoners should be able to undertake general relationship counselling with their immediate family. (9.50)
- 10.127 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them. (9.51)
- 10.128 Release on temporary licence should be used to allow suitable primary carers to keep in contact with their children. (9.53)
- 10.129 A qualified family support worker should be employed. (9.54)
- 10.130 Assessments of suitability for courses such as the sex offender treatment programme and controlling anger and learning to manage it should be carried out at Liverpool to ensure that prisoners are moved to appropriate prisons to address their offending behaviour needs. (9.57)

## Housekeeping points

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### **Courts, escorts and transfers**

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- 10.131 Prisoners should be able to have something to eat before going to court or being transferred. (1.2)

### **First days in custody**

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10.132 A comprehensive and accurate information booklet should be introduced. (1.15)

### **Residential units**

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10.133 All areas of wings should be clean. (2.4)

10.134 Prisoners should be provided with privacy keys to their cells. (2.17)

10.135 The offensive displays policy should be enforced on all wings. (2.18)

10.136 Mattresses should be checked regularly by staff and replaced if necessary. (2.23)

10.137 Prisoners should be supplied with sufficient toiletries to maintain personal hygiene. (2.24)

### **Personal officers**

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10.138 Prisoners should keep the same group officer while on the same wing. (2.30)

### **Self-harm and suicide**

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10.139 Representatives from reception and from the escort contractor should attend suicide prevention meetings. (3.15)

10.140 The names and designation of staff making entries in assessment, care in custody and teamwork documents should be legible. (3.22)

10.141 Prisoners should not incur charges for calls to the Samaritans from wing telephones. (3.41)

### **Substance use**

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10.142 Mandatory and compact-based drug testing facilities should be kept clean and tidy to ensure suitably respectful forensic testing environments. (3.60)

### **Diversity**

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10.143 Copies of the bail for immigration detainees handbook should be available in a range of relevant languages. (4.20)

### **Health services**

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10.144 The health care forum for inpatients should be extended to include prisoner representatives from the wings. (5.9)

10.145 Information about access to the pharmacist should be more widely advertised. (5.18)



### **Learning and skills and work activities**

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- 10.146 Prisoners should be provided with comprehensive information on all activities at induction. (6.16)
- 10.147 Data should be collected and used more effectively to ensure the range of book stock meets population needs. (6.43)

### **Physical education and health promotion**

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- 10.148 PE staff should make better use of data analysis and evaluation and of prisoner feedback to inform decisions for quality and quantity improvement. (6.51)

### **Prison shop**

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- 10.149 A representative of the shop contract staff should attend all prisoner consultation meetings and report back on action taken. (8.11)

### **Resettlement pathways**

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- 10.150 The drug strategy action plan should include performance measures that can be regularly reviewed and monitored by the drug strategy committee. (9.31)
- 10.151 Managers should ensure that wing staff are fully aware of their obligation to facilitate prisoners' engagement with drug and alcohol interventions. (9.35)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Rosemarie Bugdale	Inspector
Colin Carroll	Inspector
Martin Owens	Inspector
Karen Dillon	Inspector
Ian MacFadyen	Inspector
Mick Bowen	Health care inspector
Nicola Rabjohns	Health care inspector
Paul Roberts	Drugs inspector
Helen Boniface	Pharmacy inspector
Jess Broughton	Researcher
Michael Skidmore	Researcher
Alice Reid	Researcher
Nalini Sharma	Researcher (student)
<b>Ofsted</b>	
Sheila Willis	Lead inspector
Nigel Bragg	Inspector
Julia Horsman	Inspector

## Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	0	871	62.3
Recall	1	120	8.7
Convicted unsentenced	0	81	5.8
Civil prisoners	0	0	0.0
Detainees	0	20	1.4
Other	0	305	21.8
<b>Total</b>	<b>1</b>	<b>1397</b>	<b>100</b>

Sentence	18-20 yr olds	21 and over	%
Unsentenced	0	404	28.9
Less than 6 months	0	173	12.4
6 months to less than 1 year	0	114	8.2
1 year to less than 2 years	0	226	16.2
2 years to less than 3 years	0	135	9.7
3 years to less than 4 years	0	82	5.9
4 years to less than 10 years	1	197	14.2
10 years and over (not life)	0	27	1.9
ISPP	0	25	1.8
Life	0	14	1
<b>Total</b>	<b>1</b>	<b>1397</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age	20	
Under 21 years	1	0.1
21 years to 29 years	565	40.4
30 years to 39 years	420	30
40 years to 49 years	303	21.7
50 years to 59 years	77	5.5
60 years to 69 years	26	1.9
70 plus years	6	0.4
Please state maximum age	78	
<b>Total</b>	<b>1398</b>	<b>100</b>

Nationality	18-20 yr olds	21 and over	%
British	1	1271	91
Foreign nationals	0	97	6.9
Not stated	0	29	2.1
<b>Total</b>	<b>1</b>	<b>1397</b>	<b>100</b>

Security category	18-20 yr olds	21 and over	%
Cat B	0	37	2.6
Cat C	1	719	51.5
Cat D	0	16	1.1
Uncategorised sentenced	0	1	0.1
Unclassified	0	565	40.4

Unsentenced	0	57	4.1
YOI closed	1	2	0.1
<b>Total</b>	<b>1</b>	<b>1397</b>	<b>100</b>

<b>Ethnicity</b>	<b>18-20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
White Irish	0	13	0.9
White: Irish Traveller/Gypsy	0	0	0
White: Any other background	1	24	1.7
White: Eng/Welsh/Scot/N.Irish/ British		1140	81.6
	1	1177	84.3
Mixed			
Mixed: White and Asian	0	2	0.1
Mixed white black African	0	2	0.1
Mixed white and black Caribbean	0	9	0.6
Mixed : Any other background	0	9	0.6
	0	22	1.6
Asian or Asian British			
Bangladeshi	0	1	0.1
Indian	0	10	0.7
Pakistani	0	21	1.5
Asian or Asian British: Any other background	0	11	0.8
	0	43	3.1
Black or black British			
African	0	14	1
Caribbean	0	32	2.3
Other black	0	15	1.1
	0	61	4.4
Chinese or other ethnic group			
Chinese	0	2	0.1
Other ethnic group	0	7	0.5
	0	9	0.6
Not stated code missing	0	84	6
Prefer not to say	0	0	0
	0	84	6
Asian/Asian British: Chinese	0	1	0.1
Other:Arab	0	0	0
White: Gypsy or Irish Traveller	0	0	0
<b>Total</b>	<b>1</b>	<b>1397</b>	<b>100</b>

<b>Religion</b>	<b>18-20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	0	0
Church of England	0	351	25.1
Roman Catholic	1	493	35.3
Other Christian denominations	0	72	5.2
Muslim	0	60	4.3
Sikh	0	6	0.4

Hindu	0	1	0.1
Buddhist	0	9	0.6
Jewish	0	3	0.2
No Religion	0	364	26
Other	0	4	0.3
Not stated	0	34	2.4
<b>Total</b>	<b>1</b>	<b>1397</b>	<b>100</b>

#### Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.1	236	16.9
1 month to 3 months	0	0	297	21.2
3 months to 6 months	0	0	219	15.7
6 months to 1 year	0	0	133	9.5
1 year to 2 years	0	0	72	5.2
2 years to 4 years	0	0	35	2.5
4 years or more	0	0	1	0.1
<b>Total</b>	<b>1</b>	<b>0.1</b>	<b>993</b>	<b>71</b>

#### Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	101	25
1 month to 3 months	0	0	124	30.7
3 months to 6 months	0	0	56	13.9
6 months to 1 year	0	0	42	10.4
1 year to 2 years	0	0	36*	8.9
2 years to 4 years	0	0	45*	11.1
4 years or more	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>404</b>	<b>28.9</b>

\* The prison was unable to supply accurate figures for these groups.

# Appendix III: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

### Choosing the sample size

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The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on the 6 – 7 December 2011 the prisoner population at HMP Liverpool was 1253. The sample size was 228. Overall, this represented 18% of the prisoner population.

### Selecting the sample

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Respondents were randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-NOMIS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Six respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

## Methodology

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Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

## **Response rates**

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In total, 189 respondents completed and returned their questionnaires. This represented 15% of the prison population. The response rate was 83%. In addition to the six respondents who refused to complete a questionnaire, 18 questionnaires were not returned and 15 were returned blank.

## **Comparisons**

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The following details the results from the survey. Data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Liverpool in 2009.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2011 survey between the Vulnerable Prisoner Unit (K wing) and the rest of the establishment (excluding segregation and healthcare).

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

## Summary

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In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1 or 2 % from that shown in the comparison data as the comparator data has been weighted for comparison purposes.



# Survey summary

## Section 1: About you

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	0 (0%)
	<i>21 - 29</i> .....	74 (39%)
	<i>30 - 39</i> .....	54 (29%)
	<i>40 - 49</i> .....	42 (22%)
	<i>50 - 59</i> .....	14 (7%)
	<i>60 - 69</i> .....	4 (2%)
	<i>70 and over</i> .....	0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	138 (74%)
	<i>Yes - on recall</i> .....	12 (6%)
	<i>No - awaiting trial</i> .....	22 (12%)
	<i>No - awaiting sentence</i> .....	14 (7%)
	<i>No - awaiting deportation</i> .....	1 (1%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b>Not sentenced</b> .....	37 (20%)
	<i>Less than 6 months</i> .....	31 (17%)
	<i>6 months to less than 1 year</i> .....	23 (13%)
	<i>1 year to less than 2 years</i> .....	28 (15%)
	<i>2 years to less than 4 years</i> .....	35 (19%)
	<i>4 years to less than 10 years</i> .....	20 (11%)
	<i>10 years or more</i> .....	5 (3%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	3 (2%)
	<i>Life</i> .....	1 (1%)
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?</b>	
	<b>Not sentenced</b> .....	37 (21%)
	<i>6 months or less</i> .....	86 (49%)
	<i>More than 6 months</i> .....	53 (30%)
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	35 (19%)
	<i>1 to less than 3 months</i> .....	54 (29%)
	<i>3 to less than 6 months</i> .....	43 (23%)
	<i>6 to less than 12 months</i> .....	31 (17%)
	<i>12 months to less than 2 years</i> .....	14 (8%)
	<i>2 to less than 4 years</i> .....	3 (2%)
	<i>4 years or more</i> .....	4 (2%)
<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>	
	<i>Yes</i> .....	16 (9%)
	<i>No</i> .....	162 (91%)
<b>Q1.8</b>	<b>Is English your first language?</b>	
	<i>Yes</i> .....	174 (96%)
	<i>No</i> .....	8 (4%)

**Q1.9 What is your ethnic origin?**

<i>White - British</i> .....	156 (84%)	<i>Asian or Asian British - Bangladeshi</i> .....	1 (1%)
<i>White - Irish</i> .....	4 (2%)	<i>Asian or Asian British - Other</i> .....	1 (1%)
<i>White - Other</i> .....	4 (2%)	<i>Mixed race - White and black Caribbean</i> .....	5 (3%)
<i>Black or black British - Caribbean</i> .....	3 (2%)	<i>Mixed race - White and black African</i> .....	1 (1%)
<i>Black or black British - African</i> .....	3 (2%)	<i>Mixed race - White and Asian</i> .....	0 (0%)
<i>Black or black British - Other</i> .....	1 (1%)	<i>Mixed race - Other</i> .....	3 (2%)
<i>Asian or Asian British - Indian</i> .....	1 (1%)	<i>Chinese</i> .....	0 (0%)
<i>Asian or Asian British - Pakistani</i> .....	1 (1%)	<i>Other ethnic group</i> .....	1 (1%)

**Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?**

Yes .....	6 (3%)
No .....	176 (97%)

**Q1.11 What is your religion?**

<i>None</i> .....	32 (17%)	<i>Hindu</i> .....	0 (0%)
<i>Church of England</i> .....	53 (29%)	<i>Jewish</i> .....	1 (1%)
<i>Catholic</i> .....	80 (43%)	<i>Muslim</i> .....	6 (3%)
<i>Protestant</i> .....	4 (2%)	<i>Sikh</i> .....	1 (1%)
<i>Other Christian denomination</i> .....	4 (2%)	<i>Other</i> .....	1 (1%)
<i>Buddhist</i> .....	2 (1%)		

**Q1.12 How would you describe your sexual orientation?**

<i>Heterosexual/straight</i> .....	180 (97%)
<i>Homosexual/gay</i> .....	2 (1%)
<i>Bisexual</i> .....	3 (2%)
<i>Other</i> .....	0 (0%)

**Q1.13 Do you consider yourself to have a disability?**

Yes .....	42 (23%)
No .....	143 (77%)

**Q1.14 How many times have you been in prison before?**

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
50 (27%)	27 (15%)	49 (27%)	58 (32%)

**Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?**

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
110 (60%)	60 (33%)	13 (7%)

**Q1.16 Do you have any children under the age of 18?**

Yes .....	104 (56%)
No .....	81 (44%)

## Section 2: Courts, transfers and escorts

**Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:**

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	29 (16%)	88 (47%)	26 (14%)	22 (12%)	19 (10%)	2 (1%)	1 (1%)
Your personal safety during the journey?	30 (18%)	87 (52%)	17 (10%)	26 (15%)	7 (4%)	1 (1%)	0 (0%)
The comfort of the van?	5 (3%)	24 (13%)	19 (10%)	73 (40%)	58 (32%)	0 (0%)	2 (1%)
The attention paid to your health needs?	12 (7%)	37 (22%)	44 (26%)	38 (22%)	28 (16%)	1 (1%)	12 (7%)

The frequency of toilet breaks?	7 (4%)	20 (11%)	42 (23%)	30 (17%)	42 (23%)	2 (1%)	38 (21%)
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**Q2.2 How long did you spend in the van?**

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
118 (64%)	39 (21%)	16 (9%)	8 (4%)	3 (2%)

**Q2.3 How did you feel you were treated by the escort staff?**

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
38 (20%)	99 (53%)	30 (16%)	11 (6%)	7 (4%)	1 (1%)

**Q2.4 Please answer the following questions about when you first arrived here:**

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	149 (79%)	38 (20%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	23 (13%)	153 (84%)	6 (3%)
When you first arrived here did your property arrive at the same time as you?	152 (84%)	24 (13%)	5 (3%)

**Section 3: Reception, first night and induction**

**Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)**

<i>Didn't ask about any of these</i> .....	23 (13%)	<i>Money worries</i> .....	35 (20%)
<i>Loss of property</i> .....	25 (14%)	<i>Feeling depressed or suicidal</i> .....	92 (53%)
<i>Housing problems</i> .....	51 (29%)	<i>Health problems</i> .....	116 (67%)
<i>Contacting employers</i> .....	27 (16%)	<i>Needing protection from other prisoners</i> .....	43 (25%)
<i>Contacting family</i> .....	111 (64%)	<i>Accessing phone numbers</i> .....	72 (42%)
<i>Ensuring dependants were being looked after</i> .....	27 (16%)	<i>Other</i> .....	8 (5%)

**Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**

<i>Didn't have any problems</i> .....	44 (26%)	<i>Money worries</i> .....	38 (22%)
<i>Loss of property</i> .....	16 (9%)	<i>Feeling depressed or suicidal</i> .....	44 (26%)
<i>Housing problems</i> .....	39 (23%)	<i>Health problems</i> .....	52 (31%)
<i>Contacting employers</i> .....	10 (6%)	<i>Needing protection from other prisoners</i> .....	15 (9%)
<i>Contacting family</i> .....	61 (36%)	<i>Accessing phone numbers</i> .....	57 (34%)
<i>Ensuring dependants were looked after</i> .....	14 (8%)	<i>Other</i> .....	7 (4%)

**Q3.3 Please answer the following questions about reception:**

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Were you seen by a member of health services?	178 (96%)	5 (3%)	3 (2%)
When you were searched, was this carried out in a respectful way?	143 (83%)	28 (16%)	2 (1%)

**Q3.4 Overall, how well did you feel you were treated in reception?**

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
26 (14%)	91 (49%)	42 (22%)	17 (9%)	10 (5%)	1 (1%)

**Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**

<i>Information about what was going to happen to you</i> .....	81 (46%)
<i>Information about what support was available for people feeling depressed or suicidal</i> ..	76 (43%)
<i>Information about how to make routine requests</i> .....	62 (35%)

Information about your entitlement to visits.....	63 (35%)
Information about health services .....	83 (47%)
Information about the chaplaincy.....	73 (41%)
<b>Not offered anything</b> .....	50 (28%)

**Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)**

A smokers/non-smokers pack.....	180 (97%)
The opportunity to have a shower .....	143 (77%)
The opportunity to make a free telephone call .....	152 (82%)
Something to eat.....	163 (88%)
<b>Did not receive anything</b> .....	1 (1%)

**Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)**

Chaplain or religious leader.....	81 (46%)
Someone from health services.....	131 (74%)
A Listener/Samaritans.....	17 (10%)
<b>Did not meet any of these people</b> .....	24 (14%)

**Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**

Yes.....	13 (7%)
No.....	169 (93%)

**Q3.9 Did you feel safe on your first night here?**

Yes.....	133 (72%)
No.....	45 (24%)
Don't remember.....	6 (3%)

**Q3.10 How soon after your arrival did you go on an induction course?**

<b>Have not been on an induction course</b> .....	50 (27%)
Within the first week.....	97 (53%)
More than a week.....	30 (16%)
Don't remember.....	6 (3%)

**Q3.11 Did the induction course cover everything you needed to know about the prison?**

<b>Have not been on an induction course</b> .....	50 (27%)
Yes.....	75 (41%)
No.....	42 (23%)
Don't remember.....	15 (8%)

### Section 4: Legal rights and respectful custody

**Q4.1 How easy is it to:**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	15 (8%)	56 (31%)	23 (13%)	48 (27%)	16 (9%)	21 (12%)
Attend legal visits?	25 (15%)	77 (46%)	30 (18%)	11 (7%)	4 (2%)	22 (13%)
Obtain bail information?	6 (4%)	32 (21%)	26 (17%)	29 (19%)	19 (13%)	37 (25%)

**Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**

<b>Not had any letters</b> .....	22 (12%)
Yes.....	78 (43%)
No.....	83 (45%)

**Q4.3 Please answer the following questions about the wing/unit you are currently living on:**

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	89 (49%)	84 (47%)	3 (2%)	4 (2%)
Are you normally able to have a shower every day?	146 (79%)	35 (19%)	2 (1%)	1 (1%)
Do you normally receive clean sheets every week?	135 (74%)	42 (23%)	4 (2%)	1 (1%)
Do you normally get cell cleaning materials every week?	70 (38%)	109 (59%)	5 (3%)	0 (0%)
Is your cell call bell normally answered within five minutes?	43 (24%)	122 (67%)	15 (8%)	2 (1%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	110 (62%)	65 (37%)	1 (1%)	1 (1%)
Can you normally get your stored property, if you need to?	54 (30%)	81 (45%)	35 (19%)	10 (6%)

**Q4.4 What is the food like here?**

Very good	Good	Neither	Bad	Very bad
3 (2%)	30 (16%)	30 (16%)	63 (34%)	57 (31%)

**Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?**

<b>Have not bought anything yet</b> .....	17 (9%)
Yes.....	73 (40%)
No.....	91 (50%)

**Q4.6 Is it easy or difficult to get:**

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form?	83 (45%)	72 (39%)	10 (5%)	12 (6%)	1 (1%)	7 (4%)
An application form?	88 (50%)	74 (42%)	5 (3%)	4 (2%)	2 (1%)	3 (2%)

**Q4.7 Have you made an application?**

Yes.....	164 (91%)
No.....	16 (9%)

**Q4.8 Please answer the following questions concerning applications:**

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	16 (9%)	94 (53%)	66 (38%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	16 (9%)	67 (39%)	88 (51%)

**Q4.9 Have you made a complaint?**

Yes.....	62 (34%)
No.....	122 (66%)

**Q4.10 Please answer the following questions concerning complaints:**

(If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	122 (67%)	18 (10%)	42 (23%)
Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	122 (67%)	21 (11%)	40 (22%)
Were you given information about how to make an appeal?	63 (38%)	26 (16%)	77 (46%)

**Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**

<b>Not made a complaint</b> .....	122 (66%)
Yes.....	16 (9%)
No.....	46 (25%)

**Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
76 (43%)	13 (7%)	23 (13%)	31 (18%)	23 (13%)	10 (6%)

**Q4.13 What level of the IEP scheme are you on now?**

<i>Don't know what the IEP scheme is</i>	19 (10%)
<i>Enhanced</i>	48 (26%)
<i>Standard</i>	113 (61%)
<i>Basic</i>	4 (2%)
<i>Don't know</i>	1 (1%)

**Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?**

<i>Don't know what the IEP scheme is</i>	19 (11%)
<i>Yes</i>	100 (59%)
<i>No</i>	36 (21%)
<i>Don't know</i>	15 (9%)

**Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?**

<i>Don't know what the IEP scheme is</i>	19 (11%)
<i>Yes</i>	77 (45%)
<i>No</i>	50 (29%)
<i>Don't know</i>	25 (15%)

**Q4.16 Please answer the following questions about this prison?**

	<i>Yes</i>	<i>No</i>
In the last six months have any members of staff physically restrained you (C&R)?	10 (6%)	171 (94%)
In the last six months have you spent a night in the segregation/care and separation unit?	18 (10%)	159 (90%)

**Q4.17 Please answer the following questions about your religious beliefs?**

	<i>Yes</i>	<i>No</i>	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	109 (60%)	25 (14%)	49 (27%)
Are you able to speak to a religious leader of your faith in private if you want to?	108 (62%)	16 (9%)	51 (29%)

**Q4.18 Can you speak to a listener at any time, if you want to?**

<i>Yes</i>	<i>No</i>	<i>Don't know</i>
128 (69%)	11 (6%)	47 (25%)

**Q4.19 Please answer the following questions about staff in this prison?**

	<i>Yes</i>	<i>No</i>
Is there a member of staff you can turn to for help if you have a problem?	138 (77%)	42 (23%)
Do <b>most</b> staff treat you with respect?	133 (75%)	45 (25%)

## Section 5: Safety

**Q5.1 Have you ever felt unsafe in this prison?**

<i>Yes</i>	73 (39%)
<i>No</i>	113 (61%)

**Q5.2 Do you feel unsafe in this prison at the moment?**

<i>Yes</i>	36 (19%)
<i>No</i>	150 (81%)

**Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)**

<i>Never felt unsafe</i>	113 (64%)	<i>At meal times</i>	8 (5%)
<i>Everywhere</i>	22 (12%)	<i>At health services</i>	12 (7%)

Segregation unit.....	3 (2%)	Visit's area.....	14 (8%)
Association areas.....	22 (12%)	In wing showers.....	14 (8%)
Reception area.....	13 (7%)	In gym showers.....	8 (5%)
At the gym.....	9 (5%)	In corridors/stairwells.....	14 (8%)
In an exercise yard.....	13 (7%)	On your landing/wing.....	18 (10%)
At work.....	12 (7%)	In your cell.....	11 (6%)
During movement.....	25 (14%)	At religious services.....	4 (2%)
At education.....	8 (5%)		

**Q5.4 Have you been victimised by another prisoner or group of prisoners here?**

Yes.....	35 (19%)	<b>If No, go to question 5.6</b>
No.....	148 (81%)	

**Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**

Insulting remarks (about you or your family or friends).....	18 (10%)	Because of your sexuality.....	2 (1%)
Physical abuse (being hit, kicked or assaulted).....	11 (6%)	Because you have a disability.....	6 (3%)
Sexual abuse.....	1 (1%)	Because of your religion/religious beliefs.....	3 (2%)
Because of your race or ethnic origin.....	7 (4%)	Because of your age.....	4 (2%)
Because of drugs.....	6 (3%)	Being from a different part of the country than others.....	10 (5%)
Having your canteen/property taken.....	13 (7%)	Because of your offence/ crime.....	10 (5%)
Because you were new here.....	9 (5%)	Because of gang related issues.....	9 (5%)

**Q5.6 Have you been victimised by a member of staff or group of staff here?**

Yes.....	38 (21%)	<b>If No, go to question 5.8</b>
No.....	145 (79%)	

**Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**

Insulting remarks (about you or your family or friends).....	19 (10%)	Because you have a disability.....	3 (2%)
Physical abuse (being hit, kicked or assaulted).....	5 (3%)	Because of your religion/religious beliefs.....	1 (1%)
Sexual abuse.....	1 (1%)	Because of your age.....	0 (0%)
Because of your race or ethnic origin.....	6 (3%)	Being from a different part of the country than others.....	4 (2%)
Because of drugs.....	5 (3%)	Because of your offence/ crime.....	4 (2%)
Because you were new here.....	12 (7%)	Because of gang related issues.....	3 (2%)
Because of your sexuality.....	1 (1%)		

**Q5.8 If you have been victimised by prisoners or staff, did you report it?**

<b>Not been victimised</b> .....	134 (74%)
Yes.....	16 (9%)
No.....	32 (18%)

**Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**

Yes.....	47 (26%)
No.....	136 (74%)

**Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**

Yes.....	32 (17%)
No.....	151 (83%)

**Q5.11 Is it easy or difficult to get illegal drugs in this prison?**

Very easy	Easy	Neither	Difficult	Very difficult	Don't know
32 (17%)	26 (14%)	14 (8%)	15 (8%)	9 (5%)	87 (48%)

## Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people:**
- |              | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor   | 27 (15%)          | 9 (5%)           | 31 (17%)    | 15 (8%)        | 74 (40%)         | 28 (15%)              |
| The nurse    | 21 (12%)          | 36 (20%)         | 69 (39%)    | 14 (8%)        | 30 (17%)         | 9 (5%)                |
| The dentist  | 28 (16%)          | 2 (1%)           | 13 (7%)     | 11 (6%)        | 66 (37%)         | 60 (33%)              |
| The optician | 54 (30%)          | 3 (2%)           | 17 (9%)     | 15 (8%)        | 48 (27%)         | 42 (23%)              |
- Q6.2 Are you able to see a pharmacist?**
- Yes..... 85 (52%)  
 No..... 80 (48%)
- Q6.3 What do you think of the quality of the health service from the following people:**
- |              | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor   | 39 (21%)        | 18 (10%)         | 38 (21%)    | 20 (11%)       | 38 (21%)   | 29 (16%)        |
| The nurse    | 20 (11%)        | 40 (22%)         | 61 (34%)    | 17 (9%)        | 28 (15%)   | 16 (9%)         |
| The dentist  | 60 (34%)        | 13 (7%)          | 32 (18%)    | 13 (7%)        | 31 (18%)   | 26 (15%)        |
| The optician | 85 (50%)        | 9 (5%)           | 25 (15%)    | 17 (10%)       | 16 (9%)    | 17 (10%)        |
- Q6.4 What do you think of the overall quality of the health services here?**
- |  | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--|-----------------|------------------|-------------|----------------|------------|-----------------|
|  | 10 (5%)         | 20 (11%)         | 52 (28%)    | 32 (17%)       | 40 (22%)   | 30 (16%)        |
- Q6.5 Are you currently taking medication?**
- Yes..... 103 (55%)  
 No..... 83 (45%)
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
- Not taking medication*..... 83 (45%)  
 Yes..... 46 (25%)  
 No..... 55 (30%)
- Q6.7 Do you feel you have any emotional wellbeing/mental health issues?**
- Yes..... 66 (36%)  
 No..... 115 (64%)
- Q6.8 Are your emotional wellbeing/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**
- Do not have any issues/not receiving any help*..... 137 (77%)  
*Doctor*..... 16 (9%)  
*Nurse*..... 17 (9%)  
*Psychiatrist*..... 9 (5%)  
*Mental health in-reach team*..... 19 (11%)  
*Counsellor*..... 8 (4%)  
*Other*..... 7 (4%)
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- |         | Yes      | No        |
|---------|----------|-----------|
| Drugs   | 66 (39%) | 105 (61%) |
| Alcohol | 51 (33%) | 105 (67%) |
- Q6.10 Have you developed a problem with drugs since you have been in this prison?**
- Yes..... 14 (8%)  
 No..... 169 (92%)
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
- Yes..... 77 (42%)  
 No..... 13 (7%)



	<i>Did not/do not have a drug or alcohol problem</i> .....	92 (51%)
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?</b>	
	Yes.....	65 (36%)
	No.....	26 (14%)
	<i>Did not/do not have a drug or alcohol problem</i> .....	92 (50%)
<b>Q6.13</b>	<b>Was the intervention or help you received, while in this prison, helpful?</b>	
	Yes.....	47 (26%)
	No.....	16 (9%)
	<i>Did not have a problem/have not received help</i> .....	118 (65%)
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>	
		Yes No Don't know
	Drugs	25 (14%) 122 (69%) 29 (16%)
	Alcohol	22 (14%) 120 (74%) 20 (12%)
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>	
	Yes.....	44 (24%)
	No.....	26 (14%)
	N/A.....	110 (61%)

### Section 7: Purposeful activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply to you.)</b>	
	Prison job .....	94 (52%)
	Vocational or skills training.....	11 (6%)
	Education (including basic skills).....	63 (35%)
	Offending behaviour programmes.....	9 (5%)
	<i>Not involved in any of these</i> .....	28 (15%)
<b>Q7.2</b>	<b>If you have been involved in any of the following, while in this prison, do you think it will help you on release?</b>	
		<i>Not been involved</i> Yes No Don't know
	Prison job	31 (22%) 47 (34%) 51 (37%) 10 (7%)
	Vocational or skills training	34 (39%) 22 (25%) 28 (32%) 3 (3%)
	Education (including basic skills)	24 (20%) 52 (43%) 35 (29%) 10 (8%)
	Offending behaviour programmes	35 (42%) 22 (27%) 22 (27%) 4 (5%)
<b>Q7.3</b>	<b>How often do you go to the library?</b>	
	<i>Don't want to go</i> .....	26 (14%)
	Never.....	68 (38%)
	<i>Less than once a week</i> .....	29 (16%)
	<i>About once a week</i> .....	33 (18%)
	<i>More than once a week</i> .....	12 (7%)
	<i>Don't know</i> .....	12 (7%)
<b>Q7.4</b>	<b>On average how many times do you go to the gym each week?</b>	
	<i>Don't want to go</i>	0 1 2 3 to 5 More than 5 Don't know
	41 (22%) 46 (25%) 8 (4%) 18 (10%) 56 (30%) 5 (3%) 10 (5%)	
<b>Q7.5</b>	<b>On average how many times do you go outside for exercise each week?</b>	
	<i>Don't want to go</i>	0 1 to 2 3 to 5 More than 5 Don't know
	28 (16%) 56 (31%) 46 (26%) 30 (17%) 12 (7%) 8 (4%)	
<b>Q7.6</b>	<b>On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>	

Less than 2 hours.....	45 (24%)
2 to less than 4 hours.....	37 (20%)
4 to less than 6 hours.....	46 (25%)
6 to less than 8 hours.....	22 (12%)
8 to less than 10 hours.....	11 (6%)
10 hours or more.....	15 (8%)
Don't know.....	8 (4%)

**Q7.7 On average, how many times do you have association each week?**

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
1 (1%)	4 (2%)	10 (5%)	119 (65%)	40 (22%)	10 (5%)

**Q7.8 How often do staff normally speak to you during association time?**

<b>Do not go on association</b> .....	7 (4%)
Never.....	44 (24%)
Rarely.....	43 (24%)
Some of the time.....	59 (33%)
Most of the time.....	21 (12%)
All of the time.....	6 (3%)

## Section 8: Resettlement

**Q8.1 When did you first meet your personal officer?**

<b>Still have not met him/her</b> .....	125 (68%)
In the first week.....	21 (11%)
More than a week.....	21 (11%)
Don't remember.....	18 (10%)

**Q8.2 How helpful do you think your personal officer is?**

<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
125 (70%)	17 (9%)	22 (12%)	9 (5%)	2 (1%)	4 (2%)

**Q8.3 Do you have a sentence plan/OASys?**

<b>Not sentenced</b> .....	37 (21%)
Yes.....	38 (21%)
No.....	105 (58%)

**Q8.4 How involved were you in the development of your sentence plan?**

<b>Do not have a sentence plan/OASys</b> .....	142 (80%)
Very involved.....	12 (7%)
Involved.....	9 (5%)
Neither.....	2 (1%)
Not very involved.....	11 (6%)
Not at all involved.....	2 (1%)

**Q8.5 Can you achieve all or some of your sentence plan targets in this prison?**

<b>Do not have a sentence plan/OASys</b> .....	142 (79%)
Yes.....	18 (10%)
No.....	20 (11%)

**Q8.6 Are there plans for you to achieve all/some of your sentence plan targets in another prison?**

<b>Do not have a sentence plan/OASys</b> .....	142 (79%)
Yes.....	14 (8%)
No.....	23 (13%)

**Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?**

<b>Not sentenced</b> .....	37 (21%)
Yes.....	27 (15%)

	No.....				111 (63%)
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>				
	Yes.....				26 (15%)
	No.....				148 (85%)
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>				
	Yes.....				90 (49%)
	No.....				74 (41%)
	Don't know.....				18 (10%)
<b>Q8.10</b>	<b>Have you had any problems getting access to the telephones?</b>				
	Yes.....				86 (48%)
	No.....				88 (49%)
	Don't know.....				7 (4%)
<b>Q8.11</b>	<b>Did you have a visit in the first week that you were here?</b>				
	<b>Not been here a week yet</b> .....				17 (9%)
	Yes.....				43 (24%)
	No.....				115 (63%)
	Don't remember.....				7 (4%)
<b>Q8.12</b>	<b>How many visits did you receive in the last week?</b>				
	<b>Not been in a week</b>	<b>0</b>	<b>1 to 2</b>	<b>3 to 4</b>	<b>5 or more</b>
	17 (9%)	96 (53%)	63 (35%)	4 (2%)	0 (0%)
<b>Q8.13</b>	<b>How are you and your family/friends usually treated by visits staff?</b>				
	<b>Not had any visits</b> .....				39 (22%)
	Very well.....				28 (16%)
	Well.....				46 (26%)
	Neither.....				29 (17%)
	Badly.....				12 (7%)
	Very badly.....				6 (3%)
	Don't know.....				14 (8%)
<b>Q8.14</b>	<b>Have you been helped to maintain contact with your family/friends while in this prison?</b>				
	Yes.....				66 (37%)
	No.....				111 (63%)
<b>Q8.15</b>	<b>Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)</b>				
	<b>Don't know who to contact</b> .....	102 (63%)	<b>Help with your finances in preparation for release</b> .....		21 (13%)
	<b>Maintaining good relationships</b> .....	18 (11%)	<b>Claiming benefits on release</b> .....		46 (28%)
	<b>Avoiding bad relationships</b> .....	11 (7%)	<b>Arranging a place at college/continuing education on release</b> .....		18 (11%)
	<b>Finding a job on release</b> .....	41 (25%)	<b>Continuity of health services on release</b> .....		26 (16%)
	<b>Finding accommodation on release</b> .....	36 (22%)	<b>Opening a bank account</b> .....		14 (9%)
<b>Q8.16</b>	<b>Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)</b>				
	<b>No problems</b> .....	57 (35%)	<b>Help with your finances in preparation for release</b> .....		46 (28%)
	<b>Maintaining good relationships</b> .....	19 (12%)	<b>Claiming benefits on release</b> .....		54 (33%)
	<b>Avoiding bad relationships</b> .....	24 (15%)	<b>Arranging a place at college/continuing education on release</b> .....		28 (17%)

<i>Finding a job on release</i> .....	80 (49%)	<i>Continuity of health services on release</i> .....	26 (16%)
<i>Finding accommodation on release</i> .	58 (35%)	<i>Opening a bank account</i> .....	34 (21%)

**Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**

<b><i>Not sentenced</i></b> .....	37 (21%)
<b>Yes</b> .....	54 (31%)
<b>No</b> .....	83 (48%)

Main comparator and comparator to last time



Prisoner survey responses HMP Liverpool 2011

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

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<b>Number of completed questionnaires returned</b>		189	5361	189	121
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	0%	6%	0%	1%
3a	Are you sentenced?	80%	66%	80%	81%
3b	Are you on recall?	6%	10%	6%	9%
4a	Is your sentence less than 12 months?	30%	18%	30%	32%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	6%
5	Do you have six months or less to serve?	49%	33%	49%	52%
6	Have you been in this prison less than a month?	19%	21%	19%	21%
7	Are you a foreign national?	9%	13%	9%	13%
8	Is English your first language?	96%	88%	96%	90%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	11%	26%	11%	18%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%	3%	7%
11	Are you Muslim?	3%	11%	3%	8%
12	Are you homosexual/gay or bisexual?	3%	3%	3%	0%
13	Do you consider yourself to have a disability?	23%	19%	23%	24%
14	Is this your first time in prison?	27%	29%	27%	25%
15	Have you been in more than five prisons this time?	7%	8%	7%	9%
16	Do you have any children under the age of 18?	56%	54%	56%	66%
<b>SECTION 2: Transfers and escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	63%	49%	63%	43%
1b	Was your personal safety during the journey good/very good?	70%	59%	70%	64%
1c	Was the comfort of the van good/very good?	16%	13%	16%	18%
1d	Was the attention paid to your health needs good/very good?	29%	29%	29%	32%
1e	Was the frequency of toilet breaks good/very good?	15%	16%	15%	27%
2	Did you spend more than four hours in the van?	4%	3%	4%	5%
3	Were you treated well/very well by the escort staff?	74%	64%	74%	60%
4a	Did you know where you were going when you left court or when transferred from another prison?	79%	73%	79%	77%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	15%	13%	20%
4c	When you first arrived here did your property arrive at the same time as you?	84%	81%	84%	85%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>				
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:			
<b>1b</b>	15%	13%	15%	15%
<b>1c</b>	30%	31%	30%	30%
<b>1d</b>	16%	13%	16%	16%
<b>1e</b>	64%	51%	64%	57%
<b>1f</b>	16%	15%	16%	11%
<b>1g</b>	20%	17%	20%	23%
<b>1h</b>	53%	54%	53%	53%
<b>1i</b>	67%	62%	67%	64%
<b>1j</b>	25%	21%	25%	20%
<b>1k</b>	42%	42%	42%	42%
<b>2</b>	When you first arrived:			
<b>2a</b>	74%	77%	74%	75%
<b>2b</b>	10%	14%	10%	7%
<b>2c</b>	23%	25%	23%	23%
<b>2d</b>	6%	7%	6%	4%
<b>2e</b>	36%	34%	36%	34%
<b>2f</b>	8%	8%	8%	6%
<b>2g</b>	23%	23%	23%	20%
<b>2h</b>	26%	22%	26%	20%
<b>2i</b>	31%	31%	31%	28%
<b>2j</b>	9%	9%	9%	11%
<b>2k</b>	34%	31%	34%	37%
<b>3a</b>	96%	89%	96%	91%
<b>3b</b>	83%	73%	83%	81%
<b>4</b>	63%	57%	63%	62%
<b>5</b>	On your day of arrival, were you offered information about any of the following:			
<b>5a</b>	46%	46%	46%	53%
<b>5b</b>	43%	47%	43%	50%
<b>5c</b>	35%	38%	35%	44%
<b>5d</b>	35%	45%	35%	43%
<b>5e</b>	47%	51%	47%	51%
<b>5f</b>	41%	48%	41%	43%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	97%	86%	97%	93%
<b>6b</b>	The opportunity to have a shower?	77%	32%	77%	80%
<b>6c</b>	The opportunity to make a free telephone call?	82%	57%	82%	85%
<b>6d</b>	Something to eat?	88%	80%	88%	86%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	46%	46%	46%	44%
<b>7b</b>	Someone from health services?	74%	76%	74%	70%
<b>7c</b>	A Listener/Samaritans?	10%	24%	10%	17%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	7%	15%	7%	9%
<b>9</b>	Did you feel safe on your first night here?	72%	71%	72%	65%
<b>10</b>	Have you been on an induction course?	73%	77%	73%	81%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	57%	58%	57%	71%
<b>SECTION 4: Legal rights and respectful custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	40%	41%	40%	33%
<b>1b</b>	Attend legal visits?	60%	59%	60%	54%
<b>1c</b>	Obtain bail information?	26%	24%	26%	23%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	40%	43%	41%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	50%	51%	50%	43%
<b>3b</b>	Are you normally able to have a shower every day?	79%	80%	79%	77%
<b>3c</b>	Do you normally receive clean sheets every week?	74%	82%	74%	74%
<b>3d</b>	Do you normally get cell cleaning materials every week?	38%	64%	38%	33%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	24%	37%	24%	22%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	62%	64%	62%	57%
<b>3g</b>	Can you normally get your stored property if you need to?	30%	26%	30%	27%
<b>4</b>	Is the food in this prison good/very good?	18%	24%	18%	21%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	40%	46%	40%	41%
<b>6a</b>	Is it easy/very easy to get a complaints form?	84%	78%	84%	81%
<b>6b</b>	Is it easy/very easy to get an application form?	92%	84%	92%	90%
<b>7</b>	Have you made an application?	91%	85%	91%	87%

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<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	59%	55%	59%	60%
8b	Do you feel applications are dealt with promptly (within seven days)?	43%	47%	43%	44%
9	Have you made a complaint?	34%	40%	34%	32%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	30%	30%	30%	28%
10b	Do you feel complaints are dealt with promptly (within seven days)?	34%	33%	34%	39%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	26%	27%	26%	29%
10c	Were you given information about how to make an appeal?	16%	21%	16%	11%
12	Is it easy/very easy to see the Independent Monitoring Board?	20%	22%	20%	23%
13	Are you on the enhanced (top) level of the IEP scheme?	26%	27%	26%	28%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	59%	48%	59%	57%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	44%	45%	46%
16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	7%	6%	9%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	10%	10%	10%	9%
13a	Do you feel your religious beliefs are respected?	60%	54%	60%	59%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	55%	62%	55%
14	Are you able to speak to a Listener at any time if you want to?	69%	58%	69%	55%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	77%	70%	77%	69%
15b	Do most staff in this prison treat you with respect?	75%	70%	75%	64%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	39%	41%	39%	54%
2	Do you feel unsafe in this prison at the moment?	19%	17%	19%	27%
4	Have you been victimised by another prisoner?	19%	21%	19%	33%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	10%	10%	10%	15%
5b	Hit, kicked or assaulted you?	6%	7%	6%	15%
5c	Sexually abused you?	1%	1%	1%	3%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	8%
5e	Victimised you because of drugs?	3%	4%	3%	8%
5f	Taken your canteen/property?	7%	5%	7%	8%
5g	Victimised you because you were new here?	5%	6%	5%	15%
5h	Victimised you because of your sexuality?	1%	1%	1%	1%
5i	Victimised you because you have a disability?	3%	3%	3%	8%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	3%
5k	Victimised you because of your age?	2%	2%	2%	3%
5l	Victimised you because you were from a different part of the country?	5%	4%	5%	12%
5m	Victimised you because of your offence/crime?	5%	4%	5%	6%
5n	Victimised you because of gang related issues?	5%	4%	5%	8%



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<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	21%	25%	21%	28%
<b>7</b>	Since you have been here, has a member of staff:				
<b>7a</b>	Made insulting remarks about you, your family or friends?	10%	12%	10%	9%
<b>7b</b>	Hit, kicked or assaulted you?	3%	5%	3%	8%
<b>7c</b>	Sexually abused you?	1%	1%	1%	2%
<b>7d</b>	Victimised you because of your race or ethnic origin?	3%	5%	3%	7%
<b>7e</b>	Victimised you because of drugs?	3%	5%	3%	4%
<b>7f</b>	Victimised you because you were new here?	7%	6%	7%	7%
<b>7g</b>	Victimised you because of your sexuality?	1%	1%	1%	1%
<b>7h</b>	Victimised you because you have a disability?	2%	3%	2%	3%
<b>7i</b>	Victimised you because of your religion/religious beliefs?	1%	3%	1%	3%
<b>7j</b>	Victimised you because of your age?	0%	2%	0%	2%
<b>7k</b>	Victimised you because you were from a different part of the country?	2%	3%	2%	9%
<b>7l</b>	Victimised you because of your offence/crime?	2%	5%	2%	4%
<b>7m</b>	Victimised you because of gang related issues?	2%	2%	2%	4%
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	33%	35%	33%	29%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	26%	24%	26%	35%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	18%	23%	18%	25%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	32%	29%	32%	45%
<b>SECTION 6: Health services</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	22%	28%	22%	30%
<b>1b</b>	Is it easy/very easy to see the nurse?	59%	51%	59%	62%
<b>1c</b>	Is it easy/very easy to see the dentist?	8%	10%	8%	9%
<b>1d</b>	Is it easy/very easy to see the optician?	11%	12%	11%	14%
<b>2</b>	Are you able to see a pharmacist?	52%	43%	52%	54%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
<b>3a</b>	The doctor?	39%	45%	39%	45%
<b>3b</b>	The nurse?	62%	57%	62%	70%
<b>3c</b>	The dentist?	39%	32%	39%	24%
<b>3d</b>	The optician?	41%	34%	41%	30%
<b>4</b>	The overall quality of health services?	41%	40%	41%	49%

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<b>Health services continued</b>					
<b>5</b>	Are you currently taking medication?	55%	49%	55%	46%
For those currently taking medication:					
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	46%	58%	46%	42%
<b>7</b>	Do you feel you have any emotional wellbeing/mental health issues?	37%	33%	37%	37%
For those with emotional wellbeing/mental health issues, are these being addressed by any of the following:					
<b>8a</b>	Not receiving any help?	34%	40%	34%	39%
<b>8b</b>	A doctor?	23%	33%	23%	22%
<b>8c</b>	A nurse?	27%	18%	27%	6%
<b>8d</b>	A psychiatrist?	14%	19%	14%	14%
<b>8e</b>	The mental health in-reach team?	30%	27%	30%	25%
<b>8f</b>	A counsellor?	13%	12%	13%	14%
<b>9a</b>	Did you have a drug problem when you came into this prison?	39%	35%	39%	38%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	33%	26%	33%	29%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	8%	8%	8%	15%
For those with drug or alcohol problems:					
<b>11</b>	Do you know who to contact in this prison for help?	86%	81%	86%	82%
<b>12</b>	Have you received any help or intervention while in this prison?	71%	67%	71%	60%
For those who have received help or intervention with their drug or alcohol problem:					
<b>13</b>	Was this intervention or help useful?	75%	79%	75%	73%
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	31%	31%	31%	31%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	26%	26%	26%	27%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	63%	60%	63%	60%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better	HMP Liverpool 2011	Local prison's comparator	HMP Liverpool 2011	HMP Liverpool 2009
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
<b>SECTION 7: Purposeful activity</b>				
<b>1</b> Are you currently involved in any of the following activities:				
<b>1a</b> A prison job?	52%	42%	52%	58%
<b>1b</b> Vocational or skills training?	6%	10%	6%	6%
<b>1c</b> Education (including basic skills)?	35%	26%	35%	23%
<b>1d</b> Offending Behaviour Programmes?	5%	8%	5%	3%
<b>2ai</b> Have you had a job while in this prison?	78%	67%	78%	83%
For those who have had a prison job while in this prison:				
<b>2aii</b> Do you feel the job will help you on release?	44%	42%	44%	36%
<b>2bi</b> Have you been involved in vocational or skills training while in this prison?	61%	52%	61%	62%
For those who have had vocational or skills training while in this prison:				
<b>2bii</b> Do you feel the vocational or skills training will help you on release?	42%	51%	42%	46%
<b>2ci</b> Have you been involved in education while in this prison?	80%	63%	80%	74%
For those who have been involved in education while in this prison:				
<b>2cii</b> Do you feel the education will help you on release?	54%	59%	54%	56%
<b>2di</b> Have you been involved in offending behaviour programmes while in this prison?	58%	50%	58%	58%
For those who have been involved in offending behaviour programmes while in this prison:				
<b>2dii</b> Do you feel the offending behaviour programme(s) will help you on release?	46%	49%	46%	40%
<b>3</b> Do you go to the library at least once a week?	25%	36%	25%	32%
<b>4</b> On average, do you go to the gym at least twice a week?	43%	43%	43%	35%
<b>5</b> On average, do you go outside for exercise three or more times a week?	23%	38%	23%	33%
<b>6</b> On average, do you spend ten or more hours out of your cell on a weekday?	8%	9%	8%	10%
<b>7</b> On average, do you go on association more than five times each week?	22%	48%	22%	59%
<b>8</b> Do staff normally speak to you most of the time/all of the time during association?	15%	17%	15%	12%
<b>SECTION 8: Resettlement</b>				
<b>1</b> Do you have a personal officer?	32%	46%	32%	54%
For those with a personal officer:				
<b>2</b> Do you think your personal officer is helpful/very helpful?	72%	62%	72%	61%
For those who are sentenced:				
<b>3</b> Do you have a sentence plan?	27%	42%	27%	30%
For those with a sentence plan?				
<b>4</b> Were you involved/very involved in the development of your plan?	58%	57%	58%	61%
<b>5</b> Can you achieve some/all of your sentence plan targets in this prison?	47%	64%	47%	36%
<b>6</b> Are there plans for you to achieve some/all your targets in another prison?	38%	46%	38%	37%
For those who are sentenced:				
<b>7</b> Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	20%	27%	20%	36%
<b>8</b> Do you feel that any member of staff has helped you to prepare for release?	15%	15%	15%	13%
<b>9</b> Have you had any problems with sending or receiving mail?	50%	44%	50%	42%
<b>10</b> Have you had any problems getting access to the telephones?	48%	31%	48%	28%
<b>11</b> Did you have a visit in the first week that you were here?	24%	35%	24%	28%
<b>12</b> Did you receive one or more visits in the last week?	37%	41%	37%	38%

## Main comparator and comparator to last time

### Key to tables

		HMP Liverpool 2011	Local prison's comparator	HMP Liverpool 2011	HMP Liverpool 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Resettlement continued</b>					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	55%	48%	55%	59%
14	Have you been helped to maintain contact with family/friends while in this prison?	37%	35%	37%	37%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	11%	13%	11%	19%
15c	Avoiding bad relationships?	7%	10%	7%	16%
15d	Finding a job on release?	25%	26%	25%	25%
15e	Finding accommodation on release?	22%	28%	22%	22%
15f	With money/finances on release?	13%	17%	13%	17%
15g	Claiming benefits on release?	28%	31%	28%	34%
15h	Arranging a place at college/continuing education on release?	11%	16%	11%	12%
15i	Accessing health services on release?	16%	20%	16%	18%
15j	Opening a bank account on release?	9%	16%	9%	13%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	12%	14%	12%	16%
16c	Avoiding bad relationships?	15%	14%	15%	17%
16d	Finding a job?	49%	48%	49%	46%
16e	Finding accommodation?	35%	40%	35%	35%
16f	Money/finances?	28%	34%	28%	27%
16g	Claiming benefits?	33%	32%	33%	30%
16h	Arranging a place at college/continuing education?	17%	21%	17%	16%
16i	Accessing health services?	16%	18%	16%	15%
16j	Opening a bank account?	21%	29%	21%	26%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	39%	48%	39%	47%

## Diversity Analysis



### Key question responses (ethnicity) HMP Liverpool 2011

**Prisoner survey responses** (missing data has been excluded for each question). Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>21</b>	<b>164</b>
1.3	Are you sentenced?	81%	80%
1.7	Are you a foreign national?	33%	6%
1.8	Is English your first language?	80%	98%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	3%
1.11	Are you Muslim?	24%	1%
1.12	Do you consider yourself to have a disability?	10%	25%
1.13	Is this your first time in prison?	19%	28%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	38%	26%
2.3	Were you treated well/very well by the escort staff?	76%	73%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	57%	82%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	63%	65%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	48%	55%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	68%	68%
3.2a	Did you have any problems when you first arrived?	88%	72%
3.3a	Were you seen by a member of health care staff in reception?	100%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	68%	84%
3.4	Were you treated well/very well in reception?	60%	63%
3.7b	Did you have access to someone from health care within the first 24 hours?	75%	74%
3.9	Did you feel safe on your first night here?	70%	74%
3.10	Have you been on an induction course?	65%	74%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	40%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	42%	50%
4.3b	Are you normally able to have a shower every day?	90%	78%
4.3e	Is your cell call bell normally answered within five minutes?	16%	25%
4.4	Is the food in this prison good/very good?	15%	19%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	28%	42%
4.6a	Is it easy/very easy to get a complaints form?	75%	85%
4.6b	Is it easy/very easy to get an application form?	84%	93%
4.9	Have you made a complaint?	25%	35%
4.13	Are you on the enhanced (top) level of the IEP scheme?	16%	27%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	60%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	46%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	16%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	26%	8%
4.17a	Do you feel your religious beliefs are respected?	50%	61%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	70%	60%
4.18	Are you able to speak to a Listener at any time, if you want to?	55%	70%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	78%
4.19b	Do <b>most</b> staff in this prison treat you with respect?	65%	76%
5.1	Have you ever felt unsafe in this prison?	52%	37%
5.2	Do you feel unsafe in this prison at the moment?	30%	17%
5.4	Have you been victimised by another prisoner?	25%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	20%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	5%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	1%
5.6	Have you been victimised by a member of staff?	32%	18%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	21%	1%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.7h	Have you been victimised because you have a disability? (By staff)	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	32%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	17%
5.11	Is it easy/very easy to get illegal drugs in this prison?	42%	31%
6.1a	Is it easy/very easy to see the doctor?	20%	22%
6.1b	Is it easy/ very easy to see the nurse?	58%	59%
6.2	Are you able to see a pharmacist?	48%	51%
6.5	Are you currently taking medication?	50%	56%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	48%	36%
7.1a	Are you currently working in the prison?	35%	53%
7.1b	Are you currently undertaking vocational or skills training?	5%	6%
7.1c	Are you currently in education (including basic skills)?	60%	32%
7.1d	Are you currently taking part in an offending behaviour programme?	5%	5%
7.3	Do you go to the library at least once a week?	32%	24%
7.4	On average, do you go to the gym at least twice a week?	65%	40%
7.5	On average, do you go outside for exercise three or more times a week?	10%	25%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	5%	9%
7.7	On average, do you go on association more than five times each week?	20%	22%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	26%	14%
8.1	Do you have a personal officer?	35%	32%
8.9	Have you had any problems sending or receiving mail?	75%	46%
8.10	Have you had any problems getting access to the telephones?	70%	45%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Liverpool 2011

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		42	143
1.3	Are you sentenced?	76%	82%
1.7	Are you a foreign national?	5%	9%
1.8	Is English your first language?	97%	95%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	5%	13%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	4%
1.11	Are you Muslim?	0%	4%
1.14	Is this your first time in prison?	17%	30%
2.1d	Was the attention paid to your health needs good/very good?	39%	26%
2.3	Were you treated well/very well by the escort staff?	62%	77%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	81%	79%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	64%	65%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	49%	54%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	69%	66%
3.2a	Did you have any problems when you first arrived?	85%	71%
3.3a	Were you seen by a member of health care staff in reception?	93%	96%
3.3b	When you were searched in reception, was this carried out in a respectful way?	82%	82%
3.4	Were you treated well/very well in reception?	67%	62%
3.7b	Did you have access to someone from health care within the first 24 hours?	76%	74%
3.9	Did you feel safe on your first night here?	56%	78%
3.10	Have you been on an induction course?	54%	78%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	42%



## Diversity Analysis - Disability

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	51%	49%
4.3b	Are you normally able to have a shower every day?	80%	78%
4.3e	Is your cell call bell normally answered within five minutes?	28%	23%
4.4	Is the food in this prison good/very good?	20%	18%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	40%
4.6a	Is it easy/very easy to get a complaints form?	80%	85%
4.6b	Is it easy/very easy to get an application form?	87%	93%
4.9	Have you made a complaint?	43%	31%
4.13	Are you on the enhanced (top) level of the IEP scheme?	25%	27%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	61%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	45%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	10%	10%
4.17a	Do you feel your religious beliefs are respected?	59%	59%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	62%
4.18	Are you able to speak to a Listener at any time if you want to?	68%	68%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	77%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	77%	74%
5.1	Have you ever felt unsafe in this prison?	57%	34%
5.2	Do you feel unsafe in this prison at the moment?	34%	14%
5.4	Have you been victimised by another prisoner?	42%	12%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	4%
5.5i	Victimised you because you have a disability?	15%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%
5.6	Have you been victimised by a member of staff?	23%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	4%
5.7h	Victimised you because you have a disability?	8%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	34%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	30%	14%
5.11	Is it easy/very easy to get illegal drugs in this prison?	32%	32%
6.1a	Is it easy/very easy to see the doctor?	22%	22%
6.1b	Is it easy/ very easy to see the nurse?	56%	59%
6.2	Are you able to see a pharmacist?	49%	51%
6.5	Are you currently taking medication?	81%	48%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	60%	29%
7.1a	Are you currently working in the prison?	44%	55%
7.1b	Are you currently undertaking vocational or skills training?	0%	8%
7.1c	Are you currently in education (including basic skills)?	28%	37%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	7%
7.3	Do you go to the library at least once a week?	18%	27%
7.4	On average, do you go to the gym at least twice a week?	22%	49%
7.5	On average, do you go outside for exercise three or more times a week?	17%	24%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	8%	9%
7.7	On average, do you go on association more than five times each week?	20%	23%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	23%	13%
8.1	Do you have a personal officer?	42%	31%
8.9	Have you had any problems sending or receiving mail?	49%	50%
8.10	Have you had any problems getting access to the telephones?	34%	51%



## Diversity Analysis - Age

### Key question responses (age over 50) HMP Liverpool 2011

**Prisoner survey responses** (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>18</b>	<b>170</b>
<b>1.3</b>	Are you sentenced?	66%	82%
<b>1.7</b>	Are you a foreign national?	6%	9%
<b>1.8</b>	Is English your first language?	88%	96%
<b>1.9</b>	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	6%	12%
<b>1.1</b>	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	4%
<b>1.11</b>	Are you Muslim?	0%	4%
<b>1.13</b>	Do you consider yourself to have a disability?	45%	21%
<b>1.14</b>	Is this your first time in prison?	50%	25%
<b>2.1d</b>	Was the attention paid to your health needs good/very good?	38%	28%
<b>2.3</b>	Were you treated well/very well by the escort staff?	72%	74%
<b>2.4a</b>	Did you know where you were going when you left court or when transferred from another prison?	89%	78%
<b>3.1e</b>	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	61%	64%
<b>3.1h</b>	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	39%	55%
<b>3.1i</b>	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	56%	68%
<b>3.2a</b>	Did you have any problems when you first arrived?	88%	72%
<b>3.3a</b>	Were you seen by a member of health care staff in reception?	94%	96%
<b>3.3b</b>	When you were searched in reception, was this carried out in a respectful way?	82%	83%

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>3.4</b>	Were you treated well/very well in reception?	72%	62%
<b>3.7b</b>	Did you have access to someone from health care within the first 24 hours?	61%	76%
<b>3.9</b>	Did you feel safe on your first night here?	66%	73%
<b>3.10</b>	Have you been on an induction course?	56%	74%
<b>4.1a</b>	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	40%
<b>4.3a</b>	Are you normally offered enough clean, suitable clothes for the week?	69%	48%
<b>4.3b</b>	Are you normally able to have a shower every day?	71%	81%
<b>4.3e</b>	Is your cell call bell normally answered within five minutes?	18%	24%
<b>4.4</b>	Is the food in this prison good/very good?	30%	17%
<b>4.5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	30%	42%
<b>4.6a</b>	Is it easy/very easy to get a complaints form?	87%	84%
<b>4.6b</b>	Is it easy/very easy to get an application form?	94%	92%
<b>4.9</b>	Have you made a complaint?	23%	34%
<b>4.13</b>	Are you on the enhanced (top) level of the IEP scheme?	23%	26%
<b>4.14</b>	Do you feel you have been treated fairly in your experience of the IEP scheme?	71%	58%
<b>4.15</b>	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	45%
<b>4.16a</b>	In the last six months have any members of staff physically restrained you (C&R)?	0%	6%
<b>4.16b</b>	In the last six months have you spent a night in the segregation/care and separation unit?	12%	10%
<b>4.17a</b>	Do you feel your religious beliefs are respected?	71%	59%
<b>4.17b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	74%	60%

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Prisoners aged 50 and over</b>	<b>Prisoners under the age of 50</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>4.18</b>	Are you able to speak to a Listener at any time if you want to?	<b>53%</b>	<b>70%</b>
<b>4.19a</b>	Is there a member of staff you can turn to for help if you have a problem in this prison?	<b>93%</b>	<b>75%</b>
<b>4.19b</b>	Do <b>most</b> staff, in this prison, treat you with respect?	<b>71%</b>	<b>75%</b>
<b>5.1</b>	Have you ever felt unsafe in this prison?	<b>50%</b>	<b>38%</b>
<b>5.2</b>	Do you feel unsafe in this prison at the moment?	<b>17%</b>	<b>20%</b>
<b>5.4</b>	Have you been victimised by another prisoner?	<b>18%</b>	<b>19%</b>
<b>5.5d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	<b>6%</b>	<b>4%</b>
<b>5.5i</b>	Victimised you because you have a disability?	<b>6%</b>	<b>3%</b>
<b>5.5j</b>	Have you been victimised because of your religion/religious beliefs? (By prisoners)	<b>0%</b>	<b>2%</b>
<b>5.5k</b>	Have you been victimised because of your age? (By prisoners)	<b>6%</b>	<b>2%</b>
<b>5.6</b>	Have you been victimised by a member of staff?	<b>7%</b>	<b>22%</b>
<b>5.7d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	<b>0%</b>	<b>4%</b>
<b>5.7h</b>	Victimised you because you have a disability?	<b>0%</b>	<b>2%</b>
<b>5.7i</b>	Have you been victimised because of your religion/religious beliefs? (By staff)	<b>0%</b>	<b>1%</b>
<b>5.7j</b>	Have you been victimised because of your age? (By staff)	<b>0%</b>	<b>0%</b>
<b>5.9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	<b>18%</b>	<b>26%</b>
<b>5.10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	<b>6%</b>	<b>19%</b>
<b>5.11</b>	Is it easy/very easy to get illegal drugs in this prison?	<b>30%</b>	<b>32%</b>
<b>6.1a</b>	Is it easy/very easy to see the doctor?	<b>39%</b>	<b>20%</b>
<b>6.1b</b>	Is it easy/ very easy to see the nurse?	<b>56%</b>	<b>59%</b>

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Prisoners aged 50 and over</b>	<b>Prisoners under the age of 50</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>6.2</b>	Are you able to see a pharmacist?	47%	52%
<b>6.5</b>	Are you currently taking medication?	78%	53%
<b>6.7</b>	Do you feel you have any emotional wellbeing/mental health issues?	30%	37%
<b>7.1a</b>	Are you currently working in the prison?	59%	52%
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	6%	6%
<b>7.1c</b>	Are you currently in education (including basic skills)?	35%	34%
<b>7.1d</b>	Are you currently taking part in an offending behaviour programme?	6%	5%
<b>7.3</b>	Do you go to the library at least once a week?	47%	23%
<b>7.4</b>	On average, do you go to the gym at least twice a week?	17%	46%
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	6%	25%
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	9%
<b>7.7</b>	On average, do you go on association more than five times each week?	39%	19%
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	30%	14%
<b>8.1</b>	Do you have a personal officer?	39%	32%
<b>8.9</b>	Have you had any problems sending or receiving mail?	35%	51%
<b>8.10</b>	Have you had any problems getting access to the telephones?	47%	47%

## Main comparator and comparator to last time



### Prisoner survey responses HMP Liverpool 2011

**Prisoner survey responses** (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

		VP Wing (K)	Main population
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		19	163
<b>SECTION 1: General information</b>			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	74%	81%
3b	Are you on recall?	0%	7%
4a	Is your sentence less than 12 months?	16%	32%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	1%
5	Do you have six months or less to serve?	42%	50%
6	Have you been in this prison less than a month?	17%	19%
7	Are you a foreign national?	6%	10%
8	Is English your first language?	100%	95%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	0%	13%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	4%
11	Are you Muslim?	0%	4%
12	Are you homosexual/gay or bisexual?	6%	3%
13	Do you consider yourself to have a disability?	45%	19%
14	Is this your first time in prison?	42%	25%
15	Have you been in more than five prisons this time?	6%	8%
16	Do you have any children under the age of 18?	26%	62%
<b>SECTION 2: Transfers and escorts</b>			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	74%	62%
1b	Was your personal safety during the journey good/very good?	83%	67%
1c	Was the comfort of the van good/very good?	28%	14%
1d	Was the attention paid to your health needs good/very good?	39%	28%
1e	Was the frequency of toilet breaks good/very good?	34%	13%
2	Did you spend more than four hours in the van?	10%	3%
3	Were you treated well/very well by the escort staff?	74%	74%
4a	Did you know where you were going when you left court or when transferred from another prison?	94%	78%
4b	Before you arrived here did you receive any written information about what would happen to you?	6%	14%
4c	When you first arrived here did your property arrive at the same time as you?	78%	87%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>			
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:		
<b>1b</b>	Problems with loss of property?	6%	15%
<b>1c</b>	Housing problems?	32%	30%
<b>1d</b>	Problems contacting employers?	10%	16%
<b>1e</b>	Problems contacting family?	52%	67%
<b>1f</b>	Problems ensuring dependants were looked after?	6%	17%
<b>1g</b>	Money problems?	10%	22%
<b>1h</b>	Problems of feeling depressed/suicidal?	52%	54%
<b>1i</b>	Health problems?	58%	71%
<b>1j</b>	Problems in needing protection from other prisoners?	58%	22%
<b>1k</b>	Problems accessing phone numbers?	21%	45%
<b>2</b>	When you first arrived:		
<b>2a</b>	Did you have any problems?	79%	73%
<b>2b</b>	Did you have any problems with loss of property?	6%	9%
<b>2c</b>	Did you have any housing problems?	16%	25%
<b>2d</b>	Did you have any problems contacting employers?	10%	6%
<b>2e</b>	Did you have any problems contacting family?	58%	32%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	6%	8%
<b>2g</b>	Did you have any money worries?	21%	22%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	42%	22%
<b>2i</b>	Did you have any health problems?	42%	28%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	48%	4%
<b>2k</b>	Did you have problems accessing phone numbers?	48%	31%
<b>3a</b>	Were you seen by a member of health services in reception?	100%	97%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	82%	84%
<b>4</b>	Were you treated well/very well in reception?	63%	64%
<b>5</b>	On your day of arrival, were you offered information about any of the following:		
<b>5a</b>	What was going to happen to you?	37%	47%
<b>5b</b>	Support was available for people feeling depressed or suicidal?	32%	45%
<b>5c</b>	How to make routine requests?	26%	37%
<b>5d</b>	Your entitlement to visits?	21%	38%
<b>5e</b>	Health services?	37%	49%
<b>5f</b>	The chaplaincy?	42%	42%



## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction continued</b>			
<b>6</b>	On your day of arrival, were you offered any of the following:		
<b>6a</b>	A smokers/non-smokers pack?	100%	96%
<b>6b</b>	The opportunity to have a shower?	32%	84%
<b>6c</b>	The opportunity to make a free telephone call?	63%	85%
<b>6d</b>	Something to eat?	84%	89%
<b>7</b>	Within the first 24 hours did you meet any of the following people:		
<b>7a</b>	The chaplain or a religious leader?	58%	44%
<b>7b</b>	Someone from health services?	68%	76%
<b>7c</b>	A Listener/Samaritans?	21%	8%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	11%	7%
<b>9</b>	Did you feel safe on your first night here?	39%	77%
<b>10</b>	Have you been on an induction course?	28%	79%
For those who have been on an induction course:			
<b>11</b>	Did the course cover everything you needed to know about the prison?	61%	56%
<b>SECTION 4: Legal rights and respectful custody</b>			
<b>1</b>	In terms of your legal rights, is it easy/very easy to:		
<b>1a</b>	Communicate with your solicitor or legal representative?	50%	38%
<b>1b</b>	Attend legal visits?	83%	57%
<b>1c</b>	Obtain bail information?	25%	26%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	40%
<b>3</b>	For the wing/unit you are currently on:		
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	66%	48%
<b>3b</b>	Are you normally able to have a shower every day?	61%	81%
<b>3c</b>	Do you normally receive clean sheets every week?	88%	72%
<b>3d</b>	Do you normally get cell cleaning materials every week?	56%	36%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	28%	23%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	61%
<b>3g</b>	Can you normally get your stored property, if you need to?	34%	30%
<b>4</b>	Is the food in this prison good/very good?	28%	18%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	40%
<b>6a</b>	Is it easy/very easy to get a complaints form?	83%	84%
<b>6b</b>	Is it easy/very easy to get an application form?	94%	92%
<b>7</b>	Have you made an application?	94%	91%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 4: Legal rights and respectful custody continued</b>			
For those who have made an application:			
<b>8a</b>	Do you feel applications are dealt with fairly?	75%	58%
<b>8b</b>	Do you feel applications are dealt with promptly (within seven days)?	45%	45%
<b>9</b>	Have you made a complaint?	48%	30%
For those who have made a complaint:			
<b>10a</b>	Do you feel complaints are dealt with fairly?	22%	34%
<b>10b</b>	Do you feel complaints are dealt with promptly (within seven days)?	44%	36%
<b>11</b>	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	44%	25%
<b>10c</b>	Were you given information about how to make an appeal?	0%	17%
<b>12</b>	Is it easy/very easy to see the Independent Monitoring Board?	17%	21%
<b>13</b>	Are you on the enhanced (top) level of the IEP scheme?	10%	28%
<b>14</b>	Do you feel you have been treated fairly in your experience of the IEP scheme?	72%	60%
<b>15</b>	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	45%
<b>16a</b>	In the last six months have any members of staff physically restrained you (C&R)?	6%	5%
<b>16b</b>	In the last six months have you spent a night in the segregation/care and separation unit?	16%	7%
<b>13a</b>	Do you feel your religious beliefs are respected?	68%	59%
<b>13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	66%	62%
<b>14</b>	Are you able to speak to a Listener at any time if you want to?	79%	69%
<b>15a</b>	Is there a member of staff in this prison that you can turn to for help if you have a problem?	83%	76%
<b>15b</b>	Do most staff in this prison treat you with respect?	74%	78%
<b>SECTION 5: Safety</b>			
<b>1</b>	Have you ever felt unsafe in this prison?	79%	34%
<b>2</b>	Do you feel unsafe in this prison at the moment?	21%	18%
<b>4</b>	Have you been victimised by another prisoner?	48%	16%
<b>5</b>	Since you have been here, has another prisoner:		
<b>5a</b>	Made insulting remarks about you, your family or friends?	26%	8%
<b>5b</b>	Hit, kicked or assaulted you?	6%	6%
<b>5c</b>	Sexually abused you?	0%	1%
<b>5d</b>	Victimised you because of your race or ethnic origin?	0%	4%
<b>5e</b>	Victimised you because of drugs?	10%	2%
<b>5f</b>	Taken your canteen/property?	26%	4%
<b>5g</b>	Victimised you because you were new here?	10%	4%
<b>5h</b>	Victimised you because of your sexuality?	0%	1%
<b>5i</b>	Victimised you because you have a disability?	6%	3%
<b>5j</b>	Victimised you because of your religion/religious beliefs?	0%	2%
<b>5k</b>	Victimised you because of your age?	10%	1%
<b>5l</b>	Victimised you because you were from a different part of the country?	0%	6%
<b>5m</b>	Victimised you because of your offence/crime?	26%	3%
<b>5n</b>	Victimised you because of gang related issues?	10%	4%

## Main comparator and comparator to last time

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<b>SECTION 5: Safety continued</b>			
<b>6</b>	Have you been victimised by a member of staff?	22%	19%
<b>7</b>	Since you have been here, has a member of staff:		
<b>7a</b>	Made insulting remarks about you, your family or friends?	11%	10%
<b>7b</b>	Hit, kicked or assaulted you?	0%	3%
<b>7c</b>	Sexually abused you?	0%	1%
<b>7d</b>	Victimised you because of your race or ethnic origin?	0%	3%
<b>7e</b>	Victimised you because of drugs?	0%	3%
<b>7f</b>	Victimised you because you were new here?	6%	6%
<b>7g</b>	Victimised you because of your sexuality?	0%	1%
<b>7h</b>	Victimised you because you have a disability?	0%	1%
<b>7i</b>	Victimised you because of your religion/religious beliefs?	0%	1%
<b>7j</b>	Victimised you because of your age?	0%	0%
<b>7k</b>	Victimised you because you were from a different part of the country?	0%	3%
<b>7l</b>	Victimised you because of your offence/crime?	6%	2%
<b>7m</b>	Victimised you because of gang related issues?	6%	1%
For those who have been victimised by staff or other prisoners:			
<b>8</b>	Did you report any victimisation that you have experienced?	50%	28%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	48%	22%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	21%	15%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	37%	31%
<b>SECTION 6: Health services</b>			
<b>1a</b>	Is it easy/very easy to see the doctor?	21%	22%
<b>1b</b>	Is it easy/very easy to see the nurse?	48%	60%
<b>1c</b>	Is it easy/very easy to see the dentist?	11%	8%
<b>1d</b>	Is it easy/very easy to see the optician?	16%	11%
<b>2</b>	Are you able to see a pharmacist?	50%	52%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
<b>3a</b>	The doctor?	39%	40%
<b>3b</b>	The nurse?	68%	62%
<b>3c</b>	The dentist?	50%	40%
<b>3d</b>	The optician?	73%	36%
<b>4</b>	The overall quality of health services?	52%	41%

## Main comparator and comparator to last time

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<b>Health services continued</b>			
<b>5</b>	Are you currently taking medication?	84%	52%
For those currently taking medication:			
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	50%	46%
<b>7</b>	Do you feel you have any emotional wellbeing/mental health issues?	50%	34%
For those with emotional wellbeing/mental health issues, are these being addressed by any of the following:			
<b>8a</b>	Not receiving any help?	22%	33%
<b>8b</b>	A doctor?	33%	22%
<b>8c</b>	A nurse?	33%	25%
<b>8d</b>	A psychiatrist?	12%	16%
<b>8e</b>	The mental health in-reach team?	33%	31%
<b>8f</b>	A counsellor?	12%	14%
<b>9a</b>	Did you have a drug problem when you came into this prison?	40%	39%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	31%	33%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	11%	6%
For those with drug or alcohol problems:			
<b>11</b>	Do you know who to contact in this prison for help?	100%	86%
<b>12</b>	Have you received any help or intervention while in this prison?	70%	73%
For those who have received help or intervention with their drug or alcohol problem:			
<b>13</b>	Was this intervention or help useful?	83%	76%
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	23%	31%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	31%	25%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	78%	61%

## Main comparator and comparator to last time

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<b>SECTION 7: Purposeful activity</b>			
<b>1</b>	Are you currently involved in any of the following activities:		
<b>1a</b>	A prison job?	77%	51%
<b>1b</b>	Vocational or skills training?	6%	6%
<b>1c</b>	Education (including basic skills)?	18%	36%
<b>1d</b>	Offending behaviour programmes?	0%	6%
<b>2ai</b>	Have you had a job while in this prison?	88%	76%
For those who have had a prison job while in this prison:			
<b>2aii</b>	Do you feel the job will help you on release?	26%	46%
<b>2bi</b>	Have you been involved in vocational or skills training while in this prison?	67%	60%
For those who have had vocational or skills training while in this prison:			
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	25%	45%
<b>2ci</b>	Have you been involved in education while in this prison?	73%	81%
For those who have been involved in education while in this prison:			
<b>2cii</b>	Do you feel the education will help you on release?	25%	56%
<b>2di</b>	Have you been involved in offending behaviour programmes while in this prison?	56%	59%
For those who have been involved in offending behaviour programmes while in this prison:			
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	39%	46%
<b>3</b>	Do you go to the library at least once a week?	21%	26%
<b>4</b>	On average, do you go to the gym at least twice a week?	26%	45%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	16%	24%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	0%	10%
<b>7</b>	On average, do you go on association more than five times each week?	26%	21%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	0%	16%
<b>SECTION 8: Resettlement</b>			
<b>1</b>	Do you have a personal officer?	37%	33%
For those with a personal officer:			
<b>2</b>	Do you think your personal officer is helpful/very helpful?	67%	73%
For those who are sentenced:			
<b>3</b>	Do you have a sentence plan?	28%	26%
For those with a sentence plan?			
<b>4</b>	Were you involved/very involved in the development of your plan?	74%	57%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	50%	48%
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	65%	31%
For those who are sentenced:			
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	9%	22%
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	6%	17%
<b>9</b>	Have you had any problems with sending or receiving mail?	50%	48%
<b>10</b>	Have you had any problems getting access to the telephones?	50%	47%
<b>11</b>	Did you have a visit in the first week that you were here?	11%	25%
<b>12</b>	Did you receive one or more visits in the last week?	39%	37%

## Main comparator and comparator to last time

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<b>Resettlement continued</b>			
For those who have had visits:			
<b>13</b>	How are you and your family/ friends usually treated by visits staff? (Very well/well)	<b>67%</b>	<b>56%</b>
<b>14</b>	Have you been helped to maintain contact with family/friends while in this prison?	<b>41%</b>	<b>38%</b>
<b>15</b>	Do you know who to contact within this prison to get help with the following:		
<b>15b</b>	Maintaining good relationships?	<b>11%</b>	<b>11%</b>
<b>15c</b>	Avoiding bad relationships?	<b>6%</b>	<b>7%</b>
<b>15d</b>	Finding a job on release?	<b>6%</b>	<b>28%</b>
<b>15e</b>	Finding accommodation on release?	<b>11%</b>	<b>24%</b>
<b>15f</b>	With money/finances on release?	<b>6%</b>	<b>14%</b>
<b>15g</b>	Claiming benefits on release?	<b>28%</b>	<b>29%</b>
<b>15h</b>	Arranging a place at college/continuing education on release?	<b>6%</b>	<b>12%</b>
<b>15i</b>	Accessing health services on release?	<b>17%</b>	<b>16%</b>
<b>15j</b>	Opening a bank account on release?	<b>11%</b>	<b>8%</b>
<b>16</b>	Do you think you will have a problem with any of the following on release from prison?		
<b>16b</b>	Maintaining good relationships?	<b>11%</b>	<b>11%</b>
<b>16c</b>	Avoiding bad relationships?	<b>11%</b>	<b>15%</b>
<b>16d</b>	Finding a job?	<b>50%</b>	<b>50%</b>
<b>16e</b>	Finding accommodation?	<b>45%</b>	<b>34%</b>
<b>16f</b>	Money/finances?	<b>22%</b>	<b>30%</b>
<b>16g</b>	Claiming benefits?	<b>45%</b>	<b>31%</b>
<b>16h</b>	Arranging a place at college/continuing education?	<b>6%</b>	<b>18%</b>
<b>16i</b>	Accessing health services?	<b>6%</b>	<b>16%</b>
<b>16j</b>	Opening a bank account?	<b>11%</b>	<b>23%</b>
For those who are sentenced:			
<b>17</b>	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	<b>30%</b>	<b>39%</b>